CONFERENCE APPLICATIONS AND REPORTS

Applications Previously Approved

October 3 - November 14, 2022

Online – Enduring Materials

2023 Fecal Occult Blood Annual Competency (0.5 Cat. 1)
2023 Fecal Occult Blood Initial Training and Competency (0.5 Cat. 1)
Antimicrobial Stewardship e-Learning Series (Updates 0.25 Cat. 1)
Baptist Health Withholding and Withdrawing of Life-Prolonging Procedures Policy Update (Renewal 0.5 Cat. 1)
Internal and Family Medicine e-Learning Series Modules (up to 15 Cat. 1)
Miami Cancer Institute & Miami Neuroscience Institute: Miami Radiosurgery Series_Updates (1 Cat. 1)
Radiation Safety: Understanding Procedural Radiation Dose and How to Reduce Exposure (1 Cat. 1)
Vascular Disease Education and Awareness (0.50 Cat. 1)
Well-being e-Learning Series Module – Physician Suicide (2 Cat. 1)

Baptist Health South Florida
Continuing Medical Education

CME ACTIVITY APPLICATION
Rev. 04/05/2022 _GF

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	**2023 Fecal Occult Blood Annual Competency**		
Date		**Time**	
Location	Internet Enduring Material	**Credit Hour(s)**	**0.50 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 providers who perform fecal occult blood testing.		
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	This course meets College of American Pathologists requirements for provider-performed fecal occult blood testing annual compliance training. This course fulfills annual Baptist Health required education for **all entities**. Course completion is required by the end of **July**. **NOTE:** If you have questions regarding course content or compliance requirements, please contact the point of care testing coordinator at your entity. Original Release Date: April 2018 Review Date: January 2019, December 2021, December 2022		

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 #**	2019IEM23		
Publish to CME Passport	☐ Yes ☐ No	**Publish to CEBroker**	☐ Yes ☐ No	**CEBroker #**	622359

Planning Team		
Conference Director(s)	**Joseph Scott, M.D. & Zulma Berrios, M.D.**	
CME Manager	**Marie Vital Acle**	
Conference Coordinator and/or Instructional Designer (OLP only)		**Jessica Armenteros**
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.***	
☒ 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.	Providers are required by regulatory agencies to complete provider performed fecal occult blood testing training and document that they are able to accurately interpret results.
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.	Providers should consistently utilize PPT for FOB correctly and accurately interpret results to ensure quality patient care.

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: • Utilize the fecal occult blood test successfully and accurately interpret results.

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.***	**WKBH-250-3700-120 Physician Performed Testing (PPT) Policy**	
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.***	Gerald J. Kost (2001) Preventing Medical Errors in Point-of-Care Testing. Archives of Pathology & Laboratory Medicine: October 2001, Vol. 125, No. 10, pp. 1307-1315. College of American Pathologists Accreditation Program, Point-of-Care Testing (POCT) Checklist, 2017 Edition, Northfield, IL available at www.CAP.org

Faculty	
Faculty List ***For more than two (2) faculty members, include the list at end of application.***	**Joseph Scott, M.D.** Chair and Medical Director Department of Emergency Medicine West Kendall Baptist Hospital

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	**Joseph Scott, M.D.,** conference director and speaker for this educational activity**,** has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage. **Zulma Berrios, M.D.**, conference director for this educational activity, has no relevant financial relationship with ineligible companies* to disclose. **Juana M. Garcia, B.S., M.T.,** 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**	☐ **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 ☐ Economic, social, and environmental conditions ☐ Healthcare and payer systems ☐ Access to care ☐ Health disparities ☐ 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	Insert names and email addresses.
Hosts	Insert names and email addresses for at least one of these: ***DG-Telepresence / CME Manager and Assistant / Host Department***
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	April 2018
Course Renewal Date	January 2023
Course Expiration Date	January 2024

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

Baptist Health South Florida
Continuing Medical Education

CME ACTIVITY APPLICATION
Rev. 04/05/2022 _GF

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	**2023 Fecal Occult Blood Initial Training and Competency**		
Date		**Time**	
Location	Internet Enduring Material	**Credit Hour(s)**	**0.50 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.**	Newly credentialed Baptist Health providers who perform fecal occult blood testing.		
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	This is the fecal occult blood initial training course for newly credentialed providers. Providers are required to complete this online course prior to patient testing. This course is compliant with **the College of American Pathologists and The Joint Commission** standards. **NOTE:** If you have any questions regarding course content or compliance requirements, please contact the point of care testing coordinator at your entity. Original Release Date: April 2018 Review Date: January 2019, December 2021, December 2022		

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 #**	2018IEM54		
Publish to CME Passport	☐ Yes ☐ No	**Publish to CEBroker**	☐ Yes ☐ No	**CEBroker #**	622361

Planning Team	
Conference Director(s)	Joseph Scott, M.D., and Zulma Berrios, M.D.
CME Manager	Marie Vital Acle
Conference Coordinator and/or Instructional Designer (OLP only)	Jessica Armenteros
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.***	
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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.	Providers are required by regulatory agencies to complete provider performed fecal occult blood testing initial training and document that they are able to accurately interpret results.
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.	Providers should consistently utilize provider performed testing for fecal occult blood correctly and accurately interpret results to ensure quality patient care.

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
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Objectives:	Upon completion of this conference, participants should be better able to: • Utilize the fecal occult blood test successfully and accurately interpret results.

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.***	**WKBH-250-3700-120 Physician Performed Testing (PPT) Policy**	
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.***	Gerald J. Kost (2001) Preventing Medical Errors in Point-of-Care Testing. Archives of Pathology & Laboratory Medicine: October 2001, Vol. 125, No. 10, pp. 1307-1315. College of American Pathologists Accreditation Program, Point-of-Care Testing (POCT) Checklist, 2017 Edition, Northfield, IL available at www.CAP.org

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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")
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☐ **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.***
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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**	***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	Insert names and email addresses.
Hosts	Insert names and email addresses for at least one of these: ***DG-Telepresence / CME Manager and Assistant / Host Department***
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	April 2018
Course Renewal Date	January 2023
Course Expiration Date	January 2024

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

Baptist Health South Florida
Continuing Medical Education

CME ACTIVITY APPLICATION
Rev. 04/05/2022 _GF

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	Antimicrobial Stewardship e-Learning Series		
Date		**Time**	
Location	Enduring Internet Materials	**Credit Hour(s)**	**Up to 3 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.**	Family Medicine Physicians, Internal Medicine Physicians, Hospitalists, Pharmacists, and all other prescribing 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	Please join Timothy P. Gauthier, Pharm.D., BCPS, BCIDP, for an online Antimicrobial Stewardship e-Learning Series that discusses simple and tailored education on antimicrobial drugs. Topics for this lecture series include Fluoroquinolones, Stewardship Pearls with Economic Impacts, Vancomycin Pearls for Practice, Antimicrobial Stewardship 101, Asymptomatic Bacteriuria, The Call for Shorter Antibiotic Durations, MRSA Nasal, Colonization Testing & Pneumonia, Overview of "C Diff" *Clostridioides difficile*, Acute Respiratory Tract Infections and Appropriate Azithromycin Prescribing in Adults.		

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 #**	IEM2022360
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker**	☒ Yes ☐ No **CEBroker #**

Planning Team

Conference Director(s)	Timothy Gauthier, Pharm.D.
CME Manager	**Marie Vital Acle**
Conference Coordinator and/or Instructional Designer (OLP only)	**Jessica Armenteros**
Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	List 2+ professions here. M.D. Required. Richard Levine, M.D. Timothy Gauthier, Pharm.D.

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. Antimicrobial Stewardship Program
Describe initiative:	The overutilization of antibiotics and inaccurate matching of bacteria to antimicrobial can cause extended lengths of stays and complications in our patients. Prescribing the right antimicrobial at the right time will improve quality of care and improve patient outcomes.

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.	Current physician practice does not include consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care. In order to preserve antimicrobial armamentarium and prevent antibiotic resistance, this series will emphasize safe and appropriate use of antimicrobial drugs.
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.	**Providers match antimicrobial to bacterium and appropriately manage illness with accurate prescribing practices.**

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: **Module Learning Objectives:** **Issue 1: Fluoroquinolones (.25 Cat. 1)** **Course Review Date: September 2022 Course Expiration: September 2025** • Identify FDA boxed warnings for fluoroquinolone antibiotics. • Implement appropriate use of fluoroquinolone antibiotics in clinical practice. **Issue 2: Stewardship Pearls with Economic Impacts (.25 Cat. 1)** **Course Review Date: August 2022 Course Expiration: August 2025** • Identify antimicrobial stewardship interventions to provide a beneficial or neutral impact on patient care and a positive economic impact on drug costs. **Issue 3: Vancomycin Pearls for Practice (.25 Cat. 1)** **Course Review Date: August 2022 Course Expiration: August 2025** **Issue 4: Antimicrobial Stewardship 101 (.25 Cat. 1)** **Course Review Date: September 2022 Course Expiration: September 2025** • Define antimicrobial stewardship • Discuss antimicrobial stewardship activities **Issue 5: Asymptomatic Bacteriuria (.25 Cat. 1)** **Course Review Date: August 2022 Course Expiration: August 2025** **Issue 6: The Call for Shorter Antibiotic Durations (.25 Cat. 1)** **Course Review Date: August 2022 Course Expiration: August 2025** **Issue 7: MRSA Nasal Colonization Testing & Pneumonia (.25 Cat. 1)** **Course Review Date: August 2022 Course Expiration: August 2025** **Issue 8: Overview of "C Diff" Clostridioides difficile (.25 Cat. 1)** **Course Review Date: August 2022 Course Expiration: August 2025** **Issue 9: Acute Respiratory Tract Infections (.25 Cat. 1)** **Course Review Date: August 2022 Course Expiration: August 2025** **Issue 10: Appropriate Azithromycin Prescribing in Adults (.25 Cat. 1)** **Course Review Date: August 2022 Course Expiration: August 2025** **Issue 11: Infection Prevention and Control 101 (.25 Cat. 1)** **Course Review Date: October 2022 Course Expiration: October 2025** • Discuss appropriate use of alcohol-based hand sanitizer and hand hygiene with soap and water. • Differentiate standard precautions from transmissions-based precautions. • Identify examples of healthcare associated infections.

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.***

Issue 1: Fluoroquinolones
US FDA Drug Safety Communications: July 2008, August 2013, May 2016, July 2016, July 2018, December 2018

ACOG Committee Opinion: Sulfonamides, Nitrofurantoin, and Risk of Birth Defects. September 2017 (Reaffirmed 2019); 4. Community-Associated Clostridium difficile Infection and Antibiotics: A Mata-analysis. JAC. 2013; 68(9): 1951-61.; 5. Meta-Analysis of Antibiotics and the Risk of Community-Associated Clostridium difficile infection. AAC. 2013; 57(5): 2326- 32.; 6. "Collateral damage" from cephalosporin and quinolone antibiotic therapy. CID. 2004; 15(38): S341-5.

Issue 2: Stewardship Pearls with Economic Impacts
Mergenhaen KA, et al. Determining the utility of methicillin-resistant nares screening in antimicrobial stewardship. CID. 2019. DOI 10.1093/cid/ciz974

Vasina L, et al. The impact of a pharmacist driven 48-hour antibiotic time out during multi-disciplinary rounds on antibiotic utilization in a community non-teaching hospital. OFID. DOI: 10.1093/OFID/OFX163.605.

Shenoy ES, et al. Evaluation and management of penicillin allergy. JAMA. 2019. DOI: 10.1001/jama.2018.19283

Issue 3: Vancomycin Pearls for Practice
Travis C, Hannah R, Kady P, et al. A Pharmacist-Driven 48 Hour Antibiotic Time Out Pilot at a Large Academic Medical Center. Open Forum Infectious Diseases. 2019; 6(2), S365.

Graber J, Jones M, Glassman A, et al. Taking an Antibiotic Time-out: Utilization and Usability of a Self-Stewardship Time-out Program for Renewal of Vancomycin and Piperacillin-Tazobactam. Hospital Pharmacy. 2015; 50(11), 1011–1024.

Rioux J, Edwards J, Bresee L, et al. Nasal-swab Results for Methicillin-resistant Staphylococcus aureus and Associated Infections. Canadian Journal of Hospital Pharmacy. 2017; 70(2), 107–112.

Issue 4: Antimicrobial Stewardship 101
Center for Disease Control and Prevention (CDC): About Antibiotic Resistance, March 2020.

Joint Commissions Perspective: New Antimicrobial Stewardship Standard, July 2016.

Center for Disease Control and Prevention (CDC): Antibiotic Prescribing and Use in the U.S., August 2019.

Issue 5: Asymptomatic Bacteriuria
Grein JD, Kahn KL, Eells SJ, et al. Treatment for positive urine cultures in hospitalized adults: a survey of prevalence and risk factors in 3 medical centers. Infect Control Hosp Epidemol. 2016; 37:319-26.

Hartley SE, Kuhn L, Valley S, et al. Evaluating a Hospitalist-Based Intervention to Decrease Unnecessary Antimicrobial Use in Patients With Asymptomatic Bacteriuria. Inf Cont & Hosp Epi. 2016;37(9):1044-1051.

Issue 6: The Call for Shorter Antibiotic Durations
Spellberg B. JAMA Intern Med. 2016;176(9):1254-5.

Hayashi Y, Paterson DL. Clin Infect Dis. 2011;52(10):1232-40.

Teshome BF, Vouri SM, Hampton N, et al. Pharmacotherapy. 2019;39(3):261-27

Issue 7: MRSA Nasal Colonization Testing & Pneumonia

Smith MN, Brotherton AL, Lusardi K, et al. Systematic review of the clinical utility of methicillin-resistant Staphylococcus aureus (MRSA) nasal screening for MRSA pneumonia. Ann Pharmacother. 2019; 53(6): 627-638.

Parente DM, Cunha CB, Mylonakis, E, et al. The clinical utility of methicillin-resistant Staphylococcus aureus (MRSA) nasal screening to rule out MRSA pneumonia: A diagnostic meta-analysis with antimicrobial stewardship implications. Clin Infect Dis. 2018; 67(1): 1–7.

Issue 8: Overview of "C Diff" Clostridioides difficile

CDC Antibiotic Resitance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019.

McDonald LC, et. al. Clinical Practice Guidelines for *Clostridioides difficile* Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). *Clin Infect Dis*. 2018; 66(7): e1–48.

Issue 9: Acute Respiratory Tract Infections

Harris AM, Hicks LA, and Qaseem A. Appropriate Use for Acute Respiratory Tract Infection in Adults: Advice for HighValue Care from the American College of Physicians and the Centers for disease Control and Prevention. Annals of Internal Medicine. 2016;164(6):425-424.

Fleming-Dutra KE, Hersh AL, Shapiro DJ, et al. Prevalence of Inappropriate Antibiotic Prescriptions among US Ambulatory Care Visits, 2010-2011. JAMA. 2016;315(17):1864-1873.

U.S. Department of Veterans Affairs. Acute Respiratory Tract Infections: Identification and Management of Acute Respiratory Tract Infections without Overusing Antibiotics. 2017.

Van Esch TEM, Brabers AEM, Hek K, et al. Does Shared Decision-making Reduced Antibiotic Prescribing in Primary Care? Journal of Antimicrobial Chemotherapy. 2018;73(11):3199-3205.

Issue 10: Appropriate Azithromycin Prescribing in Adults

MetlayJP, Waterer GW, Long AC, et al. Diagnosis and treatment of adults with community-acquired pneumonia. An official clinical practice guideline of the American Thoracic Society and Infectious Diseases Society of America. Am. J. Respir. Crit.Care Med.2019;200(7):E45-E67.

Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2022.

US Department of Health and Human Services (HHS) Panel on Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the prevention and treatment of opportunistic infections in adults and adolescents with HIV: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America.

Issue 11: Infection Prevention and Control 101

Resources: Healthcare Providers | Hand Hygiene | CDC
Standard Precautions (cdc.gov)
Transmission-Based Precautions | Basics | Infection Control | CDC"

Faculty	
Faculty List ***For more than two (2) faculty members, include the list at end of application.***	**Timothy P. Gauthier, Pharm.D., BCPS, BCIDP** Director, ID PGY2 Pharmacy Residency Program Manager, Antimicrobial Stewardship Clinical Program Baptist Health South Florida Miami, Florida **Richard L. Levine, M.D.** Infectious Disease Specialist Baptist Hospital, Doctors Hospital and South Miami Hospital Chairman, Antimicrobial Stewardship Committee, Doctors Hospital Baptist Health South Florida Miami, 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	**Timothy P. Gauthier, Pharm.D., BCPS, BCIDP**, faculty for this educational activity, has indicated that he is a consultant with Pattern Biosciences (formerly Klaris diagnostics), , DoseMeRx by Tabula rasa, Pfizer and MeMed. Speaker has indicated that his presentation or discussion will include discussion of emergency use authorization (EUA) product usage. All of the relevant financial relationships listed for this individual have been mitigated. **Richard L. Levine, M.D.**, faculty for this educational activity, has no relevant financial relationships to disclose with ineligible companies*. **Mark Hauser, M.D.**, conference director for this activity, has no relevant financial relationships to disclose with ineligible companies*. 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:

Commented [MVA1]: Ask Tim if this will vary based on topic – this one looks like it applies to COVID only (??)

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 ☐ Economic, social, and environmental conditions ☐ Healthcare and payer systems ☐ Access to care ☐ Health disparities ☐ 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	Insert names and email addresses.
Hosts	Insert names and email addresses for at least one of these: ***DG-Telepresence / CME Manager and Assistant / Host Department***
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	September 2022
Course Renewal Date	
Course Expiration Date	September 2025

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

Baptist Health South Florida
Continuing Medical Education

CME ACTIVITY APPLICATION
Rev. 09/14/2022_GF

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	Baptist Health Withholding and Withdrawing of Life-prolonging Procedures Policy Update		
Date	Online	**Time**	Online
Location – If Virtual, fill in Zoom info at the end	Online	**Credit Hour(s)**	.50 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.**	All physicians, physician assistants and nurse practitioners.		
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	This course outlines revisions of the levels of end-of-life policy and associated forms necessary to meet Florida Statute 765.00 on Advance Directives: Withholding and Withdrawing Life-Prolonging Procedures including the 2015 legislative amendments. Approved for ABIM MOC points. **Samaritan Physicians:** Successful completion of this activity will qualify Samaritan physicians for annual policy discounts. Upon completion, please print your certificate and submit to Samaritan for consideration.		

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)	Ana M. Viamonte Ros, M.D., MPH
CME Manager	Marie Vital Acle
Conference Coordinator and/or Instructional Designer (OLP only)	**Conference Coordinator:** Mayra Villalba, MSN, RN, CMSRN Betty Blanco (Instructional Designer)
Commendation Goal: **Engages Interprofessional Teams/IPCE (10% of activities)**	Ana M. Viamonte Ros, M.D., MPH Mayra Villalba, MSN, RN, CMSRN

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:	This course is planned in collaboration with the Palliative Care Team.
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

- ☒ Didactic Lecture
- ☐ Question & Answer
- ☐ ARS
- ☒ Case Studies
- ☐ Panel Discussion
- ☐ 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.
External Resource: CE Educator's Toolkit

State the educational need that you determined to be the underlying cause for the professional practice gap.	Physicians may not be aware of revisions to the levels of extension of life policy and associated forms necessary to meet Florida Statue 765: Advance Directives: Withholding and Withdrawing Life-prolonging Procedures which was updated and became effective October 1, 2015.
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.	Physicians successfully implement BHSF levels of EOL policy and associated forms.

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: • Explain the changes to the Florida Statute and recognize the impact of these changes and the role of the physician in the proper implementation of Baptist Health policies on withholding and withdrawing of life-prolonging procedures for incapacitated patients.

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.***	Florida Statute Chapter 765.00	
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.***	**Florida Statute Chapter 765.00** **765.302 Procedure for making a living will; notice to physician.**—(1) Any competent adult may, at any time, make a living will or written declaration and direct the providing, withholding, or withdrawal of life-prolonging procedures in the event that such person has a terminal condition, has an end-stage condition, or is in a persistent vegetative state. A living will must be signed by the principal in the presence of two subscribing witnesses, one of whom is neither a spouse nor a blood relative of the principal. If the principal is physically unable to sign the living will, one of the witnesses must subscribe the principal's signature in the principal's presence and at the principal's direction. **765.306 Determination of patient condition.**—In determining whether the patient has a terminal condition, has an end-stage condition, or is in a persistent vegetative state or may recover capacity, or whether a medical condition or limitation referred to in an advance directive exists, the patient's primary physician and at least one other consulting physician must separately examine the patient. The findings of each such examination must be documented in the patient's medical record and signed by each examining physician before life-prolonging procedures may be withheld or withdrawn. **765.205 Responsibility of the surrogate.**—(1) The surrogate, in accordance with the principal's instructions, unless such authority has been expressly limited by the principal, shall: (a) Have authority to act for the principal and to make all health care decisions for the principal during the principal's incapacity. (b) Consult expeditiously with appropriate health care providers to provide informed consent, and make only health care decisions for the principal which he or she believes the principal would have made under the circumstances if the principal were capable of making such decisions. If there is no indication of what the principal would have chosen, **the surrogate may consider the patient's best interest in deciding that proposed treatments are to be withheld or that treatments currently in effect are to be withdrawn.** (c) Provide **written consent** using an appropriate form whenever consent is required, including a physician's order not to resuscitate.

Faculty

Faculty List ***For more than two (2) faculty members, include the list at end of application.***	Content Reviewer: **Rabbi Claudio Kogan, M.D., MBE, MEd.** Bioethics Program, Director Baptist Health South Florida Content Reviewer: **Mike Novo, Esq.** Office of General Counsel Baptist Health South Florida Narrator: **Mayra Villalba MSN, R.N., CMSRN** Clinical Educator II Palliative Care | Well-being Baptist Health South Florida Narrator: **Ana M. Viamonte Ros, M.D., MPH** Medical Director, Palliative Care and Bioethics 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	Due to the nonclinical nature of the content discussed, the speakers have no relevant financial relationships to disclose. This CME activity will not cover content that would involve products or services of commercial interest. Therefore, no opportunity exists for a conflict of interest based on the financial relationships of faculty and those persons in control of the content. Since these relationships are not relevant, no disclosure information was collected.
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 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 ☐ Economic, social, and environmental conditions ☐ Healthcare and payer systems ☐ Access to care ☐ Health disparities ☐ 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** • **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** • **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.
Hosts	Insert names and email addresses for at least one of these: ***DG-Telepresence / CME Manager and Assistant / Host Department***
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	10/1/2022
Course Renewal Date	
Course Expiration Date	10/1/2025

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

Baptist Health South Florida
Continuing Medical Education

CME ACTIVITY APPLICATION
Rev. 04/05/2022 _GF

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	Internal and Family Medicine e-Learning Series		
Date		**Time**	
Location	Internet Enduring Materials	**Credit Hour(s)**	**See Chart Below**
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.**	Internal Medicine Physicians, Family Medicine Physicians, Obstetricians, Hospitalists, Fellows, Physician Assistants, Residents, Advanced Practice Registered Nurses, Nurses, Pharmacists, Pharmacy Technicians and all 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 primary care provider for internal and family medicine usually sees patients with a wide variety of symptoms. The goal of this series is to provide consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care. Topics for this lecture series include coronary artery calcifications, infection caused by periodontitis, hemostasis thrombosis, B12 deficiency, lung cancer screening, cardiac amyloidosis, health equity, impatient hypertension and psoriasis.		

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 #**	IEM2022358	
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker**	☒ Yes ☐ No	**CEBroker #**	

Planning Team

Conference Director(s)	John Rubin, M.D.

CME Manager	Nina Doleyres
Conference Coordinator and/or Instructional Designer (OLP only)	Jessica Armenteros
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:	Boca Raton Regional Hospital/Baptist Health South Florida and Florida Atlantic University
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.***

- ☒ 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.	**Current physician practice does not include consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care.**
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.	

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:

Module Learning Objectives

Coronary Artery Calcification in Women: More Than Meets the Eye (1 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025

- Examine research updates on female-specific and female-predominant cardiovascular risk factors.
- Discuss evidence-based recommendations for the use of coronary artery calcium scans in women.
- Evaluate research updates on the relationship between coronary artery and breast arterial calcification in women.
- Review evidence-based cardiovascular risk reduction strategies for women with arterial calcification.

Interactions Between Periodontitis and Systemic Diseases (1.25 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025

- Identify the pathogenesis of periodontitis and be able to question a patient regarding periodontal health status based on signs and symptoms of periodontal disease.
- Discuss the common denominators of inflammation through many chronic diseases and how periodontitis can significantly elevate systemic inflammatory markers.
- Recognize how bacteremia from oral sources can seed periodontal pathogens to remote sites, causing pathology from the brain to vascular, cardiac, prosthetic and other structures.
- Describe the relationship between oral dysbiosis and gut dysbiosis and associated disease processes.

An Approach to Hemostasis and Thrombosis for the Internist (1 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025

- Explain the basics of primary and secondary hemostasis and identify the tests used to evaluate hemostasis.
- Describe the approach to evaluate and treat prolonged prothrombin time (PT) and activated partial thromboplastin time (aPTT).
- Explain the approach to evaluate and treat thrombocytopenia and basics of immune thrombocytopenia (ITP), thrombotic thrombocytopenic purpura (TTP), heparin-induced thrombocytopenia (HIT).
- Explain the basics of hypercoagulability testing and discuss the approach to duration of anticoagulation.

B12 Deficiency (1 Cat.1)
Course Review Date: September 2022 Course Expiration: September 2025

- Explain the pathophysiology of B12 deficiency and identify its clinical features and causes in clinical practice.
- Implement the appropriate testing for B12 deficiency and recognize the limitations of testing. Select appropriate treatments to optimize patient outcomes**.**

Screening for Lung Cancer Is Standard Therapy (1 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025

- Implement lung cancer screening according to the latest evidence-based guidelines for high-risk patients.

Psoriasis Update (1.50 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025

- Identify psoriasis based on clinical presentation and implement essential screening for a patient with new-onset psoriasis.
- Assess psoriasis symptoms in patients with underlying conditions such as chronic liver diseases and vascular diseases.
- Appraise current systemic approaches to the treatment of psoriasis, including antimetabolites, systemic immunosuppressants, interferon and interleukin antagonists.

Attaining Health Equity: Focusing Our Lens on What's Important (1 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025

- Define health equity and various terms associated with this, such as structural inequity, racism, and social determinants of health.
- Identify health disparities and health equity and assess factors that play a role in this.
- Examine the rationale behind the importance of addressing health disparities and health equity, including factors that contribute to these disparities.
- Review ways in which physicians can play a role in addressing health disparity and health equity to optimize medical care for these patient populations.

Cardiac Amyloidosis: An Increasingly Recognized Entity (1.25 Cat.1)
Course Review Date: September 2022 Course Expiration: September 2025

- Review the pathophysiology and subtypes of cardiac amyloidosis.
- Establish the clinical clues for when to suspect cardiac amyloidosis.
- Identify the key principles in making the diagnosis of cardiac amyloidosis.
- Evaluate the available and emerging therapies for cardiac amyloidosis.

Inpatient Management of Hypertension (1.25 Cat.1)
Course Review Date: September 2022 Course Expiration: September 2025

- Identify the proper management of hypertensive emergency.
- Identify the proper management of hypertensive urgency in asymptomatic patients both in the emergency department and inpatient settings.
- Determine the management of chronic hypertension in the inpatient setting.

Tremors Update 2022 (1.25 Cat.1)
Course Review Date: November 2022 Course Expiration: September 2025

- Identify the principle clinical features of essential tremor and Parkinson's Disease.
- Analyze imaging to assist in differential diagnosis of Parkinson's Disease versus essential tremor.
- Identify the current medication and surgical treatments for Parkinson's Disease and Essential tremor.
- Discuss the application of MRI guided ultrasound lesioning for tremor.

Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases (1.25 Cat.1)
Course Review Date: November 2022 Course Expiration: September 2025

- Implement strategies to participate in more goals of care and advance care planning conversations.
- Deliver care to reduce suffering and improve quality of life for both the patient and the family.
- Collaborate with the multidisciplinary team to support end-of-life care.

Drug Interactions of Clinical Importance (1.25 Cat.1)
Course Review Date: November 2022 Course Expiration: September 2025

- Identify the safety nets that assist in preventing harm due to drug-drug interactions.
- Recognize drug combinations that should be avoided.
- Discuss risk factors that affect probability of harm from drug-drug interactions.
- List considerations that affect the risk associated with drug combinations.

Update on Headache Management (1 Cat.1)
Course Review Date: November 2022 Course Expiration: September 2025

- Identify different headache types.
- Discuss migraine, cluster headache and tension headache management.
- Discuss headache treatment guidelines and the effects of medication overuse.

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.***

Coronary Artery Calcification in Women: More Than Meets the Eye
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Faculty	
Faculty List ***For more than two (2) faculty members, include the list at end of application.***	**See chart below**

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	**Coronary Artery Calcification in Women: More Than Meets the Eye** **Heather Johnson, M.D., FACC, FAHA, FASPC**, 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. **Interactions Between Periodontitis and Systemic Diseases** **Jeffrey Ganeles, DMD, FACD,** faculty for this educational activity, is a consultant for Neocis and Osstell AB and an adviser with Supply Clinic, and is on the speakers' bureau for Lynch Biologics. He has individual stock options with Straumann. Dr. Ganeles indicated that the presentation or discussion will not include off-label or unapproved product usage. **An Approach to Hemostasis and Thrombosis for the Internist** **Srikanth Nagalla, M.D., M.S.,** faculty for this educational activity, is a consultant for Alexion and Alnylam and is on the speakers' bureau for Alexion, DOVA, Sanofi and Rigel. Dr. Nagalla indicated that the presentation or discussion will not include off-label or unapproved product usage. **B12 Deficiency** **Angelina The, 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. **Screening for Lung Cancer Is Now Standard Therapy** **John R. Roberts, M.D.**, indicated that he is a consultant for Scott Flora Consulting. **Psoriasis Update** **John M. Strasswimmer, M.D.,** is a consultant for Regeneron and Castle Bioscience. He is also on the speakers' bureau for Regeneron, Sanofi and Genentech. Dr. Strasswimmer indicated that he is a researcher for Regeneron, Biofrontera and Almirall. **Drug Interactions of Clinical Importance** **Daniel C. Malone, Ph.D., FAMCP**, faculty for this educational activity, has indicated that he is a consultant for Sarepta Therapeutics, Pear Therapeutics, Seres Therapeutics, Avidity Biosciences, and a researcher for Otsuka Pharmaceutical. All of the relevant financial relationships listed for these individuals have been mitigated, and has indicated that the presentation will not include off-label or unapproved product usage. **All:** **John Rubin, M.D.,** indicated that he is a shareholder in AstraZeneca and Bristol Myers Squibb. **Kenneth Rosenthal, M.D.,** indicated that he is on the speakers' bureau for AbbVie. All the relevant financial relationships listed for these individuals have 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** **How confident are you in your ability to:** **Coronary Artery Calcification in Women: More Than Meets the Eye** • Interpret routine mammography reports with findings of breast artery calcification in asymptomatic women and implement a treatment plan to address cardiovascular risk in this patient population • Identify female patients that would benefit from a coronary artery calcium scan to screen for cardiovascular risk factors **Interactions Between Periodontitis and Systemic Diseases** • Evaluate patients on their periodontal health status based on signs and symptoms of periodontal disease • Identify prescribed medication that could cause unintentional negative consequences to oral structures **An Approach to Hemostasis and Thrombosis for the Internist** • Evaluate patients with benign hematologic conditions using laboratory testing. • Interpret results from laboratory testing for benign hematologic conditions. **B12 Deficiency** • Recognize B12 deficiency based on clinical presentation. • Identify causes of B12 deficiency. • Implement the correct treatment for B12 deficiency based on the underlying cause. **Screening for Lung Cancer is Standard Therapy** • Speak with patients with risk of lung cancer regarding the importance of screening. **Psoriasis Update** • Assess psoriasis patients for underlying conditions such as chronic liver and vascular diseases. • Identify the appropriate treatment strategies for psoriasis patients **Attaining Health Equity: Focusing Our Lens on What's Important** • Identify factors in patients that contribute to health disparities and health equity • Address identified health disparities to optimize medical care **Cardiac Amyloidosis - an Increasingly Recognized Entity** • Identify clinical cues for when to suspect cardiac amyloidosis • Implement the appropriate testing to identify cardiac amyloidosis • Recommend the available and emerging therapies for cardiac amyloidosis to the patient **Inpatient Management of Hypertension** • Develop a plan of care for asymptomatic high blood pressure patients • Manage chronic hypertension in the inpatient setting **Tremors Update 2022** • Identify clinical features of different types of major tremors. • Recommend current medication and surgical treatments for essential tremor. **Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases** • Develop a plan of care with multidisciplinary teams for patients with vascular diseases. **Drug Interactions of Clinical Importance** • Recognize drug combinations that should be avoided when prescribing medications. • Identify recourses that assist in recognizing possible drug interactions. **Update on Headache Management** • Develop a management plan for patients experiencing migraines, cluster headaches, or tension headaches. • Identify treatment options for medication overuse headaches.

☒ **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.* 1. As a result of your participation in this e-learning series, have you been able to implement any of the following commitments to change? ○ Screen patients for medical conditions I had not previously considered. ○ Identify underlying causes for common medical conditions I had not previously considered. ○ Modify my treatment based on the evidence-based guidelines and recommendations discussed. ○ Not applicable to my practice. ○ I do not agree with the recommendations presented. ○ I am retired. 2. Within the last 60 days, I have screened patients for the following conditions I had not previously considered: ○ Coronary artery calcification ○ Periodontal disease ○ Hematologic conditions ○ B12 deficiency ○ Lung Cancer ○ Psoriasis ○ Cardiac Amyloidosis ○ Hypertension ○ Did not implement 3. Within the last 60 days, I have identified underlying causes of the following medical conditions: ○ Coronary artery calcification ○ Periodontal disease ○ Hematologic conditions ○ B12 deficiency ○ Lung Cancer ○ Psoriasis ○ Cardiac Amyloidosis ○ Hypertension ○ Did not implement 4. Within the last 60 days, I have modified my treatment based on the evidence-based guidelines and recommendations discussed: ○ Coronary artery calcification ○ Periodontal disease ○ Hematologic conditions ○ B12 deficiency ○ Lung Cancer ○ Psoriasis ○ Cardiac Amyloidosis ○ Hypertension ○ Did not implement

	5. If you have not implemented any of these strategies, what has prevented you from doing so? ○ Current practice is satisfactory ○ Lack of an implementation plan ○ Lack of time ○ Lack of staff resources ○ Lack of material and tools ○ Lack of support for change by administration ○ Administrative/system costs ○ Care costs/insurance coverage ○ Patient barriers ○ I disagreed with recommendations made in the course ○ I am retired ○ Content not applicable to my practice. ○ Other
☐ **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 ☒ Economic, social, and environmental conditions ☐ Healthcare and payer systems ☐ Access to care ☒ Health disparities ☐ 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.*** I have identified underlying causes of B12 deficiency. **Impact assessment planned 60 days-post and commitment to change question added at evaluation after course completion. Follow up survey to assess what was put into practice, additional questions added regarding commitment to change on impact assessment.**
☐ 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	Insert names and email addresses.

Hosts	Insert names and email addresses for at least one of these: ***DG-Telepresence / CME Manager and Assistant / Host Department***
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	September 2022
Course Renewal Date	
Course Expiration Date	September 2025

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

Topic	**Speaker(s)**	**Course Overview**	**Designed to change**
Coronary Artery Calcification in Women: More Than Meets the Eye	**Heather Johnson, M.D., FACC, FAHA, FASPC** Preventive Cardiologist Christine E. Lynn Women's Health & Wellness Institute, Boca Raton Regional Hospital Baptist Health South Florida Boca Raton, Florida	Coronary artery calcification is a major risk factor for the development of cardiovascular disease. It is associated with major adverse cardiovascular events, such as vascular injury and inflammation. Dr. Heather Johnson will discuss evidence-based recommendations on the use of coronary artery calcium scans in women, as well as examine research updates on female-specific and female-predominant cardiovascular risk factors.	Practitioners will be better able to identify coronary artery calcification in their female patient population.
Interactions Between Periodontitis and Systemic Diseases	**Jeffrey Ganeles, DMD, FACD** Private Practice, Boca Raton, Fla.	Periodontitis is an immuno-inflammatory chronic disease of the supporting structures of the teeth, which	Practitioners may not be current on all emerging healthcare trends or be familiar with the latest evidence-based data and best practice guidelines. This presentation will provide an overview of interactions and

	Diplomate, American Board of Periodontology Associate Professor, Nova Southeastern University College of Dental Medicine Assistant Clinical Professor, Boston University, Goldman School of Dental Medicine Fellow and Board Member, Academy of Osseointegration Fellow, International Team for Implantology Boca Raton, Florida	eventually causes tooth loss. It results from complex interactions from dysbiosis of the oral microbiome and the immunologic reactions causing an inflammatory response destroying the bone that supports the teeth. It is estimated that nearly 50% of adults in the U.S. have some degree of periodontitis. The microbial pathogens and inflammatory products associated with periodontitis spread into the vascular system and GI tract. Periodontitis, as one of the most common chronic diseases, is found to be associated with a wide variety of diseases, including diabetes/metabolic disease, cardiovascular disease, Alzheimer's disease, GI disorders including IBD and Crohn's, low birthweight and pre-term births, lower respiratory infections, worse outcomes with Covid-19, and many cancers including colon, pancreatic and some leukemias. The purpose of this presentation is to provide an overview of interactions and pathologic mechanisms for exacerbation of these conditions. Recommendations for assessment, management and intervention will also be made.	pathologic mechanisms for exacerbation of conditions as related to periodontitis, including recommendations for disease assessment, management, and intervention.

An Approach to Hemostasis and Thrombosis for the Internist	**Srikanth Nagalla, M.D., M.S.** Chief of Benign Hematology Miami Cancer Institute Baptist Health South Florida	Speaker Srikanth Nagalla, M.D., M.S., specializes in treating benign hematologic conditions, including bleeding and clotting disorders, rare blood disorders, high and low platelets, high and low blood counts, bone marrow failure syndromes and myeloproliferative neoplasms. This course will address an array of benign hematologic conditions, hemostasis, interpretation of clotting times, antiplatelet drugs, diagnosis of immediate concern and conditions to monitor long term.	Practitioners select appropriate laboratory tests required to diagnosis and evaluate benign hematologic disorders. Practitioners interpret hypercoagulability testing results to implement treatment plans for benign hematologic conditions or refer patients requiring specialized care appropriately.
B12 Deficiency	**Angelina The, M.D.** Hematologist and Medical Oncologist Lynn Cancer Institute Boca Raton Regional Hospital Baptist Health South Florida Boca Raton, Florida	While B12 deficiency is common, it is a serious condition. As a result, its presentation may not always be evident, which can lead to missed diagnosis and treatment. In this online course, Angelina The, M.D., hematologist and medical oncologist, will discuss the pathophysiology of B12 deficiency, testing and its pitfalls, and will review the different types of treatment options for patients.	Practitioners will be better able to identify B12 deficiency clinical features and causes in their patients and implement the correct treatment for this deficiency.
Screening for Lung Cancer is Standard Therapy	**John R. Roberts, M.D.** Board Certified Thoracic Surgery Boca Raton Regional Hospital Baptist Health South Florida Boca Raton, Florida	Lung cancer is the third most common cancer in the United States and more people die from lung cancer than any other type of cancer. Over 80% of these deaths are linked to the use of tobacco and primary prevention can successfully decrease the cancer burden. In	Practitioners will be better able to identify the dangers of lung cancer and examine the strategies to encourage patients with risk of lung cancer to be screened.

		this online course, John Roberts, M.D., will present "Screening for Lung Cancer is Standard Therapy."	
Psoriasis Update	**John Strasswimmer, M.D., Ph.D., FAAD, FACMS** Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida	Psoriasis is an autoimmune disease that affects patients' quality of life and can be costly. Various treatments are available including topical and systemic agents. John Strasswimmer, M.D. will lead the discussion on Psoriasis from a medical perspective.	Practitioners will be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients.
Attaining Health Equity: Focusing Our Lens on What's Important	**Mishah Azhar, M.D.** PGY-4 Internal Medicine Chief Resident Visiting Assistant Professor of Integrated Medical Science Florida Atlantic University Charles E. Schmidt College of Medicine Boca Raton, Florida **Danielle, Little, M.D.** Second-year Internal Medicine Resident Florida Atlantic University Charles E. Schmidt College of Medicine Boca Raton, Florida	According to the CDC, "Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment." health equity. In this online course, guest faculty, Mishah Azhar, M.D., and Danielle Little, M.D., discuss Attaining Health Equity: Focusing Our Lens on What's Important.	Practitioners will be able to better identify potential health inequities in patients to provide overall better patient care.

Cardiac Amyloidosis - an Increasingly Recognized Entity	**Aaron L. Bush, M.D., FACC, FSCAI** Cardiologist/Interventional Cardiologist Boca Raton Regional Hospital Baptist Health of South Florida Boca Raton, Florida	Most cardiac amyloidosis cases are due to immunoglobulin light chain amyloidosis (AL) and transthyretin amyloidosis (ATTR). Amyloid-induced cardiomyopathy has distinct characteristics compared to non-amyloid cardiomyopathies. As a result, specific management strategies are needed. In this online course, Dr. Bush reviews the pathophysiology and subtypes of cardiac amyloidosis and discuss the available and emerging therapies.	Practitioners will be able to identify the pathophysiology and subtypes of cardiac amyloidosis as well the available and emerging therapies.
Inpatient Management of Hypertension	**Marc S. Richards, M.D.** Nephrologist Boca Raton Regional Hospital Baptist Health of South Florida Boca Raton, Florida	Hypertension in hospitalized patients is common. This results in physicians commonly prescribing medication to control the numbers without properly evaluating the patient to determine the reasons behind the elevated numbers. Despite the increased prevalence of high blood pressure among medical inpatients, management guidelines for these patients are limited. In this online course, Dr. Richards discusses the management of hypertensive emergency including in the emergency department and inpatient settings. Management of chronic hypertension in the inpatient setting will also be discussed.	Practitioners will be able to better manage chronic patient hypertension in inpatient and emergency department settings.
Tremors Update 2022	**Thomas C. Hammond, M.D., FAAN**	According to the World Health Organization,	Evaluation and Pre- post-survey on Ethos as well as an annual impact assessment measuring

	Board Certified Neurologist Marcus Neuroscience Institute Boca Raton Regional Hospital Baptist Health South Florida Assistant Clinical Professor Florida Atlantic University Boca Raton, Florida Assistant Clinical Professor College of Osteopathic Medicine Nova Southeastern University Davie, Florida	tremor is most common among middle-aged and older adults, although it can occur at any age. The disorder generally affects men and women equally and is not life threatening, however it can affect an individual's quality of life. Thomas Hammond, M.D. will review 2022 tremor updates in this online course.	participants' knowledge and whether they are able to implement the strategies shared in the course.
Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases	**Eileen de Grandis, M.D., FACS** Vascular Surgeon and Medical Director, Vein Clinic Lynn Heart and Vascular Institute Boca Raton Regional Hospital Boca Raton, Florida	Vascular anomalies and rare conditions are occurring more and more frequently with advanced imaging and increased awareness of genetic disease. In this online course, Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases with Eileen de Grandis, M.D., FACS, will describe some uncommon conditions that have been seen at Boca Raton Regional Hospital.	Evaluation and Pre- post-survey on Ethos as well as an Annual impact assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course.
Drug Interactions of Clinical Importance	**Daniel C. Malone, Ph.D., FAMCP** Professor Department of Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah	This online course offers an engaging and informative discussion on Drug Interactions of Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic.	Evaluation and Pre- post-survey on Ethos as well as an Annual impact assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course.
Update on Headache Management	**Pooja S. Patel, M.D.** Board-Certified	In this online course, Dr. Patel will identify	Evaluation and Pre- post-survey on Ethos as well as an Annual impact assessment measuring

	Neurologist Boca Raton Regional Hospital Baptist Health South Florida Boca Raton, Florida	different headache types, discuss migraine, cluster headache and tension headache management, as well as headache treatment guidelines and the effects of medication overuse.	participants' knowledge and whether they are able to implement the strategies shared in the course.

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

Applicable Credits: AMA Category 1 ☐ ▪ **Continuing Psychology Education** ☐ ▪ **Continuing Dental Education** ☐ ▪ **Interprofessional Planning** ☐*

CME ACTIVITY TITLE: Miami Cancer Institute & Miami Neuroscience Institute: Miami Radiosurgery e-Learning Series

ORIGINAL RELEASE DATE: February 2022
REVIEW DATE:
COURSE EXPIRATION DATE: February 2024

CREDIT HOUR(S) APPLIED FOR: Credit determined at completion of each child course. See below.

TARGET AUDIENCE: Neurosurgeons, medical physicists, radiation oncologists and neuro-otolaryngologists.

CONFERENCE DIRECTOR: Rupesh Kotecha, M.D. and Michael McDermott, M.D.
CME MANAGER: Eleanor Abreu (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

LEARNING FORMAT: Must be appropriate to achieve objectives and desired results **(C5).** *Check all that apply.*

- ☐ ARS
- ☐ Case Studies
- ☐ Didactic Lecture
- ☐ Enduring Material (DVD/Booklet)
- ☒ Internet Activity Enduring Material
- ☐ Internet Live Course (Live Webcast)
- ☐ Internet point-of-care activity
- ☐ Journal-based CME activity
- ☐ Learning from Teaching
- ☐ Live activity
- ☐ Manuscript review activity
- ☐ Panel
- ☐ PI CME activity
- ☐ Question & Answer
- ☐ Regularly Scheduled Series
- ☐ Simulation
- ☐ Test item writing activity
- ☐ Other (specify)

OLP Course Planning:
External:
Provider: 2022IEM333

Course video:

Course handout:

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*
The online Miami Radiosurgery Series includes selected topics of key interest to practicing radiation oncologists and neurosurgeons, with the goal of providing an update on the current management of challenging radiosurgery cases.This series is hosted by Miami Cancer Institute (MCI) and Miami Neuroscience Institute (MNI) in a collaborative and educational effort. Practical tips, interesting cases and workflow improvements will be reviewed to help improve the practice of radiosurgery.

FACTORS OUTSIDE OUR CONTROL – *List factors outside our control and beyond the learner performance that impact patient outcomes and contribute to the healthcare "quality gap" being addressed.* **(C18)**
Patient: ☒ Noncompliance ☒ Lifestyle ☒ Resistance to change ☒ Cost of care/Lack of insurance
Physician: ☒ Noncompliance ☐ Resistance to change ☐ Communication skills ☒ Reimbursement issues
Resources: ☒ Institutional Capabilities ☒ Physician Practice Limitations ☒ Community Service Limitations
State of Science: ☐ Limited or no treatment modalities ☐ Limited or no diagnostic modalities
Other: *Please describe.*

BARRIERS TO PHYSICIAN CHANGE: (C19) *Briefly explain how this activity addresses the barriers/factors identified.*

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

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

PROFESSIONAL PRACTICE GAP (C2)
The difference between what is (the "actual") and what should be (the "ideal").

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► Stereotactic radiotherapy is a high-precision form of radiotherapy that requires an understanding of the effects of high-dose radiotherapy. The results of clinical trials and institutional experiences help to inform clinical practice as do international consensus guidelines. Yet, there continues to be significant variation in clinical practice across treating stereotactic radiosurgery centers. In fact, one recent study of neurosurgery and radiation oncology trainees demonstrated significant knowledge gaps in data registries, indications, and clinical trials and this continues in clinical practice.

Indicate if the gap is related to need for change in either/or:
☒ Knowledge *and/or* (Doctors do not know that they need to be doing something.)
☐ Competence *and/or* (Doctors do not know how to do it)
☐ Performance *and/or* (Doctors know how to do it but are noncompliant – or are not doing it properly.)

DESIRED OUTCOMES (GOAL): *Answer one or more of the following questions*: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? Identified "pearls" as actionable items by the Conf. Director and/or Speaker (C3)

► The practice of stereotactic radiosurgery should be evidenced-based with regards to patient selection, appropriate pre-treatment and treatment planning imaging, prescription dose guidelines, need for fractionation of treatment, and follow-up assessments. The purpose of this course is to review important practical principles for challenging stereotactic radiosurgery cases with example or review the relevant literature in areas of controversy.

Indicate what this activity is designed to change.
☒Designed to change competence *>Evaluation and Pre- post-survey on Ethos (see below: Evaluations)*
☐Designed to change performance *>Requires follow-up survey (see below: Evaluations)*
☐Designed to change patient outcomes *> Requires patient data / patient file review*, dashboards pre-,post-activity

This course is designed to (Commendation Criteria):
☐ include members of the intrerprofessional team to engage in the planning and delivery of interprofessional continuing education (C23)
☐ include patient/public representatives and engage in the planning of delivery of CME. (C24)
☐ include students of the health professions to engage in the planning and delivery of CME. (C25)
☐ advance the use of health and practice data for healthcare improvement (C26)
☐ address factors beyond clinical care that affect the health of populations. (C27)
☐ collaborate with other organizations to address population health issues (C28)
☐ improve communication skills of learners. (C29) *See evaluation method below.*
☐ optimize/improve technical and procedural skills of learners. (C30) *See evaluation method below.*
☐ create individualized learning plans for learners. (C31)
☐ utilize support strategies to enhance change as an adjunct to the CME program. (C32)
☐ demonstrate improvement in the performance of learners. (C36)
☐ demonstrate healthcare quality improvement (C37)
☐ demonstrate the impact of the CME program on patients or their communities. (C38)

NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? *(Check all that apply and explain below.)*

☒ Best practice parameters
☐ Disease prevention **(C12)**
☐ 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 **(C12)**
☐ National Patient Safety Goals
☐ New diagnostic/therapeutic modality **(C12)**
☐ Patient care data
☐ Process improvement initiatives **(C16 & 21)**
☐ Other need identified (Explain): _____

REFERENCES supporting the current practice and/or the optimal practice and/or practice gap. *COE Dashboard data must be included when possible.*
There are clear knowledge gaps shared by potential future practitioners of SRS. Specifically, knowledge regarding SRS data registries, indications, and clinical trials offer potential areas for increased educational focus. Furthermore, the gap between enthusiasm for increased SRS training and the current availability of such training at medical institutions must be addressed.

Swathi Chidambaram1, Sergio W. Guadix2, John Kwon2, Justin Tang3, Amanda Rivera3, Aviva Berkowitz3, Shalom Kalnicki3, Susan C. Pannullo1. Evidence-based practice of stereotactic radiosurgery: Outcomes from an educational course for neurosurgery and radiation oncology residents. 02-Mar-2021;12:77

https://pubmed.ncbi.nlm.nih.gov/33767881/

Bibliography
See below.

EDUCATIONAL OBJECTIVES: *Based on the gaps identified above, what are the learning objectives for this activity? Describe the performance* that should change if participants apply what they learn. *(or competence or patient outcome)*
Upon completion of this conference, participants should be better able to:

- Analyze and discuss recommendations from evidence-based literature reviews.
- Implement practical principles demonstrating key pragmatic takeaway pearls.
- Discuss practical tips, interesting cases and workflow improvements in the practice of radiosurgery.

EVALUATION METHODS: Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. **(C11)**

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
  ☐ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*
  Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*
☐ Changes in performance. **Evaluation method:**
  ☐ Follow-up Survey *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.*
  ☐ Commitment to Change **(ETHOS OBJECT)**
☐ Changes in patient outcomes. **Evaluation method:** Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
☐ Other_____

Commendation Criteria Required Evaluation

☐ **This course is designed to improve communication skills of learners. (C29)**
  ☐ 1) CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills
  ☐ 2) Course leader provides formative feedback to each learner about observed communication skills.

☐ **This course is designed to optimize/improve technical and procedural skills of learners. (C30)**
  ☐ 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills
  ☐ 2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills

FACULTY: (Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.)

Manmeet Ahluwalia, M.D., MBA
Chief of Medical Oncology
Chief Scientific Office and Deputy Director
Miami Cancer Institute
Baptist Health South Florida

Manmeet Ahluwalia, M.D., MBA, faculty for this educational event, is a researcher with Roswell Park Cancer Foundation, Velosano, Abbvie, AstraZeneca, Bayer, BMS, Incyte, Merck, Mimivax, Novartis, Novocure and Pharmacyclics. Dr. Ahluwalia is a consultant with Xoft, Bayer, Celularity, GSK, Insightec, Kiyatec, Novocure, Apollomics, Janssen, Nuvation, Prelude, SDP Oncology and MedInnovate LLC, and a stockholder in Cytodyn, Doctible and Mimivax. He has received honorariums from Elsevier, Wiley and Xoft. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Martin C. Tom, M.D.
Radiation Oncologist
Miami Cancer Institute
Baptist Health South Florida
Martin C. Tom, M.D., faculty for this educational event, receives grant/research support from Blue Earth Diagnostics. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Carolina G. Benjamin, M.D.
Director of Center for Advanced Radiosurgery
Director CANES Skull Base Lab
Department of Neurological Surgery,
University of Miami & Jackson Hospital Systems

Carolina G. Benjamin, M.D., faculty for this educational activity, is a consultant with Medtronic and Stryker and a member of the speakers' bureau with Elekta. Dr. Benjamin has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Tugce Kutuk, M.D.
Department of Radiation Oncology
Miami Cancer Institute
Baptist Health South Florida

D. Jay Wieczorek, Ph.D.
Senior Physicist
Department of Radiation Oncology
Miami Cancer Institute
Baptist Health South Florida

Tugce Kutuk, M.D., and **D. Jay Wieczorek, Ph.D.,** faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentation or discussion will not include off-label or unapproved product usage.

Michael W. McDermott, M.D.
Chair, Division of Neurosurgery
Chief Physician Executive
Miami Neuroscience Institute
Irma & Kalman Bass Endowed Chair in Clinical Neuroscience

Michael W. McDermott, M.D., conference director and speaker for this educational event, is a consultant with Deinde Medical and Stryker, and has indicated that the presentations or discussions will not include off-label or unapproved product usage.

Rupesh Kotecha, M.D.
Chief of Radiosurgery, Director of CNS Metastasis, Department of Radiation Oncology
Miami Cancer Institute, Baptist Health South Florida
Professor, Department of Radiation Oncology
Herbert Wertheim College of Medicine, Florida International University

Rupesh Kotecha, M.D., conference director for this educational event, has received honorariums from Elekta AB, Accuray, Viewray, Novocure and Elsevier. He has received research support from Medtronic, Blue Earth Diagnostics, Novocure, Exelixis, CT Medical, AstraZeneca and Viewray. He is also a member of the speakers' bureau with Novocure, and has indicated that the presentations or discussions will not include off-label or unapproved product usage.

All of the relevant financial relationships listed for these individuals have 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.*

ALL FINANCIAL RELATIONSHIPS: *List individuals in control of the content of this CME activity (other than faculty).*
Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.
Have all relevant financial interests been identified and resolved? (C7; SCS 2.1, 2.2, 2.3) ☒ **Yes** ☐ **No**
☒ CME Dept. Leadership and Staff ☒ CME Committee ☒ Conference Director
☐ Others (Conference Coordinator, Planning Group, etc.) _____

NON-EDUCATIONAL STRATEGIES: Explain what we are doing (CME or BHSF) – or what we could do – to enhance change as an adjunct (in addition to) to this CME activity. **(C17)** *These would be tactics and tools to facilitate change that go beyond this CME activity.* **NOTE: Insert this information under course shell>>custom fields>>resources.**
☐ Process redesign or new protocol ☐ Reminders (posters, mailings, email blasts) ☐ New order sheets
☐ Other tools or tactics Explain: _____

COLLABORATION: Are we engaged in collaborative and cooperative projects with other stakeholders (internal or external) that are related to this CME activity? **(C20)**
☐ Yes ☒ No Are we partnering with other organizations in a purposeful manner to achieve common interests?
☒ Yes ☐ No Are we collaborating with internal departments in a purposeful manner to achieve common interests?
If yes, describe the collaborative efforts. _____

COMMERCIAL SUPPORT: ☐ Indicate here if support will come from the Foundation's general Continuing Medical Education fund.

(**ETHOS CONTENT**) **YOU MAY ALSO BE INTERESTED IN:** *List names of up to two courses with similar target audiences. Please list complete course title.*

DATE REVIEWED: _____ **REVIEWED BY:** ☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**

APPROVED: ☐**YES** ☐**NO** ▪ **Credits: AMA/PRA Category 1 Credits: #__1**

Continuing Psychology Education Credits: #___ ☐ **N/A** ▪ **Continuing Dental Education Credits: # ___** ☐ **N/A**

OLP Course Quiz Questions:
See individual courses…

Topic	Speaker	Learning Objective	Bibliography
Innovative Therapies and Radiosurgery in Brain Metastasis 1 cat. 1	Manmeet Ahluwallia, M.D.	• Identify the role of genetics in outcomes in brain metastases. • Summarize the role of targeted therapy in brain metastases. • Describe the role of immunotherapy in brain metastases.	• Shaw, A. T., Bauer, T. M., de Marinis, F., Felip, E., Goto, Y., Liu, G., ... & Solomon, B. J. (2020). First-line lorlatinib or crizotinib in advanced ALK-positive lung cancer. *New England Journal of Medicine,* 383(21), 2018-2029. • Goldberg, S. B., Schalper, K. A., Gettinger, S. N., Mahajan, A., Herbst, R. S., Chiang, A. C., ... & Kluger, H. M. (2020). Pembrolizumab for management of patients with NSCLC and brain metastases: long-term results and biomarker analysis from a non-randomised, open-label, phase 2 trial. *The Lancet Oncology*, 21(5), 655-663. • Camidge, D. R., Kim, H. R., Ahn, M. J., Yang, J. C. H., Han, J. Y., Lee, J. S., ... & Popat, S. (2018). Brigatinib versus crizotinib in ALK-positive non–small-cell lung cancer. *New England Journal of Medicine,* 379(21), 2027-2039.
Overview - Despite advances in multimodality management of brain metastases, local progression following stereotactic radiosurgery (SRS) can occur. Often, surgical resection is favored, as it frequently provides immediate symptom relief as well as pathological characterization of any residual tumor. During this course, Dr. Manmeet S. Ahluwalia will discuss and analyze the innovative therapies and radiosurgery available when treating patients with brain metastasis.			
Preoperative Stereotactic Radiosurgery (SRS) vs. Postoperative SRS 0.75 Cat. 1	Martin C. Tom, M.D.	• Discuss the epidemiology of brain metastasis. • Assess the role of surgery in brain metastasis. • Summarize the role of adjunctive whole-brain radiotherapy (WBRT) for resected brain metastasis. • Compare the pros and cons of postoperative stereotactic radiosurgery (SRS). • Compare the pros and cons of preoperative SRS	• Nguyen, E. K., Nguyen, T. K., Boldt, G., Louie, A. V., & Bauman, G. S. (2019). Hypofractionated stereotactic radiotherapy for intracranial meningioma: a systematic review. *Neuro-oncology practice*, 6(5), 346-353. • Patel, K. R., Burri, S. H., Asher, A. L., Crocker, I. R., Fraser, R. W., Zhang, C., ... & Prabhu, R. S. (2016). Comparing preoperative with postoperative stereotactic radiosurgery for resectable brain metastases: a multi-institutional analysis.

		for resected brain metastasis.	*Neurosurgery*, 79(2), 279-285. • Redmond, K. J., Gui, C., Benedict, S., Milano, M. T., Grimm, J., Vargo, J. A., ... & Kleinberg, L. R. (2021). Tumor control probability of radiosurgery and fractionated stereotactic radiosurgery for brain metastases. *International Journal of Radiation Oncology* Biology* Physics,* 110(1), 53-67.
Overview - Brain metastasis is one of the most common neurologic complications of cancer. Dr. Tom will discuss the role of surgery in brain metastasis, as well as provide participants with an understanding of the role of adjunctive whole-brain radiotherapy for resected brain metastasis.			
Radiosurgery for Brain Metastases: Pushing the Upper Limits Credits 1 cat. 1 Hidden from search	Dr. Carolina Benjamin	• Determine the desired radiosurgical effect in brain metastases cases. • Appropriately select patients who would benefit from radiosurgery, drug therapy or whole-brain radiotherapy for brain metastases. • Identify patient cases where radiosurgery for leptomeningeal disease is recommended. • Recognize the upper limit on # tumors for radiosurgery.	• Brown, P. D., Ahluwalia, M. S., Khan, O. H., Asher, A. L., Wefel, J. S., & Gondi, V. (2018). Whole-Brain Radiotherapy for Brain Metastases: Evolution or Revolution? [Journal Article Review]. *J Clin Oncol*, *36*(5), 483-491. • Magnuson, W. J., Lester-Coll, N. H., Wu, A. J., Yang, T. J., Lockney, N. A., Gerber, N. K., ... & Chiang, V. L. (2017). Management of brain metastases in tyrosine kinase inhibitor–naïve epidermal growth factor receptor–mutant non–small-cell lung cancer: a retrospective multi-institutional analysis. *Journal of clinical oncology*, *35*(10), 1070-1077. • Wolf, A., Zia, S., Verma, R., Pavlick, A., Wilson, M., Golfinos, J. G., ... & Kondziolka, D. (2016). Impact on overall survival of the combination of BRAF inhibitors and stereotactic radiosurgery in patients with melanoma brain metastases. *Journal of neuro-oncology*, *127*(3), 607-615.
Overview – per Marie, not needed			

Management of Large AVMS: Radiosurgical Treatment Using Volume-Staged Approach Credits: .50 Cat. 1 Hidden from Search	Michael W. McDermott, M.D.	Compare the two eras of Volume-Staged-Gamma Knife Radiosurgery for Arteriovenous Malformations greater than 10 ml.	Seymour, Z.A., Sneed, P. K., Gupta, N., Lawton, M. T., Molinaro, A. M., Young, W., ... & McDermott, M. W. (2016). Volume-staged radiosurgery for large arteriovenous malformations: an evolving paradigm. *Journal of neurosurgery*, *124*(1), 163-174. Seymour, Z. A., Chan, J. W., Sneed, P. K., Kano, H., Lehocky, C. A., Jacobs, R. C., ... & McDermott, M. W. (2020). Dose response and architecture in volume staged radiosurgery for large arteriovenous malformations: a multi-institutional study. *Radiotherapy and Oncology*, *144*, 180-188 El-Shehaby, A. M., Reda, W. A., Karim, K. M. A., Eldin, R. M. E., Nabeel, A. M., & Tawadros, S. R. (2019). Volume-staged Gamma Knife radiosurgery for large brain arteriovenous malformation. *World Neurosurgery*, *132*, e604-e612
Impact of MRI Timing on Tumor Volume and Anatomic Displacement for Brain Metastases Undergoing Stereotactic Radiosurgery 1.0 cat. 1 Hidden from search	Tugce Kutuk, M.D., D. Jay Wieczorek, Ph.D.	• Utilize MRI to assess the size of lesions to determine treatment plans. • Implement the metrics used in assessing plan quality in Gamma Knife® treatment strategies.	Badam RK, Chowdary S, Kondamari SK, Kotha SK. Gamma knife radiosurgery: Making lives merrier for refractory trigeminal neuralgia. J NTR Univ Health Sci 2016;5:169-72. Lawrence, Y. R., Li, X. A., El Naqa, I., Hahn, C. A., Marks, L. B., Merchant, T. E., & Dicker, A. P. (2010). Radiation dose–volume effects in the brain. International Journal of Radiation Oncology* Biology* Physics, 76(3), S20-S27. Salkeld, A.L., Hau, E.K., Nahar, N., Sykes, J.R., Wang, W., & Thwaites, D.I. (2018). Changes in brain metastasis during radiosurgical planning. International Journal of Radiation Oncology* Biology* Physics, 102(4), 727-733. Seymour, Z. A., Fogh, S. E., Westcott, S. K., Braunstein, S., Larson, D. A., Barani, I. J., ... & Sneed, P. K. (2015). Interval from imaging to treatment delivery in the radiation surgery age: how long is too long?. International Journal of Radiation Oncology* Biology* Physics, 93(1), 126-132.
Brain metastases affect up to 30% of all cancer patients and are the most common neurological complication of cancer. Lung cancer, breast cancer, kidney cancer and melanoma are the most common primary tumors that metastasize to the brain. Prognosis with this diagnosis is still considered to be poor; however, subsets of patients can be identified			

based on prognostic factors who can live well beyond expectations and several years beyond diagnosis with limited brain metastases. During this conference Dr. Tugce Kutuk will discuss the basic principles of stereotactic radiosurgery and explain his clinical experience at Miami Cancer Institute.			
Cavernous Sinus Meningiomas: What Does the Literature Tell Us? Credits: 1 Cat. 1 Oct. 2022 – 2024 Hidden from Search	**Michael W. McDermott, M.D.** Chair, Division of Neurosurgery Chief Physician Executive Miami Neuroscience Institute Irma & Kalman Bass Endowed Chair in Clinical Neuroscience **Rupesh Kotecha, M.D.** Chief of Radiosurgery, Director of CNS Metastasis, Department of Radiation Oncology Miami Cancer Institute, Baptist Health South Florida Professor, Department of Radiation Oncology Herbert Wertheim College of Medicine, Florida International University Adjunct Faculty, Department of Radiation Oncology Memorial Sloan Kettering Cancer Center	● Explain the clinical background and management of cavernous sinus meningiomas. ● Describe individualized staged treatments based on each patient's condition. ● Examine recent evidence-based literature reviews.	Amelot, A., van Effenterre, R., Kalamarides, M., Cornu, P., & Boch, A.L. (2018). Natural history of cavernous sinus meningiomas. Journal of Neurosurgery, 130(2), 435-442. Nanda, A., Thaku, J.D., Sonig, A., & Missios, S. (2016). Microsurgical resectability, outcomes, and tumo control in meningiomas occupying the cavernous sinus. Journal of neurosurgery, 125(20, 378-392. Haghighi, N. Seely, A., Paul, E., & Dally, M. (2015). Hypofractionated stereotactic radiotherapy for benign intracranial tumours of the cavernous sinus. Journal of Clinical Neuroscience. 22(9). 1450-1455.
Overview Most of our evidence-based data for guiding treatment recommendations for cavernous sinus meningiomas is Class II at best. In this online course Dr. Michael McDermott from the Miami Neuroscience Institute discusses the individualized staged treatments including microsurgical treatment options and associated risks.			

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

Applicable Credits: AMA Category 1 ☐ ▪ **Continuing Psychology Education** ☐ ▪ **Continuing Dental Education** ☐

CME ACTIVITY TITLE: Radiation Safety: Understanding Procedural Radiation Dose and How to Reduce Exposure

RECORDED: Monday, January 9, 2017
CREDIT HOUR(S) APPLIED FOR: 1 Cat. 1

COURSE APPROVAL: March 2017
Course Renewal: July 2019; December 2020; December 2022
Course Expires: December 2019; December 2020, December 2022, December 2025

TARGET AUDIENCE: Cardiologists, Interventional Radiologists, Vascular Surgeons, Radiology Technologists, Nurses, and all interested healthcare professionals especially if they use ionizing radiation.

CONFERENCE DIRECTOR: Constantino Peña, M.D. **CME MANAGER:** Gabriela Fernandez

EXPECTED NUMBER OF ATTENDEES: 20-30 **CHARGE:** 0

LEARNING FORMAT: Must be appropriate to achieve objectives and desired results **(C5).** *Check all that apply.*

☐ARS
☐Case Studies
☐Didactic Lecture
☐Enduring Material (DVD/Booklet)
☒Internet Activity Enduring Material
☐Internet Live Course (Live Webcast)
☐Internet point-of-care activity
☐Journal-based CME activity
☐Learning from Teaching
☐Live activity
☐Manuscript review activity
☐Panel
☐PI CME activity
☐Question & Answer
☐Regularly Scheduled Series
☐Simulation
☐Test item writing activity
☐Other (specify)

COURSE DESCRIPTION:
Cardiac interventional radiology (IVR) can cause radiation injury to the staff who administer it as well as to patients. Staff that works on the IVR, including physicians, radiology technologists and nurses may not have sufficient knowledge of radiation safety and should receive appropriate radiation safety training. This course provides discussion relative to the current controversies associated with radiation exposure, as well as the importance of the ALARA principle. The course will discuss the top ten radiation dose reduction techniques, especially in CT and fluoroscopic procedures.

Samaritan Physicians: Successful completion of this activity will qualify Samaritan physicians for annual policy discounts. Upon completion, please print your certificate and submit to Samaritan for consideration.

FACTORS OUTSIDE OUR CONTROL – *List factors outside our control and beyond the learner performance that impact patient outcomes and contribute to the healthcare "quality gap" being addressed.* **(C18)**

Patient: ☐ Noncompliance ☐ Lifestyle ☐ Resistance to change ☐ Cost of care/Lack of insurance
Physician: ☒ Noncompliance ☒ Resistance to change ☒ Communication skills ☐ Reimbursement issues
Resources: ☐ Institutional Capabilities ☒ Physician Practice Limitations ☐ Community Service Limitations
State of Science: ☐ Limited or no treatment modalities ☐ Limited or no diagnostic modalities
Other: *Please describe.*

BARRIERS TO PHYSICIAN CHANGE: (C19) *Briefly explain how this activity addresses the barriers/factors identified.*

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

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

PROFESSIONAL PRACTICE GAP (C2)
The difference between what is (the "actual") and what should be (the "ideal").

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► Cardiac interventional radiology (IVR) can cause radiation injury to the staff who administer it as well as to patients. Staff that works on the IVR, including physicians, radiology technologists and nurses may not have sufficient knowledge of radiation safety and should receive appropriate radiation safety training. Periodic radiation safety education/training for nurses is essential.
<u>Reference:</u>
Interventional Services at Miami Cardiac and Vascular Institute (MCVI) includes Cardiac Catheterization, Electrophysiology, Interventional Radiology and Interventional Neuroradiology services. These procedure labs are radiology imaging dependent and as such, rely on intravascular contrast agents for diagnosis, guidance for interventions and evaluation of outcomes. The vast majority of patients receive a small to moderate quantity of contrast.
Upon review of the National Cardiac Data Registry Cath-PCI quarterly outcome reports, the proportion of percutaneous coronary intervention cases with acute kidney injury was below the national average for the MCVI Cath Labs. (Baptist Health South Florida System Wide Invasive Radiation and Contrast Reduction and Monitoring Committee)

Indicate if the gap is related to need for change in either/or:
☒ Knowledge *and/or* (Doctors do not know that they need to be doing something.)
☒ Competence *and/or* (Doctors do not know how to do it)
☒ Performance *and/or* (Doctors know how to do it but are noncompliant – or are not doing it properly.)

DESIRED OUTCOMES (GOAL): *Answer one or more of the following questions*: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? (C3)
► The IVR team will be knowledgeable about current controversies associated with radiation exposure, as well as the importance of the ALARA principle. The team will apply radiation dose reduction techniques, especially in CT and fluoroscopic procedures, to reduce risks and improve safety.

Indicate what this activity is designed to change.
☒Designed to change competence
☒Designed to change performance
☐Designed to change patient outcomes

NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? *(Check all that apply and explain below.)*

☐ Best practice parameters
☐ Disease prevention **(C12)**
☐ 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 **(C12)**
☐ National Patient Safety Goals
☐ New diagnostic/therapeutic modality **(C12)**
☐ Patient care data
☒ Process improvement initiatives **(C16 & 21)**
☐ Other need identified (Explain): <u>MCVI Quality Committee</u>

REFERENCES supporting the current practice and/or the optimal practice and/or practice gap:
►ALARA represents a practice mandate adhering to the principle of keeping radiation doses to patients and personnel As Low As Reasonably Achievable. This concept is strongly endorsed by the Society for Pediatric Radiology, particularly in the use of procedures and modalities involving higher radiation doses such as CT and fluoroscopic examinations of pediatric patients. There is no doubt that medical imaging, which has undergone tremendous technological advances in recent decades, is integral to patient care. However, these technological advances generally precede the knowledge of end-users concerning the optimal use and correct operation of the resulting imaging equipment, and such knowledge is essential to minimizing potential risks to the patients. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2663649/

Like all medical procedures, computed tomography (CT), fluoroscopy, and nuclear medicine imaging exams present both

benefits and risks. These types of imaging procedures have led to improvements in the diagnosis and treatment of numerous medical conditions. At the same time, these types of exams expose patients to ionizing radiation, which may elevate a person's lifetime risk of developing cancer. As part of a balanced public health approach, the U.S. Food and Drug Administration (FDA) seeks to support the benefits of these medical imaging exams while minimizing the risks. http://www.fda.gov/Radiation-EmittingProducts/RadiationSafety/RadiationDoseReduction/ucm2007191.htm

EDUCATIONAL OBJECTIVES: *Based on the gaps identified above, what are the learning objectives for this activity? Describe the performance* that should change if participants apply what they learn. *(or competence or patient outcome)*
Upon completion of this conference, participants should be better able to:

- Discuss radiation exposure reporting measures.
- Implement radiation reduction techniques to improve testing and reduce risks.
- Apply the ALARA (As Long As Reasonably Achievable) principle to minimize radiation dose to patients and improve their safety.

EVALUATION METHODS: Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. **(C11)**

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
☒ Changes in performance. **Evaluation method:** Follow-up Survey
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. **Evaluation method:** Review of hospital, health system, public health data, etc.
☐ Other_____

FACULTY: (Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.)
Alyson N. Cieply, M.S.
Diagnostic Medical Physicist
Baptist Health South Florida

Faculty disclosure statement (as it should appear on course shell):
Ms. Alyson N. Cieply has indicated neither she nor her spouse/partner has relevant financial relationships with commercial interest companies, and she will not include off-label or unapproved product usage in their presentations or discussions:

Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose.

RELEVANT FINANCIAL RELATIONSHIPS: *List individuals in control of the content of this CME activity (other than faculty).* **Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.**
Have all relevant financial interests been identified and resolved? (C7; SCS 2.1, 2.2, 2.3) ☐ **Yes** ☐ **No**
☒ CME Dept. Leadership and Staff ☒ CME Committee ☒ Conference Director
☐ Others (Conference Coordinator, Planning Group, etc.) _____

NON-EDUCATIONAL STRATEGIES: Explain what we are doing (CME or BHSF) – or what we could do – to enhance change as an adjunct (in addition to) to this CME activity. **(C17)** *These would be tactics and tools to facilitate change that go beyond this CME activity.* **NOTE: Insert this information under course shell>>custom fields>>resources.**
☐ Process redesign or new protocol ☐ Reminders (posters, mailings, email blasts) ☐ New order sheets
☐ Other tools or tactics Explain: _____

COLLABORATION: Are we engaged in collaborative and cooperative projects with other stakeholders (internal or external) that are related to this CME activity? **(C20)**
☐ Yes ☒ No Are we partnering with other organizations in a purposeful manner to achieve common interests?
☒ Yes ☐ No Are we collaborating with internal departments in a purposeful manner to achieve common interests?
If yes, describe the collaborative efforts. _ Baptist Health South Florida System Wide Invasive Radiation and Contrast Reduction and Monitoring Committee

COMMERCIAL SUPPORT: ☐ Indicate here if support will come from the Foundation's general Continuing Medical Education fund.

ETHOS CONTENT

YOU MAY ALSO BE INTERESTED IN: *List names of up to two courses with similar target audiences. Please list complete course title.*

External: 567695
Provider: 2017IEM02

Course video:

Course handout:

Quiz Questions

1) Where are the correct positions to wear your collar and chest dosimeter badges?
a. Collar under lead, chest above lead.
b. Collar under lead, chest under lead.
c. Collar above lead, chest above lead.
*d. Collar above lead, chest under lead.

2) What type of risk is associated with occupational Exposure?
a. Deterministic risk.
b. Nondeterministic risk.
*c. Stochastic risk.
d. Non-stochastic risk.

3) Which of the following was not listed as a Top 10 radiation reduction technique?
a. Wear your dosimeter badges.
*b. Face away from the X-ray machine.
c. Know the scatter fields.
d. Use collimation.
e. Time, distance, shielding.

4) What is the current Nuclear Regulatory Commission annual occupational limit for the Deep Dose Equivalent (DDE)?
a. 2,000 mrem/year.
*b. 5,000 mrem/year.
c. 15,000 mrem/year.
d. 50,000 mrem/year.

5) The highest scatter field is always located:
*a. Toward the side where the X-ray beam enters the patient.
b. Above the patient table when the beam is located beneath the patient.
c. Toward the left of the patient.
d. Toward the right of the patient.

Additional questions provided by Laura -
6. What is a characteristic of radiation-induced cataracts?
a. They occur only in the left eye.
b. They occur only in the right eye.
*c. They generally form on the posterior surface of the lens.
d. They cannot be treated with surgery.

7. Dermal necrosis is an injury associated with what type of risk?
*a. Deterministic risk.
b. Non-deterministic risk.
c. Stochastic risk.
d. Non-stochastic risk.

8. In general, radiation doses to the patient increase:
a. 1.0 to 1.3 times for each magnification position.
*b. 1.4 to 2.0 times for each magnification position.
c. 2.1 to 2.3 times for each magnification position.
d. 2.4 times and greater for each magnification position.

9. What is a benefit of using collimation?
a. It provides a wider picture of the area.
b. It is automatic and requires no maintenance.
*c. It reduces the amount of scatter radiation.
d. It requires less training for the operator.

10. What is a problem with using Air Kerma for doses?
a. There is no way to estimate it.
b. It is not an indicator of deterministic risk.
c. It is not a way to estimate skin dose.
*d. The reference point is accurate only for the average-sized patient.

DATE REVIEWED: January 12, 2017 **REVIEWED BY:** ☒ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**

APPROVED: ☐**YES** ☐**NO** ▪ **Credits: AMA/PRA Category 1 Credits: #1**

Continuing Psychology Education Credits: #___ ☐**N/A** ▪ **Continuing Dental Education Credits: # ___** ☐**N/A**

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

Applicable Credits: AMA Category 1 ☐ ▪ **Continuing Psychology Education** ☐ ▪ **Continuing Dental Education** ☐ ▪ **Interprofessional Planning** ☐*

CME ACTIVITY TITLE: Vascular Disease Diagnosis Education and Awareness

ORIGINAL RELEASE DATE: November 2018
REVIEW DATE: October 2021; October 2022
COURSE EXPIRATION DATE: November 2021, November 2022, November 2024

CREDIT HOUR(S) APPLIED FOR: .50 Cat. 1

TARGET AUDIENCE: Primary Care Physicians, Emergency Department Physicians, Internal Medicine Physicians, Cardiologists

CONFERENCE DIRECTOR: Constantino Peña, M.D.
CME MANAGER: Marie Vital Acle

***Interprofessional Planning Team**:

LEARNING FORMAT: Must be appropriate to achieve objectives and desired results **(C5).** *Check all that apply.*

- ☐ ARS
- ☐ Case Studies
- ☐ Didactic Lecture
- ☐ Enduring Material (DVD/Booklet)
- ☒ Internet Activity Enduring Material
- ☐ Internet Live Course (Live Webcast)
- ☐ Internet point-of-care activity
- ☐ Journal-based CME activity
- ☐ Learning from Teaching
- ☐ Live activity
- ☐ Manuscript review activity
- ☐ Panel
- ☐ PI CME activity
- ☐ Question & Answer
- ☐ Regularly Scheduled Series
- ☐ Simulation
- ☐ Test item writing activity
- ☐ Other (specify)

OLP Course Planning:
External: 636861
Provider: 2019IEM92

Course video: https://cdn.baptisthealth.net/cme/vol01/olp/VascularEdu6_26_18.mp4

Course handout: https://cmeonline.baptisthealth.net/sites/default/files/Vascular%20PP%2016%209%20Rev..pdf

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*
Learn more about what to consider during your annual physical exams when a patient presents with circulatory concerns. Be better able to assess patients at risk for developing peripheral vascular disease and appropriately select diagnostic tools based on your determination of arterial or venous disease.

This course supports the efforts of Miami Cardiac & Vascular Institute's Vascular Disease Diagnosis Education and Awareness program.

FACTORS OUTSIDE OUR CONTROL – *List factors outside our control and beyond the learner performance that impact patient outcomes and contribute to the healthcare "quality gap" being addressed.* **(C18)**

Patient: ☒ Noncompliance ☒ Lifestyle ☒ Resistance to change ☒ Cost of care/Lack of insurance
Physician: ☒ Noncompliance ☒ Resistance to change ☒ Communication skills ☐ Reimbursement issues
Resources: ☐ Institutional Capabilities ☐ Physician Practice Limitations ☐ Community Service Limitations
State of Science: ☐ Limited or no treatment modalities ☐ Limited or no diagnostic modalities

Other: *Please describe.*

BARRIERS TO PHYSICIAN CHANGE: (C19) *Briefly explain how this activity addresses the barriers/factors identified.*

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

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

PROFESSIONAL PRACTICE GAP (C2)
The difference between what is (the "actual") and what should be (the "ideal").

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► Practitioners may not be aware of risk factors for developing peripheral vascular disease.
Practitioners may not be accurately differentiating between arterial and venous disease and selecting the proper diagnostic tool based on this determination

Indicate if the gap is related to need for change in either/or:
☒ Knowledge *and/or* (Doctors do not know that they need to be doing something.)
☒ Competence *and/or* (Doctors do not know how to do it)
☒ Performance *and/or* (Doctors know how to do it but are noncompliant – or are not doing it properly.)

DESIRED OUTCOMES (GOAL): *Answer one or more of the following questions*: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"?
Identified "pearls" as actionable items by the Conf. Director and/or Speaker (C3)
► Practitioners consider circulatory problems during their annual physical exams, accurately distinguish between arterial and venous disease and select proper diagnostic tool based on this determination.

Indicate what this activity is designed to change.
☒Designed to change competence *>Evaluation and Pre- post-survey on Ethos (see below: Evaluations)*
☒Designed to change performance *>Requires follow-up survey (see below: Evaluations)*
☐Designed to change patient outcomes *> Requires patient data / patient file review*, dashboards pre-,post-activity

This course is designed to (Commendation Criteria):
☐ include members of the intrerprofessional team to engage in the planning and delivery of interprofessional continuing education (C23)
☐ include patient/public representatives and engage in the planning of delivery of CME. (C24)
☐ include students of the health professions to engage in the planning and delivery of CME. (C25)
☐ advance the use of health and practice data for healthcare improvement (C26)
☐ address factors beyond clinical care that affect the health of populations. (C27)
☐ collaborate with other organizations to address population health issues (C28)
☐ improve communication skills of learners. (C29) *See evaluation method below.*
☐ optimize/improve technical and procedural skills of learners. (C30) *See evaluation method below.*
☐ create individualized learning plans for learners. (C31)
☐ utilize support strategies to enhance change as an adjunct to the CME program. (C32)
☐ demonstrate improvement in the performance of learners. (C36)
☐ demonstrate healthcare quality improvement (C37)
☐ demonstrate the impact of the CME program on patients or their communities. (C38)

NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? *(Check all that apply and explain below.)*
☐ Best practice parameters ☐ Consensus of experts

☐ Disease prevention **(C12)**
☐ Mortality/morbidity statistics
☐ National/regional data
☐ New or updated policy/protocol
☐ Peer review data
☐ Regulatory requirement
☐ Research/literature review
☐ Joint Commission initiatives **(C12)**
☐ National Patient Safety Goals
☐ New diagnostic/therapeutic modality **(C12)**
☐ Patient care data
☐ Process improvement initiatives **(C16 & 21)**
☐ Other need identified (Explain): _____

REFERENCES supporting the current practice and/or the optimal practice and/or practice gap. *COE Dashboard data must be included when possible.*

Bibliography

Kalbaugh, C. A., Kucharska-Newton, A., Wruck, L., Lund, J. L., Selvin, E., Matsushita, K., ... & Loehr, L. (2017). Peripheral artery disease prevalence and incidence estimated from both outpatient and inpatient settings among Medicare fee-for-service beneficiaries in the Atherosclerosis Risk in Communities (ARIC) study. *Journal of the American Heart Association*, *6*(5), e003796.

EDUCATIONAL OBJECTIVES: *Based on the gaps identified above, what are the learning objectives for this activity? Describe the performance* that should change if participants apply what they learn. *(or competence or patient outcome)*
Upon completion of this conference, participants should be better able to:

- Recognize patients who present with risk factors for developing peripheral vascular disease and effectively screen these patients to reduce morbidity and mortality.
- Implement a thorough annual physical exam screening for circulatory problems that can include abnormal pulse, carotid bruits and abnormal aortic aneurysms.
- Distinguish between arterial and venous disease.
- Utilize diagnostic methods to document the extent and location of peripheral vascular disease.

EVALUATION METHODS: Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. **(C11)**

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
  ☐ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*
  Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*
☐ Changes in performance. **Evaluation method:**
  ☐ Follow-up Survey *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.*
  ☐ Commitment to Change **(ETHOS OBJECT)**
☐ Changes in patient outcomes. **Evaluation method:** Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
☐ Other_____

Commendation Criteria Required Evaluation

☐ **This course is designed to improve communication skills of learners. (C29)**
  ☐ 1) CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills
  ☐ 2) Course leader provides formative feedback to each learner about observed communication skills.

☐ **This course is designed to optimize/improve technical and procedural skills of learners. (C30)**
  ☐ 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills
  ☐ 2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills

FACULTY: (Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.)

Constantino S. Peña, M.D.
Medical Director of Vascular Imaging
Miami Cardiac & Vascular Institute
Interventional Radiologist
Baptist, Doctors, Homestead, South Miami and West Kendall Baptist Hospitals
Miami, Florida

Constantino S. Peña, M.D., conference director and speaker for this educational activity, has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Ricardo Cury, M.D., planning committee member, has indicated that he receives grant and research support from GE Healthcare.

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*

ALL FINANCIAL RELATIONSHIPS: *List individuals in control of the content of this CME activity (other than faculty).*
Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.
Have all relevant financial interests been identified and resolved? (C7; SCS 2.1, 2.2, 2.3) ☐ **Yes** ☐ **No**
☒ CME Dept. Leadership and Staff ☐ CME Committee ☐ Conference Director
☐ Others (Conference Coordinator, Planning Group, etc.) Pending list of committee members and question writers from Lisa Gordon.

NON-EDUCATIONAL STRATEGIES: Explain what we are doing (CME or BHSF) – or what we could do – to enhance change as an adjunct (in addition to) to this CME activity. **(C17)** *These would be tactics and tools to facilitate change that go beyond this CME activity.* **NOTE: Insert this information under course shell>>custom fields>>resources.**
☐ Process redesign or new protocol ☐ Reminders (posters, mailings, email blasts) ☐ New order sheets
☐ Other tools or tactics Explain: _____

COLLABORATION: Are we engaged in collaborative and cooperative projects with other stakeholders (internal or external) that are related to this CME activity? **(C20)**
☐ Yes ☒ No Are we partnering with other organizations in a purposeful manner to achieve common interests?
☒ Yes ☐ No Are we collaborating with internal departments in a purposeful manner to achieve common interests?
If yes, describe the collaborative efforts. This course is planned in collaboration with the Miami Cardiac and Vascular Institute, Vascular Disease Diagnosis Education and Awareness Program committee.

COMMERCIAL SUPPORT: ☐ Indicate here if support will come from the Foundation's general Continuing Medical Education fund.

(**ETHOS CONTENT**) **YOU MAY ALSO BE INTERESTED IN:** *List names of up to two courses with similar target audiences. Please list complete course title.*

DATE REVIEWED: _____ **REVIEWED BY:** ☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**

APPROVED: ☐**YES** ☐**NO** ▪ **Credits: AMA/PRA Category 1 Credits: #__1**

Continuing Psychology Education Credits: #___ ☐ **N/A** ▪ **Continuing Dental Education Credits: # ___** ☐ **N/A**

OLP Course Quiz Questions:
1. What percentage of people over the age of 60 have peripheral vascular disease?

a. 2%
b. 5%
c. 10%
***d. 15%**

Feedback: According to the CDC, approximately 12%-15% of people over age 60 develop peripheral vascular disease. That's about 10 million people, only 30% of whom are diagnosed.

2. If you have abnormal pulses from peripheral vascular disease, your risk of cardiovascular mortality will:
a. Stay the same.
b. Increase twofold.
***c. Increase threefold.**
d. Increase tenfold.

Feedback: There is about a three- to sixfold increased risk of cardiovascular mortality in patients with peripheral vascular disease, according to the European Journal of Heart Disease, 2010.

3. In which patients do you assess for claudication?
a. All patients.
b. Patients with lower extremity symptoms.
***c. Patients with cardiovascular risk factors.**
d. None.

Feedback: Patients with CV risk factors, i.e., age, smoking, diabetes, hypertension, dyslipidemia, sedentary lifestyle and "leg pains" (only 30% of patients have classic claudication) should be evaluated for PVD.

4. Which pulses do you check? (select all that apply)
a. Carotid
***b. Femoral**
***c. Popliteal**
***d. Pedal**
e. None

Feedback: All patients should receive a full pulse examination annually. Many conditions affecting all age groups may be detected on the basis of an abnormal exam. Abnormalities of the pulse exam should be evaluated with physiologic vascular testing if clinically significant or in a higher-risk patient. Confirmed peripheral artery disease is an indicator of coronary and cerebrovascular disease, with risk of cardiovascular mortality being equivalent to patients with known CAD.

5. Which patients do you auscultate for carotid bruits?
***a. All patients.**
b. Patients with lower extremity conditions.
c. Patients with cardiovascular risk factors.
d. Patients with TIA.

Feedback: All patients who have symptoms of cerebrovascular insufficiency or who have cardiovascular risk factors should have carotid arteries auscultated as part of the physical examination. Some 8 million people in the United States have carotid bruits. One-third of the population has experienced focal ischemic neurological symptoms. Positive findings on auscultation necessitate noninvasive testing. Carotid atherosclerosis, whether symptomatic or not, can indicate atherosclerotic disease in other vascular beds. (JAYANETTI)

6. On which patients do you perform an abdominal palpation to detect abdominal aortic aneurysm (AAA)?
***a. All patients with a family history; men age 65 to 75; smokers.**
b. Patients with lower extremity conditions.
c. Patients with cardiovascular risk factors.
d. None.

Feedback: Abdominal aortic aneurysms (AAA) are a very common condition. Risk factors include tobacco use, high blood pressure, male over 60 years old, obesity and a family history of AAA. A good physical exam can detect an AAA. Usually they are asymptomatic until they rupture and then cause severe back and/or abdominal

pain. Ultimately shock and death occur. If the patient is lucky, he can present with blue toes due to emboli from the aneurysm sac, leading to the discovery of the offending AAA. If an aneurysm is greater than 5.5 cm, intervention might be considered. However any aneurysm, regardless of size, should be evaluated by a vascular specialist. (RUA)

Medicare Part B (Medical Insurance) covers a one-time screening ultrasound for abdominal aortic aneurysm for people with Part B who meet one of these criteria: have family history of AAA or men ages 65 to 75 and have smoked at least 100 cigarettes in their lifetime.

7. Which of the following are symptoms of venous disease? (check all that apply)
***a. Swelling.**
***b. Leg pain.**
***c. Varicose veins.**
d. Hairlessness.
***e. Ulcers.**
f. Pallor.
g. Weak or absent pulses.
***h. Skin discoloration.**

8. Which of the following are symptoms of arterial disease? (check all that apply)
a. Swelling.
***b. Leg pain.**
c. Varicose veins.
***d. Hairlessness.**
***e. Ulcers.**
***f. Pallor.**
***g. Weak or absent pulses.**
***h. Skin discoloration.**

9. When suspecting PAD, which is your test of choice?
a. ABI (ankle/brachial index).
b. PVR (Pulse Volume Recordings).
c. Doppler.
***d. Arterial Physiological Test with exercise (PVR with segmental pressures, ABI).**
e. Arterial Duplex Scan.
f. MR angiography (MRA).
g. CT angiography (CTA).
h. Catheter-based angiography.

Baptist Health South Florida
Continuing Medical Education

CME ACTIVITY APPLICATION
Rev. 04/05/2022 _GF

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	Well-being e-Learning Series		
Date		**Time**	
Location	Online/Enduring	**Credit Hour(s)**	**Up to 5 credits**
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.**	Physicians, Physician Assistants, Pharmacists, Nurse Practitioners, Nurses, Respiratory Therapists, Social Workers, Clinical Chaplains, Medical Students and 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	Baptist Health's Well-being team offers emotional support, psycho-education, coping strategies and resources to help clinicians with burnout, stress, anxiety, depression and other concerns. For more information on available services for employees and all medical staff please email wellbeing@baptisthealth.net. This online series will provide clinicians with strategies to address and prevent burnout in clinical practice. Topics will be continually added throughout the year.		

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 #**	IEM2022351		
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker**	☐ Yes ☐ No	**CEBroker #**	See child courses.

Planning Team

Conference Director(s)	**Ana Viamonte Ros, M.D.**
CME Manager	**Marie Vital Acle**

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. Well-being Department
Describe initiative:	This systemwide initiative to support clinicians' well-being has been the catalyst to the creation of a department and Chief Wellness Officer. This series supports their educational efforts throughout the healthcare system and provides an online platform for distribution of information to Medical Staff and community physicians to address and prevent burnout.

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	☐ Panel Discussion	☐ Simulation Lab
☒ Question & Answer	☐ Interactive	☐ Mannequins
☐ ARS	☐ Hands-on skill labs	☐ Round table discussion
☐ Case Studies	☐ Cadaver labs	☐ 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.	Clinicians may not be aware of the impact physician burnout has on patient empathy and delivery of patient care. **Clinicians may not be aware of available resources to address and prevent physician burnout, stress, anxiety and depression through the new Well-Being initiative.**
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 identify signs and symptoms of physician burnout and implement ways to advocate for personal resiliency. Clinicians are aware of available resources them and feel comfortable in accessing these services as needed.

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 online series, participants should be better able to: • Implement coping strategies to address and prevent clinician burnout. • **Access services available through Well-being, i**ncluding emotional support, psycho-education and addressing burnout, stress, anxiety and depression.

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.***	Surgeon General Report: Addressing Health Worker Burnout (hhs.gov)	
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.*	Addressing Health Worker Burnout (hhs.gov) The Clinician Well-being Playbook | AHA Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org) Burstein, D. S., Svigos, F., Patel, A., Reddy, N. K., Michelson, K. N., O'Dwyer, L. C., Linzer, M., Linder, J. A., & Victorson, D. (2022). A Scoping Review on the Concept of Physician Caring. *Journal of general internal medicine*, 1–13. Advance online publication. https://doi.org/10.1007/s11606-021-07382-4 Well-being Resources– link: https://cmeonline.baptisthealth.net/sites/default/files/Well-Being_Flyer%20%28002%29.pdf

Faculty	
Faculty List ***For more than two (2) faculty members, include the list at end of application.***	**See individual courses.**

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	**See individual courses.**
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 : • ***See children.***
☐ **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 ☐ Economic, social, and environmental conditions ☐ Healthcare and payer systems ☐ Access to care ☐ Health disparities ☐ 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	Insert names and email addresses.
Hosts	Insert names and email addresses for at least one of these: ***DG-Telepresence / CME Manager and Assistant / Host Department***
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	Sept. 2022
Course Renewal Date	
Course Expiration Date	August 2024

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

Course (Child) name	Objectives	Bibliography	CE Broker #
Physician Burnout: Impact on Patient Empathy and Care **7/1/2022 – 6/1/2024** **1 Cat. 1**	• Recognize signs and symptoms of physician burnout. • Identify potential ways to advocate for organizational change as it pertains to burnout. • Develop and implement ways to advocate for personal resiliency.	Dyrbye, L. N., & Shanafelt, T. D. (2011). Physician burnout: a potential threat to successful health care reform. *Jama*, 305(19), 2009-2010. Lacy, B. E., & Chan, J. L. (2018). Physician burnout: the hidden health care crisis. *Clinical Gastroenterology and Hepatology*, 16(3), 311-317.	**20-924590**

Overview

An estimated 30%-40% of physicians experience burnout in their career, this online course will address the impact of physician burnout with faculty, Mary B. Reyes, Ph.D., and Carmen R. Jimenez, Psy.D.

PRE/POST Survey

How confident are you in your ability to:

- Recognize signs and symptoms of physician burnout?

Faculty

Carmen R. Jimenez, Psy.D.
Clinical Psychologist
Well-Being Department
Baptist Health South Florida

Mary B. Reyes, Ph.D.
Clinical Psychologist
Well-Being Department
Baptist Health South Florida

Carmen R. Jimenez, Psy.D.
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Mary B. Reyes, Ph.D.
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Carmen R. Jimenez, Psy.D., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation and discussion will not include off-label or unapproved product usage.

Mary. B. Reyes, Ph.D., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation and discussion will not include off-label or unapproved product usage.

Ana M. Viamonte Ros, M.D., conference director for this educational activity, has no relevant financial relationships with ineligible companies* to disclose.

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*.

Course (Child) name	Objectives	Bibliography	CE Broker #
Physician Suicide: When It's Close to Home – Sept. 15 Credits: 2 Cat. 1 October 2022 – August 2024	• Define disproportionate suicide rates and driving factors occurring within physician communities; debunk myths with facts. • Address individual and organizational resources to prevent suicide and burnout. • Identify perception of mental health among various generations of physicians. • Discuss the impact of suicide on colleagues, interventions used by	Duarte, D., El-Hagrassy, M. M., e Couto, T. C., Gurgel, W., Fregni, F., & Correa, H. (2020). Male and female physician suicidality: a systematic review and meta-analysis. JAMA psychiatry, 77(6), 587-597. Mehta, S. S., & Edwards, M. L. (2018). Suffering in silence: mental health stigma and physicians' licensing fears. American Journal of Psychiatry Residents' Journal, 13(11), 2-4. Weir, K. (2019). Worrying trends in US suicide rates. Monitor on Psychology, 50(3), 24.	

	medical students and resources accessible to medical staff.		

Overview

The rate of suicide among physicians is almost twice as high as for the general population. Please join us for our online course, Physician Suicide: When It's One of Our Own, with guest speaker Elizabeth Gall and Baptist Health's Graciela Jimenez, LMFT, and Rachel Rohaidy, M.D.

Faculty

Elizabeth Gall
Widow of oncologist Matthew Gall, M.D., who died by suicide in 2019
Minneapolis, Minnesota

Graciela M. Jimenez, LMFT
Licensed Marriage and Family Therapist
Baptist Health South Florida

Rachel Rohaidy, M.D.
Psychiatrist
Baptist Health South Florida

Elizabeth Gall, Graciela Jimenez, LMFT and **Rachel Rohaidy, M.D**., faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose and have indicated that the presentations or discussions will not include off-label or unapproved product usage.

Ana Viamonte Ros, M.D., conference director for this educational activity, has indicated that she has no relevant financial relationships with ineligible companies* to disclose.

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