

CONFERENCE APPLICATIONS AND REPORTS

Applications Previously Approved

February 5 - May 6, 2022

Live CME

02.10.22	MCVI Burnout: The Barrier to Clinician Well-being (.5 Cat. 1)
02.16.22	Conversation in Ethics – Brain Death and Ethics (1 Cat. 1)
02.22.22	Mental Health Conference Series - Enhancing Communication with Pediatric Patients and Families in the Hospital Setting (1 Cat. 1)
03.16.22	Conversation in Ethics - Ethics and Resource Allocation (1 Cat. 1)
03.31.22	Mental Health Conference Series - Update on Psychopharmacology--A Contrarian (or Skeptical) View? (1 Cat. 1)
04.11.22	MCI Multispecialty GR – Advances in Radiation Therapy and Systemic Therapy for Hepatocellular Carcinoma (HCC) (1 Cat. 1)
04.14.22	MCVI Grand Rounds – The ABC's of Primary and Secondary Prevention of Cardiovascular Disease (1 Cat. 1)
04.14.22	MCI Dental Oncology Conference Series – Oral Medicine, Connecting Oral Health and Medical Health (1 Cat. 1)
04.22.22	MCI Radiation Oncology GR – Building an Innovative Academic Metastatic Disease Program in Radiation Oncology (1 Cat. 1)
04.27.22	Mariners Hospital Lecture Series – Hyperbaric Medicine: Decompression Illness (1 Cat. 1)
05.09.22	Miami Cancer Institute Multispecialty Grand Rounds –Targeting Cancer Cell Metabolism (1 Cat. 1)
05.09.22	MCVI Radiology Grand Rounds: Clinical Research Topics in Diagnostic and Interventional Radiology (1 Cat. 1)
05.12.22	Miami Cancer Institute Dental Oncology Conference Series – HPV: What You and Your Patients Should Know (1 Cat. 1)
05.13.22	MCI Radiation Oncology Grand Rounds – Modern Radiation Therapy for Lymphoma: Late Toxicity, Current Strategies and Outcomes (1 Cat. 1)
05.17.22	Jose “Pepe” Alvarez Jr M.D. Memorial Lecture on Vascular Disease: Advancements in the Management of Aortic Dissection (1 Cat. 1)
05.18.22	Risk Management – Documentation Matters during litigation (1 Cat. 1)
05.18.22	Conversation in Ethics – Medical Chart Misinformation (1 Cat. 1)
05.19.22	Mental Health Conference Series: Biofeedback - History, Methods, Applications and Implications for Physicians and Patients (1 Cat. 1)
10.03.22	MCI Gamma Knife Workshop (13.5 Cat. 1) Two day course.

Applicable Credits: AMA Category 1 **Continuing Psychology Education** **Continuing Dental Education** **Interprofessional Planning** **ABIM MOC** **ABS** **CME ACTIVITY TITLE:** MCVI Burnout: The Barrier to Clinician Well-being**DATE:** February 10, 2022 **TIME:** 6-6:30PM **CREDIT HOUR(S) APPLIED FOR:** .5 Cat. 1**LOCATION:** Zoom Meeting**TARGET AUDIENCE:** MCVI Physicians and APPs**CONFERENCE DIRECTOR:** Barry Katzen, M.D. **CME MANAGER:** Katie Deane***Interprofessional Planning Team:****EXPECTED NUMBER OF ATTENDEES:** 25-30**CHARGE:** 0**LEARNING FORMAT:** Must be appropriate to achieve objectives and desired results **(C5)**. *Check all that apply.*

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Clinician well-being is an imperative component of health-care. With more than one-quarter of US cardiologists and fellows in training being affected by burnout, strategies must be developed to reduce burnout and create a culture of wellness, efficiency of practice, and resiliency. Join us to hear Dr. Laxmi Mehta identify key contributors to burnout among cardiologists and discuss potential wellbeing solutions for clinicians on a professional and personal level.

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 current 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)

► Burnout is an occupational hazard in medicine and affects more than one-quarter of US cardiologists and fellows in training. Tragic personal and professional consequences are associated with burnout, including broken relationships, substance abuse, depression and suicide. Professional ramifications of burnout include lower quality of care, higher rates of medical errors, decreased patient satisfaction, decreased productivity and increased clinician turnover. Strategies must be developed to reduce burnout by addressing a culture of wellness, efficiency of practice, and resiliency. The entire health-care community has a role in addressing burnout and promoting well-being. (<https://www.nature.com/articles/s41569-021-00553-0>)

► Clinicians may not be familiar with the prevalence and key contributors to burnout and they may not have the strategies to properly address the issues and create potential wellbeing solutions on a professional and personal level.

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)

► Clinicians are able to identify key contributors to burnout among cardiologists and implement strategies to address the issues and utilize wellbeing solutions on a professional and personal level.

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 interprofessional 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): MCVI Leadership Request

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

- ▶ Mehta, L. S., & Murphy, D. J. (2021). Strategies to prevent burnout in the cardiovascular health-care workforce. *Nature Reviews Cardiology*, 18(7), 455-456.
- ▶ Mehta, L. S., Elkind, M. S., Achenbach, S., Pinto, F. J., & Poppas, A. (2021). Clinician Well-Being—Addressing Global Needs for Improvements in the Health Care Field: A Joint Opinion From the American College of Cardiology, American Heart Association, European Society of Cardiology, and the World Heart Federation. *Circulation*, 144(7), e151-e155.
- ▶ Mehta, L. S., Lewis, S. J., Duvernoy, C. S., Rzeszut, A. K., Walsh, M. N., Harrington, R. A., ... & American College of Cardiology Women in Cardiology Leadership Council. (2019). Burnout and career satisfaction among US cardiologists. *Journal of the American College of Cardiology*, 73(25), 3345-3348.
- ▶ Executive Committee, Benjamin, I. J., Valentine, C. M., Oetgen, W. J., Sheehan, K. A., Task Force 1, ... & Anderson, R. E. (2021). 2020 American Heart Association and American College of Cardiology consensus conference on professionalism and ethics: a consensus conference report. *Journal of the American College of Cardiology*, 77(24), 3079-3133.

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:

- Define burnout and identify the repercussions of physician burnout.
- Identify key contributors to burnout among cardiologists.
- Implement potential wellbeing solutions on a professional and personal level.

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. ***Required for ABS MOC 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 _____

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

Laxmi Mehta, M.D., FACC, FAHA
Vice Chair of Wellness, Department of Internal Medicine
The Ohio State University Wexner Medical Center
Columbus, Ohio

Faculty disclosure statement (as it should appear on course shell):

Laxmi Mehta, M.D., faculty of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Barry Katzen, M.D., director for this activity, has indicated that he is a consultant for Boston Scientific, W.L. Gore and Philips.

All of the relevant financial relationships listed for have been mitigated.

Other contributors 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 mitigated? (C7; SII 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. This educational activity was planned in collaboration with MCVI leadership.

BHSF INITIATIVES: This CME activity supports:

Balance across the continuum of care

Patient-centered care

Removing redundancy – improving processes

Overutilization – unnecessary health care costs

High-reliability tools – Use of prior experiences to improve systems, processes and services

Evidence-based data

Diversity & Inclusion

Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe: This activity supports the system-wide clinician wellbeing initiative.

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

Applicable Credits: AMA Category 1 **Continuing Psychology Education** **Continuing Dental Education** **Interprofessional Planning** **ABIM MOC** **ABS** **CME ACTIVITY TITLE:** Conversations in Ethics - Brain Death and Ethics**DATE:** 02/16/2022 **TIME:** 12:00pm to 1:00pm **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1**LOCATION:** Live Webinar**TARGET AUDIENCE:**

Physicians, Physician Assistants, Nurse Practitioners, Nurses, Social Workers, Respiratory Therapists, Clinical Chaplains, Pharmacists, Medical Students, Registered Dietitians and other interested healthcare professionals.

CONFERENCE DIRECTOR: Ana M. Viamonte Ros, M.D., MPH**CME MANAGER:** Eduardo Cartin**Conference Coordinator:** Claudio Kogan, M.D.***Interprofessional Planning Team:** Mayra Villalba, MSN, RN, CMSRN, Ana M. Viamonte Ros, M.D., MPH, Claudio Kogan, M.D.**Zoom Webinar Presentation Only:****Panelists:** (Names and Emails of presenters, moderators and CME Manager)Dr. Alghidak (Sam) Salama - asalama@med.miami.eduDr. Kristine O'Phelan - KOPhelan@med.miami.eduRabbi Claudio J. Kogan, M.D. - Claudio.Kogan@BaptistHealth.netAna M. Viamonte Ros, M.D. - AnaVR@baptisthealth.netMayra Villalba, MSN, RN - MayraVi@baptisthealth.net**Host:** (Telepresence member name and email)Eduardo E. Cartin - eduardo.cartin@baptisthealth.net**EXPECTED NUMBER OF ATTENDEES:** 50-100**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:** *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Criteria for the diagnosis of brain death are being continually refined by clinical and experimental research. Please join us for this Conversations in Ethics conference which we will discuss Brain Death and Ethics with guest faculty Dr. Alghidak Salama, M.D., and Dr. Kristine O'Phelan, M.D.

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 current 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)

- ▶ Clinicians do not know (or apply) the proper determination of brain death in patients laid out by the Uniform Determination of Death Act (UDDA)
- ▶ Patients who are diagnosed as “brain dead” do not, in fact, meet the neurologic criteria enshrined in the UDDA and in similar “whole brain” laws in most nations around the world.

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)*

- ▶ Clinicians utilize appropriate ethical principals in addressing ethical issues that arise when caring for patients in determining if death by neurologic criteria is not consistent with its legal standard, because some patients who are diagnosed as brain-dead, in fact retain some brain function, or retain the capacity for the return of some brain function.

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.)*

- | | |
|--|--|
| <input type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> other need identified (Explain): |
| <input checked="" type="checkbox"/> Research/literature review | |

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

Nair-Collins, M., & Miller, F. G. (2022). Current Practice Diagnosing Brain Death Is Not Consistent With Legal Statutes Requiring the Absence of All Brain Function. *Journal of Intensive Care Medicine*, 37(2), 153–156.
<https://doi.org/10.1177/0885066620939037>

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 which patients are eligible for brain death determination ethically and legally
- Determine which patients need ancillary testing as part of the brain death determination procedure
- Identify variations in laws and clinical practice surrounding brain death determination both nationally and globally

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. ***Required for ABS MOC Question: Question: How confident are you in your ability to comprehend ethical principles in the care of patients that have been determined to be brain dead?*
- 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 _____

*****ABS MOC –**

Accredited CME for MOC

(6) Will require an evaluation for each session to measure learner competence, performance or pt safety.

- Include competence question for those evaluations: Question: How confident are you in your ability to implement this/these strategy/ies: (list “pearls”)

- Evaluation response w/ name required to claim ABS credits

****ABIM/ ***ABS Part II MOC** – Evaluation w/ Feedback required

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.)

Kristine H O'Phelan, M.D.

Director, Neurocritical Care
University of Miami Health System

Alghidak Salama, M.D.

Assistant Professor of Clinical Surgery
University of Miami Health System

Faculty disclosure statement (as it should appear on course shell):

Dr. Kristine H. O'Phelan, M.D., and Dr. Alghidak Salama, M.D., faculty of this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation & discussion(s) will not include off-label or unapproved product usage.

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

**Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

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. The CME Department and BHSF Bioethics Program's leaders collaborate to improve healthcare provider competencies and practice by addressing areas of ethical concern or interest (as determined by the Bioethics Program leaders) through compelling and engaging continuing education activities

BHSF INITIATIVES: This CME activity supports:

Balance across the continuum of care

Patient-centered care

- Removing redundancy – improving processes
- Overutilization – unnecessary health care costs
- High-reliability tools – Use of prior experiences to improve systems, processes and services
- Evidence-based data
- Diversity & Inclusion
- Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe:

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO ■ Credits: AMA/PRA Category 1 Credits: # <u> 1 </u>	
Continuing Psychology Education Credits: # <u> ___ </u> <input type="checkbox"/> N/A ■ Continuing Dental Education Credits: # <u> ___ </u> <input type="checkbox"/> N/A	

Applicable Credits: AMA Category 1 **Continuing Psychology Education** **Continuing Dental Education** **Interprofessional Planning** **ABIM MOC** **ABS** **CME ACTIVITY TITLE:** Mental Health Conference Series - Enhancing Communication with Pediatric Patients and Families in the Hospital Setting**DATE:** February 22, 2022 **TIME:** 6-7 p.m. **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1**LOCATION:** Zoom**TARGET AUDIENCE:** Primary Care Physicians, Family Practice Physicians, Emergency Medicine Physicians, Neurologists, Psychiatrists, Psychologists, Nurses, Social Workers and other interested clinical care providers.**CONFERENCE DIRECTOR:** Barry M. Crown, Ph.D., FACPN **CME MANAGER:** Katie Deane***Interprofessional Planning Team:****Zoom Webinar Presentation Only:****Panelists:** (Names and Emails of presenters, moderators and CME Manager)Barry M. Crown, Ph.D. – bmcrown@yahoo.comBrandon M. Korman, Psy.D., Ph.D. - bmkorman@gmail.com**Host:** (Telepresence member name and email)Katie Deane – KatieD@baptisthealth.net**EXPECTED NUMBER OF ATTENDEES:** 40-50**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:** *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Communication is the most common “procedure” in medicine. The ability to communicate openly and with compassion is essential and at times, even more crucial and often more complicated, with pediatric patients and their families than it is with adult patients. Please join us to hear pediatric neuropsychologist, Dr. Brandon Korman, as he provides practical guidance to enable clinicians to provide effective communication in a number of common pediatric settings and situations.

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 current 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)

► Health care communication is a critical, but generally neglected, component of pediatric and pediatric subspecialty practice and training and is a skill that can and must be taught. The practicing clinician’s ability to communicate openly and with compassion is essential for effective and efficient routine health care; this ability becomes a vital lifeline for parents and children confronted with life altering and sometimes life-ending conditions.

(<https://www.publications.aap.org/pediatrics/article-split/121/5/e1441/73487/Communicating-With-Children-and-Families-From>)

► Clinicians may not have the appropriate tools to properly and effectively communicate with pediatric patients and their families.

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)

► Clinicians utilize research-based and practical guidance to enable effective communication with pediatric patients and their families in a number of common settings and situations.

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 patients/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:

► Family-centered care (FCC) is a partnership approach to health care decision-making between the family and health care provider. FCC is considered the standard of pediatric health care by many clinical practices, hospitals, and health care groups. Despite widespread endorsement, FCC continues to be insufficiently implemented into clinical practice. (<https://link.springer.com/article/10.1007/s10995-011-0751-7>)

Kuo, D. Z., Houtrow, A. J., Arango, P., Kuhlthau, K. A., Simmons, J. M., & Neff, J. M. (2012). Family-centered care: current applications and future directions in pediatric health care. *Maternal and child health journal*, 16(2), 297-305.

► Levetown, M., & Committee on Bioethics. (2008). Communicating with children and families: from everyday interactions to skill in conveying distressing information. *Pediatrics*, 121(5), e1441-e1460.

► Children's hospitals face unique challenges when they try to make practical improvements in their communication with children and family members. Effective communication is more crucial, and often more complicated, than it is with adult patients.

<http://www.patientprovidercommunication.org/pdf/news/25.pdf>

► Heath, G., Montgomery, H., Eyre, C., Cummins, C., Pattison, H., & Shaw, R. (2016, March). Developing a tool to support communication of parental concerns when a child is in hospital. In *Healthcare* (Vol. 4, No. 1, p. 9). Multidisciplinary Digital Publishing Institute.

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:

- Describe why provider-patient communication so important and when it is “good enough”.
- Identify how cultural background, family dynamics, and other psychosocial factors can affect the communication process, and how meeting families where they are facilitates positive interactions.
- Consider the importance of developmental factors and using these to improve messaging and compliance.
- Discuss the power of empathy as a universal communication tool, and describe the strengths and weaknesses of various communication strategies.

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. ***Required for ABS MOC Question:*
 - *How confident are you in your ability to effectively communication with pediatric patients and their families in a number of common settings and situations>*
- 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 _____

*****ABS MOC –**

Accredited CME for MOC

(6) Will require an evaluation for each session to measure learner competence, performance or pt safety.

- Include competence question for those evaluations: Question: *How confident are you in your ability to implement this/these strategy/ies: (list “pearls”)*

- Evaluation response w/ name required to claim ABS credits

****ABIM/ ***ABS Part II MOC –** Evaluation w/ Feedback required

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.)

Brandon M. Korman, Psy.D., Ph.D., ABPP

Pediatric Neuropsychologist

Nicklaus Children's Hospital

Miami, Florida

Faculty disclosure statement (as it should appear on course shell):

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

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

**Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

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. _____

BHSF INITIATIVES: This CME activity supports:

- Balance across the continuum of care
- Patient-centered care
- Removing redundancy – improving processes
- Overutilization – unnecessary health care costs
- High-reliability tools – Use of prior experiences to improve systems, processes and services
- Evidence-based data
- Diversity & Inclusion
- Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe:

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO ■ Credits: AMA/PRA Category 1 Credits: # <u> 1 </u>	
Continuing Psychology Education Credits: # <u> </u> <input type="checkbox"/> N/A ■ Continuing Dental Education Credits: # <u> </u> <input type="checkbox"/> N/A	

Applicable Credits: AMA Category 1 **Continuing Psychology Education** **Continuing Dental Education** **Interprofessional Planning** * **ABIM MOC** ** **ABS** *****CME ACTIVITY TITLE:** Conversations in Ethics - Ethics and Resource Allocation**DATE:** 03/16/2022 **TIME:** 12:00pm to 1:00pm **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1**LOCATION:** Live Webinar**TARGET AUDIENCE:**

Physicians, Physician Assistants, Nurse Practitioners, Nurses, Social Workers, Respiratory Therapists, Clinical Chaplains, Pharmacists, Medical Students, Registered Dietitians and other interested healthcare professionals.

CONFERENCE DIRECTOR: Ana M. Viamonte Ros, M.D., MPH**CME MANAGER:** Eduardo Cartin**Conference Coordinator:** Claudio Kogan, M.D.***Interprofessional Planning Team:** Mayra Villalba, MSN, RN, CMSRN, Ana M. Viamonte Ros, M.D., MPH, Claudio Kogan, M.D.**Zoom Webinar Presentation Only:****Panelists:** (Names and Emails of presenters, moderators and CME Manager)Dr. Eduardo Martinez DuBouchet - EduardoMa@baptisthealth.netRabbi Claudio J. Kogan, M.D. - Claudio.Kogan@BaptistHealth.netAna M. Viamonte Ros, M.D. - AnaVR@baptisthealth.netMayra Villalba, MSN, RN - MayraVi@baptisthealth.net**Host:** (Telepresence member name and email)Eduardo E. Cartin - eduardo.cartin@baptisthealth.net**EXPECTED NUMBER OF ATTENDEES:** 50-100**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:** *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Please join us for our Conversation in Ethics March 2022 lecture on Ethics and Resource Allocation with our very own Dr. Eduardo Martinez DeBouchet, as we discuss key strategies on healthcare access distribution.

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 current 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)

- ▶ Research production, and supply chain distribution lag our ability to provide sufficient number of diagnostic tests and adequate personal protective equipment (PPE).
- ▶ Healthcare resource allocation strategies were limited and untested during the pandemic.

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)

- ▶ Clinicians are able to identify key principles that cause varying access to utilization of resources and implement basic principles of disaster planning and stewardship to ethically manage future health crisis.
- ▶ Identify key principles that cause varying access to the utilization of resources will help formulate better strategies for healthcare delivery.
- ▶ Discusses principle functions like the equal treatment or cost-effectiveness principles, implying limitations to what actions could be justified by the other principles. Two principles rule out allocations leading to unequal consideration of similar need and prognosis claims, or wasteful spending of resources to meet prioritised healthcare needs, the principle of sustainability rules out (excessively) unsustainable allocations.

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.)*

- | | |
|--|--|
| <input type="checkbox"/> Best practice parameters | <input type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input checked="" type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input checked="" type="checkbox"/> Research/literature review | |

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

- ▶ Laventhal, N., Basak, R., Dell, M. L., Diekema, D., Elster, N., Geis, G., ... & Macauley, R. (2020). The ethics of creating a resource allocation strategy during the COVID-19 pandemic. *Pediatrics*, 146(1).
- ▶ Munthe C, Fumagalli D, Malmqvist E. Sustainability principle for the ethics of healthcare resource allocation. *Journal of Medical Ethics*. 2021 Feb 1;47(2):90-7.

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 principle functions in equal treatment and/or cost-effectiveness in healthcare.
- ▶ Analyze risk benefits ratio for limited resource allocations.
- ▶ Apply innovation strategies during times when supply of needed recourses may be limited.

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. ***Required for ABS MOC 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 _____

*****ABS MOC –**

Accredited CME for MOC

- (6) Will require an evaluation for each session to measure learner competence, performance or pt safety.
- Include competence question for those evaluations: Question: *How confident are you in your ability to implement this/these strategy/ies: (list “pearls”)*
- Evaluation response w/ name required to claim ABS credits
- **ABIM/ ***ABS Part II MOC –** Evaluation w/ Feedback required

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.)

Dr. Eduardo Martinez DuBouchet, M.D.

Director of Telehealth, EICU, Transfer Center
Baptist Health South Florida

Faculty disclosure statement (as it should appear on course shell):

Dr. Eduardo Martinez DuBouchet, M.D., faculty of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation & discussions will not include off-label or unapproved product usage.

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

*Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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. The CME Department and BHSF Bioethics Program's leaders collaborate to improve healthcare provider competencies and practice by addressing areas of ethical concern or interest (as determined by the Bioethics Program leaders) through compelling and engaging continuing education activities

BHSF INITIATIVES: This CME activity supports:

Balance across the continuum of care

Patient-centered care

Removing redundancy – improving processes

Overutilization – unnecessary health care costs

High-reliability tools – Use of prior experiences to improve systems, processes and services

Evidence-based data

Diversity & Inclusion

Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.)

Describe:

► Identify key principles that cause varying access to the utilization of resources will help formulate better strategies for healthcare delivery.

► Discusses principle functions like the equal treatment or cost-effectiveness principles, implying limitations to what actions could be justified by the other principles. Two principles rule out allocations leading to unequal consideration of similar need and prognosis claims, or wasteful spending of resources to meet prioritised healthcare needs, the principle of sustainability rules out (excessively) unsustainable allocations.

► Recognize basic principles of disaster planning and resource stewardship with ethical relevance for this and future public health crises, explore the role of illness severity scoring systems and their limitations and potential contribution to health disparities, and consider the role for exceptionally resource-intensive interventions

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	▪ Credits: AMA/PRA Category 1 Credits: # <u>1</u>
Continuing Psychology Education Credits: # <u> </u> <input type="checkbox"/> N/A	▪ Continuing Dental Education Credits: # <u> </u> <input type="checkbox"/> N/A

Applicable Credits: AMA Category 1 **Continuing Psychology Education** **Continuing Dental Education** **Interprofessional Planning** * **ABIM MOC** ** **ABS** *****CME ACTIVITY TITLE:** Mental Health Conference Series - Update on Psychopharmacology--A Contrarian (or Skeptical) View?**DATE:** March 31, 2022 **TIME:** 6-7 p.m. **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1**LOCATION:** Zoom**TARGET AUDIENCE:** Primary Care Physicians, Family Practice Physicians, Emergency Medicine Physicians, Neurologists, Psychiatrists, Nurses, Social Workers and other interested clinical care providers.**CONFERENCE DIRECTOR:** Barry M. Crown, Ph.D., FACPN **CME MANAGER:** Katie Deane***Interprofessional Planning Team:****Zoom Webinar Presentation Only:****Panelists:** (Names and Emails of presenters, moderators and CME Manager)Barry M. Crown, Ph.D. – bmcrown@yahoo.comDavid M. Tobolowsky, M.D. - davidtobolowsky@gmail.com**Host:** (Telepresence member name and email)Katie Deane – KatieD@baptisthealth.net**EXPECTED NUMBER OF ATTENDEES:** 40-50**CHARGE:** 0**LEARNING FORMAT:** Must be appropriate to achieve objectives and desired results (C5). *Check all that apply.*

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Psychopharmacology has revolutionized the treatment of psychiatric disorders in the last few decades. With newer psycho-pharmaco-therapeutic agents gaining attention related to efficacy and tolerability, their unpredictability can leave clinicians with an imprecise prescribing strategy. Join us to hear Dr. David M. Tobolowsky discusses the names and indications for some of the newer psycho-pharmaco-therapeutic agents and appraise the scientific data to determine which patient's to prescribe them to, taking into consideration the concerns, side-effects and contraindications associated with these agents.

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: | <input checked="" type="checkbox"/> Noncompliance | <input checked="" type="checkbox"/> Lifestyle | <input checked="" type="checkbox"/> Resistance to change | <input type="checkbox"/> Cost of care/Lack of insurance |
| Physician: | <input type="checkbox"/> Noncompliance | <input checked="" type="checkbox"/> Resistance to change | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Reimbursement issues |
| Resources: | <input type="checkbox"/> Institutional Capabilities | <input type="checkbox"/> Physician Practice Limitations | <input type="checkbox"/> Community Service Limitations | |
| State of Science: | <input checked="" type="checkbox"/> Limited or no treatment modalities | <input type="checkbox"/> 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 current 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)

► Antipsychotics have revolutionized the treatment of psychiatric disorders in the last few decades. Despite advances in psychopharmacology, the quest for more effective and safer antipsychotic medications is not yet over.

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8717034/>)

► Clinicians may not be familiar with the new psycho-pharmaco-therapeutic agents and may not have developed an optimal psychopharmacology prescribing strategy for their patients.

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)

► Clinicians know the names and indications for some of the newer psycho-pharmaco-therapeutic agents and utilize evidence-based data in identifying which patient’s to prescribe them to, taking into consideration the concerns, side-effects and contraindications associated with these agents.

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 interprofessional 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.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input type="checkbox"/> Research/literature review | |

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

- ▶ Zeier, Z., Carpenter, L. L., Kalin, N. H., Rodriguez, C. I., McDonald, W. M., Widge, A. S., & Nemeroff, C. B. (2018). Clinical implementation of pharmacogenetic decision support tools for antidepressant drug prescribing. *American Journal of Psychiatry*, 175(9), 873-886.
- ▶ Jarończyk, M., & Walory, J. (2022). Novel Molecular Targets of Antidepressants. *Molecules*, 27(2), 533.
- ▶ Barman, R., Majumder, P., Doifode, T., & Kablinger, A. (2021). Newer antipsychotics: Brexpiprazole, cariprazine, and lurasidone: A pledge or another unkept promise?. *World Journal of Psychiatry*, 11(12), 1228.
- ▶ D'Abreu, A., & Friedman, J. H. (2018). Tardive Dyskinesia-like Syndrome Due to Drugs that do not Block Dopamine Receptors: Rare or Non-existent: Literature Review. *Tremor and Other Hyperkinetic Movements*, 8.

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 the names and indications for some of the newer psycho-pharmaco-therapeutic agents.
- Describe concerns, side-effects and contraindications associated with the use of psycho-pharmaco-therapeutic agents.
- Accurately identify which patients psycho-pharmaco-therapeutic agents may be indicated for.

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. ***Required for ABS MOC Question:*
 - How confident are you in your ability to identify the newer psycho-pharmaco-therapeutic agents by name?
 - How confident are you in your ability to implement an optimal psychopharmacology prescribing strategy?
- 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 _____

*****ABS MOC –**

Accredited CME for MOC

(6) Will require an evaluation for each session to measure learner competence, performance or pt safety.

- Include competence question for those evaluations: Question: *How confident are you in your ability to implement this/these strategy/ies: (list “pearls”)*

- Evaluation response w/ name required to claim ABS credits

****ABIM/ ***ABS Part II MOC –** Evaluation w/ Feedback required

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.)

David M. Tobolowsky, M.D.
Board Certified Adult and Geriatric Psychiatry
Miami, Florida

Faculty disclosure statement (as it should appear on course shell):

David M. Tobolowsky, M.D., faculty of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will include off-label or unapproved product usage.

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

**Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

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. _____

BHSF INITIATIVES: This CME activity supports:

- Balance across the continuum of care
- Patient-centered care
- Removing redundancy – improving processes
- Overutilization – unnecessary health care costs
- High-reliability tools – Use of prior experiences to improve systems, processes and services
- Evidence-based data
- Diversity & Inclusion
- Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe:

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	▪ Credits: AMA/PRA Category 1 Credits: #_1
Continuing Psychology Education Credits: #_ <input type="checkbox"/> N/A	▪ Continuing Dental Education Credits: #_ <input type="checkbox"/> N/A

Applicable Credits: AMA Category 1 ■ Continuing Psychology Education ■ Continuing Dental Education
■ Interprofessional Planning

CME ACTIVITY TITLE: Miami Cancer Institute Dental Oncology Conference Series – Oral Medicine: Connecting Oral Health and Medical Health

DATE: Thursday, April 14, 2022 **TIME:** 6- 7 p.m.

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

LOCATION: Miami Cancer Institute – Zoom

TARGET AUDIENCE: Primary Care Physicians, Dentists, Otolaryngologists, Gastroenterologists, Radiologists, Medical Oncologists, Oral Maxillofacial Surgeons, Surgeons, Pathologists, Hospitalists, Nurses, Nutritionists and Speech Pathologists.

CONFERENCE DIRECTOR: Evan B. Rosen, DMD

CME MANAGER: Eleanor Abreu

*Interprofessional Planning Team:

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Evan Rosen, DMD. – EvanRo@baptisthealth.net

Lina M. Mejia, DDS, MPH, CTTS, FICD – lina.mejia@nova.edu

Host: (Telepresence member name and email)

Eleanor Abreu – eleanora@baptisthealth.net

Anna Busto - AnnaB@baptisthealth.net

EXPECTED NUMBER OF ATTENDEES: 30

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Lina M. Mejia, DDS will provide an overview of contemporary oral medicine for the health care provider. Her key points of discussion will include oral manifestation in systemic diseases and medication side effects. During the conference Dr. Mejia will review the importance of differential diagnosis, diagnostic test, considerations in dental clearance prior to cancer therapy and management of oral complications in cancer patients.

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 current 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)

► Health care providers don't always include the dental health professional in the treatment and management of patients undergoing cancer treatment.

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)*

► Dental health professionals will be included in the treatment plan of patients receiving treatment for cancer.

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:*

While the majority of disorders of the mouth are centred upon the direct action of plaque, the oral tissues can be subject to change or damage as a consequence of disease that predominantly affects other body systems. Such oral manifestations of systemic disease can be highly variable in both frequency and presentation. As lifespan increases and medical care becomes ever more complex and effective it is likely that the numbers of individuals with oral manifestations of systemic disease will continue to rise. The present article provides a succinct review of oral manifestations of systemic disease. In view of this article being part of a wider BDJ themed issue on the subject of oral medicine, this review focuses upon oral mucosal and salivary gland disorders that may arise as a consequence of systemic disease.

Br Dent J 2017 Nov 10;223(9):683-691. doi: 10.1038/sj.bdj.2017.884.

<https://pubmed.ncbi.nlm.nih.gov/29123296/>

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:

- Identify oral manifestations for systemic diseases and medications.
- Analyze the significance of differential diagnosis.
- Discuss the considerations in prescribing topical or systemic medication for oral diseases.

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 comfortable 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.)

Faculty disclosure statement (as it should appear on course shell):

Lina Maria Mejia, DDS, MPH, CTTS, FICD
Diplomate, American Board of Oral Medicine
Associate Professor
Oral Medicine and Diagnostic Sciences
College of Dental Medicine
Nova Southeastern University

Lina Maria Mejia, DDS, MPH., faculty of this educational activity, has no relevant financial relationship(s) with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

None of the planners for this educational activity have relevant financial relationship(s) 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.

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. _____

Miami Cancer Institute – Cancer Dental Specialists. Dental Oncology and Maxillofacial Prosthetics.

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: # 1 N/A

Applicable Credits: AMA Category 1 **Continuing Psychology Education** ▪ **Continuing Dental Education** ▪ **Interprofessional Planning** * ▪ **ABIM MOC** ** ▪ **ABS** *****CME ACTIVITY TITLE:** MCVI Grand Rounds – The ABC’s of Primary and Secondary Prevention of Cardiovascular Disease**DATE:** April 14, 2022 **TIME:** 6-7 p.m. **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1**LOCATION:** Live Zoom Webinar**TARGET AUDIENCE:** Cardiologists, interventional cardiologists, cardiothoracic surgeons, vascular surgeons, interventional radiologists, echocardiographers, pulmonologists, hematologists, general internists, primary care physicians, intensivists, emergency medicine physicians, hospitalists, nurses, pharmacists, respiratory technologists and other interested healthcare providers.**CONFERENCE DIRECTOR:** Theodore Feldman, M.D. **CME MANAGER:** Katie Deane***Interprofessional Planning Team:****Zoom Webinar Presentation Only:****Panelists:** (Names and Emails of presenters, moderators and CME Manager)Theodore Feldman, M.D. - TheodoreF@baptisthealth.netRoger Blumenthal, M.D. - rblument@jhmi.edu**Host:** (Telepresence member name and email)Katie Deane – katied@baptisthealth.net**EXPECTED NUMBER OF ATTENDEES:** 50-75**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:** *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

In recent years, improvement in outcomes related to cardiovascular disease is in part due to the prioritization and progress of primary and secondary prevention efforts. Join us to hear Dr. Roger S. Blumenthal, the expert in the field of prevention of cardiovascular disease compare and contrast the AHA/ACC & the European guidelines and discuss the evidence for the changes in cardiovascular risk assessment guidelines.

Dr. Blumenthal is an expert in the pathogenesis, treatment, and prevention of cardiovascular disease. He was the principal developer of the Johns Hopkins Ciccarone Center for the Prevention of Cardiovascular Disease and is on the official national spokesperson panel for the American Heart Association (AHA). Dr. Blumenthal has co-written more than 700 articles dealing with many aspects of coronary heart disease and cardiovascular disease management. We are honored to have him speak at the Miami Cardiac & Vascular Institute’s Grand Round.

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 current 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)

► Clinicians may not be familiar with the latest recommendations and guidelines for cardiovascular risk assessment and approach to disease prevention.

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)

► Clinicians implement a systematic approach to cardiovascular prevention, utilizing the most relevant and up to date recommendations for risk assessment, and implementation of lifestyle, behavioral and pharmacologic interventions to significantly reduce the burden of cardiovascular disease.

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.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input checked="" type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input type="checkbox"/> Research/literature review | |

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

Feldman, D. I., Latina, J., Lovell, J., Blumenthal, R. S., & Arbab-Zadeh, A. (2021). Coronary computed tomography angiography in patients with stable coronary artery disease. *Trends in cardiovascular medicine*.

Feldman, D. I., Wu, K. C., Hays, A. G., Marvel, F. A., Martin, S. S., Blumenthal, R. S., & Sharma, G. (2021). The Johns Hopkins Ciccarone Center's expanded 'ABC's' approach to highlight 2020 updates in cardiovascular disease prevention. *American journal of preventive cardiology*, 6, 100181.

Feldman, D. I., Michos, E. D., Stone, N. J., Gluckman, T. J., Cainzos-Achirica, M., Virani, S. S., & Blumenthal, R. S. (2020). Same evidence, varying viewpoints: Three questions illustrating important differences between United States and European cholesterol guideline recommendations. *American Journal of Preventive Cardiology*, 4, 100117.

Feldman, D. I., Pacor, J. M., Blumenthal, R. S., & Nasir, K. (2020). 2019 clinical trials in lipid lowering. *Current opinion in cardiology*, 35(4), 319-324.

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:

- Compare and contrast the AHA/ACC & the European guidelines on cholesterol, blood pressure, and atherosclerosis management.
- Examine the evidence for the changes in cardiovascular risk assessment guidelines over the past decade.
- Implement a systematic approach to cardiovascular disease prevention, utilizing the most relevant and up to date guidelines and recommendations.

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. ***Required for ABS MOC
- Question:**
- Implement a systematic approach to cardiovascular disease prevention, utilizing the most relevant and up to date guidelines and recommendations?
- 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 _____

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

Roger S. Blumenthal, M.D., FACC, FAHA, FNLA

Director, Johns Hopkins Ciccarone Center for the Prevention of Heart Disease

Kenneth Jay Pollin Professor of Cardiology, Professor of Medicine, Johns Hopkins Hospital
Baltimore, Maryland

Faculty disclosure statement (as it should appear on course shell):

Roger S. Blumenthal, 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.

Non-faculty contributors and others involved in the planning, development, and editing/review of the content have relevant financial relationships to disclose with ineligible companies*:

Theodore Feldman, M.D., FACC, FACP, director for this activity, is on the speakers' bureau for Novo Nordisk, Astra Zeneca, Eli Lilly and Boeringer Ingelheim and has an executive roles with Rightway Healthcare and Cadence Solutions.

All of the relevant financial relationships listed for have been mitigated.

*Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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

BHSF INITIATIVES: This CME activity supports:

Balance across the continuum of care

Patient-centered care

Removing redundancy – improving processes

Overutilization – unnecessary health care costs

High-reliability tools – Use of prior experiences to improve systems, processes and services

Evidence-based data

Diversity & Inclusion

Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.)

Describe:

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

Applicable Credits: AMA Category 1 ■ Continuing Psychology Education ■ Continuing Dental Education
■ Interprofessional Planning

CME ACTIVITY TITLE: MCI Radiation Oncology Grand Rounds – Building an Innovative Academic Metastatic Disease Program in Radiation Oncology

DATE: Friday, April 22, 2022 **TIME:** 12 noon – 1p.m. **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1

LOCATION: Miami Cancer Institute - Zoom

TARGET AUDIENCE: Radiation Oncologists, Medical Oncologists, Oncology Surgeons and Radiologists **NOTE:** Due to limited space, this conference is open to Baptist Health affiliated Medical Staff and Clinical Employees.

CONFERENCE DIRECTOR: Michael Chuong, M.D.

CME MANAGER: Eleanor Abreu

*Interprofessional Planning Team:

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Micheal Chuong, M.D. – michaelchu@baptisthealth.net

Jonathan T. Yang, M.D., Ph.D. – Yangj12@mskcc.org

Host: (Telepresence member name and email)

Shandelle M. Castillo - Shandelle.Castillo@baptisthealth.net

EXPECTED NUMBER OF ATTENDEES: 0

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

This lecture will review the Memorial Sloan Kettering experience of initiating a dedicated metastatic disease service within radiation oncology. Dr. Yang will discuss how to create successful operational metastatic disease services in radiation oncology and its impact on patient care.

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 current 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)

► Metastatic disease is typically not considered as its own specialty within radiation oncology. Physicians may not be aware of the benefits of it being its own specialty clinically and academically and advocate for this change.

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)*

► Physicians will approach metastatic disease as it’s own specialty in radiation oncology.

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.)*

- | | |
|--|--|
| <input checked="" type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input checked="" type="checkbox"/> Research/literature review | |

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

In a time of rapid advances in science and technology, the opportunities for radiation oncology are undergoing transformational change. The linkage between and understanding of the physical dose and induced biological perturbations are opening entirely new areas of application. The ability to define anatomic extent of disease and the elucidation of the biology of metastases has brought a key role for radiation oncology for treating metastatic disease. That radiation can stimulate and suppress subpopulations of the immune response makes radiation a key participant in cancer immunotherapy. Targeted radiopharmaceutical therapy delivers radiation systemically with radionuclides and carrier molecules selected for their physical, chemical, and biochemical properties. Radiation oncology usage of “big data” and machine learning and artificial intelligence adds the opportunity to markedly change the workflow for clinical practice while physically targeting and adapting radiation fields in real time. Future precision targeting requires multidimensional understanding of the imaging, underlying biology, and anatomical relationship among tissues for radiation as spatial and temporal “focused biology.” Other means of energy delivery are available as are agents that can be activated by radiation with increasing ability to target treatments. With broad applicability of radiation in cancer treatment, radiation therapy is a necessity for effective cancer care, opening a career path for global health serving the medically underserved in geographically isolated populations as a substantial societal contribution addressing health disparities. Understanding risk and mitigation of radiation injury make it an important discipline for and beyond cancer care including energy policy, space exploration, national security, and global partnerships.

JNCI Cancer Spectrum, Volume 5, Issue 4, August 2021, pkab046, <https://doi.org/10.1093/jncics/pkab046>
<https://academic.oup.com/jncics/article/5/4/pkab046/6276879?login=true>

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:

- Create an operationally successful metastatic disease service in radiation oncology and demonstrate it's impact on patient care.
- Summarize the unique nature of metastatic disease specific to current research.

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 comfortable 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.)

Faculty disclosure statement (as it should appear on course shell):

Jonathan T. Yang, M.D., Ph.D.
Director of Metastatic Disease Service
Department of Radiation Oncology
Memorial Sloan Kettering Cancer Center
New York, New York

Jonathan T. Yang, M.D., faculty for this educational activity, has received research support from Astra-Zeneca, Kazia Therapeutics, XRad Therapeutics, Natera and Varian. He is also a consultant with Debiopharm, Bayer, Galera Therapeutics, Nanocan Therapeutics and Plus Therapeutics. He also has individual stocks/stock options with Nanocan Therapeutics. All relevant financial relationships listed for this individual have been mitigated.

Michael Chuong, M.D., conference series director, has indicated that he is a researcher with ViewRay, Novocure and AstraZeneca. He is a consultant with ViewRay. He is and advisor with ViewRay and Advanced Accelerator Applications. He is a speaker for ViewRay, Elekta and Sirtex. All of the relevant financial relationships listed for this individual 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.*

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. _____

Miami Cancer Institute and the Department of Radiation Oncology.

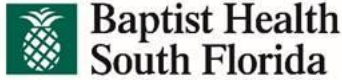
COMMERCIAL SUPPORT: Indicate here if support will come from the Foundation's general Continuing Medical Education fund.

(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



CONTINUING MEDICAL EDUCATION
ACTIVITY APPLICATION

Form Rev. 06152021

Applicable Credits: AMA Category 1 ■ Continuing Psychology Education
■ Continuing Dental Education ■ Interprofessional Planning * ■ ABIM MOC ** ■ ABS ***

CME ACTIVITY TITLE: Mariners Hospital Lecture Series – Hyperbaric Medicine: Decompression Illness

DATE: 04/27/2022 **TIME:** 12noon to 1P.M. **CREDIT HOUR(S) APPLIED FOR:** 1 AMA

LOCATION: Live Webinar

TARGET AUDIENCE: Emergency Medicine Physicians, Physicians, Physician Assistants, Nurse Practitioners, Nurses, Medical Students, and other interested healthcare professionals.

CONFERENCE DIRECTOR: Mary Woods, M.D. **CME MANAGER:** Eduardo Cartin

*Interprofessional Planning Team:

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Brain Magrane, M.D. - BrianMa@baptisthealth.net

Mary Woods, M.D. - MWoods@baptisthealth.net

Host: (Telepresence member name and email)

Eduardo Cartin - Eduardo.cartin@Baptishealth.net

EXPECTED NUMBER OF ATTENDEES: 25-30

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Decompression illness (DCI) may present with a wide range of symptoms of variable specificity and severity. Some presentations are mild and unlikely to result in long-term harm even without medical management, whereas some are potentially disabling or even life threatening and require therapeutic intervention. Join Dr. Brain Magrane as he discusses the symptoms and risk of scuba divers that suffer from decompression illness, and the benefits of hyperbaric therapy to improve outcomes.

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 current 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)

► Decompression illness (DCI) may present with a wide range of symptoms of variable specificity and severity. Some presentations are mild and unlikely to result in long-term harm even without medical management, whereas some are potentially disabling or even life threatening and require therapeutic intervention. Physicians need to be aware of all symptoms and presentations of DCI in order to escalate treatment and reduce complications.

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)*

► Physicians will be able to evaluate patients presenting with decompression illness symptoms and formulate a plan of care to improve outcomes.

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 interprofessional 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.)*

- | | |
|--|---|
| <input type="checkbox"/> Best practice parameters | <input type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input checked="" type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input type="checkbox"/> Research/literature review | |

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

Perez, M. F., Ongkeko Perez, J. V., Serrano, A. R., Andal, M. P., & Aldover, M. C. (2017). Delayed hyperbaric intervention in life-threatening decompression illness. *Diving and hyperbaric medicine*, 47(4), 257–259.
<https://doi.org/10.28920/dhm47.4.257-259>

Ninokawa, S., & Nordham, K. (2022, January). Discovery of caisson disease: a dive into the history of decompression sickness. In *Baylor University Medical Center Proceedings* (Vol. 35, No. 1, pp. 129-132). Taylor & Francis.

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:

- ▶ Identify the symptoms of decompression illness.
- ▶ Initiate emergency procedures and protocols for patients with decompression illness.

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. ***Required for ABS MOC*
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 _____

*****ABS MOC –**

Accredited CME for MOC

(6) Will require an evaluation for each session to measure learner competence, performance or pt safety.

- Include competence question for those evaluations: Question: *How confident are you in your ability to implement this/these strategy/ies: (list “pearls”)*

- Evaluation response w/ name required to claim ABS credits

****ABIM/ ***ABS Part II MOC –** Evaluation w/ Feedback required

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.)

Brain Magrane, M.D.
Mariners Hospital
Baptist Health South Florida

Faculty disclosure statement (as it should appear on course shell):

Brain Magrane, 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.

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.*

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. _____

BHSF INITIATIVES: This CME activity supports:

- Balance across the continuum of care
- Patient-centered care
- Removing redundancy – improving processes
- Overutilization – unnecessary health care costs
- High-reliability tools – Use of prior experiences to improve systems, processes and services
- Evidence-based data
- Diversity & Inclusion
- Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe:

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	▪ Credits: AMA/PRA Category 1 Credits: #_1
Continuing Psychology Education Credits: #_ <input type="checkbox"/> N/A	▪ Continuing Dental Education Credits: #_ <input type="checkbox"/> N/A

Applicable Credits: AMA Category 1 ■ Continuing Psychology Education ■ Continuing Dental Education
■ Interprofessional Planning

CME ACTIVITY TITLE: Miami Cancer Institute Multispecialty Grand Rounds – Advances in Radiation Therapy and Systemic Therapy for Hepatocellular Carcinoma (HCC)

DATE: Monday, April 11, 2022 **TIME:** 7:30 – 8:30 a.m. **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1

LOCATION: Online - Zoom

TARGET AUDIENCE: Oncologists, Radiation Oncologists, Hematology Oncologists, Radiation Therapists, General Surgeons, General Practitioners, Obstetricians and Gynecologists, Nurses, Social Workers, Patient Navigators and all other interested healthcare professionals.

CONFERENCE DIRECTOR: Guilherme Rabinowits, M.D.

CME MANAGER: Eleanor Abreu

***Interprofessional Planning Team:**

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Guilherme Rabinowits, M.D. - GuilhermeR@baptisthealth.net

Theodore Hong, M.D. - TSHONG1@mgh.harvard.edu

Host: (Telepresence member name and email)

Eleanor Abreu – eleanora@baptisthealth.net

[Anna Busto - AnnaB@baptisthealth.net](mailto:AnnaB@baptisthealth.net)

EXPECTED NUMBER OF ATTENDEES: 0

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Systemic therapy for hepatocellular carcinoma (HCC) has changed markedly since the introduction of the molecular targeted agent sorafenib. Dr. Theodore Hong will review the history and development of radiation therapy in HCC and discuss the outcomes when implementing stereotactic body radiation therapy.

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 **current** 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)

► Physicians may not be aware of the numerous advances that have occurred in radiation therapy and systemic therapy for HCC.

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)

Physicians will implement optimal practice-appropriate selection of patients for radiation, optimal radiation modality selection, integration with systemic therapy.

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)
- Joint Commission initiatives (C12)
- Mortality/morbidity statistics
- National Patient Safety Goals
- National/regional data
- New diagnostic/therapeutic modality (C12)

- | | |
|--|--|
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input checked="" type="checkbox"/> Research/literature review | |

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

Hepatocellular carcinoma is a common cancer worldwide and a leading cause of cancer-related death.¹ Although early-stage disease may be curable by resection, liver transplantation, or ablation,² most patients present with unresectable disease and have a poor prognosis.²

The multikinase inhibitors sorafenib and lenvatinib are the approved first-line systemic treatments for unresectable hepatocellular carcinoma on the basis of studies showing modestly longer survival with sorafenib than with placebo³ and noninferiority of lenvatinib to sorafenib.⁴ Both are associated with considerable side effects that impair quality of life.

N Engl J Med 2020 May 14;382(20):1894-1905. doi: 10.1056/NEJMoa1915745.

<https://www.nejm.org/doi/full/10.1056/nejmoa1915745>

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 the history and development of radiation therapy in HCC.
- Assess the role of protons in HCC.
- Identify and assess the rise of inter-operative based therapies in advanced HCC.

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 comfortable 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.)

Faculty disclosure statement (as it should appear on course shell):

Theodore Hong, M.D.

Professor, Radiation Oncology, Harvard Medical School

Director, Gastrointestinal Service, Radiation Oncology, Massachusetts General Hospital

Associate Clinical Director, Radiation Oncology, Massachusetts General Hospital
Boston, Massachusetts

Theodore Hong, M.D., faculty of this educational activity, has received research support from Taiho, Astra-Zenecz, BMS, GSK, IntraOp and Ipsen, he is a consultant with Synthetic Biologics, Novocure, Boston Scientific, Inivata and Merck. He is an advisor with PanTher Therapeutics (Equity) Lustgarten and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Guilherme Rabinowits, M.D., conference series director, has indicated that he is a consultant with Sanofi and Regeneron.

Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationship(s) 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.*

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. _____

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**

Applicable Credits: AMA Category 1 ■ Continuing Psychology Education

■ Continuing Dental Education ■ Interprofessional Planning * ■ ABIM MOC ** ■ ABS ***

CME ACTIVITY TITLE: Clinical Research Topics in Diagnostic and Interventional Radiology

DATE: May 09, 2022 **TIME:** 5-7:30 p.m. **CREDIT HOUR(S) APPLIED FOR:** 1.5

LOCATION: MCVI Conference Room & Live Webinar

TARGET AUDIENCE:

Radiologists, Interventional Radiologists, Pulmonologists, Vascular Medicine Physicians, Vascular Surgeons, Thoracic Surgeons, Imaging Services Administration, Baptist Health Executives, Hospitalists, Family Medicine physicians, Nurses, and all interested allied health professionals.

CONFERENCE DIRECTOR: Brian Schiro, M.D

CME MANAGER: Eduardo Cartin

*Interprofessional Planning Team:

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Matthew L. Kilbridge - Matthew.Kilbridge@baptisthealth.net

Oleksandra Kutsenko - Oleksandra.Kutsenko@baptisthealth.net

Blake B. Jacks - BlakeJa@baptisthealth.net

Bradley R. Fox - Bradley.Fox2@baptisthealth.net

Barbara Manchec - Barbara.Manchec@baptisthealth.net

Huguette Acosta - HuguetteA@baptisthealth.net

Brian J. Schiro - BrianSc@baptisthealth.net

Host: (Telepresence member name and email)

Eduardo Cartin - Eduardo.cartin@baptisthealth.net

EXPECTED NUMBER OF ATTENDEES: 25-40

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Fellows participating in the current MCVI Fellowship Program will present results of their research at the Institute. Topics to be covered are common clinical entities that require specialized care. Vascular and interventional radiology is a key contributor to providing specialized care and many of the treatments are under-recognized by the primary care community.

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 current 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)

► Increase provider awareness of disease processes, treatments, and medical managements of patients care by trainees in vascular and interventional radiology

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)

► Educate attendees on the follow-up of patients who have undergone endovascular aneurysm repair (EVAR) with use of contrast-enhanced ultrasound (CEUS).
► Comprehend treatment methods of acute pulmonary embolism (PE) with catheter directed thrombolysis and large-bore thrombectomy.
► Recall treatment outcomes for critical limb-threatening ischemia (CLTI) and classify predictors of reintervention.

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 interprofessional 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.)*

- | | |
|--|---|
| <input type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input checked="" type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input checked="" type="checkbox"/> Research/literature review | |

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

Abbas, A., Hansrani, V., Sedgwick, N., Ghosh, J., & McCollum, C. N. (2014). 3D contrast enhanced ultrasound for detecting endoleak following endovascular aneurysm repair (EVAR). *European Journal of Vascular and Endovascular Surgery*, 47(5), 487-492.

Armstrong, E. J. (2020). Advances in the Treatment of Chronic Limb-Threatening Ischemia. *Journal of Endovascular Therapy*, 27(4), 521-523.

Konstantinides, S. V., Barco, S., Lankeit, M., & Meyer, G. (2016). Management of pulmonary embolism: an update. *Journal of the American College of Cardiology*, 67(8), 976-990.

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:

- ▶ Provide patient safety with diagnostic accuracy on patients who have undergone endovascular aneurysm repair (EVAR) with use of contrast-enhanced ultrasound (CEUS).
- ▶ Analyze patients with pulmonary embolism (PE) to be treated with appropriate methods in order to achieve better outcomes.
- ▶ Recognize patients with critical limb-threatening ischemia (CLTI) to undergo treatments with lower rates of reintervention.

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. ***Required for ABS MOC*
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 _____

*****ABS MOC –**

Accredited CME for MOC

(6) Will require an evaluation for each session to measure learner competence, performance or pt safety.

- Include competence question for those evaluations: Question: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")

- Evaluation response w/ name required to claim ABS credits

****ABIM/ ***ABS Part II MOC –** Evaluation w/ Feedback required

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:

Brain J. Schiro, M.D.

Interventional Radiologist
Miami Cardiac & Vascular Institute
Baptist Health South Florida

Bradley Fox, M.D.

Interventional Radiology Fellow
Miami Cardiac & Vascular Institute
Baptist Health South Florida

Barbara Manchec, M.D.

Interventional Radiology Fellow
Miami Cardiac & Vascular Institute
Baptist Health South Florida

Matthew L. Kilbridge, M.D.

Interventional Radiology Fellow
Miami Cardiac & Vascular Institute
Baptist Health South Florida

Oleksandra Kutsenko, M.D.

Interventional Radiology Fellow
Miami Cardiac & Vascular Institute
Baptist Health South Florida

(Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.)
Faculty disclosure statement (as it should appear on course shell):

Brain Schiro, M.D., faculty for this educational event, has indicated that he is a member of the Speakers' Bureau for Bard, Phillips and Penumbra, and has indicated that the presentation(s) or discussion(s) will not include off-label or unapproved product usage.

Bradley Fox, M.D., Barbara Manchec, M.D., Matthew L. Kilbridge, M.D., Oleksandra Kutsenko, M.D. 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*

Other contributors 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.*

This CME activity will not cover content that would involve products or services of commercial interests. Therefore, no opportunity exists for a conflict of interest based on the financial relationships of faculty and those persons in control of content. Since these relationships are not relevant, no disclosure information was collected.

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 mitigated? (C7; SII 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. MCVI Radiology _____

BHSF INITIATIVES: This CME activity supports:
 Balance across the continuum of care
 Patient-centered care
 Removing redundancy – improving processes
 Overutilization – unnecessary health care costs
 High-reliability tools – Use of prior experiences to improve systems, processes and services
 Evidence-based data
 Diversity & Inclusion
 Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe:

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	▪ Credits: AMA/PRA Category 1 Credits: # <u>1</u>
Continuing Psychology Education Credits: # <u> </u> <input type="checkbox"/> N/A	▪ Continuing Dental Education Credits: # <u> </u> <input type="checkbox"/> N/A

Applicable Credits: AMA Category 1 ■ Continuing Psychology Education ■ Continuing Dental Education
■ Interprofessional Planning

CME ACTIVITY TITLE: Miami Cancer Institute Multispecialty Grand Rounds –Targeting Cancer Cell Metabolism

DATE: Monday, May 09, 2022 **TIME:** 7:30 – 8:30 a.m. **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1

LOCATION: Online - Zoom

TARGET AUDIENCE: Oncologists, Radiation Oncologists, Hematology Oncologists, Radiation Therapists, General Surgeons, General Practitioners, Obstetricians and Gynecologists, Nurses, Social Workers, Patient Navigators and all other interested healthcare professionals.

CONFERENCE DIRECTOR: Guilherme Rabinowits, M.D.

CME MANAGER: Eleanor Abreu

***Interprofessional Planning Team:**

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Guilherme Rabinowits, M.D. - GuilhermeR@baptisthealth.net

[Bruno Bastos, M.D. – brunoba@baptisthealth.net](mailto:brunoba@baptisthealth.net)

Host: (Telepresence member name and email)

Eleanor Abreu – eleanora@baptisthealth.net

[Anna Busto - AnnaB@baptisthealth.net](mailto:AnnaB@baptisthealth.net)

EXPECTED NUMBER OF ATTENDEES: 0

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Strategies for targeting the intrinsic metabolism of cancer cells often did not account for the metabolism of non-cancer stromal and immune cells, which have pivotal roles in tumor progression and maintenance. During this lecture, Dr. Bastos will provide an update in novel therapeutics to treat cancer targeting cancer cell metabolism.

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 **current** 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)

► Physicians may be under utilizing the implementation and use of new drugs to target cancer cell metabolism.

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)

Physicians will implement the use of clinical trials and become aware of this practice.

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.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |

Research/literature review

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

We show that blocking glutamine **metabolism** through the use of a glutaminase inhibitor (CB-839) significantly impairs antioxidant glutathione production in multiple types of AML, resulting in accretion of mitochondrial reactive oxygen species (mitoROS) and apoptotic **cell** death. Moreover, glutaminase inhibition makes AML cells susceptible to adjuvant drugs that further perturb mitochondrial redox state, such as arsenic trioxide (ATO) and homoharringtonine (HHT). Indeed, the combination of ATO or HHT with CB-839 exacerbates mitoROS and apoptosis, and leads to more complete **cell** death in AML **cell** lines, primary AML patient samples, and *in vivo* using mouse models of AML. In addition, these redox-targeted combination therapies are effective in eradicating ALL cells *in vitro* and *in vivo*.

Clinical **Cancer** Research. 25(13):4079-4090, 2019 07 01.

https://ovidsp.dc2.ovid.com/ovid-a/ovidweb.cgi?&S=EOIMFPNPDEEBKOEJPNJMHJEBHJGAA00&Complete+Reference=S.sh.24%7c17%7c1&Counter5=SS_view_found_complete%7c30940653%7cmedf%7cmedline%7cmed16&Counter5Data=30940653%7cmedf%7cmedline%7cmed16

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:

- Identify the different metabolic pathways utilized in normal cells to generate cellular energy.
- Implement selective targeting of cancer mitochondrial metabolism using positively charged lipophilic compounds.

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 comfortable 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.)

Faculty disclosure statement (as it should appear on course shell):

Bruno Bastos, M.D.
Medical Oncologist
Miami Cancer Institute

Bruno Bastos, M.D., faculty of this educational activity, is a consultant with Mercer, he is an advisor with Bayer, Takeda and Dendreon and he is a speaker with Seagen, Regeneron and Astellas. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Guilherme Rabinowits, M.D., conference series director, has indicated that he is a consultant with Sanofi and Regeneron.

Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationship(s) 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.*

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. _____

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

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

CME ACTIVITY TITLE: Miami Cancer Institute Dental Oncology Conference Series – HPV: What You and Your Patients Should Know

DATE: Thursday, May 12, 2022 **TIME:** 6- 7 p.m.

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

LOCATION: Miami Cancer Institute – Zoom

TARGET AUDIENCE: Primary Care Physicians, Dentists, Otolaryngologists, Gastroenterologists, Radiologists, Medical Oncologists, Oral Maxillofacial Surgeons, Surgeons, Pathologists, Hospitalists, Nurses, Nutritionists and Speech Pathologists.

CONFERENCE DIRECTOR: Evan B. Rosen, DMD

CME MANAGER: Eleanor Abreu

*Interprofessional Planning Team:

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Evan Rosen, DMD. – EvanRo@baptisthealth.net

Jennifer Frustino, DDS, Ph.D. – jfrustino@ecmc.edu

Host: (Telepresence member name and email)

Eleanor Abreu – eleanora@baptisthealth.net

Anna Busto - AnnaB@baptisthealth.net

EXPECTED NUMBER OF ATTENDEES: 0

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: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

About 80 million people in the United States are currently infected with the human papillomavirus (HPV). Almost all sexually active people will get HPV at some time in their lives and most will never even know it. Luckily, most infections clear after about one year. If the infection is not eliminated by the immune system it can potentially lead to cervical, oropharyngeal, anal or genital cancer. Fortunately, there is a vaccine to prevent HPV. This course will discuss in detail what HPV is, how it is transmitted and its role in oropharyngeal cancer. The course will then focus on HPV prevention through vaccination and provide tips and resources on how to effectively talk to patients and parents about the virus and vaccine.

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 current 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)

► Physicians and dentists should be educating their patients about HPV and HPV vaccination as it related to cancer prevention.

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)*

► Physicians and dentists should include questions about HPV and HPV vaccination on medical histories and encourage age-appropriate patients to get vaccinated.

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.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input type="checkbox"/> Research/literature review | |

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

Incidence of human papillomavirus (HPV)-related oropharyngeal cancer is increasing. There is interest in identifying healthy individuals most at risk for development of oropharyngeal cancer to inform screening strategies.

Screening based upon oncogenic oral HPV detection would be challenging. Most groups have low oncogenic oral HPV prevalence. In addition to the large numbers of individuals who would need to be screened to identify prevalent oncogenic oral HPV, the lifetime risk of developing oropharyngeal cancer among those with infection remains low.

Annals of Oncology Volume 28, Issue 12, December 2017, Pages 3065-3069

<https://www.sciencedirect.com/science/article/pii/S0923753419353979>

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:

- Identify the appropriate HPV vaccination schedule and recommendations based on their patient's age.
- Develop self-efficacy in delivering effective HPV vaccination recommendations.
- Detail the role of HPV in oropharyngeal cancer.

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 comfortable 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.)

Faculty disclosure statement (as it should appear on course shell):

Jennifer Frustino, DDS, Ph.D.

Director of Oral Cancer Screening and Diagnostics
Department of Oral Oncology & Maxillofacial Prosthetics
Erie County Medical Center
Buffalo, NY

Jennifer Frustino, DDS, Ph.D. faculty of this educational activity, has received research funding from MuReva – site PI for clinical trial. She has indicated that the presentation or discussion will not include off-label or unapproved product usage.

None of the planners for this educational activity have relevant financial relationship(s) 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.*

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. _____

Miami Cancer Institute – Cancer Dental Specialists. Dental Oncology and Maxillofacial Prosthetics.

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: #_1** N/A

Applicable Credits: AMA Category 1 ■ Continuing Psychology Education ■ Continuing Dental Education
■ Interprofessional Planning

CME ACTIVITY TITLE: MCI Radiation Oncology Grand Rounds – Modern Radiation Therapy for Lymphoma: Late Toxicity, Current Strategies and Outcomes

DATE: May 13, 2022 **TIME:** 12 – 1p.m. **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1

LOCATION: Miami Cancer Institute - Zoom

TARGET AUDIENCE: Radiation Oncologists, Medical Oncologists, Oncology Surgeons and Radiologists **NOTE:** Due to limited space, this conference is open to Baptist Health affiliated Medical Staff and Clinical Employees.

CONFERENCE DIRECTOR: Michael Chuong, M.D.

CME MANAGER: Eleanor Abreu

*Interprofessional Planning Team:

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Micheal Chuong, M.D. – michaelchu@baptisthealth.net

Yolanda Tseng, M.D. – Ydt2@uw.edu

Host: (Telepresence member name and email)

Shandelle M. Castillo - Shandelle.Castillo@baptisthealth.net

EXPECTED NUMBER OF ATTENDEES: 0

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

This grand rounds lecture will review data on late radiotherapy toxicity from survivors of Hodgkin lymphoma with the attention on how we can use this to inform current clinical practice. We will review how radiotherapy remains an important cornerstone of curative-intent therapy for early-stage Hodgkin lymphoma and how to tailor radiotherapy techniques to minimize late toxicity.

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 current 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)

► Management of lymphoma in the modern era has moved toward response-adapted therapy with the goal of omitting radiotherapy given concerns for late toxicity. However, patients with Hodgkin lymphoma may still benefit from radiotherapy, as omission is associated with reduced rates of cure.

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)*

► In efforts to reduce late toxicity, modern radiation therapy for lymphoma has reduced radiation fields, radiation dose, and improved radiation delivery. Understanding these shifts in practice may allow oncologists to judiciously incorporate radiotherapy as part of curative-intent treatment while minimizing late radiotherapy toxicity.

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.)*

- | | |
|--|--|
| <input checked="" type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input checked="" type="checkbox"/> Research/literature review | |

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

Proton therapy was first suggested in the management of lymphoma in 1974 as a way to spare the bone marrow when treating total nodal fields (1). However, interest in its use in lymphoma has grown only recently with the global growth in proton therapy centers, as well as with improvements in treatment delivery techniques. Hodgkin lymphoma (HL) is a rare malignancy, with approximately 8500 new cases annually in the United States, of which approximately 50% may ultimately receive radiation therapy (RT). A high proportion of HL cases occur in adolescents and young adults, and it is the most common malignancy among 15- to 19-year-old persons. Fortunately, HL is associated with excellent outcomes with standard therapy, with a 10-year survival rate of approximately 90%. In contrast to HL, non-Hodgkin lymphoma (NHL) is a more common disease, with approximately 66,000 cases diagnosed annually in the United States; 10% to 15% of these ultimately require RT as part of their treatment. NHL generally affects older patients, with most cases occurring at age ≥ 50 years and incidence rates increasing with age, but there are subtypes, such as primary mediastinal B-cell lymphoma, that are more commonly found in young adults aged between 20 and 40 years. Although the outcomes of NHL are not as favorable as those of HL, they are, in general, better than those of most solid tumors.

Tseng YD, Cutter DJ, Plastaras JP, Parikh R, Cahlon O, Chuong MD, Dedeckova K, Kahn, M, Lin SY, McGee L, Shen E, Terezakis S, Badiyan SN, Kirova YM, Hoppe RT, Mendenhall NP, Pankuch M, Flampouri S, Ricardi U, Hoppe B. Evidence-based review on the utilization of proton therapy in lymphoma from the Particle Therapy Cooperative Group lymphoma subcommittee. *Int J Radiat Biol Phys* 2017; 99(4): 825-842. PMID 28943076.

<https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S036030161730901X?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS036030161730901X%3Fsho%3Dtrue&referrer=https:%2F%2Fpubmed.ncbi.nlm.nih.gov%2F>

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:

- Summarize data on radiation-associated toxicity among lymphoma patients and understand risk factors for toxicity.
- Implement strategies to minimize radiation toxicity, including involved site/node radiotherapy, deep inspiration breath hold and proton therapy.
- List preliminary outcomes with modern radiotherapy approaches.

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 comfortable 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.)

Faculty disclosure statement (as it should appear on course shell):

Yolanda D. Tseng, M.D.
 Radiation Oncologist
 University of Washington

Yolanda D. Tseng, M.D., faculty for this educational activity, is a speaker with ASTRO Refresher Course and has indicated that the presentation or discussion will not include off-label or unapproved product usage. All relevant financial relationships listed for this individual have been mitigated. All of the relevant financial relationships listed for this individual have been mitigated.

Michael Chuong, M.D., conference series director, has indicated that he is a researcher with ViewRay, Novocure and AstraZeneca. He is a consultant with ViewRay. He is and advisor with ViewRay and Advanced Accelerator Applications. He is a speaker for ViewRay, Elekta and Sirtex. All of the relevant financial relationships listed for this individual 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.*

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. _____
 Miami Cancer Institute and the Department of Radiation Oncology.

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	▪ Credits: AMA/PRA Category 1 Credits: # <u>1</u>
Continuing Psychology Education Credits: # <u> </u> <input checked="" type="checkbox"/> N/A	▪ Continuing Dental Education Credits: # <u> </u> <input checked="" type="checkbox"/> N/A

Applicable Credits: AMA Category 1 ■ Continuing Psychology Education

■ Continuing Dental Education ■ Interprofessional Planning * ■ ABIM MOC ** ■ ABS ***

CME ACTIVITY TITLE: Jose "Pepe" Alvarez Jr M.D. Memorial Lecture on Vascular Disease: Advancements in the Management of Aortic Dissection

DATE: Tuesday, May 17, 2022 **TIME:** 6:30-7:30 p.m. (6 p.m. reception) **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1

LOCATION: 5MCVI and Live Webcast

TARGET AUDIENCE: Cardiologists, Vascular Surgeons, Interventional Radiologists, Interventional Cardiologists, Primary Care Physicians, Podiatrists, Emergency Medicine Physicians, General Internists, Nurses and other interested healthcare providers.

CONFERENCE DIRECTOR: Barry T. Katzen, M.D. and Howard Katzman, M.D. **CME MANAGER:** Gabriela Fernandez

*Interprofessional Planning Team:

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Host: (Telepresence member name and email)

EXPECTED NUMBER OF ATTENDEES: 65-80

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Acute aortic dissection is the most common emergency affecting the human aorta, with high mortality and morbidity without appropriate and time-sensitive treatment. Based on data from the International Registry of Acute Aortic Dissection (IRAD), patients with acute type B dissection composed approximately 33% of all dissection patients enrolled in the registry across a 17-year period. Management of acute type B dissection has evolved over time and now includes medical, surgical, and endovascular therapies performed by several specialties, including vascular surgery, cardiothoracic surgery, interventional radiology, and cardiology. Please join Dr. Joseph Lombardi, as he explores the new classification of type B aortic dissection, and novel management strategies to improve patient outcomes.

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 current 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)

► Management of acute type B dissection has evolved over time and now includes medical, surgical, and endovascular therapies performed by several specialties, including vascular surgery, cardiothoracic surgery, interventional radiology, and cardiology. Physicians may not be aware of the new classification for type B aortic dissection, and how to apply new management strategies to improve patient outcomes.

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)

► Physicians appropriately identify type B aortic dissection cases, and apply new management strategies to improve patient outcomes.

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 interprofessional 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.)

- | | |
|--|--|
| <input type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input checked="" type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |

- Peer review data
 Process improvement initiatives (C16 & 21)
- Regulatory requirement
 Other need identified (Explain): _____
- Research/literature review

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

Acute aortic dissection is the most common emergency affecting the human aorta, with high mortality and morbidity without appropriate and time-sensitive treatment. Based on data from the International Registry of Acute Aortic Dissection (IRAD), patients with acute type B dissection composed approximately 33% of all dissection patients enrolled in the registry across a 17-year period. Management of acute type B dissection has evolved over time and now includes medical, surgical, and endovascular therapies performed by several specialties, including vascular surgery, cardiothoracic surgery, interventional radiology, and cardiology.

[https://www.jvascsurg.org/article/S0741-5214\(19\)32649-7/fulltext#relatedArticles](https://www.jvascsurg.org/article/S0741-5214(19)32649-7/fulltext#relatedArticles)

The Society of Thoracic Surgeons (STS) and the American Association for Thoracic Surgery (AATS) released a new clinical practice guideline that includes major recommendations for managing patients with type B aortic dissection (TBAD). The new clinical practice guideline offers evidence-based recommendations that include employing a “stepwise approach” to the evaluation and treatment of patients with uncomplicated (not immediately life-threatening) TBAD, followed by close clinical surveillance.

<https://www.sts.org/media/news-releases/new-practice-guideline-addresses-diagnosis-treatment-type-b-aortic-dissection>

Florida Deaths from Aortic Aneurysm and Dissection

	Resident Deaths					
	2016	2017	2018	2019	2020	Total
Broward	15,272	15,406	15,164	15,235	17,952	79,029
Miami-Dade	20,136	20,575	20,011	19,922	25,409	106,053
Monroe	744	753	707	660	769	3,633
Palm Beach	14,646	14,944	14,730	14,839	17,223	76,382

https://www.flhealthcharts.gov/FLQUERY_New/Death/Count#

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:

1. Examine the new classification of type B aortic dissection and novel strategies in the management of aortic dissection.
2. Determine the most appropriate treatment plan for patients with aortic dissection based on patient characteristics.

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. ***Required for ABS MOC Question: How confident are you in your ability to implement this/these strategy/ies: (list “pearls”)*
1. Accurately identify type B aortic dissection based on the new classification.
 2. Determine the most appropriate management strategies for type B aortic dissection.
- 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 _____

***ABS MOC –

Accredited CME for MOC

(6) Will require an evaluation for each session to measure learner competence, performance or pt safety.

- Include competence question for those evaluations: Question: *How confident are you in your ability to implement*

this/these strategy/ies: (list "pearls")

- Evaluation response w/ name required to claim ABS credits

****ABIM/ ***ABS Part II MOC** – Evaluation w/ Feedback required

ABS – American Board of Surgery – General MOC Credit (Vascular Surgery)

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.)

Joseph V. Lombardi, M.D.

Head, Division of Vascular and Endovascular Surgery

Program Director, Vascular Residency

Cooper University Hospital

Professor of Surgery, Cooper Medical School

Rowan University

Camden, New Jersey

Faculty disclosure statement (as it should appear on course shell):

Joseph V. Lombardi, M.D., faculty for this educational event, is on the speakers' bureau for Shockwave, and a consultant for Cook Medical, and has indicated that the presentation or discussions will not include off-label or unapproved product usage.

Non-faculty contributors and others involved in the planning, development, and editing/review of the content have relevant financial relationships to disclose with ineligible companies*:

Barry T. Katzen, M.D. – Consultant for Phillips, Gore and Boston Scientific.

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

Other contributors 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.

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.) Planning Committee _____

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. MCVI

BHSF INITIATIVES: This CME activity supports:

- Balance across the continuum of care
- Patient-centered care
- Removing redundancy – improving processes
- Overutilization – unnecessary health care costs
- High-reliability tools – Use of prior experiences to improve systems, processes and services
- Evidence-based data
- Diversity & Inclusion
- Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe:

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.*

<p>DATE REVIEWED: <u>April 4, 2022</u> REVIEWED BY: <input checked="" type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee</p> <p>APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ■ Credits: AMA/PRA Category 1 Credits: #_1</p> <p>Continuing Psychology Education Credits: #__ <input type="checkbox"/> N/A ■ Continuing Dental Education Credits: # __ <input type="checkbox"/> N/A</p>

Applicable Credits: AMA Category 1 **Continuing Psychology Education** **Continuing Dental Education** **Interprofessional Planning** * **ABIM MOC** ** **ABS** *****CME ACTIVITY TITLE: Conversation in Ethics - Medical Charts Misinformation****DATE: 05/18/2022 TIME: 12 noon To 1p.m. CREDIT HOUR(S) APPLIED FOR: 1 Cat. 1****LOCATION:** Live Webinar**TARGET AUDIENCE:**

Physicians, Physician Assistants, Nurse Practitioners, Nurses, Social Workers, Respiratory Therapists, Clinical Chaplains, Pharmacists, Medical Students, Registered Dietitians and other interested healthcare professionals.

CONFERENCE DIRECTOR: Ana M. Viamonte Ros, M.D., MPH**CME MANAGER:** Eduardo Cartin**Conference Coordinator:** Claudio Kogan, M.D.***Interprofessional Planning Team:** Planning Team: Mayra Villalba, MSN, RN, CMSRN, Ana M. Viamonte Ros, M.D., MPH, and Claudio Kogan, M.D.**Zoom Webinar Presentation Only:****Panelists:** (Names and Emails of presenters, moderators and CME Manager)Mike Novo - miken@baptisthealth.netMercy Del Rey - MercedeR@baptisthealth.netRabbi Claudio J. Kogan, M.D. - Claudio.Kogan@BaptistHealth.netAna M. Viamonte Ros, M.D. – AnaVR@baptisthealth.net**Host:** (Telepresence member name and email)Eduardo E. Cartin – eduardo.cartin@baptisthealth.net**EXPECTED NUMBER OF ATTENDEES:** 25-30**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:** *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Medical chart information has become less reliable than ever before despite the electronic software enhancements in medical care. Please join us as we discuss medical chart misinformation with Mike Novo, Baptist Health's associate general counsel, and Mercy Del Rey, AVP & chief privacy officer.

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 current 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)

- ▶ Recognize medical charts misinformation
- ▶ Unable to classify medical chart records

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)

- ▶ Demonstrate an understanding of medical charts
- ▶ Determine the source of the misinformation

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 interprofessional 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.)*

- | | |
|--|--|
| <input type="checkbox"/> Best practice parameters | <input type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input checked="" type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input checked="" type="checkbox"/> Research/literature review | |

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

Burnum, J. F. (1989). The misinformation era: the fall of the medical record. *Annals of internal medicine*, 110(6), 482-484.

SHARMA, A. (2021). MISINFORMATION SPREAD ACROSS SOCIAL MEDIA-A CHALLENGE TO MEDICAL SCIENCES (Doctoral dissertation, DELHI TECHNOLOGICAL UNIVERSITY).

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:

- ▶ Systematically review medical charts for misinformation.
- ▶ Analyze cause and effect of medical chart misinformation

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. ***Required for ABS MOC 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 _____

*****ABS MOC –**

Accredited CME for MOC

(6) Will require an evaluation for each session to measure learner competence, performance or pt safety.

- Include competence question for those evaluations: Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*

- Evaluation response w/ name required to claim ABS credits

**** ABIM/ *** ABS Part II MOC – Evaluation w/ Feedback required**

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.)

Mike Novo

Associate General Counsel
Baptist Health South Florida

Mercy Del Rey

AVP & Chief Privacy Officer
Baptist Health South Florida

Faculty disclosure statement (as it should appear on course shell):

Mike Novo and Mercy Del Rey, 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.

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.*

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. _____

BHSF INITIATIVES: This CME activity supports:

- Balance across the continuum of care
- Patient-centered care
- Removing redundancy – improving processes
- Overutilization – unnecessary health care costs
- High-reliability tools – Use of prior experiences to improve systems, processes and services
- Evidence-based data
- Diversity & Inclusion
- Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe:

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
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APPROVED: YES NO ■ Credits: AMA/PRA Category 1 Credits: # 1

Continuing Psychology Education Credits: # ___ N/A ■ Continuing Dental Education Credits: # ___ N/A

Applicable Credits: AMA Category 1 **Continuing Psychology Education** **Continuing Dental Education** **Interprofessional Planning** * **ABIM MOC** ** **ABS** *****CME ACTIVITY TITLE: Documentation Matters during Litigation****DATE:** 05/18/2022 **TIME:** 6p.m. to 7p.m **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1**LOCATION:** Live Webinar**TARGET AUDIENCE:**

Baptist Health medical staff physicians, advanced practice providers, nurses, pharmacists, social workers and other interested clinical employees.

CONFERENCE DIRECTOR: Bernardo B. Fernandez, M.D.**CME MANAGER:** Eduardo Cartin***Interprofessional Planning Team:****Zoom Webinar Presentation Only:****Panelists:** (Names and Emails of presenters, moderators and CME Manager)Scott Mendlestein, ESQ - Smendlestein@falkwaas.comBernardo Fernandez, M.D. - BernieF@Baptisthealth.net**Host:** (Telepresence member name and email)Eduardo E. Cartin – eduardo.cartin@baptisthealth.net**EXPECTED NUMBER OF ATTENDEES:** 25-30**CHARGE:** 0**LEARNING FORMAT:** Must be appropriate to achieve objectives and desired results (C5). *Check all that apply.*

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Please join us as we discuss the importance of timely entries within the medical record, proper documentation, and risk of liability with guest speaker, Scott Mendlestein, Esq.

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 current 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)

- ▶ Clinicians lack of knowledge on patient documentation protocols
- ▶ Clinicians are unaware of documentation strategies and the malpractice liabilities

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)

- ▶ Apply updated Documentation Strategies
- ▶ Interpret Data, incident reports, and complaints to improve quality of care

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 interprofessional 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
- Consensus of experts
- Joint Commission initiatives (C12)
- National Patient Safety Goals
- New diagnostic/therapeutic modality (C12)
- Patient care data
- Process improvement initiatives (C16 & 21)

- Regulatory requirement Other need identified (Explain): _____
- Research/literature review

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

Cheng, P., Gilchrist, A., Robinson, K. M., & Paul, L. (2009). The risk and consequences of clinical miscoding due to inadequate medical documentation: a case study of the impact on health services funding. *Health Information Management Journal*, 38(1), 35-46.

Lorenzetti, D. L., Quan, H., Lucyk, K., Cunningham, C., Hennessy, D., Jiang, J., & Beck, C. A. (2018). Strategies for improving physician documentation in the emergency department: a systematic review. *BMC emergency medicine*, 18(1), 1-12.

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:

- ▶ Clinicians will be able to administer proper patient documentation strategies
- ▶ Interpret data, incident reports, and patient care complaints to improve quality of care.
- ▶ Implement accurate patient documentation protocols to reduce documentation errors.

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. ***Required for ABS MOC Question: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*
- *How confident are you in your ability to implement new strategies on patient documentations?*
- 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 _____

*****ABS MOC –**

Accredited CME for MOC

(6) Will require an evaluation for each session to measure learner competence, performance or pt safety.

- Include competence question for those evaluations: Question: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")

- Evaluation response w/ name required to claim ABS credits

****ABIM/ ***ABS Part II MOC –** Evaluation w/ Feedback required

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.)

Scott L. Mendlestein, ESQ.

Attorney
Coral Gables, FL

Faculty disclosure statement (as it should appear on course shell):

Scott L. Mendlestein, faculty of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation will not include off-label or unapproved product usage.

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

**Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

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 Medical Group _____

BHSF INITIATIVES: This CME activity supports:

- Balance across the continuum of care
- Patient-centered care
- Removing redundancy – improving processes
- Overutilization – unnecessary health care costs
- High-reliability tools – Use of prior experiences to improve systems, processes and services
- Evidence-based data
- Diversity & Inclusion
- Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe:

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO ■ Credits: AMA/PRA Category 1 Credits: # <u>1</u>
Continuing Psychology Education Credits: # <u> </u> <input type="checkbox"/> N/A ■ Continuing Dental Education Credits: # <u> </u> <input type="checkbox"/> N/A

Applicable Credits: AMA Category 1 **Continuing Psychology Education**
Continuing Dental Education **Interprofessional Planning** **ABIM MOC** **ABS**
CME ACTIVITY TITLE: Mental Health Conference Series: Biofeedback - History, Methods, Applications and Implications for Physicians and Patients

DATE: May 19, 2022 **TIME:** 6-7 p.m. **CREDIT HOUR(S) APPLIED FOR:** 1 Cat. 1

LOCATION: Live Zoom Webinar (to be recorded)

TARGET AUDIENCE: Primary Care Physicians, Family Practice Physicians, Emergency Medicine Physicians, Neurologists, Psychiatrists, Psychologist, Nurses, Social Workers and other interested clinical care providers.

CONFERENCE DIRECTOR: Barry M. Crown, Ph.D., FACPN **CME MANAGER:** Katie Deane

***Interprofessional Planning Team:**
Zoom Webinar Presentation Only:
Panelists: (Names and Emails of presenters, moderators and CME Manager)

 Barry M. Crown, Ph.D. – bmcrown@yahoo.com

 Ronald Rosenthal, Ph.D. - rrosent710@aol.com
Host: (Telepresence member name and email)

 Katie Deane – KatieD@baptisthealth.net
EXPECTED NUMBER OF ATTENDEES: 40-50

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Biofeedback training is a complementary/alternative medicine technique that uses technology to teach patients self-regulatory skills to improve their health and well-being. It differs from standard medical treatments that emphasize pharmacological treatment in that it is learning based and the patient has an active role in treatment. Join us to hear expert Dr. Ronald Rosenthal as he discusses the utility of biofeedback modalities for the ancillary or primary treatment of many physical and mental disorders.

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 current 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)

► Clinicians are largely unaware about the utility of biofeedback modalities for the ancillary or primary treatment of many physical and mental disorders.

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)

► Clinicians are familiar with biofeedback and its applications for the ancillary or primary treatment of many physical and mental disorders.

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 interprofessional 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) Joint Commission initiatives (C12)
 Mortality/morbidity statistics National Patient Safety Goals
 National/regional data New diagnostic/therapeutic modality (C12)

- New or updated policy/protocol
- Peer review data
- Regulatory requirement
- Research/literature review

- Patient care data
- Process improvement initiatives **(C16 & 21)**
- Other need identified (Explain): _____

APA CRITERIA D.1.1. Program content focuses on application of psychological assessment and/or intervention methods that have overall consistent and credible empirical support in the contemporary peer-reviewed scientific literature beyond those publications and other types of communications devoted primarily to the promotion of the approach.

▶ Biofeedback training is a complementary/alternative medicine technique that uses technology to teach patients self-regulatory skills to improve their health and well-being. It differs from standard medical treatments that emphasize pharmacological treatment in that it is learning based and the patient has an active role in treatment. Biofeedback has a more than 50 year history and there is strong research support for its use in managing urinary incontinence, headaches, hypertension, anxiety and other medical and psychiatric conditions. African-Americans are at an increased risk for hypertension and may be reluctant to take some anti-hypertensive medications. Biofeedback training can provide a non-pharmacological treatment option to manage hypertension for the African-American population.

APA CITATIONS:

- ▶ Biofeedback potentially provides non-invasive, effective psychophysiological interventions for psychiatric disorders. Schoenberg, P. L., & David, A. S. (2014). Biofeedback for psychiatric disorders: a systematic review. *Applied psychophysiology and biofeedback*, 39(2), 109-135.
- ▶ Pimenta, M. G., Brown, T., Arns, M., & Enriquez-Geppert, S. (2021). Treatment efficacy and clinical effectiveness of EEG neurofeedback as a personalized and multimodal treatment in ADHD: A critical review. *Neuropsychiatric Disease and Treatment*, 17, 637.
- ▶ Thabrew, H., Ruppeltdt, P., & Sollers, J. J. (2018). Systematic review of biofeedback interventions for addressing anxiety and depression in children and adolescents with long-term physical conditions. *Applied Psychophysiology and Biofeedback*, 43(3), 179-192.

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

- ▶ Evidence-Based Practice in Biofeedback and Neurofeedback, 3rd Edition. Gabriel Tan, Fredric Shaffer, Randal Lyle and Irene Teo, Editors. Association for Applied Psychophysiology and Biofeedback, Wheat Ridge. CO, 2016.
- ▶ Schwartz, M. S., & Andrasik, F. (Eds.). (2017). *Biofeedback: A practitioner's guide*. Guilford Publications.
- ▶ Yu, B., Funk, M., Hu, J., Wang, Q., & Feijs, L. (2018). Biofeedback for everyday stress management: A systematic review. *Frontiers in ICT*, 5, 23.

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:

- Identify the major differences between standard medical care and biofeedback approaches.
- Describe the modalities of biofeedback and its applications for the ancillary or primary treatment of many physical and mental disorders.
- Recognize medical conditions for which biofeedback is an effective treatment option.

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. ***Required for ABS MOC Question: How confident are you in your ability to appropriately utilize biofeedback in the clinical setting.*
- 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 _____

*****ABS MOC –**

Accredited CME for MOC

- (6) Will require an evaluation for each session to measure learner competence, performance or pt safety.
- Include competence question for those evaluations: Question: *How confident are you in your ability to implement this/these strategy/ies: (list “pearls”)*
- Evaluation response w/ name required to claim ABS credits
- **ABIM/ ***ABS Part II MOC –** Evaluation w/ Feedback required

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.)

Ronald Rosenthal, Ph.D.
 Psychologist
 Baptist Health South Florida

Faculty disclosure statement (as it should appear on course shell):

Ronald Rosenthal, Ph.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.

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.*

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. _____

BHSF INITIATIVES: This CME activity supports:

- Balance across the continuum of care
- Patient-centered care
- Removing redundancy – improving processes
- Overutilization – unnecessary health care costs
- High-reliability tools – Use of prior experiences to improve systems, processes and services
- Evidence-based data
- Diversity & Inclusion
- Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.)

Describe:

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO ■ Credits: AMA/PRA Category 1 Credits: # <u> 1 </u>	
Continuing Psychology Education Credits: # <u> </u> <input type="checkbox"/> N/A ■ Continuing Dental Education Credits: # <u> </u> <input type="checkbox"/> N/A	

Applicable Credits: AMA Category 1 **Continuing Psychology Education** **Continuing Dental Education** **Interprofessional Planning** * **ABIM MOC** ** **ABS** *****CME ACTIVITY TITLE:** Homestead Hospital Conference Series - Gastroparesis and/or Nausea, Vomiting, Belching and Rumination Disorders.**DATE:** June 8, 2022 **TIME:** 12noon to 1p.m. **CREDIT HOUR(S) APPLIED FOR:** 1AMA Cat 1**LOCATION:** Zoom**TARGET AUDIENCE:**

Hospitalists, Emergency Medicine Physicians, House Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Nurses, Laboratory Personnel and all other interested healthcare providers.

CONFERENCE DIRECTOR: Mark Rosenthal, D.O **CME MANAGER:** Eduardo Cartin***Interprofessional Planning Team:****Zoom Webinar Presentation Only:****Panelists:** (Names and emails of presenters, moderators and CME Manager)Richard McCallum, M.D. - richard.mccallum@ttuhsc.eduDanny Avalos - djavalos@gmail.comMark Rosenthal, D.O - markjrose@bellsouth.net**Host:** (Telepresence member name and email)Eduardo Cartin – Eduardo.cartin@baptisthealth.net**EXPECTED NUMBER OF ATTENDEES:** 25-30**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:** *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

Please join us for the Homestead Hospital Conference Series on - Gastroparesis and/or Nausea, Vomiting, Belching and Rumination Disorders, with, Richard McCallum, M.D. a gastroenterologist at Texas Tech University Health Sciences Center.

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 current 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)

- ▶ Clinicians are unable to recognize the spectrum of gastroparesis, nausea, vomiting, belching and rumination disorders.
- ▶ Healthcare professionals are unable to identify appropriate medical treatments for gastroparesis, nausea, vomiting, belching and rumination disorders

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)

- ▶ Increase recognition of the rumination syndrome
- ▶ Analyze updated diagnostics treatment for Rumination syndrome

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.)*

- | | |
|--|---|
| <input type="checkbox"/> Best practice parameters | <input type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> National/regional data | <input type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input type="checkbox"/> Peer review data | <input checked="" type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input type="checkbox"/> Research/literature review | |

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

Halland, M., Pandolfino, J., & Barba, E. (2018). Diagnosis and treatment of rumination syndrome. *Clinical Gastroenterology and Hepatology*, 16(10), 1549-1555.

Murray, H. B., Juarascio, A. S., Di Lorenzo, C., Drossman, D. A., & Thomas, J. J. (2019). Diagnosis and treatment of rumination syndrome: a critical review. *The American journal of gastroenterology*, 114(4), 562.

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 and treat rumination syndrome
- ▶ Address the “whole patient” brain and gut connection, including the impact of stress, anxiety, and depression.

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. ***Required for ABS MOC*

Question: *How confident are you in your ability to recognize and treat Rumination Syndrome?*
- 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 _____

*****ABS MOC –**

Accredited CME for MOC

(6) Will require an evaluation for each session to measure learner competence, performance or pt safety.

- Include competence question for those evaluations: Question: *How confident are you in your ability to implement this/these strategy/ies: (list “pearls”)*

- Evaluation response w/ name required to claim ABS credits

****ABIM/ ***ABS Part II MOC –** Evaluation w/ Feedback required

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.)

Richard McCallum, M.D.

Professor of Medicine
Division of Gastroenterology
Texas Tech University Health Sciences Center
El Paso

Faculty disclosure statement (as it should appear on course shell):

Richard McCallum, M.D., faculty for this educational event, is a researcher for Takeda Pharmaceutical, a consultant for Evoke Pharma, and a member of the Speaker Bureau for RedHill Biopharma, and also has an executive role with the British Medical Journal. He has indicated that the presentation will not include off-label or unapproved product usage. All of the relevant financial relationships listed for this individual has been mitigated.

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

*Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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. The CME Department and Homestead Hospital leaders collaborate to improve healthcare provider competencies and practice by addressing areas of interest as determined by the Homestead Hospital leaders through compelling and engaging continuing education activities.

BHSF INITIATIVES: This CME activity supports:

Balance across the continuum of care

Patient-centered care

Removing redundancy – improving processes

Overutilization – unnecessary health care costs

High-reliability tools – Use of prior experiences to improve systems, processes and services

Evidence-based data

Diversity & Inclusion

Public health factors (health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.)

Describe:

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: <input type="checkbox"/> Accelerated Approval <input type="checkbox"/> Executive Committee <input type="checkbox"/> Live Committee
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	▪ Credits: AMA/PRA Category 1 Credits: # <u> 1 </u>
Continuing Psychology Education Credits: # <u> __ </u> <input type="checkbox"/> N/A	▪ Continuing Dental Education Credits: # <u> __ </u> <input type="checkbox"/> N/A

Applicable Credits: AMA Category 1 ■ Continuing Psychology Education ■ Continuing Dental Education
■ Interprofessional Planning

CME ACTIVITY TITLE: Introduction to Gamma Knife® Radiosurgery Training Course
Miami Gamma Knife® ICON™ Training Program

DATES: October 3 – 4, 2022 (Monday, October 3: 6.75 Cat. 1 - Tuesday, October 4: 6.75 Cat. 1)

TIME: SEE SCHEDULE BELOW **CREDIT HOUR(S) APPLIED FOR:** 13.5 Cat. 1

LOCATION: Miami Cancer Institute Department of Radiation Oncology **AND**
LIVE WEBINAR

TARGET AUDIENCE: Neurosurgeons, medical physicists, radiation oncologists and neurotologyngologists.

EXPECTED NUMBER OF ATTENDEES: 10 per session **CHARGE:** \$6,500

CONFERENCE DIRECTOR: Rupesh Kotecha, M.D.

PROGRAM COORDINATOR: Nikki Mejia

CME MANAGER: Eleanor Abreu

***Interprofessional Planning Team:**

Zoom Webinar Presentation Only:

Panelists: (Names and Emails of presenters, moderators and CME Manager)

Host: (Telepresence member name and email)

EXPECTED NUMBER OF ATTENDEES: 0

CHARGE: 0

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

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

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*

The Miami Cancer Institute Department of Radiation Oncology and the Florida International University Herbert Wertheim College of Medicine are pleased to present this **Introduction to Gamma Knife® Radiosurgery Training Course** for radiation oncologists, neurosurgeons, medical physicists, neurotologyngologists, and other health care professionals interested in Gamma Knife radiosurgery training.

This educational program provides an opportunity to enhance the practitioner's knowledge about the practical aspects of stereotactic radiosurgery using the Gamma Knife® Icon™. Participants will review clinical implications and clinical outcomes of radiosurgery, identify radiation safety principals, and apply treatment planning considerations and principals of stereotactic radiosurgery treatment hardware.

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 current 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)

► After purchasing complex radiosurgery equipment, clinicians need clinical and quality assurance training to ensure its safe and effective use.

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 participant’s range of treatment options will include the safe and effective use of this precise form of stereotactic radiosurgery.

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.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Best practice parameters | <input checked="" type="checkbox"/> Consensus of experts |
| <input type="checkbox"/> Disease prevention (C12) | <input type="checkbox"/> Joint Commission initiatives (C12) |
| <input type="checkbox"/> Mortality/morbidity statistics | <input type="checkbox"/> National Patient Safety Goals |
| <input checked="" type="checkbox"/> National/regional data | <input checked="" type="checkbox"/> New diagnostic/therapeutic modality (C12) |
| <input type="checkbox"/> New or updated policy/protocol | <input type="checkbox"/> Patient care data |
| <input checked="" type="checkbox"/> Peer review data | <input type="checkbox"/> Process improvement initiatives (C16 & 21) |
| <input type="checkbox"/> Regulatory requirement | <input type="checkbox"/> Other need identified (Explain): _____ |
| <input checked="" type="checkbox"/> Research/literature review | |

REFERENCES supporting the current practice and/or the optimal practice and/or practice gap:

1. **Gamma Knife Radiosurgery for Epilepsy:** McGonigal A, Sahgal A, De Salles A, Hayashi M, Levivier M, Ma L, Martinez R, Paddick I, Ryu S, Slotman B, Régis J: [Radiosurgery for epilepsy: Systematic review](#)

[and International Stereotactic Radiosurgery Society \(ISRS\) practice guideline.](#) Epilepsy research 2017 Vol 137 123-131.

2. **Stereotactic Radiosurgery in the management of Limited Brain Metastases (one to four):** Chao S, De Salles A, Hayashi M, Levivier M, Ma L, Martinez R, Paddick I, Régis J, Ryu S, Slotman B, Sahgal A: [Stereotactic Radiosurgery in the Management of Limited \(1-4\) Brain Metastases: Systematic Review and International Stereotactic Radiosurgery Society Practice Guidelines.](#) Neurosurgery 2017 11(3)
3. **Stereotactic Radiosurgery for Benign (WHO Grade I) Cavernous Sinus Meningiomas:** Lee CC, Trifiletti DM, Sahgal A, DeSalles A, Fariselli L, Hayashi M, Levivier M, Ma L, Álvarez RM, Paddick I, Regis J, Ryu S, Slotman B, Sheehan J. [Stereotactic Radiosurgery for Benign \(World Health Organization Grade I\) Cavernous Sinus Meningiomas-International Stereotactic Radiosurgery Society \(ISRS\) Practice Guideline: A Systematic Review.](#) Neurosurgery. 2018 Mar 15.
4. <http://www.isrsy.org/en>
5. **Leksell L.** Stereotactic radiosurgery.. *Journal of Neurology, Neurosurgery & Psychiatry* 1983;46:797-803.
<https://jnnp.bmj.com/>

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 course, participants should be better able to:

1. Recognize the basic principles and physics of radiosurgery and how they relate to day-to-day patient treatment.
2. Review the clinical implications, treatment parameters, and clinical outcomes of radiosurgery.
3. Identify radiation safety principles and potential issues of radiosurgery and review emergency procedures.
4. Apply principles of stereotactic frame and mask application, imaging, and radiosurgery treatment hardware.

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.*
 - Commitment to Change **(ETHOS OBJECT)**
- 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.)

COURSE DIRECTORS:

Rupesh Kotecha, M.D.

Chief of Radiosurgery, Director of CNS Metastasis, Department of Radiation Oncology
Miami Cancer Institute, Baptist Health South Florida
Associate Professor, Department of Radiation Oncology
Herbert Wertheim College of Medicine, Florida International University
RupeshK@BaptistHealth.net

Minesh P. Mehta, M.D.

Deputy Director and Chief of Radiation Oncology, Department of Radiation Oncology, Miami Cancer Institute, Baptist Health South Florida
Chair and Professor, Department of Radiation Oncology
Herbert Wertheim College of Medicine, Florida International University
MineshM@BaptistHealth.net

Michael W. McDermott, M.D.

Chief Medical Executive, Miami Neuroscience Institute
Professor of Neurosurgery, Chair, Division of Neuroscience
Herbert Wertheim College of Medicine, Florida International University
MWMCD@BaptistHealth.net

FACULTY LIST

- Kevin J. Abrams, M.D. - Medical Director of Neuroradiology and MRI, Chief of Radiology, Baptist Hospital of Miami
- Manmeet Ahluwalia, M.D. – Neuro and Medical Oncologist, Deputy Director, Chief Scientific Officer, Chief of Solid Tumor Medical Oncology, Miami Cancer Institute
- Haley R. Appel, PA-C, MMS - Physician Assistant, Miami Cancer Institute
- Denise C. Aponte, RT(T) - Radiation Therapist Auditor, Miami Cancer Institute
- Carolina G. Benjamin, M.D. – Director for Center of Advanced Radiosurgery, Director of CANES Skull Base Laboratory, Assistant Professor of Neurologic Surgery, Department of Neurological Surgery University of Miami & Jackson Hospital Systems.
- Michael D. Chuong, M.D., FACRO – Director of Proton Therapy, Director of MR-Guided Radiation Therapy, Director of Radiation Oncology Clinical Research, Miami Cancer Institute
- Alonso N. Gutierrez, Ph.D., MBA - Assistant Vice President, Chief Physicist, Miami Cancer Institute
- Matthew D. Hall, M.D., MBA - Lead Pediatric Radiation Oncologist, Director of Live Like Bella® Pediatric Radiation Oncology Program, Miami Cancer Institute
- Susan E. Lohman, R.N., BSN – Manager, RNCA Neuroscience Applications, Elekta
- Clare Morales, RN, BSN – Expert Nurse, Miami Cancer Institute
- Toba Niazi, MD - Pediatric Neurosurgeon, Director of Neuro-Oncology Program, Nicklaus Children’s Hospital
- Yazmin Odia, MD, MS, FAAN - Chief of Neuro-Oncology, Miami Cancer Institute
- Vitaly Siomin, MD, FAANS - Medical Director of Brain Tumor Program, Miami Neuroscience Institute
- Ranjini Tolakanahalli, PhD, DABR – Senior Physicist, Miami Cancer Institute
- D Jay Wieczorek, PhD - Senior Physicist, Miami Cancer Institute

DISCLOSURES

Faculty disclosure statement (as it should appear on course shell):

Relevant Financial Relationships

The following individuals involved in the planning, development, review, presentation, authoring and/or editing of the course content have disclosed relevant financial relationships with commercial interest companies, and the CME Department has resolved these potential conflicts of interest. Their presentation(s) **will not include** discussion of off-label or unapproved usage.

- **Kevin J. Abrams, M.D.**, is a consultant for Keystone Heart and Viz Ai and a stock shareholder for Keystone Heart, Cleerly and Viz Ai. .
- **Manmeet Ahluwalia, M.D.** has received grant/research support from Abbvie, Roswell Pakk, Astrz-Zeneca, Bayer, BMS, Incyte, Merck, Mimivax, Novartis, Novocure, Pharmacyclics and Velosano. He is a consultant with BMS, Novocure, Celularity, Elsevier, insightec, Kiyatec, Novocure and Xoft. He is a stockholder with Mimivax, Cytodyn, Doctible and MedInnovate Advisors, LLC.
- **Haley R. Appel, PA-C, MMS**, is a consultant with Novocure.
- **Carolina G. Benjamin, M.D.**, is a consultant with Medtronic and Stryker. Dr. Benjamin is also a speaker with Elekta.
- **Michael D. Chuong, M.D., FACRO**, has received grant/research support from ViewRay, Inc., Novocure and StrathPharma. He is also a speaker with ViewRay, Sirtex, Elekta and IBA.
- **Alonso N. Gutierrez, Ph.D., MBA** is a speaker with IBA, ViewRay, Accuray and Elekta.
- **Rupesh Kotecha, M.D.**, has received honorariums from Elekta, Elsevier, ViewRay, Novocure, Brainlab and Accuray, Inc., and serves on the Clinical Advisory Boards for Accuray, Inc., Novocure and Abbvie. He has received research support from Medtronic, B Earth Diagnostics, Novocure, Exelixis, Astrazeneca, Viewray and Brainlab.
- **Susan Lohman, R.N., BSN**, is an employee of Elekta.
- **Michael W. McDermott, M.D.**, is a consultant for Deinde Medical, Stryker and ZAP Surgical.
- **Minesh P. Mehta, M.D., FASTRO**, is on the Board of Directors for Oncocoetics, serves on the Medical Advisory Board for Mevion and is a consultant for Karyopharm, Sapience and Xoft and is a stock/share holder with Chimerix.
- **Yazmin Odia, M.D., M.S., FAAN**, has received research support from Novocure – trial support BMS, is a consultant with Istari Oncology, Inc., and on the scientific safety monitoring board with Gammatile GT.

Nothing to Disclose

The following individuals involved in the planning, development, review, presentation, authoring and/or editing of the course content have indicated that neither they nor their spouses/partners have relevant financial relationships with commercial interest companies. Their presentation(s) **will not include** discussion of off-label or unapproved usage.

Denise Aponte, RT(T)
Matthew D. Hall, M.D., MBA
Clare Morales, R.N., BSN

Toba Niazi, MD

Vitaly Siomin, M.D.
Ranjini Tolakanahalli, Ph.D., DABR
D. Jay Wieczorek, Ph.D

Non-faculty contributors including the CME Department staff and CME Committee members and others involved in the planning, development and editing/review of CME 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: ***MCI Faculty members will provide peer-to-peer support to trainees which may include review of treatment plans and or cases. Images will be uploaded to designated secure FTP site to facilitate consultations.***

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 training course is aligned with the Baptist Health CME Mission to provide education to improve physician competence and/or performance in order to improve patient care and treatment outcomes. This will be accomplished through this organized educational activity that focuses on new therapeutic modalities available at Miami Cancer Institute.

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

Commercial Support and In-Kind support will be provided by Elekta.

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

- **PROTON THERAPY FOR BRAIN TUMORS: HOPE OR HYPE?**

<https://cmeonline.baptisthealth.net/content/proton-therapy-brain-tumors-hope-or-hype#group-tabs-node-course-default1>

- **MIAMI BRAIN SYMPOSIUM** http://cme.baptisthealth.net/brain_tumor_symposium/pages/default.aspx

- **MIAMI NEURO SYMPOSIUM** <http://cme.baptisthealth.net/miamineuro/pages/index.aspx>

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

APPROVED: YES NO ■ **Credits: AMA/PRA Category 1 Credits: # 13.5**

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

Day One – [DATE]

TIME	TITLE	FACULTY
7:30 AM	BREAKFAST	
7:50 AM	Introductions and Course Outline	Rupesh Kotecha, M.D.
8:00 AM	Advanced Stereotactic Frame Placement	Michael W. McDermott, M.D.
8:30 AM	Imaging Considerations in Patients Undergoing SRS	Kevin J. Abrams, M.D.
9:15 AM	Stereotactic Radiosurgery in Clinical Practice: What Are the Questions We Should Be Asking?	Minesh P. Mehta, M.D.
10:00 AM	BREAK	
10:15 AM	Intracranial SRS Technologies Overview	Alonso N. Gutierrez, Ph.D.
10:45 AM	Gamma Knife ICON™ Technology Additions: Frameless Treatments, CBCT, and HDMM	Ranjini Tolakanahalli, Ph.D.
11:15 AM	Advanced Radiosurgery Planning Strategies	D Jay Wiczorek, Ph.D.
11:45 AM	LUNCH	
12:45 PM	The Great Debates: Pre-Op SRS vs. Post-Op SRS	Minesh P. Mehta, M.D. Martin Tom, M.D.
1:45 PM	The Great Debates: Staged SRS vs. Fractionated SRT	Rupesh Kotecha, M.D. Martin Tom, M.D.
2:45 PM	BREAK	
3:00 PM	Radiosurgery Workflow Demonstrations - Stereotactic Frame Principles - Creating the Optimal Mask	Michael W. McDermott, M.D. D Jay Wiczorek, Ph.D. Gamma Knife® Therapists
5:00 PM	ADJOURN	

Day Two – [DATE]

TIME	TITLE	FACULTY
7:30 AM	BREAKFAST	
7:50 AM	Recap and Questions	Rupesh Kotecha, M.D.
8:00 AM	Forward vs. Inverse vs. Lightening Planning Techniques	D Jay Wiczorek, Ph.D.
8:30 AM	Radiosurgery Program Development Strategies	Rupesh Kotecha, M.D.
9:00 AM	Programmatic Essentials: Patient Preparation and Pre-Op - Nursing Care and Coordination of the Gamma Knife® Patient	Clare M. Morales, R.N. Haley R. Appel, PA-C
9:30 AM	BREAK	
9:45 AM	Radiosurgery for Benign Tumors: Pituitary Adenomas	Matthew D. Hall, M.D.
10:15 AM	Radiosurgery for Benign Tumors: Meningiomas	Michael W. McDermott, M.D.
10:45 AM	Radiosurgery for Benign Tumors: Vestibular Schwannomas	Michael W. McDermott, M.D.
11:15 AM	Radiosurgery Strategies for Arterio-Venous Malformations	Michael W. McDermott, M.D.
11:45 AM	LUNCH	
12:45 PM	Radiosurgery for Brain Metastasis	Rupesh Kotecha, M.D.
1:30 PM	Integration of Systematic Therapy and SRS	Manmeet S. Ahluwalia, M.D.
2:00 PM	Radiation Necrosis: Diagnostic Considerations and Treatment Strategies	Yazmin Odia, M.D.
2:45 PM	BREAK	
3:00 PM	SRS Lessons Learned	Matthew D. Hall, M.D.
3:30 PM	Q&A Discussion	All Faculty
4:00 PM	ADJOURN and COURSE COMPLETION	Rupesh Kotecha, M.D.