CONFERENCE APPLICATIONS AND REPORTS

Applications Previously Approved

February 5 - May 6, 2022

Online – Enduring Materials

2022 Baptist Health Medical Staff Annual Required Education: Avoiding Medicare and Medicaid Fraud and Abuse & Emergency Medical Treatment and Labor Act (EMTALA) (1 Cat. 1)
Back Pain (1.5 Cat. 1)
Cardiovascular Risk Reduction (1 Cat. 1)
Double Antiplatelet Therapy for Ischemic Stroke Patients (0.75 Cat. 1)
EBCC Aortic Valve Disease Clinical Pathway (0.50 Cat. 1)
Enhancing Communication with Patients and Families in the Hospital Setting (1 Cat. 1)
Fertility Options for Cancer Survivors (0.5 Cat. 1)
Gastroenterology Update (1.5 Cat. 1)
Judaism and End-of-Life Care (1 Cat. 1)
MCI Lung Cancer (2.75 Cat. 1)
MCI New Advances in the Management of Pancreatic Cancer (1.75 Cat. 1)
Nicotine Addiction and Smoking Cessation (0.75 Cat. 1) RENEWAL
Overview of Radiation Oncology in Head and Neck Cancers (1 Cat. 1)
Posterior Circulation Stroke Update (1 Cat. 1)
Recognizing Impairment in the Workplace (Florida Board of Nursing) (2 CE)
Spirituality and Medicine: Preserving Human Dignity at the End of Life – Cultural, Social and Religious Perspectives (1 Cat 1)
The Situation at the U.S-Mexican Border: Caring for Undocumented Patients (1 Cat. 1)
Transfer Process for Baptist Outpatient Services (0.5 Cat. 1)
Transforming Moral Distress to Moral Resilience: One of Our Toughest Pediatric Cases (1 Cat. 1)
Withholding and Withdrawing – BHSF Policy Changes (0.5 Cat. 1)

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: **2022** Baptist Health Medical Staff Annual Required Education: Avoiding Medicare and Medicaid Fraud and Abuse & Emergency Medical Treatment and Labor Act (EMTALA)

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

ORIGINAL RELEASE DATE: May 2022
REVIEW DATE:
COURSE EXPIRATION DATE: May 2025
****Republish Annually *****

TARGET AUDIENCE: All credentialled medical staff.

CONFERENCE DIRECTOR: Arturo Fridman M.D.

CONFERENCE COORDINATORS: Ana Navarrete, Karen Brady, Corporate VP and Chief Compliance Officer and Beth Gillis, AVP Audit & Compliance

CME MANAGER: Marie Vital Acle/ Betty Blanco

***Interprofessional Planning Team**:

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.* This annual compliance course is required for all Baptist Health credentialed medical staff fulfilling compliance and EMTALA education requirements.

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

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☐Patient care and procedural skills ☐Medical knowledge ☐Practice-based learning and improvement ☐Interpersonal and communication skills ☒Professionalism ☒Systems-based practice

INSTITUTE OF MEDICINE: ☐Provide patient-centered care ☐Work in interdisciplinary teams
☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☒Values/ethics for interprofessional practice
☒Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
►Busy practitioners would benefit from annual refresher education related to Federal Healthcare Compliance requirements, such as Fraud, Waste and Abuse and Stark and Anti-kickback statutes as many of these laws and rules may not be understood as it applies to a variety of healthcare scenarios.

Physicians were found to be non-compliant with EMTALA federal law at South Miami Hospital. This course is a AHCA requirement for compliance and remediation.

Recently, in response to a complaint, Florida's Agency for Health Care Administration (AHCA) visited South Miami Hospital (SMH) to review our patient care process for transfers to our emergency room. In response to their visit, this course serves to remind the SMH On-Call and Emergency Department Physicians about the key elements and physician responsibilities regarding the Emergency Medical Treatment and Labor Act (EMTALA).

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)
► Medical staff will have current information related to Federal Healthcare Compliance requirements.
Baptist Health expects that all medical staff will be able to perform their jobs in compliance with all federal healthcare requirements, when issues arise they will know what is required federal law and who to contact with any potential issues or compliance discussion items.

Emergency department and on-call physicians consistently adhere to EMTALA federal law.

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): State and Federal Laws

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

Bibliography and Additional Resources:

Chapter 14 Section 32 - 2018 Florida Statutes - The Florida Senate (flsenate.gov)

Laws Against Health Care Fraud Resource Guide, Centers for Medicate and Medicaid
https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-laws-resourceguide.pdf

EMTALA is a Federal law. EMTALA requires that if an individual comes to the emergency department requesting care, the hospital must provide an appropriate medical screening exam to determine whether the individual suffers from an emergency medical condition ("EMC").

According to the Florida Administrative Code regulations for Emergency Care at hospitals:
59A-3.255(6)(a)(2): On-Call Physician Availability… At least one physician shall be available within 30 minutes through the medical staff call roster. Initial consultation through two-way voice communication is acceptable for physician presence

According to Medical Staff Rules & Regulations: Failure by an On-Call Physician to respond to ED call in a timely manner as determined by the ED Physician is a violation of the Rules and Regs.

Excerpt of presentation created by Leslee Gross, AVP Operations, Transport Centere

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 Baptist Health's commitment to ethical business practices and compliance with all applicable laws, rules and regulations.
- Comply with these federal laws by identifying "red flags" that could lead to potential liability in law enforcement and administrative actions.
- Comply with the key elements and physician responsibilities regarding the Emergency Medical Treatment and Labor Act (EMTALA).

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):

Mark Hauser, M.D., FACP, FCCP
President, Medical Staff Affairs
Clinical Enterprise
Baptist Health South Florida

Narrator:
Ana Navarrete, MSN, R.N., CHC
Corporate Compliance Director
Baptist Health South Florida

Due to the non-clinical nature of the content discussed, the speaker has no relevant financial relationships to disclose. 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.

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

Non-clinical content: All activities that are considered non-clinical must be vetted by the Department Director. If there is no *opportunity* to affect the content of CME concerning the products or services of a commercial interest, then there can be **no relevant financial relationships or conflicts of interest**. Both the following statements **must apply**. *Reference SOP "Disclosures for Activities with Non-Clinical Content" for further instructions and necessary steps to ensure compliance.*
☒ CME Activity content is not related to products or services of commercial interests.
☒ CME Activity content is non-clinical.

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 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.) _____
☒ Others (Conference Coordinator, Planning Group, etc.) Ana Navarrete, Karen Brady, Corporate VP and Chief Compliance Officer and Beth Gillis, AVP Audit & Compliance

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. Compliance department corporate requirements for annual required education for all medical staff.

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.*

External:
Provider: 2022IEM343

Course video: https://cdn.baptisthealth.net/cme/vol01/olp/2022_Medical_Staff_Compliance_Training_BD.mp4

Course handout:
https://cmeonline.baptisthealth.net/sites/default/files/2022%20Annual%20Medical%20Staff%20Compliance.pdf

Quiz

Quiz Questions - for Course Handout

DATE REVIEWED: March 4, 2022 **REVIEWED BY:** ☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**

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

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

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

CME ACTIVITY TITLE: Back Pain

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

CREDIT HOUR(S) APPLIED FOR: 1.50 Cat. 1

TARGET AUDIENCE: Internal Medicine Physicians, Physician Assistants, Residents, Advanced Practice Registered Nurses, Pharmacists and all other interested healthcare providers.

CONFERENCE DIRECTORS: John Rubin, M.D. and Kenneth Rosenthal, M.D.
CME MANAGER: Nina Doleyres (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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

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

OLP Course Planning:
External:
Provider: 2022IEM323

Course video:

Course handout:

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*
Back pain is a common complaint and a major health issue, with high socioeconomic burden. It is one of the most frequent reasons for patients to seek primary and emergency care and the cause of significant rates of disability in the general population. In this course, we will discuss the impact of back pain, various terms used in back pain, various categories of back pain, the diagnosis and treatment of back disorders, and the warning signs of emergencies in back pain.

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

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

DESIRED OUTCOMES (GOAL): *Answer one or more of the following questions*: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? Identified "pearls" as actionable items by the Conf. Director and/or Speaker (C3)
► Practitioners may not be current on all emerging healthcare trends or be familiar with the latest evidence-based data and best practice guidelines.

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)**

☐ 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): _____

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

► The Accreditation Council for Graduate Medical Education mandates that residents and faculty regularly attend didactic sessions and conferences. Education is the most important, but updates in diagnosis, treatment, and research have gained importance over the past 20 years. Effective grand rounds should disseminate knowledge, change physician behavior, and improve patient outcomes.

Sandal, S., Iannuzzi, M. C., & Knohl, S. J. (2013). Can we make grand rounds "grand" again?. *Journal of graduate medical education*, *5*(4), 560–563. https://doi.org/10.4300/JGME-D-12-00355.1

Bibliography

Zelaya CE, Dahlhamer JM, Lucas JW, Connor EM. Chronic pain and high-impact chronic pain among U.S. adults, 2019. NCHS Data Brief, no 390. Hyattsville, MD: National Center for Health Statistics. 2020.

Dieleman JL, Cao J, Chapin A, et al. US Health Care Spending by Payer and Health Condition, 1996-2016. JAMA. 2020;323(9):863–884.

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 the impact of back pain and various terms used in back pain
- Differentiate various categories of back pain
- Discuss the diagnosis and treatment of back disorders
- Discuss warning signs of emergencies in back pain

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

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
☐ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*
Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*

- Categorize the cause of the low back pain
- Determine the type of evaluation for back pain
- Determine treatment that is needed for back pain
- Identify back pain causes that can be life threatening

☐ 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.*

- By categorizing the cause of the low back pain
- By determining the type of evaluation required
- By determining the proper treatment that is needed
- By identifying back pain causes that can be life threatening

☐ 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.)

Shawn Baca, M.D., FACR
Board-certified Rheumatologist
Boca Raton Regional Hospital

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

Shawn Baca, M.D., FACR, faculty for this educational activity, has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Moderators
John Rubin, M.D., conference director of this educational activity, has disclosed that he is a shareholder in AstraZeneca and Bristol Myers Squibb.

Kenneth Rosenthal, M.D., conference director of this educational activity, has disclosed that he is on the speakers' bureau for AbbVie.

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

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

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

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

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

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

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

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

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

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

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

OLP Course Quiz Questions:

1. Acute back pain:

a. Is always caused by overuse such as a ligament or muscle pull.
b. Is present for less than 8 weeks.
c. Should never need imaging tests such as a CT scan or MRI.
d. May have various causes and a detailed history of physical is needed.

Acute back pain is defined by pain present for 6 weeks or less. It can have various causes, including, fracture, infection and visceral pain, and a detailed history and physical will guide appropriate workup.

2. Typical features of Inflammatory back pain include all but:

a. Morning stiffness.
b. Older age of onset.
c. Joint, skin, eye or GI involvement.
d. High ESR or CRP.

Inflammatory back pain generally is seen in younger patients, with systemic features such as fever, morning stiffness, high ESR or CRP, weight loss and involvement of other organ systems.

3. Spondylosis:

a. Is a degenerative process that may affect discs or joints.
b. Is an inflammatory process with high ESR and morning stiffness.
c. Is seen with curvature of the spine.
d. Is seen with a malalignment of one vertebral body over another.

Spondylosis – a degenerative process that affects both joints and discs – is commonly diagnosed by X-ray.

4. A shopping cart sign:

a. Is seen with spondylosis.
b. Is accompanied by pain that travels down one leg.
c. Is a sign of central spinal stenosis.
d. Is when a patient feels worse leaning over the shopping cart.

The "shopping cart sign" illustrates with central spinal stenosis. When a patient needs to lean forward over a shopping cart for comfort allowing the patient to walk further, this position opens up the spinal canal with forward flexion.

5. Type of mechanical back pain:

a. Osteoporotic fractures.
b. Spondylitis.
c. Visceral pain.
d. Overuse syndromes.

Mechanical back pain can be seen with osteoarthritis, lumbar disc disease, muscle spasm and overuse syndromes.

6. Back strain is most effectively treated by:

a. Heat and ice.
b. NSAIDs.
c. Epidural injection.
d. Exercise and stretching.

Back strain is a non-radiating low back pain of short duration. It usually resolves in two weeks and is best treated with exercise.

7. Which statement is false regarding lumbar disc herniation?

a. Most occur in L4-5, L5-S1.
b. 80 percent will improve with time.
c. It always requires surgical intervention.
d. It presents with sharp lancinating pain with radicular symptoms.

Lumbar disc herniation most often occurs in the third or fourth decade of life. It presents with sharp lancinating (which is radicular) pain and 80 percent will improve with conservative therapy. However, those with significant neurologic deficits will need surgery.

8. Bilateral pain weakness and numbness of the buttocks with prolonged walking and relieved with forward bending is called:

a. Pseudoclaudication.
b. Sciatica.
c. Spondylosis.
d. Coccyxdynia.

Pseudoclaudication, a classic symptom of central spinal stenosis, presents with thigh pain that improves with rest and forward bending in a patient with adequate circulation.

9. A patient presents to your office with complaints of urinary incontinence and symptoms of numbness around the perineum and severe back pain of two-day duration. What is the best next step?

a. You reassure the patient that the back pain is acute, and the patient can go home with NSAIDs and rest.
b. You suspect the patient has an acute infection and send the patient to the hospital for IV antibiotic therapy.
c. You suspect cauda equina syndrome and order advanced imaging stat and consult with neurosurgery.
d. You order an X-ray of the back and, if it shows disc space flattening, order advanced imaging tests as an outpatient.

Cauda equina syndrome is a true neurologic emergency that presents with saddle anesthesia, often with bowel and bladder control problems. It must be evaluated quickly and treated urgently to prevent permanent neurologic deficits.

10. Diagnosis and treatment of back pain consumes a large part of the health budget, and advanced imaging tests should not be performed early in the workup in patients with:

a. Trauma.
b. Fever or weight loss.
c. Significant neurologic symptoms.
d. Acute pain that does not radiate that started after gardening.

Signs of a more serious disease – fever, weight loss, history of cancer, trauma, neurologic symptoms, severe intractable pain and pain that wakes a patient from sleep – should prompt early workup including advanced imaging tests.

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

CME ACTIVITY TITLE: Cardiovascular Risk Reduction

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

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

TARGET AUDIENCE: Primary care physicians, family physicians, general internists, cardiologists, hospitalists, advanced practice providers, nurses, pharmacists, dietitians and respiratory therapists.

CONFERENCE DIRECTOR: Ian Del Conde, M.D., and Douglas J. Inciarte, M.D.
CME MANAGER: Katie Deane (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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

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

OLP Course Planning:
External:
Provider: 2022IEM330

Course video: https://cdn.baptisthealth.net/cme/vol01/olp/Cardiovascular Risk Reduction_BD.mp4

Course handout:

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*
Cardiovascular medicine is one of the most highly evolved clinical fields in the practice of medicine, with primary care clinicians frequently being the frontline cardiovascular care providers. To get superb outcomes, clinicians at the front line need to have a solid map of the territory they are helping their patients navigate. The increasing complexity of diagnostic and treatment modalities has made it more challenging for primary care providers to deal with many cardiac conditions. Join us to hear our panel of experts cover the major aspects of ambulatory cardiovascular care that are germane to a primary care practice. In addition to the comprehensive overview of common cardiovascular conditions, this symposium will focus on the importance of a team-based approach for managing patients with cardiovascular disease, emphasizing the benefits in terms of patient access, remote monitoring and adhering to guidelines and evidence-based medicine to produce superior outcomes and greater value.

FACTORS OUTSIDE OUR CONTROL – *List factors outside our control and beyond the learner performance that impact patient outcomes and contribute to the healthcare "quality gap" being addressed.* **(C18)**
Patient: ☒ Noncompliance ☒ Lifestyle ☒ Resistance to change ☐ Cost of care/Lack of insurance

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☒Medical knowledge ☐Practice-based learning and improvement ☐Interpersonal and communication skills ☒Professionalism ☐Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☒Work in interdisciplinary teams ☒Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice ☐Roles/responsibilities ☒Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► The current healthcare system is strained at many points resulting in decreased patient access and resource overutilization. Additionally, the increasing complexity of diagnostic and treatment modalities have made it more challenging for primary care providers to deal with common cardiac conditions.

► To get superb outcomes, physician at the front line of medical practice in primary care practice need to have a solid map of the territory they are helping their patients to navigate. This can be difficult when a field as broad as cardiovascular medicine continue to evolve rapidly along many fronts simultaneously.
(https://books.google.com/books?hl=en&lr=&id=paXGYWTOdzkC&oi=fnd&pg=PT13&dq=cardiovascular+diseases+commonly+seen+in+the+primary+care+setting&ots=bfJeg-Nw69&sig=dZ_afLFQtdEwbTGKAro4nXNSGME#v=onepage&q=cardiovascular%20diseases%20commonly%20seen%20in%20the%20primary%20care%20setting&f=false)

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)
► Primary care physician will have a sound and up-to-date clinical framework with which to approach patients with common cardiovascular symptoms, resulting in decreased resource utilization and waste.

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.*

► Smeets, M., Van Roy, S., Aertgeerts, B., Vermandere, M., & Vaes, B. (2016). Improving care for heart failure patients in primary care, GPs' perceptions: a qualitative evidence synthesis. *BMJ open*, *6*(11), e013459.

► Saadat, M., & Mostamand, M. (2019). Improving Heart Failure Outcome, a Team Based Approach. *Circulation: Cardiovascular Quality and Outcomes*, *12*(Suppl_1), A172-A172.

► Fernandes, S. M., Larsen, R. L., & Chan, G. K. (2017). Balancing the Training of Future Cardiologists With the Provision of Team-Based Care. *JAMA cardiology*, *2*(6), 589-590.

► Sheeler, R. (2013). *Cardiovascular diseases, an issue of primary care clinics in office practice* (Vol. 40, No. 1). Elsevier Health Sciences.

Bibliography

Safarova MS, Kullo IJ. My Approach to the Patient With Familial Hypercholesterolemia. Mayo Clin Proc. 2016 Jun;91(6):770-86. doi: 10.1016/j.mayocp.2016.04.013. PMID: 27261867; PMCID: PMC5374743.

SPRINT Research Group. (2021). Final Report of a Trial of Intensive versus Standard Blood-Pressure Control. *New England Journal of Medicine*, *384*(20), 1921-1930

Perry, R. J. & Shulman, G. I. Sodium-glucose cotransporter-2 inhibitors: Understanding the mechanisms for therapeutic promise and persisting risks. *J Biol Chem* 295, 14379–14390 (2020).

Arnold, S. V. *et al.* Use of Guideline-Recommended Risk-Reduction Strategies Among Patients with Diabetes and Atherosclerotic Cardiovascular Disease: Insights from Getting to an Improved Understanding of Low-Density Lipoprotein Cholesterol and Dyslipidemia Management (GOULD). *Circulation* **140**, 618–620 (2019).

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:

- Assess cardiovascular risk factors associated with familial hypercholesterolemia (FH).
- Reduce the risk of atherosclerotic cardiovascular disease (ASCVD) by recognizing the prevalence of FH and utilizing appropriate screening tools and diagnostic criteria for early diagnosis and treatment.
- Implement treatment strategies for FH in the adult and pediatric populations.
- Reduce cardiovascular risk in patients with DM2 through optimal guideline-directed medical therapy.

- Implement a comprehensive team-based approach to coordinate clinical care for patients with cardiometabolic disease.
- Improve CV outcomes with the utilization of therapies, such as SGLT-2i and GLP-1RA, in addition to guideline-directed medical therapy.
- Summarize the literature on the prevalence and impact of hypertension.
- Apply ACC/AHA clinical practice guideline in the basic approach to the hypertensive patient.
- Utilize an evidence-based approach to the diagnostic workup and clinical management of the patient with uncontrolled hypertension.

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

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
- ☒ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*

Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*
- *How confident are you in your ability to screen patients presenting with common cardiovascular disease symptoms?*
- *How confident are you in your ability to perform initial diagnostic evaluation for common cardiovascular symptoms?*
- *How confident are you in your ability to determine when a patient requires further evaluation from a subspecialty clinical program?*

☐ 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:

Lisa K. Davis, PA-C, CLS
Miami Cardiac & Vascular Institute
Baptist Health South Florida

Lisa K. Davis, PA-C, CLS, faculty for this educational event, is on the speakers' bureau for Amgen, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Andrea Vitello, M.D., FACC
Cardiologist
Miami, Florida

Andrea Vitello, M.D., FACC, 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.

Directors/Planning Committee

Ian Del Conde Pozzi, M.D., FACC
Director of Vascular Medicine
Associate Director of Cardiology
Miami Cardiac & Vascular Institute
Baptist Health South Florida

Ian Del Conde Pozzi, M.D., FACC, conference director and faculty for this educational event, is on the speakers' bureau for Pfizer, Abbott, Janssen and Boston Scientific, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Theodore Feldman, M.D., FACC, FACP
Medical Director, Prevention and Community Health
Co-Medical Director, The Cardiometabolic and Cardiac Prevention Center
Miami Cardiac & Vascular Institute
Baptist Health South Florida
Head of Cardiology, Clinical Associate Professor of Medicine
Florida International University Herbert Wertheim College of Medicine

Theodore Feldman, M.D., FACC, FACP, planning committee member for this educational event, 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.

Jonathan A. Fialkow, M.D., FACC
Chief Population Health Officer
Deputy Director of Miami Cardiac & Vascular Institute
Chief of Cardiology, Baptist Hospital
Baptist Health South Florida

Jonathan A. Fialkow, M.D., faculty for this activity, is on the speakers' bureau for Amarin, Esperion and Amgen, and is an advisor for SHL Telemedicine.

Douglas J. Inciarte, M.D., MMM, FAAFP
Program Director, Family Medicine Residency
West Kendall Baptist Health Family Medicine Residency Program
Chair of Family Medicine,
West Kendall Baptist Hospital
Associate Professor of Family Medicine
Florida International University Herbert Wertheim College of Medicine

Douglas J. Inciarte, M.D., director of this educational activity, has no relevant financial relationships with ineligible companies* to disclose.

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

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

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

ALL FINANCIAL RELATIONSHIPS: *List individuals in control of the content of this CME activity (other than faculty).*
Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.
Have all relevant financial interests been identified and 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. The continuing medical education department is working with the MCVI BHMG Cardiology Group to provide much needed education to the primary care physician within the BHSF organization and in the community.

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**

Updated on Lipids: Focus on Familial Hypercholesterolemia
Lisa Davis, PA-C, CLS
EDUCATIONAL OBJECTIVES:

- Assess cardiovascular risk factors associated with familial hypercholesterolemia (FH).
- Reduce the risk of atherosclerotic cardiovascular disease (ASCVD) by recognizing the prevalence of FH and utilizing appropriate screening tools and diagnostic criteria for early diagnosis and treatment.
- Implement treatment strategies for FH in the adult and pediatric populations.

REFERENCES:
► McGowan, M. P., Hosseini Dehkordi, S. H., Moriarty, P. M., & Duell, P. B. (2019). Diagnosis and treatment of heterozygous familial hypercholesterolemia. *Journal of the American Heart Association*, *8*(24), e013225.
► Bouhairie, V. E., & Goldberg, A. C. (2015). Familial hypercholesterolemia. *Cardiology clinics*, *33*(2), 169-179.
► Miname, M. H., & Santos, R. D. (2019). Reducing cardiovascular risk in patients with familial hypercholesterolemia: risk prediction and lipid management. *Progress in cardiovascular diseases*, *62*(5), 414-422.

Cardiometabolic Disease
Andrea Vitello, M.D.
EDUCATIONAL OBJECTIVES:

- Reduce cardiovascular risk in patients with DM2 through optimal guideline-directed medical therapy.
- Implement a comprehensive team-based approach to coordinate clinical care for patients with cardiometabolic disease.
- Improve CV outcomes with the utilization of therapies, such as SGLT-2i and GLP-1RA, in addition to guideline-directed medical therapy.

REFERENCES:
► Das, S. R., Everett, B. M., Birtcher, K. K., Brown, J. M., Januzzi Jr, J. L., Kalyani, R. R., ... & Sperling, L. S. (2020). 2020 expert consensus decision pathway on novel therapies for cardiovascular risk reduction in patients with type 2 diabetes: a report of the American College of Cardiology Solution Set Oversight Committee. *Journal of the American College of Cardiology*, *76*(9), 1117-1145.
► Perkovic, V., Jardine, M. J., Neal, B., Bompoint, S., Heerspink, H. J., Charytan, D. M., ... & Mahaffey, K. W. (2019). Canagliflozin and renal outcomes in type 2 diabetes and nephropathy. *New England Journal of Medicine*, *380*(24), 2295-2306.
► Packer, M., Anker, S. D., Butler, J., Filippatos, G., Pocock, S. J., Carson, P., ... & Zannad, F. (2020). Cardiovascular and renal outcomes with empagliflozin in heart failure. *New England Journal of Medicine*, *383*(15), 1413-1424.

Update on Hypertension

Ian Del Conde Pozzi, M.D., FACC

EDUCATIONAL OBJECTIVES:

- Summarize the literature on the prevalence and impact of hypertension.
- Apply ACC/AHA clinical practice guideline in the basic approach to the hypertensive patient.
- Utilize an evidence-based approach to the diagnostic workup and clinical management of the patient with uncontrolled hypertension.

REFERENCES:

► SPRINT Research Group. (2021). Final Report of a Trial of Intensive versus Standard Blood-Pressure Control. *New England Journal of Medicine*, *384*(20), 1921-1930.

► Whelton, P. K., Carey, R. M., Aronow, W. S., Casey, D. E., Collins, K. J., Dennison Himmelfarb, C., ... & Wright, J. T. (2018). 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Journal of the American College of Cardiology*, *71*(19), e127-e248.

OLP Course Quiz Questions:

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: Double Antiplatelet Therapy for Acute Ischemic Stroke Patients

CREDIT HOUR(S) APPLIED FOR: .75 Cat. 1

ORIGINAL RELEASE DATE: April 2022
REVIEW DATE:
COURSE EXPIRATION DATE: April 2025

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: Felipe De Los Rios, M.D.
CME MANAGER: Marie Vital Acle

***Interprofessional Planning Team**:

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.*
Selected patients with acute ischemic stroke can benefit from a course of double antiplatelet therapy for the purpose of stroke prevention. This course will detail the disease mechanism by which this therapy works and review the inclusion and exclusion patient selection criteria as well as the different treatment modalities available.

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)*

► The use of double antiplatelet therapy in the setting of acute ischemic stroke is a change in practice now incorporated into the latest secondary prevention of stroke guidelines. Many providers are not familiar with the treatment options, risks, benefits or selection criteria for this 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)
► Select acute ischemic stroke patients who should be placed on a course of double antiplatelet therapy within 24 hours of symptom onset.

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): _____

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

Each year, ≈795 000 individuals in the United States experience a stroke, of which 87% (690 000) are ischemic and 185 000 are recurrent.[1] Approximately 240 000 individuals experience a transient ischemic attack (TIA) each year.[2] The risk of recurrent stroke or TIA is high but can be mitigated with appropriate secondary stroke prevention. In fact, cohort studies have shown a reduction in recurrent stroke and TIA rates in recent years as secondary stroke prevention strategies have improved.[3,4] A meta-analysis of randomized controlled trials (RCTs) of secondary stroke prevention therapies published from 1960 to 2009 showed a reduction in annual stroke recurrence from 8.7% in the 1960s to 5.0% in the 2000s, with the reduction driven largely by improved blood pressure (BP) control and use of antiplatelet therapy.[5] The changes may have been influenced by changes in diagnostic criteria and differing sensitivities of diagnostic tests over the years.

Originally published24 May 2021https://doi.org/10.1161/STR.0000000000000375Stroke. 2021;52:e364–e467

https://www.ahajournals.org/doi/10.1161/STR.0000000000000375?cookieSet=1

Bibliography and Additional Resources:

Coull, A., Lovett, J. K., & Rothwell, P. M. (2004). Population based study of early risk of stroke after transient ischaemic attack or minor stroke: implications for public education and organisation of services. *Bmj*, *328*(7435), 326.

Hao, Qor., Tampi, M., O'Donnell, M., Foroutan, F., Siemieniuk, R. A., & Guyatt, G. (2018). Clopidogrel plus aspirin versus aspirin alone for acute minor ischaemic stroke high risk transient ischaemic attack: systematic review and meta-analysis. *bmj*, *363*.

Johnston, S. C., Amarenco, P., Denison, H., Evans, S. R., Himmelmann, A., James, S., ... & Wang, Y. (2020). Ticagrelor and aspirin or aspirin alone in acute ischemic stroke or TIA. *New England Journal of Medicine*, *383*(3), 207-217.

Johnston, S. C., Easton, J. D., Farrant, M., Barsan, W., Conwit, R. A., Elm, J. J., ... & Palesch, Y. Y. (2018). Clopidogrel and aspirin in acute ischemic stroke and high-risk TIA. *New England Journal of Medicine*, *379*(3), 215-225.

Kernan, W. N., Ovbiagele, B., Black, H. R., Bravata, D. M., Chimowitz, M. I., Ezekowitz, M. D., ... & Wilson, J. A. (2014). Guidelines for the prevention of stroke in patients with stroke and transient ischemic attack: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*, *45*(7), 2160-2236.

Kleindorfer, D. O., Towfighi, A., Chaturvedi, S., Cockroft, K. M., Gutierrez, J., Lombardi-Hill, D., ... & Williams, L. S. (2021). 2021 guideline for the prevention of stroke in patients with stroke and transient ischemic attack: a guideline from the American Heart Association/American Stroke Association. *Stroke*, *52*(7), e364-e467.

Wang, Y., Wang, Y., Zhao, X., Liu, L., Wang, D., Wang, C., ... & Johnston, S. C. (2013). Clopidogrel with aspirin in acute minor stroke or transient ischemic attack. *N Engl J Med*, *369*, 11-19.

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 the pathophysiology behind double antiplatelet therapy for acute ischemic stroke.
- Identify patients with acute ischemic stroke who would benefit from double antiplatelet therapy.
- Describe the available options for double antiplatelet therapy in acute ischemic stroke.
- Implement double antiplatelet therapy for selected acute ischemic stroke patients for secondary stroke prevention.

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

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
- ☐ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*

Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*
Identify acute ischemic stroke patients who would benefit from double antiplatelet therapy.

☐ 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.)
Felipe De Los Rios, M.D., FAHA
Medical Director
Stroke Program – Miami Neuroscience Institute
Comprehensive Stroke Center – Baptist Hospital of Miami
Associate Professor of Neurology
Florida International University, Herbert Wertheim College of Medicine
University of Cincinnati College of Medicine
Department of Neurology & Rehabilitation Medicine

Felipe De Los Rios, M.D., speaker and conference director for this educational activity, is member of the speakers' bureau for AstraZeneca 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 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 course is planned with the Miami Neuroscience Center to address educational needs among medical staff.

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.*

External:
Provider: 2022IEM341

Course video:

Course handout:

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**

Quiz

Quiz Questions - for Course Handout

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: Evidence-based Clinical Care: Aortic Valve Disease Clinical Pathway

CREDIT HOUR(S) APPLIED FOR:

ORIGINAL RELEASE DATE: October 2018
REVIEW DATE: March 2022
COURSE EXPIRATION DATE: October 2020, April 2021, April 2022, April 2024

TARGET AUDIENCE: Cardiologists, Internal Medicine Physicians, Hospitalists, Emergency Department Physicians, Cardiothoracic Surgeons, Radiologists, Advanced Practice Providers, Cardiovascular Technicians and Echocardiography Technicians.

CONFERENCE DIRECTOR: Niberto Moreno, M.D., Physician Co-Chair, Ramon Quesada, M.D., Physician Co-Chair
CME MANAGER: Marie Vital Acle (Online)/ Andrea Marr Peralto, ARNP BHSF Administrative Chair

***Interprofessional Planning Team**:

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.*
This course presents different types of aortic valve disease (AVD) and reviews their diagnosis, management and treatment. Aortic stenosis, the most common valve disease in the United States, involves an obstruction of blood flow across the aortic valve. The classic triad of symptoms will be reviewed, as well as the mortality associated with AVD.

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

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☐Patient care and procedural skills ☐Medical knowledge ☐Practice-based learning and improvement ☐Interpersonal and communication skills ☐Professionalism ☐Systems-based practice

INSTITUTE OF MEDICINE: ☐Provide patient-centered care ☐Work in interdisciplinary teams

☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice ☐Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► Practitioners may not be aware of the outpatient risk assessment and stratification for patients with Aortic Valve Disease (AVD) that should be utilized to identify these 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)
►Practitioners successfully implement outpatient risk assessment and recommend intervention based on specific echo criteria and symptomatology. Practitioners implement clinical pathway consistently.

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): _____

REFERENCES supporting the current practice and/or the optimal practice and/or practice gap. *<u>COE Dashboard data</u> must be included when possible.*
Traditional surgical valve replacement is currently the standard of care for all low-risk patients requiring aortic valve

replacement. However, the evidence has shown that a catheter-based approach related to aortic valve replacement is a less invasive option that is an effective therapy for a select group of both intermediate and high risk patients.

The most common valve disease in the United States is currently Aortic Stenosis (AS), which is the obstruction of blood flow across the aortic valve. Among symptomatic patients with medically treated moderate to severe aortic stenosis, mortality from the onset of symptoms is approximately 25% at 1 year and 50% at 2 years. Symptoms of aortic stenosis usually develop gradually and patients may remain asymptomatic for a latent period of 10-20 years. There are a classic triad of symptoms which include, but are not limited to, chest pain, heart failure and syncope. (American Heart Association 2018 Aortic Valve Stenosis)

Bibliography and Additional Resources:

American Heart Association 2018 Aortic Valve Stenosis.

Recommendations for the Imaging Assessment of Prosthetic Heart Valves: A Report From the European Association of Cardiovascular Imaging. Endorsed by the Chinese Society of Echocardiography, the Inter-American Society of Echocardiography, and the Brazilian Department of Cardiovascular Imaging. *European Heart Journal – Cardiovascular Imaging*, Volume 17, Issue 6, 1, June 2016, Pages 589-590.

Recommendations on the Echocardiographic Assessment of Aortic Valve Stenosis: A Focused Update from the European Association of Cardiovascular Imaging and the American Society of Echocardiography, JASE, April 2017 * 2017 ESC/EACTS Guidelines for the Management of Valvular Heart Disease, *European Heart Journal*, Volume 38, Issue 36, 21 September 2017, Page 2739-2791.

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:

- Explain the necessity of systemwide standardization of treatment options for the aortic valve disease (AVD) patient based on current, evidence-based practices.
- Implement the aortic stenosis, moderate to severe aortic stenosis, valve therapy, aortic regurgitation and bicuspid aortic valve aortopathy clinical pathways and associated power plans that are based on evidence-based practices applicable to the acute care setting.
- Stratify patients based on outpatient risk assessment of those with AVD and explain the available treatment options for these patients.
- Describe what aortic stenosis, aortic valve regurgitation and bicuspid aortic valve aortopathy are, along with standardized echocardiogram and imaging criteria associated with AVD.
- Utilize the criteria for surgical aortic valve replacement (SAVR) case selection and percutaneous transcatheter aortic valve replacement (TAVR).
- Recognize the clinical sequelae associated with AVD.
- Monitor the quality measures associated with the treatment/care of AVD patients.

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.)

Damian Chaupin, M.D.
Clinical Cardiologist
Baptist Health Medical Group
Miami Cardiac & Vascular Institute
Miami, Florida

Damian Chaupin, 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.

Physician Chairs

Niberto Moreno, M.D., and Ramon Quesada, M.D., have no relevant financial relationships with ineligible companies* to disclose.

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

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

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. MCVI EBCC educational roll-out.

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.*

External:680680
Provider: 2019IEM101

Course video: https://cdn.baptisthealth.net/cme/vol01/olp/CHAUPIN_Aortic_Valve_10_03_18.mp4

Course handout:

Quiz Questions – Proofed by Dorothy

1. Which of the following statements best supports the need for a standardized, evidence-based approach to the treatment of AVD patients in the acute care setting?
    a. AVD is a cardiac condition in which the aortic valves are malfunctioning, causing obstruction to flow of blood (stenosis), leakage backward (regurgitation) or both.
    b. AVD is caused by a variety of factors and conditions, including aging, congenital abnormalities, calcification, infection, coronary artery disease or hypertension.
    c. The diagnosis and treatment of AVD are important to prevent debilitating sequelae such as heart failure and, sometimes, sudden death.
    d. All of the above.
2. The most common type of valve disease in the United States is:
    a. Aortic regurgitation.
    b. Aortic stenosis.
    c. Aortic root disease.
    d. Congenital aortic leaflet disease.
3. Among symptomatic patients with medically treated moderate to severe aortic stenosis, mortality from the onset of symptoms is approximately what percentage at one year?
    a. 50%
    b. 25%
    c. 10%
    d. None of the above
4. Which of the following ***best describes*** how the symptoms of aortic stenosis develop?
    a. Symptoms usually develop suddenly along with the classic triad of chest pain, heart failure and syncope.
    b. Symptoms usually develop gradually and patients may remain asymptomatic for a latent period of 5-10 years.
    c. Symptoms usually develop gradually and patients may remain asymptomatic for a latent period of 10-20 years.
    d. None of the above.
5. Which of following clinical findings is consistent with positive history associated with aortic stenosis patients?
    a. Shortness of breath
    b. Dyspnea at rest
    c. Dizziness or syncope
    d. All of the above
6. In the ***Moderate to Severe Aortic Stenosis Management Clinical Pathway***, how often should an asymptomatic patient typically follow up for an echocardiogram?
    a. One month
    b. Three months
    c. Six months to one year

d. Every two years

7. Which of the following echocardiogram clinical findings is ***consistent with severe aortic valve stenosis***?
    a. Peak velocity of 2.6-2.9 m/s
    b. Mean gradient of 20-40 mmHg
    c. AVA > 1.5 cm2
    d. Velocity ratio of < 0.25
8. Which of the following clinical findings is ***consistent with appropriate indications*** for a percutaneous transcatheter aortic valve replacement (TAVR) procedure?
    a. AVA > 1.0 cm2
    b. Mean gradient < or = 40mmHG
    c. Peak velocity < or = 4.0 m/s
    d. NYHA functional class II – IV
    e. d only
9. Which of the following diagnostic studies ***must*** be obtained within one year in the patient's medical record prior to the patient having a TAVR procedure?
    a. Echocardiogram
    b. Dobutamine stress echocardiogram
    c. Cardiac catheterization
    d. Both a & c
10. Which of the following findings ***is consistent with a high-risk patient*** for open aortic valve replacement surgery?
    a. STS score < 8
    b. Severe COPD/pulmonary disease
    c. Low ejection fraction (< 30%)
    d. Advanced age, frailty
    e. a & b only
    f. b & d only

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**

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

CME ACTIVITY TITLE: Enhancing Communication with Patients and Families in the Hospital Setting

ORIGINAL RELEASE DATE: March 2022
REVIEW DATE:
COURSE EXPIRATION DATE: March 2025

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

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 (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**: NA

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

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

OLP Course Planning:
External:
Provider: 2022IEM339

Course video:

Course handout:

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*
Communication is the most common “procedure” in medicine. The ability to communicate openly and with compassion is essential, please join us to hear pediatric neuropsychologist Dr. Brandon Korman provide practical guidance to enable clinicians to communicate effectively.

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☐Patient care and procedural skills ☐Medical knowledge ☐Practice-based learning and improvement ☒Interpersonal and communication skills ☒Professionalism ☐Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☐Work in interdisciplinary teams ☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☒Values/ethics for interprofessional practice ☒Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*

► 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 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): _____

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.

Bibliography for ETHOS →

Ridd M, Shaw A, Lewis G, Salisbury C. The patient-doctor relationship; a synthesis of the qualitative literature on patients' perspectives. *Br J Gen Pract.* 2009;59(561):e116-e133.

Lundahl, B., Moleni, T., Burke, B. L., Butters, R., Tollefson, D., Butler, C., & Rollnick, S. (2013). Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials. Patient education and counseling, 93(2), 157-168.

Norcross, J. C., Krebs, P. M., & Prochaska, J. O. (2011). Stages of change. *Journal of clinical psychology*, *67*(2), 143–154.

Baba, A., Shimizu, M., Ohno, T., Shirakami, Y., Kubota, M., Kochi, T., Terakura, D., Tsurumi, H., & Moriwaki, H. (2013). Synergistic growth inhibition by acyclic retinoid and phosphatidylinositol 3-kinase inhibitor in human hepatoma cells. *BMC cancer*, *13*, 465.

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 is 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 use them 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 communicate 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_____

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, 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 M. Crown, Ph.D., FACPN, conference director for this educational activity, has no relevant financial relationships with ineligible companies* to disclose.

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

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

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. _____

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 course provides learners with effective communication strategies for delivering difficulty diagnosis. The focus is on patient and family-centered care strategies.

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

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

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

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

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

OLP Course Quiz Questions:

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: Fertility Options for Cancer Survivors

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

ORIGINAL RELEASE DATE: May 2019
REVIEW DATE: May 2022
COURSE EXPIRATION DATE: May 2022; May 2023

TARGET AUDIENCE: Breast Surgeons, General Surgeons, Reconstructive Surgeons, Obstetricians and Gynecologists, Oncologists, Medical Oncologists, Radiation Oncologists, Physiatrists, General Practitioners and all other interested healthcare professionals.

CONFERENCE DIRECTOR: Gladys L. Giron, M.D., FACS, Starr K. Mautner, M.D., Nicholas C. Lambrou, M.D., and John P. Diaz, M.D., FACOG

CME MANAGER: Eleanor Abreu (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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.*
Survival rates for many cancers have greatly improved and so have outcomes for fertility care over the past 20 years. Dr. Steven Ory will address available fertility options for cancer survivors in this course.

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

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☒Medical knowledge ☒Practice-based learning and improvement ☐Interpersonal and communication skills ☐Professionalism ☒Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☒Work in interdisciplinary teams

☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice
☒Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► Practitioners may not aware of advances in fertility preservation options for cancer 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)
► Future fertility potential should be an integral part of the Ob/Gyn counseling regarding the effect of aging on the natural decline in oocyte quantity and quality and potential effects of planned therapy in cancer patients. Practitioners discuss fertility preservation with patients before therapy to have a choice in their reproductive future

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): _____

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

Survival rates for many cancers have greatly improved *and so have outcomes for fertility care* over the past 20 years. Infertility and sterility are common sequelae of cancer and cancer therapy. Over 70,000 women are potentially exposed to sterilizing chemotherapy and radiotherapy every year.

Fertility preservation as a public health issue: an epidemiological perspective

Table 3 Incidence rates in 2008 and 5-year survival for select periods of the top 15 sites of cancer among women in the United States

	Age 15–39			5-Year survival (%)		
Site	Incidence per 100 000	Total incidence	Percentage of all cases at this site occurring at age 15–39	1975–1977	1987–1989	1999–2006
All cancers[a]	82.7	43 698	6.3	73.0	77.8	83.7
Breast	18.1	9542	5.2	75.2	79.9	86.9
Thyroid	16.8	8892	31.3	99.7	99.7	99.6
Melanoma of skin	10.4	5477	19.9	89.7	94.7	97.1
Cervix uteri	5.7	2997	27.1	86.4	81.5	83.2
Hodgkin lymphoma	3.7	1955	51.2	86.8	91.4	94.2
Non-Hodgkin lymphoma	3.3	1756	5.7	67.1	70.1	82.0
Colorectum	3.0	1610	2.2	58.5	61.2	69.0
Brain, nervous system	2.8	1475	14.7	52.7	62.2	69.5
Corpus uteri	2.8	1455	3.6	91.9	89.8	89.7
Leukemia	2.8	1470	7.7	36.2	51.9	71.4
Ovary	2.5	1316	6.1	66.3	70.8	73.2
Kidney	1.6	833	3.8	64.4	79.8	85.9
Lung	1.4	765	0.8	26.3	29.4	25.9
Lip, oral cavity	0.9	477	6.5	79.8	79.8	83.4
Stomach	0.6	303	3.6	20.4	34.6	37.2

Reproduced from: incidence rates [18] and survival [16]. Survival is for patients aged 0–44 at diagnosis.
[a] Excluding nonmelanoma skin cancers.

Bibliography

Murk, W., & Seli, E. (2011). Fertility preservation as a public health issue: an epidemiological perspective. *Current Opinion in Obstetrics and Gynecology,* 23(3), 143-150.

Homan, G. F., Davies, M., & Norman, R. (2007). The impact of lifestyle factors on reproductive performance in the general population and those undergoing infertility treatment: a review. *Human reproduction update*, 13(3), 209-223.

Donnez, J., Martinez-Madrid, B., Jadoul, P., Van Langendonckt, A., Demylle, D., & Dolmans, M. M. (2006). Ovarian tissue cryopreservation and transplantation: a review. *Human reproduction update*, 12(5), 519-535.

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 young adults facing the diagnosis of cancer and the implications of their disease and treatment on their fertility potential.
- List available options for preserving fertility potential prior to cancer treatment and their advantages and limitations.

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.)

Steven J. Ory, M.D.
Professor of Obstetrics and Gynecology
Herbert Wertheim College of Medicine,
Florida International University
Partner, IVF Florida
Infertility – Reproduction Endocrinology
Miami Cancer Institute

Steven J. Ory, M.D., faculty for this educational activity, has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Symposium Directors

Gladys L. Giron, M.D., has indicated that her spouse is a member of the speakers' bureau and a consultant with Stryker.

John P. Diaz, M.D., has indicated that he is a member of the speakers' bureau with AstraZeneca and a consultant with ConMed and Intuitive Surgical.

Nicholas C. Lambrou, M.D., has no relevant financial relationship with ineligible companies* to disclose.

Starr K. Mautner, M.D., has no relevant financial relationship with ineligible companies* to disclose.

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

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

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

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 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. _____

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.*

External: 718704
Provider: 2019IEM153

Course video: https://cdn.baptisthealth.net/cme/vol01/olp/Fertility_Options_4_29_19_BD.mp4

Course handout:
cmeonline.baptisthealth.net/sites/default/files/Fertility%20Options%20for%20Cancer%20Survivors.pdf

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**

Quiz

Quiz Questions - for Course Handout

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

CME ACTIVITY TITLE: Gastroenterology Update

ORIGINAL RELEASE DATE: March 2022
REVIEW DATE:
COURSE EXPIRATION DATE: March 2025

CREDIT HOUR(S) APPLIED FOR: 1.50 Cat. 1

TARGET AUDIENCE: Gastroenterologists, Radiologists, General Practitioners, Internal Medicine Physicians, Surgeons, Psychiatrists, Residents, Nurses, Nurse Practitioners, Dietitians, Clinical Pharmacists, Physician Assistants and all other interested healthcare professionals.

CONFERENCE DIRECTOR: Kenneth Rosenthal, M.D
CME MANAGER: Nina Doleyres (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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

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

OLP Course Planning:
External:
Provider: 2022IEM337

Course video: 1:30
https://cdn.baptisthealth.net/cme/vol01/olp/Non- Alcoholic Fatty Liver Disease & Gas and Bloating.mp4Course

Handout:
https://cmeonline.baptisthealth.net/sites/default/files/Dealing%20with%20Gas%20and%20Bloating.pdf

https://cmeonline.baptisthealth.net/sites/default/files/Nonalcoholic%20Fatty%20Liver%20Disease.pdf

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

This course provides attendees with relevant information regarding new developments in gastroenterology and new approaches to the management of gastrointestinal diseases.

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

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☐Patient care and procedural skills ☒Medical knowledge ☐Practice-based learning and improvement ☐Interpersonal and communication skills ☐Professionalism ☐Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☒Work in interdisciplinary teams ☒Employ evidence-based practice ☒Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☒Values/ethics for interprofessional practice ☒Roles/responsibilities ☒Interprofessional communication ☒Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*

► Practitioners caring for high-risk populations may not be fully aware of gastrointestinal disorders risk factors and demonstrate deficiencies in identifying appropriate treatment strategies and managing patients with these 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)
► Practitioners caring for high-risk populations are proficient in identifying gastrointestinal disorders risk factors, efficient treatment strategies, and management of patients with these 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 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/regional data
☐ New or updated policy/protocol
☐ Peer review data
☐ Regulatory requirement
☒ Research/literature review
☐ 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.*

Chey, W. D., Leontiadis, G. I., Howden, C. W., & Moss, S. F. (2017). ACG clinical guideline: treatment of Helicobacter pylori infection. *Official journal of the American College of Gastroenterology| ACG*, *112*(2), 212-239.

Goh, G. B. B., & McCullough, A. J. (2016). Natural history of nonalcoholic fatty liver disease. *Digestive diseases and sciences*, *61*(5), 1226-1233.

Pydyn, N., Miękus, K., Jura, J., & Kotlinowski, J. (2020). New therapeutic strategies in nonalcoholic fatty liver disease: A focus on promising drugs for nonalcoholic steatohepatitis. *Pharmacological Reports*, *72*(1), 1-12.

Feuerstein, J. D., Ho, E. Y., Shmidt, E., Singh, H., Falck-Ytter, Y., Sultan, S., ... & Weiss, J. M. (2021). AGA Clinical Practice Guidelines on the medical management of moderate to severe luminal and perianal fistulizing Crohn's disease. *Gastroenterology*, *160*(7), 2496-2508.

Bibliography

Lacy, B. E., Cangemi, D., & Vazquez-Roque, M. (2021). Management of chronic abdominal distension and bloating. *Clinical Gastroenterology and Hepatology*, *19*(2), 219-231.

Perez, F., Accarino, A., Azpiroz, F., Quiroga, S., & Malagelada, J.R. (2007). Gas Distribution Within the Human Gut: Effect of Meals. *The American Journal of Gastroenterology, 102*, 842-849.

Sanyal, A.J., Van Natta, M.L., Clark J. Neuschwander-Tetri, B.A., Diehl, A., Dasarathy, S., … & Tonascia, J. (2021). Prospective study of outcomes in adults with nonalcoholic fatty liver disease. New England Journal of Medicine, 385(17), 1550-1569.

Kanwal, F., Shubrook, J. H., Adams, L. A., Pfotenhauer, K., Wong, V. W. S., Wright, E., ... & Cusi, K. (2021). Clinical care pathway for the risk stratification and management of patients with nonalcoholic fatty liver disease. *Gastroenterology*, *161*(5), 1657-1669.

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:

- Differentiate between bloating, distension and flatulence.
- Describe the basic physiology of intestinal gas.
- List the common factors that contribute to bloating/distension and flatulence.
- Be able to recommend appropriate treatment strategies.
- Discuss the magnitude of fatty liver disease.
- Explain the natural history of fatty liver disease.
- Examine recent therapeutic 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.*
  Question: *How confident are you in your ability to:*
  - Identify at-risk populations for gastrointestinal conditions.

  ☐ 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.)

K. Rajender Reddy, M.D.
Founder's Professor of Medicine
Professor of Medicine in Surgery
Director of Hepatology
Director, Viral Hepatitis Center
Medical Director, Liver Transplantation
University of Pennsylvania

K. Rajender Reddy, M.D., faculty for this educational activity, indicated that he received grant/research support from Mallinckrodt, Exact Sciences, Bristol Myer Squibb and Grifols. Dr. Reddy is a consultant for Pfizer, Mallinckrodt and Sparks Therapeutics. He has also indicated that he has a relationship with Novartis DSMB.

Eamonn M. M. Quigley, M.D., FRCP, FACP, MACG, FRCPI, MWGO
David M. Underwood Chair of Medicine in Digestive Disorders
Co-director, Lynda K. and David M. Underwood Center for Digestive Disorders
Chief, Gastroenterology and Hepatology
Professor of Medicine, Institute of Academic Medicine, Houston Methodist Hospital
Professor of Medicine, Weill Cornell Medical College
Adjunct Professor of Medicine, Texas A&M Health Sciences Center College of Medicine
Adjunct Professor, School of Medicine, University College Cork

Eamonn M.M. Quigley, M.D., faculty for this educational activity, indicated that he is a member of the speakers' bureau for 4D Pharmaceuticals, Bioamerica and Vibrant. Dr. Quigley is a consultant for 4D Pharmaceuticals, Vibrant, Precisionbiotics, Novozymes, Salix and Allergan, and an adviser for Atlantia Foods.

Kenneth Rosenthal, M.D.
Gastroenterologist
Co-Chair BRRH CME Committee
Boca Raton Regional Hospital
Baptist Health South Florida

Kenneth Rosenthal, M.D., conference director for this educational activity, indicated that he is a member of the speakers' bureau for AbbVie Pharmaceuticals.

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

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

**Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing*

healthcare products used by or on patients.

ALL FINANCIAL RELATIONSHIPS: *List individuals in control of the content of this CME activity (other than faculty).*
Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.
Have all relevant financial interests been identified and 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. _____

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: March 4, 2022 **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**

Non-alcoholic Fatty Liver Disease: What Is New?	K. Rajender Reddy, M.D.	• Discuss the magnitude of fatty liver disease. • Explain the natural history of fatty liver disease. • Examine recent therapeutic strategies.	The incidence of nonalcoholic fatty liver disease (NAFLD) is continuing to rise worldwide, and it is estimated that this disquieting trend will continue for another 10-15 years before prevalence begins to decrease. NAFLD is the hepatic manifestation of metabolic syndrome. As obesity, diabetes, and other lifestyle-related diseases continue to rise, the spectrum of NAFLD, e.g., nonalcoholic steatohepatitis, liver fibrosis, liver cirrhosis, liver-related morbidity, and mortality, will increase in parallel. Its widespread prevalence and associated economic burden have drawn significant attention, and a multitude of pharmaceutical companies are participating in active research trying to find a "cure". Unfortunately, as of now, no targeted treatment exists to treat this condition, and therefore, emphasis has been on its prevention. It is important to understand the magnitude of NAFLD and its risk factors in Western countries where

			the prevalence of NAFLD has now reached epidemic proportions to identify the best strategy to prevent and possibly control this epidemic. https://pubmed.ncbi.nlm.nih.gov/31516266/ The evidence on the natural history, albeit with some ambiguity, suggests the potential for some subsets of NAFLD to progress to cirrhosis, liver-related complications and mortality with fibrosis being the most important predictor of hard long-term endpoints such as mortality and liver complications. In this setting, NAFLD proves to be a formidable disease entity, with considerable clinical burden, for both the present and the future. Our understanding of the natural history of NAFLD is constantly evolving, with nascent data challenging current dogma. Further clarification of the natural history is required with well-designed, well-defined studies using prospectively collected data. Identifying the predictors of long-term outcomes should be used to direct development of clinical trial endpoints in NAFLD. https://www.researchgate.net/publication/299343256_Natural_History_of_Nonalcoholic_Fatty_Liver_Disease. The prevalence of nonalcoholic fatty liver disease (NAFLD) is increasing worldwide. Globally, it is currently the most common liver disease and is estimated to affect up to 25% of the population. As the name implies, the main characteristic of NAFLD is excessive accumulation of fat in hepatocytes. NAFLD can range from relatively benign nonalcoholic fatty liver (NAFL) to the aggressive form called nonalcoholic steatohepatitis (NASH), characterized by both fatty liver and liver inflammation. Since NAFL and NASH are chronic diseases, without proper treatment, they may lead to life-threatening complications such as fibrosis, cirrhosis, liver cancer or liver failure. There is an urgent need for the development of new medical strategies for NAFLD patients. https://link.springer.com/article/10.1007/s43440-019-00020-1
Dealing with Gas and Bloating	Eamonn Quigley, M.D.	▪ Differentiate between bloating, distension and flatulence.	• Sperber AD, et al. Worldwide prevalence and burden of functional gastrointestinal disorders, results of

		▪ Describe the basic physiology of intestinal gas. ▪ List the common factors that contribute to bloating/distension and flatulence. ▪ Be able to recommend appropriate treatment strategies.	Rome Foundation study. Gastroenterology 2021;160:99-114. • Quigley EMM. Nutraceutical as modulators of gut microbiota: role in therapy. Br J Pharmacol 2020;177:1352-62. • Omer A, Quigley EMM. Carbohydrate maldigestion and malabsorption. Clin Gastroenterol Hepatol 2018;16:1197-9. • Quigley EMM, Murray J< Pimentel M. AGA clinical practice update on small intestinal bacterial overgrowth: expert review. Gastroenterology 2020;159:1526-32. • Malagelada JR, Accarino A, Azpiroz F. Bloating and abdominal distension: old misconceptions and current knowledge. Am J Gastroenterol 2017;112:1221-31.

OLP Course <u>Quiz Questions</u>:

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

CME ACTIVITY TITLE: Judaism and End-of-Life Dilemmas

ORIGINAL RELEASE DATE: March 2022
REVIEW DATE:
COURSE EXPIRATION DATE: March 2025

CREDIT HOUR(S) APPLIED FOR:

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 Viamonte-Ros, M.D., MPH
CONFERENCE COORDINATOR: Rose Allen, DNP, MSM/HM, R.N., CHPN, HEC-C, Director, Bioethics Program
CME MANAGER: Katie Deane (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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

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

OLP Course Planning:
External:
Provider: 2022IEM336

Course video:

Course handout:

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*
Rapid changes and advancements in medical science, technology and the delivery of healthcare have all contributed to end of life becoming a medical event requiring physicians, patients and family members to make complex and challenging decisions. Rabbi David Albert discuss how Judaism approaches and addresses some of these very challenging end-of-life decisions.

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

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☐Medical knowledge ☐Practice-based learning and improvement ☒Interpersonal and communication skills ☒Professionalism ☐Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☐Work in interdisciplinary teams ☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☒Values/ethics for interprofessional practice ☐Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*

► Culturally competent medical care for the dying patient by families and health care professionals is a challenging task especially when religious values, practices, and beliefs influence treatment decisions for patients at the end of life. (https://www.liebertpub.com/doi/abs/10.1089/jpm.2010.0088)

► Jewish ethics is based on religious law, called Halacha. Many Halachic scholars perceive withholding nourishment in end of life, even enterally, as hastening death. This reflects the divide they perceive between allowing a fatal disease to naturally run its course until an individual's vitality (life force or viability) is lost versus withholding nourishment for the vitality that still remains. The latter they maintain introduces a new cause of death. Nevertheless, coercing an individual to accept enteral nourishment is generally considered undignified and counterproductive. (https://journals.sagepub.com/doi/abs/10.1177/0969733014538891)

► Physicians and other healthcare professionals may not be fully knowledgeable about Jewish religious laws at end-of-life.

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 healthcare professionals effectively identify and address ethical issues that affect Jewish values and beliefs in order to provide optimum end-of-life care to the Jewish patient.

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): BHSF Bioethics Program Requested

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

► Greenberger, C. (2015). Enteral nutrition in end of life care: The Jewish Halachic ethics. *Nursing ethics*, *22*(4), 440-451.
► Steinberg, A., & Rosner, F. (2003). Encyclopedia of Jewish medical ethics. *Feldheim, Jerusalem*, 695-711.
► Lamm, M., & Kinzbrunner, B. M. (2006). The Jewish hospice manual. N. Woodmere, NY: National Institute for Jewish Hospice.

Bibliography

Desilver, D. (2013). Jewish essentials: For most American Jews, ancestry and culture matter more than religion. Pew Research Center.

Pew Research Center ACooperman@ pewresearch. org. (2017). A portrait of American Orthodox Jews: A further analysis of the 2013 survey of US Jews. American Jewish Year Book 2016: The Annual Record of North American Jewish Communities, 9-29.

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 how Jewish law approaches the four cardinal values of secular medical ethics.
- Identify key scriptural texts that inform Jewish bioethics.
- Recognize how Judaism informs end-of-life decision making.
- Provide care that is appropriate and sensitive to the Jewish patient's spiritual and ethical beliefs.

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

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
  ☐ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*
  Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*
☐ Changes in performance. **Evaluation method:**
  ☐ Follow-up Survey *Provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity.*
  ☐ Commitment to Change **(ETHOS OBJECT)**
☐ Changes in patient outcomes. **Evaluation method:** Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
☐ Other_____

Commendation Criteria Required Evaluation

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

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

procedural skills

FACULTY: (Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.)
Rabbi David Albert
Senior Staff Chaplain
Pastoral Care Department
South Miami Hospital

Conference Director
Ana Viamonte-Ros, M.D., MPH
Medical Director, Palliative Care and Bioethics Department
Baptist Health South Florida
Associate Dean for Women in Medicine and Science
Associate Professor, Department of Health, Humanities and Society
Herbert Wertheim College of Medicine, Florida International University

Due to the nonclinical nature of the content discussed, the speaker and conference director have no relevant financial relationships to disclose.

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.

Non-clinical content: All activities that are considered non-clinical must be vetted by the Department Director. If there is no *opportunity* to affect the content of CME concerning the products or services of a commercial interest, then there can be **no relevant financial relationships or conflicts of interest**. Both the following statements **must apply**. *Reference SOP "Disclosures for Activities with Non-Clinical Content" for further instructions and necessary steps to ensure compliance.*
☒ CME Activity content is not related to products or services of commercial interests.
☒ CME Activity content is non-clinical.

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. 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.

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

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

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

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

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

OLP Course Quiz Questions:

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

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

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

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

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

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

***Interprofessional Planning Team**:

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

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

OLP Course Planning:
External:
Provider: 2022IEM333

Course video:

Course handout:

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

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☒Medical knowledge ☒Practice-based learning and improvement ☐Interpersonal and communication skills ☐Professionalism ☒Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☐Work in interdisciplinary teams ☐Employ evidence-based practice ☒Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice ☐Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

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

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

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

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

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

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

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

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

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

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

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

Bibliography
See below.

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

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

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

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
  ☐ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*
  Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*
☐ Changes in performance. **Evaluation method:**
  ☐ Follow-up Survey *Provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity.*
  ☐ Commitment to Change **(ETHOS OBJECT)**
☐ Changes in patient outcomes. **Evaluation method:** Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
☐ Other_____

Commendation Criteria Required Evaluation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OLP Course Quiz Questions:
See individual courses…

Topic	Speaker	Learning Objective	Bibliography
Innovative Therapies and Radiosurgery in Brain Metastasis 1 cat. 1	Manmeet Ahluwallia, M.D.	• Identify the role of genetics in outcomes in brain metastases. • Summarize the role of targeted therapy in brain metastases.	• Shaw, A. T., Bauer, T. M., de Marinis, F., Felip, E., Goto, Y., Liu, G., ... & Solomon, B. J. (2020). First-line lorlatinib or crizotinib in advanced ALK-positive lung cancer. *New England Journal of Medicine,* 383(21), 2018-2029.

		• Describe the role of immunotherapy in brain metastases.	• Goldberg, S. B., Schalper, K. A., Gettinger, S. N., Mahajan, A., Herbst, R. S., Chiang, A. C., ... & Kluger, H. M. (2020). Pembrolizumab for management of patients with NSCLC and brain metastases: long-term results and biomarker analysis from a non-randomised, open-label, phase 2 trial. *The Lancet Oncology*, 21(5), 655-663. • Camidge, D. R., Kim, H. R., Ahn, M. J., Yang, J. C. H., Han, J. Y., Lee, J. S., ... & Popat, S. (2018). Brigatinib versus crizotinib in ALK-positive non–small-cell lung cancer. *New England Journal of Medicine,* 379(21), 2027-2039.
Overview - Despite advances in multimodality management of brain metastases, local progression following stereotactic radiosurgery (SRS) can occur. Often, surgical resection is favored, as it frequently provides immediate symptom relief as well as pathological characterization of any residual tumor. During this course, Dr. Manmeet S. Ahluwalia will discuss and analyze the innovative therapies and radiosurgery available when treating patients with brain metastasis.			
Preoperative Stereotactic Radiosurgery (SRS) vs. Postoperative SRS 0.75 Cat. 1	Martin C. Tom, M.D.	• Discuss the epidemiology of brain metastasis. • Assess the role of surgery in brain metastasis. • Summarize the role of adjunctive whole-brain radiotherapy (WBRT) for resected brain metastasis. • Compare the pros and cons of postoperative stereotactic radiosurgery (SRS). • Compare the pros and cons of preoperative SRS for resected brain metastasis.	• Nguyen, E. K., Nguyen, T. K., Boldt, G., Louie, A. V., & Bauman, G. S. (2019). Hypofractionated stereotactic radiotherapy for intracranial meningioma: a systematic review. *Neuro-oncology practice*, 6(5), 346-353. • Patel, K. R., Burri, S. H., Asher, A. L., Crocker, I. R., Fraser, R. W., Zhang, C., ... & Prabhu, R. S. (2016). Comparing preoperative with postoperative stereotactic radiosurgery for resectable brain metastases: a multi-institutional analysis. *Neurosurgery*, 79(2), 279-285. • Redmond, K. J., Gui, C., Benedict, S., Milano, M. T., Grimm, J., Vargo, J. A., ... & Kleinberg, L. R. (2021). Tumor control probability of radiosurgery and fractionated stereotactic radiosurgery for brain metastases. *International Journal of Radiation*

			Oncology Biology* Physics*, 110(1), 53-67.
Overview - Brain metastasis is one of the most common neurologic complications of cancer. Dr. Tom will discuss the role of surgery in brain metastasis, as well as provide participants with an understanding of the role of adjunctive whole-brain radiotherapy for resected brain metastasis.			
Radiosurgery for Brain Metastases: Pushing the Upper Limits Credits 1 cat. 1 Hidden from search	Dr. Carolina Benjamin	• Determine the desired radiosurgical effect in brain metastases cases. • Appropriately select patients who would benefit from radiosurgery, drug therapy or whole-brain radiotherapy for brain metastases. • Identify patient cases where radiosurgery for leptomeningeal disease is recommended. • Recognize the upper limit on # tumors for radiosurgery.	• Brown, P. D., Ahluwalia, M. S., Khan, O. H., Asher, A. L., Wefel, J. S., & Gondi, V. (2018). Whole-Brain Radiotherapy for Brain Metastases: Evolution or Revolution? [Journal Article Review]. *J Clin Oncol*, *36*(5), 483-491. • Magnuson, W. J., Lester-Coll, N. H., Wu, A. J., Yang, T. J., Lockney, N. A., Gerber, N. K., ... & Chiang, V. L. (2017). Management of brain metastases in tyrosine kinase inhibitor–naïve epidermal growth factor receptor–mutant non–small-cell lung cancer: a retrospective multi-institutional analysis. *Journal of clinical oncology*, *35*(10), 1070-1077. • Wolf, A., Zia, S., Verma, R., Pavlick, A., Wilson, M., Golfinos, J. G., ... & Kondziolka, D. (2016). Impact on overall survival of the combination of BRAF inhibitors and stereotactic radiosurgery in patients with melanoma brain metastases. *Journal of neuro-oncology*, *127*(3), 607-615.
Overview – per Marie, not needed			
Management of Large AVMS: Radiosurgical Treatment Using Volume-Staged Approach Credits: TBD	Michael W. McDermott, M.D.	Find out if this is objective: Compare the two eras of Volume-Staged-Gamma Knife Radiosurgery for Arteriovenous Malformations greater than 10 ml.	Seymour, Z.A., Sneed, P. K., Gupta, N., Lawton, M. T., Molinaro, A. M., Young, W., ... & McDermott, M. W. (2016). Volume-staged radiosurgery for large arteriovenous malformations: an evolving paradigm. *Journal of neurosurgery*, *124*(1), 163-174. Seymour, Z. A., Chan, J. W., Sneed, P. K., Kano, H., Lehocky, C. A., Jacobs, R. C., ... & McDermott, M.

			W. (2020). Dose response and architecture in volume staged radiosurgery for large arteriovenous malformations: a multi-institutional study. *Radiotherapy and Oncology*, *144*, 180-188 El-Shehaby, A. M., Reda, W. A., Karim, K. M. A., Eldin, R. M. E., Nabeel, A. M., & Tawadros, S. R. (2019). Volume-staged Gamma Knife radiosurgery for large brain arteriovenous malformation. *World Neurosurgery*, *132*, e604-e612
Impact of MRI Timing on Tumor Volume and Anatomic Displacement for Brain Metastases Undergoing Stereotactic Radiosurgery 1.0 cat. 1 Hidden from search	Tugce Kutuk, M.D. D. Jay Wieczorek, Ph.D.	• Utilize MRI to assess the size of lesions to determine treatment plans. • Implement the metrics used in assessing plan quality in Gamma Knife® treatment strategies.	Badam RK, Chowdary S, Kondamari SK, Kotha SK. Gamma knife radiosurgery: Making lives merrier for refractory trigeminal neuralgia. J NTR Univ Health Sci 2016;5:169-72. Lawrence, Y. R., Li, X. A., El Naqa, I., Hahn, C. A., Marks, L. B., Merchant, T. E., & Dicker, A. P. (2010). Radiation dose–volume effects in the brain. International Journal of Radiation Oncology* Biology* Physics, 76(3), S20-S27. Salkeld, A.L., Hau, E.K., Nahar, N., Sykes, J.R., Wang, W., & Thwaites, D.I. (2018). Changes in brain metastasis during radiosurgical planning. International Journal of Radiation Oncology* Biology* Physics, 102(4), 727-733. Seymour, Z. A., Fogh, S. E., Westcott, S. K., Braunstein, S., Larson, D. A., Barani, I. J., ... & Sneed, P. K. (2015). Interval from imaging to treatment delivery in the radiation surgery age: how long is too long?. International Journal of Radiation Oncology* Biology* Physics, 93(1), 126-132.
Brain metastases affect up to 30% of all cancer patients and are the most common neurological complication of cancer. Lung cancer, breast cancer, kidney cancer and melanoma are the most common primary tumors that metastasize to the brain. Prognosis with this diagnosis is still considered to be poor; however, subsets of patients can be identified based on prognostic factors who can live well beyond expectations and several years beyond diagnosis with limited brain metastases. During this conference Dr. Tugce Kutuk will discuss the basic principles of stereotactic radiosurgery and explain his clinical experience at Miami Cancer Institute.			

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

CME ACTIVITY TITLE: Miami Cancer Institute – Lung Cancer

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

CREDIT HOUR(S) APPLIED FOR: 2.75 Cat. 1

TARGET AUDIENCE: Internists, Hospitalists, General Practitioners, Pulmonologists, General Surgeons, Thoracic Surgeons, Obstetricians and Gynecologists, Oncologists, Radiation Oncologists, Nurses, Social Workers, Patient Navigators and all other interested healthcare professionals.

CONFERENCE DIRECTOR: Mark Dylewski, M.D.
CME MANAGER: Eleanor Abreu (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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

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

OLP Course Planning:
External:
Provider: 2022IEM325

Course video:

Course handout:

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*
The state of knowledge regarding multimodality treatment for lung cancer is continually changing and it is important for surgeons, medical oncologists, radiation oncologists and pulmonologist to stay up to date on the latest recommendations for the management of the disease. Dr. Mark Dylewski and the distinguished faculty from Miami Cancer Institute and Lynn Cancer Institute will discuss new advances in the management of lung cancer.

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☒Medical knowledge ☒Practice-based learning and improvement ☐Interpersonal and communication skills ☐Professionalism ☐Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☒Work in interdisciplinary teams ☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice ☐Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► The current state of knowledge regarding multi-modality treatment for lung cancer is continually changing and it is important for surgeons, medical oncologists, radiation oncologists and pulmonary medical professionals to state up-to-date on the latest recommendations for the management of lung cancer. The use of minimally invasive surgery with either the traditional VATS approach or the latest robotic technology has changed the paradigm of lung cancer patients. With the new technology, patient who were once felt to be too high-risk, for surgery can be offered lifesaving, curable surgery. The new technology allows patients to return home much sooner and return to normal activity far earlier than in the past. The program will also demonstrate the role of chemotherapy and immunotherapy as well as radiation in the preoperative setting and in the adjuvant setting for patients with advanced lung cancer. The program will also review the latest developments in the patients' preoperative evaluation for pulmonary nodules.

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

DESIRED OUTCOMES (GOAL): *Answer one or more of the following questions*: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? Identified "pearls" as actionable items by the Conf. Director and/or Speaker (C3)
► The program will review the state of the art for the evaluation and treatment of early-stage and more advanced stage lung cancer using diagnostic tools as well and multi-modality therapy in order to improve the patient's opportunity for curative surgical resection and improved long-term survival.

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.*

First-line (1L) immunotherapy (I-O) has improved outcomes in patients with advanced non-small cell lung cancer (NSCLC) in clinical trials and is now routinely used alone or combined with chemotherapy. Although efficacy and safety of I-O therapies have been established in clinical trials, little is known about their performance and long-term efficacy in the real-world setting. We aimed to characterize real-world outcomes for patients with advanced NSCLC treated with 1L I-O therapy in the United States.

Survival estimates were generally lower than those reported in pivotal clinical trials. These findings indicate that there remains room for improvement of real-world survival outcomes in patients with advanced NSCLC who receive 1L I-O-based regimens and for identification of subgroups of patients not benefitting from treatment with current I-O regimens.

Lung Cancer. 156:41-49, 2021 06.

https://ovidsp.dc2.ovid.com/ovid-b/ovidweb.cgi?&S=KMELFPBBPLEBGLCPJPOJDFBHCIJPAA00&Complete+Reference=S.sh.24%7c5%7c1&Counter5=SS_view_found_complete%7c33894493%7cmedf%7cmedline%7cmed18&Counter5Data=33894493%7cmedf%7cmedline%7cmed18

Bibliography

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:

- Develop selective strategies for determining the appropriate extent of resection for individual patients.
- Assess the outcomes of patients experiencing complications after robotic pulmonary resection.
- Identify treatment-related factors associated with an increased risk of major complications.
- Identify the benefits of robotic intervention versus thoracotomy or conventional VATS techniques.
- Describe the morbidity and mortality rates of complete resection associated with robotic surgery in the treatment of lung cancer.
- Identify the principles of stereotactic body radiotherapy for early-stage non-small cell lung cancer.
- Analyze and assess outcomes for nonoperative management of locally advanced non-small cell lung cancer.
- Accurately assess and execute a thorough workup of a solitary lung nodule.
- Differentiate and evaluate treatment approaches of a lung nodule versus sampled nodule and when to proceed with surgical resection.
- Evaluate bronchoscopic techniques, radial endobronchial ultrasound, navigation bronchoscopy, electromagnetic navigation and robotic platforms.
- Describe results of recent clinical trials that combine targeted therapies with chemotherapy.
- Implement strategies that optimize therapeutic decisions for patients based on individual molecular, genomic and clinical features.
- Analyze current strategies and standard of care for proper pretreatment of molecular and PDL-1 testing.
- Execute appropriate treatment with immunotherapy and chemotherapy for patients with advanced non-small cell lung cancer.
- Integrate gene mapping into professional practice updates when treating lung cancer.
- Identify the most effective treatment plan as a result of gene mapping.

- Identify new treatments for resectable lung 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 confident are you in your ability to implement this/these strategy/ies: (list "pearls")*

- Identify the benefits of robotic intervention versus thoracotomy or conventional VATS techniques.
- Identify the principles of stereotactic body radiotherapy for early-stage non-small cell lung cancer.
- Differentiate and evaluate treatment approaches of a lung nodule versus sampled nodule and when to proceed with surgical resection.

☐ 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.)

Federico Albrecht, M.D.
Thoracic Oncology
Miami Cancer Institute
Miami, Florida

Federico Albrecht, M.D., faculty for this educational event, is on the speakers' bureau for Lily Pharmaceutical, Guardant Health Lab and Boehringer Ingelheim. He is also an adviser for GI Therapeutic and Sanofi. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

John F. DeRosimo, M.D.
Thoracic Surgery
Miami Cancer Institute
Miami, Florida

John F. DeRosimo, M.D., faculty for this educational event, has individual stocks/stock options in Intuitive Surgical, Novo-Nordis, Ampio Pharmaceuticals, Cytodyne and Heat Biologics, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Mark Dylewski, M.D.
Chief of General Thoracic Surgery
Medical Director of Thoracic Robotic Surgery
Chairman of Thoracic Surgical Oncology
Miami Cancer Institute
Miami, Florida

Mark Dylewski, M.D., conference director for this educational event, is on the speakers' bureau for Intuitive Surgical, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Paul Kaywin, M.D.
Thoracic Medical Oncologist
Miami Cancer Institute
Miami, Florida

Paul Kaywin, 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.

Rupesh Kotecha, M.D.
Director of CNS Metastasis Program
Chief of Radiosurgery
Department of Radiation Oncology
Miami Cancer Institute
Miami, Florida

Rupesh Kotecha, M.D., faculty for this educational event, has received honorariums from Elekta AB, Accuray, ViewRay and Elsevier. He has also received research support from Medtronic, Blue Earth Diagnostics, Novocure, Exelixis, GT Medical, AstraZeneca and ViewRay. He is on the speakers' bureau for Novocure and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Matthen Mathew, M.D.
Hematologic Oncology
Boca Raton Regional Hospital
Boca Raton, Florida

Matthen Mathew, 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.

John R. Roberts, M.D.
Thoracic Surgery
Lynn Cancer Institute
Boca Raton, Florida

John R. Roberts, M.D., faculty for this educational event, is a consultant with Scott Flora Consulting and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Andres F. Sosa, M.D.
Pulmonary and Critical Care Medicine
Miami Pulmonary Specialists
Miami, Florida

Andres F. Sosa, M.D., faculty for this educational event, is on the speakers' bureau for GSK and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Raul R. Valor, M.D.
Clinical Assistant Professor
Herbert Wertheim College of Medicine
Florida International University
Chief, Department of Medicine
Baptist Hospital of Miami
Miami, Florida

Raul R. Valor, M.D., faculty for this educational event, is on the speakers' bureau for GSK, Boehringer and AstraZeneca and is a consultant with Olympus. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

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

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

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

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

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

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

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

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

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

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

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

OLP Course Quiz Questions:

Courses
Minimally Invasive Surgery in the Treatment of Lung Cancer
John Roberts, M.D.

The ABC's of Robotic-Assisted Pulmonary Resection
John De Rosimo, M.D.

Robotic Assisted Pulmonary Resection: Management of Locally Advanced Lung Cancer and Complex Pulmonary Malignancies
Mark Dylewski, M.D.

Treatment of Early-Stage and Advanced Lung Cancer: The Role of Ablative Technology
Rupesh Kotecha, M.D.

Evaluation of Pulmonary Nodules: Advanced Diagnostic Bronchoscopy
Andres Sosa, M.D.

Therapeutic Bronchoscopy for the Treatment of Lung Cancer
Raul Valor, M.D.

Treatment of Advanced-Stage Lung Cancer with Traditional Chemotherapy and The Role of Immunotherapy
Paul Kaywin, M.D.

Treatment of Advanced Non-small Cell Lung Cancer (NSCLC) with Targeted Therapies
Matthen Mathew, M.D.

Update on the Role of Neoadjuvant Therapy: Defining the Role Immunotherapy for Surgically Resectable Lung Cancer
Frederico Albrecht, M.D.

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

CME ACTIVITY TITLE: Miami Cancer Institute – New Advances in the Management of Pancreatic Cancer

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

CREDIT HOUR(S) APPLIED FOR: 1.75 Cat. 1

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

CONFERENCE DIRECTOR: Ripal Gandhi, M.D.
CME MANAGER: Eleanor Abreu (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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

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

OLP Course Planning:
External:
Provider: 2022IEM327

Course video:

Course handout:

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*
Pancreatic cancer is a malignancy with poor prognosis and high mortality. The risk factors can be categorized as those related to individual characteristics, lifestyle and environment, and disease status. During this conference, a panel of experts that includes Dr. Domenech Asbun, Dr. Horacio Asbun, Dr. Michael Chuong, Dr. Ripal Gandhi, Dr. Ramon Jimenez, Dr. Govindarajan Narayanan and Dr. Fernando de Zarraga, will examine recently published trial data and review their implications for unresectable locally advanced pancreatic cancer 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 <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► There have been several advances in the management of pancreatic cancer including newer systemic therapies, minimally invasive surgical options, and novel therapeutics such as specialized external beam radiation, irreversible electroporation, and intra-arterial chemotherapy administration. It is important for physicians to understand the pancreatic cancer treatment pathway which is evolving and novel therapies available to 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)
► Following attending this conference, participants should be able to understand the appropriate imaging modalities and treatment algorithm including assessment, treatment, and follow-up of patients. They will better understand the various treatment modalities including innovative therapies only available as a part of a clinical trial and the evidence. Finally, participants will better understand the unique multidisciplinary approach for pancreatic cancer patients at Miami Cancer Institute.

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.*

Pancreatic Cancer (PC), even in the absence of metastatic disease, has a dismal prognosis. One-third of them are borderline resectable (BRPC) or locally advanced unresectable PC (LAUPC) at diagnosis. There are limited prospective data supporting the best approach on these tumours. Neoadjuvant chemotherapy (ChT) is being increasingly used in this setting. A neoadjuvant approach in BRPC and LAUPC was well tolerated and allowed a curative resection in 38.8% of them with a potential improvement on overall survival.

Esmo Open. 5(6):e000929, 2020 11.
https://ovidsp.dc2.ovid.com/ovid-b/ovidweb.cgi?&S=HNNNFPIDBNEBHLCBJPOJAGBFPLDMAA00&Complete+Reference=S.sh.49%7c4%7c1&Counter5=SS_view_found_complete%7c33229503%7cmedf%7cmedline%7cmedl&Counter5Data=33229503%7cmedf%7cmedline%7cmedl

Bibliography

Dutcher, J. S., Asbun, D., Tice, M. P., Asbun, H. J., & Stauffer, J. A. (2021). Updated outcomes using clockwise technique for laparoscopic distal pancreatectomy: Optimal treatment of benign and malignant disease of the left pancreas. *Laparoscopic, Endoscopic and Robotic Surgery*, *4*(1), 9-13

Von Hoff, D. D., Ervin, T., Arena, F. P., Chiorean, E. G., Infante, J., Moore, M., ... & Renschler, M. F. (2013). Increased survival in pancreatic cancer with nab-paclitaxel plus gemcitabine. *New England Journal of Medicine*, *369*(18), 1691-1703.

Iacobuzio-Donahue, C. A., Fu, B., Yachida, S., Luo, M., Abe, H., Henderson, C. M., ... & Laheru, D. (2009). DPC4 gene status of the primary carcinoma correlates with patterns of failure in patients with pancreatic cancer. *Journal of clinical oncology*, *27*(11), 1806.

Chuong, M. D., Bryant, J., Mittauer, K. E., Hall, M., Kotecha, R., Alvarez, D., ... & Gutierrez, A. N. (2021). Ablative 5-fraction stereotactic magnetic resonance–guided radiation therapy with on-table adaptive replanning and elective nodal irradiation for inoperable pancreas cancer. *Practical Radiation Oncology*, *11*(2), 134-147.

Rudra, S., Jiang, N., Rosenberg, S. A., Olsen, J. R., Roach, M. C., Wan, L., ... & Lee, P. P. (2019). Using adaptive magnetic resonance image-guided radiation therapy for treatment of inoperable pancreatic cancer. *Cancer medicine*, *8*(5), 2123-2132.

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:

- Examine recently published trial data and review their implications for unresectable locally advanced pancreatic cancer care.
- Identify and recognize new clinical data that support total neoadjuvant therapy in pancreatic cancer.
- Recognize the need for gastrointestinal follow-up for pancreatic cancer patients.

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

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
☒ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*
Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*

- Provide an update on recently published trial data and review the implications to unresectable locally advanced pancreatic cancer care?

- Identify and recognize new clinical data that supports total neoadjuvant therapy in pancreatic cancer?
- Recognize the need for gastrointestinal follow-up for pancreatic cancer patients?

☐ 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.)

Domenech Asbun, M.D.
Hepatobiliary and Pancreatic Surgery
Miami Cancer Institute
Miami, Florida

Ramon E. Jimenez, M.D.
Surgical Oncology
Sarcoma and Connective Tissue Surgical Oncology
Miami Cancer Institute

Domenech Asbun, M.D., and **Ramon E. Jimenez, M.D.,** faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose and have indicated that the presentations or discussions will not include off-label or unapproved product usage.

Horacio J. Asbun, M.D.
Chief of Hepatobiliary & Pancreatic Surgery
Baptist Health Medical Group, Miami Cancer Institute, Baptist Health South Florida

Horacio J. Asbun, M.D., faculty for this educational event, is a consultant with Johnson & Johnson, Boston Scientific and Olympus, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Michael Chuong, M.D., FACRO
Medical & Clinical Research Director
GI Service Lead, Dept. of Radiation Oncology, Miami Cancer Institute
Associate Professor, Vice Chair of Research and Education
Florida International University

Michael Chuong, M.D., FACRO, faculty for this educational activity, is a researcher for ViewRay, Novocure and AstraZeneca; a consultant and adviser for ViewRay; an adviser for Advanced Accelerator Applications; and a member of the speakers' bureau for ViewRay, Elekta and Sirtex. Dr. Chuong has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Fernando de Zarraga, M.D.
Medical Oncologist/Hematologist
Miami Cancer Institute

Fernando de Zarraga, M.D., faculty for this educational activity, is a member of the speakers' bureau for Ipsen and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Ripal Gandhi, M.D.
Miami Cancer Institute and Miami Cardiac & Vascular Institute
Associate Clinical Professor, Florida International University Herbert Wertheim College of Medicine
Associate Clinical Professor, University of South Florida School of Medicine

Ripal Gandhi, M.D., conference director and faculty for this educational activity, is a consultant for Sirtex, Medtronic, BD, Cordis and TriSalus Life Sciences, and has indicated that the presentation or discussion will include off-label or unapproved product usage.

Govindarajan Narayanan, M.D.
Chief of Interventional Oncology
Baptist Health South Florida
Professor of Radiology
Florida International University Herbert Wertheim College of Medicine

Govindarajan Narayanan, M.D., faculty for this educational activity, is a consultant with Angiodynamics, Varian, Boston Scientific, Stryker and Guerbet, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

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

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

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

ALL FINANCIAL RELATIONSHIPS: *List individuals in control of the content of this CME activity (other than faculty).*
Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.
Have all relevant financial interests been identified and 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. _____

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

AGENDA

Welcome and Introduction
Horacio Asbun, M.D. and Ripal Gandhi, M.D.

Update in the Treatment of Pancreatic Cancer
Fernando de Zarraga, M.D.

Advances in Surgery for Pancreatic Cancer
Panel Discussion:
Domenech Asbun, M.D., Horacio Asbun, M.D. and Ramon Jimenez, M.D.

MR – Guided Radiation Therapy for Pancreas Cancer
Michael Chuong, M.D.

IRE for Pancreatic Cancer
Govindarajan Narayanan, M.D.

Potential Future Innovative Strategy for Pancreatic Cancer: Intra-Arterial Chemotherapy
Ripal Gandhi, M.D.

Questions and Answers

OLP Course Quiz Questions:

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

CME ACTIVITY TITLE: Nicotine Addiction and Smoking Cessation

ORIGINAL RELEASE DATE: April 2019
REVIEW DATE: March 2022
COURSE EXPIRATION DATE: April 2022, April 2025

CREDIT HOUR(S) APPLIED FOR: 0.75 Cat. 1

TARGET AUDIENCE: Primary Care Physicians, Internal Medicine Physicians, Ob/Gyns and Physician Assistants.

CONFERENCE DIRECTOR: J. Arturo Fridman, M.D.
CME MANAGER: Marie Vital Acle, MPH**,** MCHES

***Interprofessional Planning Team**:

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

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

OLP Course Planning:
External: 716618
Provider: 2019IEM149

Course video: https://cdn.baptisthealth.net/cme/vol01/olp/Smoking_Cessation_4_12_18_BD.mp4

Course handout:
cmeonline.baptisthealth.net/sites/default/files/Nicotine%20Addiction%20and%20Smoking%20Cessation_1.pdf

COURSE DESCRIPTION: *This short summary will be used on course shell. Please note that keyword searches will pull from this description.*
Smoking continues to be a major public health concern. Smoking cessation programs need to have a multidisciplinary approach. Pharmacologic aids for smoking cessation are helpful and must be considered as part of the combined treatment plan that includes behavioral interventions. Learn strategies to encourage smoking cessation in your patients and support them throughout their cessation journey with Dr. Javier Pérez-Fernández.

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

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☐Medical knowledge ☐Practice-based learning and improvement ☒Interpersonal and communication skills ☐Professionalism ☐Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☐Work in interdisciplinary teams ☒Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice ☐Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► Smoking incidence both locally and nationally remains high. Practitioners may not be familiar with cessation intervention techniques or may not be comfortable with implementing these strategies in their clinical practice.

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

DESIRED OUTCOMES (GOAL): *Answer one or more of the following questions*: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? Identified "pearls" as actionable items by the Conf. Director and/or Speaker (C3)
► Practitioners familiarize themselves with smoking cessation evidence-based strategies and implement these consistently in their 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)

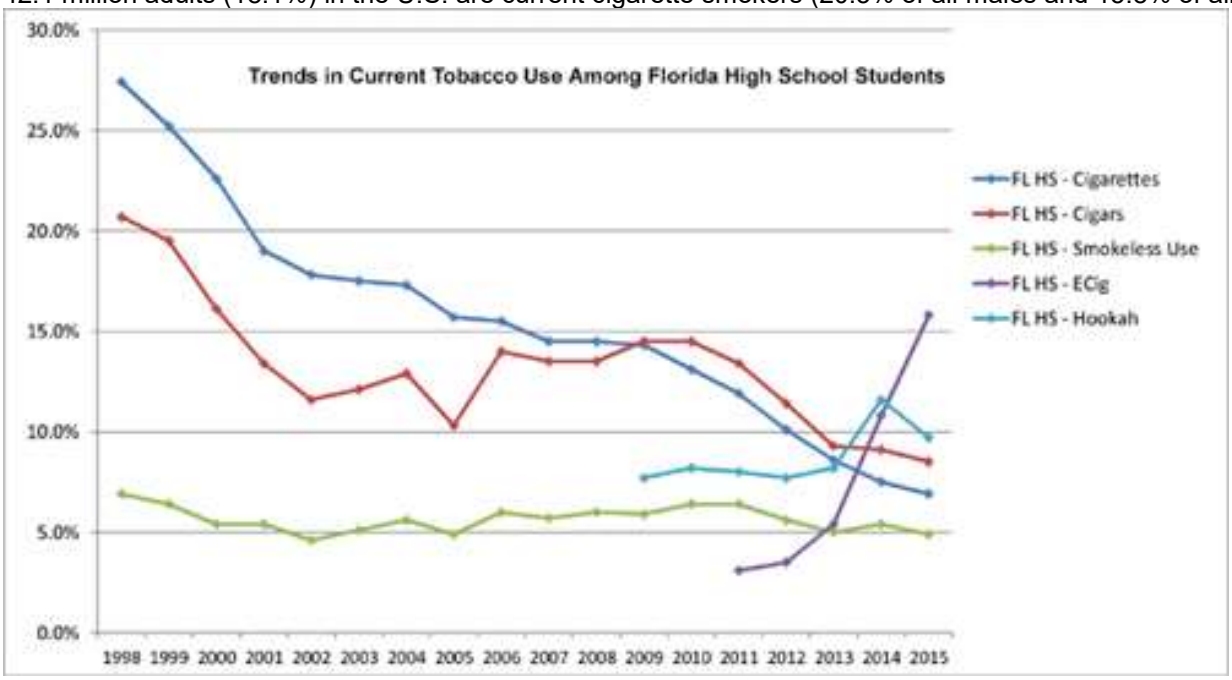
NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? *(Check all that apply and explain below.)*

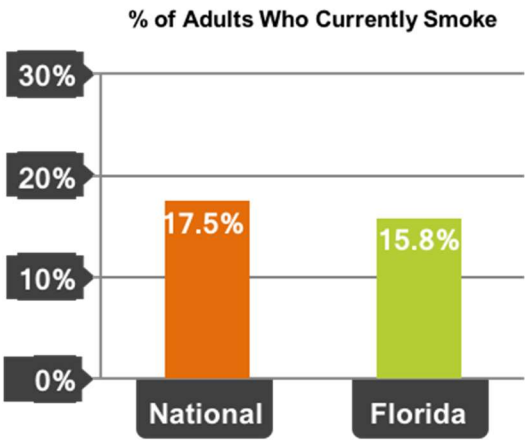
☐ Best practice parameters	☐ Consensus of experts
☐ Disease prevention **(C12)**	☐ Joint Commission initiatives **(C12)**
☐ Mortality/morbidity statistics	☐ National Patient Safety Goals
☐ National/regional data	☐ New diagnostic/therapeutic modality **(C12)**

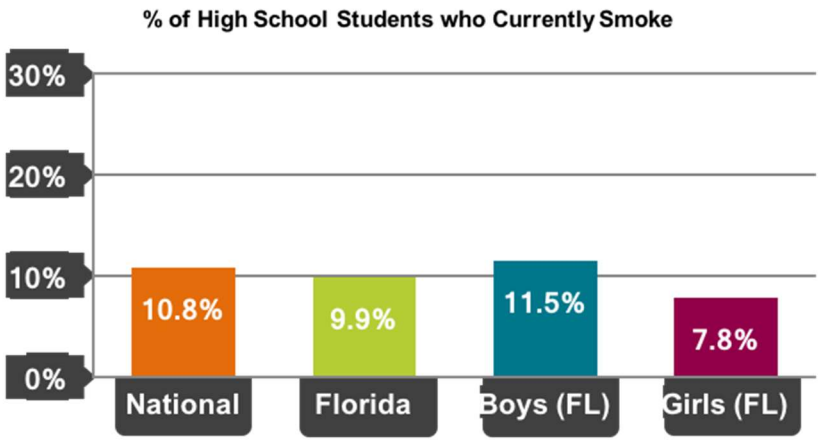
☐ New or updated policy/protocol
☐ Peer review data
☐ Regulatory requirement
☒ Research/literature review
☐ Patient care data
☐ Process improvement initiatives **(C16 & 21)**
☐ Other need identified (Explain): _____

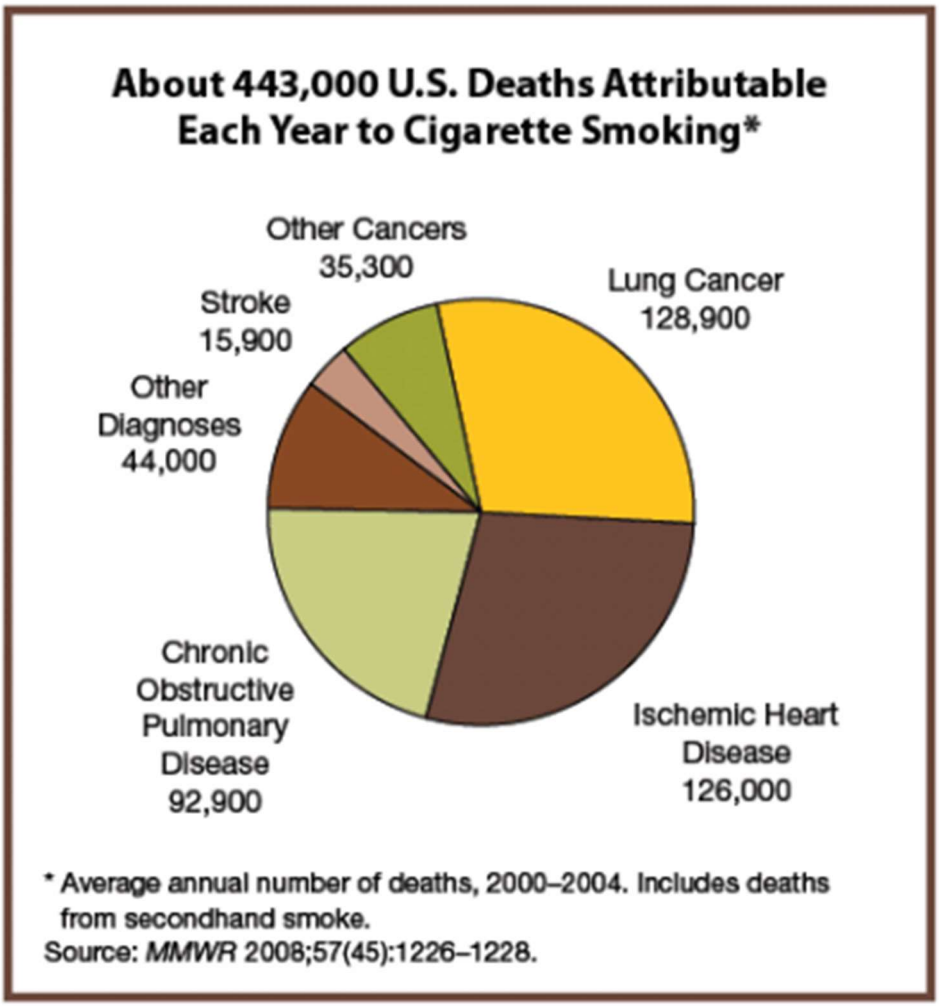
REFERENCES supporting the current practice and/or the optimal practice and/or practice gap. *COE Dashboard data must be included when possible.*

The most important cause of preventable morbidity and mortality
In 2000 estimated 4.8 million premature deaths in the world (480,000 deaths in the U.S. or 1 out of 5 deaths)[1]
WHO estimates there are 1.3 billion smokers (47% men and 12% women)
42.1 million adults (18.1%) in the U.S. are current cigarette smokers (20.5% of all males and 15.8% of all females)[2]









Bibliography

Reitsma, M. B., Fullman, N., Ng, M., Salama, J. S., Abajobir, A., Abate, K. H., ... & Adebiyi, A. O. (2017). Smoking prevalence and attributable disease burden in 195 countries and territories, 1990–2015: a systematic analysis from the Global Burden of Disease Study 2015. *The Lancet,* 389(10082), 1885-1906.

Jarvis, M. J. (2004). Why people smoke. *Bmj*, 328(7434), 277-279.

Benowitz, N. L. (2010). Nicotine addiction. *New England Journal of Medicine*, 362(24), 2295-2303.

Additional Resources

baptisthealth.net/en/facilities/south-miami-hospital/lung-health/pages/smoking-cessation-program.aspx

events.baptisthealth.net/ClassesAndEventsResults.aspx?keywords=&tag=Smoking&date=&location=&county=&category=

baptisthealth.net/en/education-events/community-programs/pages/support-groups.aspx#16anchor

cmeonline.baptisthealth.net/sites/default/files/1019%20BHSF-%20Smoking%20Cessation%20brochure%20%28English%29.pdf

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:

- Review the prevalence of smoking nationally and locally.
- Discuss the addictive properties of nicotine and associated risks of cigarettes, including e-cigarettes.
- Explain current evidence-based data supporting smoking cessation behaviors in all patients.
- Implement strategies to effectively motivate smoking cessation behaviors.
- Examine pharmacologic aids available as part of smoking cessation programs.
- Review Baptist Health smoking cessation orders and procedures.

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

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
  ☐ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*
  Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*
☐ Changes in performance. **Evaluation method:**
  ☐ Follow-up Survey *Provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity.*
  ☐ Commitment to Change **(ETHOS OBJECT)**
☐ Changes in patient outcomes. **Evaluation method:** Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
☐ Other_____

Commendation Criteria Required Evaluation

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

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

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

Javier Pérez-Fernández, M.D., FCCM, FCCP
Medical Director, Critical Care Services, Baptist Hospital of Miami
Medical Director, Pulmonary Services, West Kendall Baptist Hospital
Associate Clinical Professor of Medicine
Herbert Wertheim College of Medicine, Florida International University
South Florida Pulmonary and Critical Care, LLC

Marie Vital Acle, MPH, MCHES
Manager, CME Programs and Online Learning
Baptist Health South Florida
Miami, Florida

Javier Pérez-Fernández, M.D., faculty for this educational activity, has a speaker role with Pfizer, La Jolla Pharmaceuticals, Genentech, Boehringer Ingelheim, Sunovion, Mallinckrodt and Astra-Zeneca and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

All of the relevant financial relationships listed for this individual has been mitigated.

Marie Vital Acle, MPH, MCHES, faculty for this educational activity, has no relevant financial relationship with ineligible companies* to disclose.

J. Arturo Fridman, **M.D.**, conference director for this educational activity, has no relevant financial relationship with ineligible companies* to disclose.

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

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

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

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

COLLABORATION: Are we engaged in collaborative and cooperative projects with other stakeholders (internal or external) that are related to this CME activity? **(C20)**
☐ Yes ☒ No Are we partnering with other organizations in a purposeful manner to achieve common interests?
☒ Yes ☐ No Are we collaborating with internal departments in a purposeful manner to achieve common interests?
If yes, describe the collaborative efforts. ___This course support South Miami Hospital Lung Program Smoking Cessation Initiatives and Community Health Smoking Cessation Support Groups _____

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**

OLP Course Quiz Questions:
1. How many tobacco-related deaths are there each year worldwide?
a. About 1 million.
*b. About 5 million.
c. About 10 million.
d. There are no statistics.

According to WHO: “with 4.9 million tobacco-related deaths per year, no other consumer product is as dangerous, or kills as many people, as tobacco”

World Health Organization. An international treaty for tobacco control. Geneva, Switzerland: World Health Organization; 2003.

2. Roughly what is the percentage of attempts to quit smoking without assistance that are successful?
*a. 1-10%
b. 10%-20%
c. 20%-30%
d. 30%-40%

The exact percentage has always been controversial but it is calculated around 1-10% with an average of seven attempts to quit prior to a successful one lasting over 12 months1

Jain A (2003) Treating nicotine addiction. BMJ 327: 1394–1395.

3. Based on the best available evidence, how much does nicotine replacement therapy increase the odds of quitting?
*a. 1.5 to 2.0 fold
b. 2.0 to 4.0 fold
c. 4.0 to 6.0 fold
d. There is no evidence of NRT being superior to self-initiated attempts.

According to a Cochrane systematic review of NRT for smoking cessation, the odds ratio (OR) for abstinence with therapy compared to control was 1.77 (95% CI 1.66-1.88)1

Silagy, C., Lancaster, T., Stead, L. F., Mant, D., & Fowler, G. (2004). Nicotine replacement therapy for smoking cessation. Cochrane database of systematic reviews, (3).

4. Which one of the following is likely to be the most effective at helping smokers quit?
*a. Group behavioral therapy.
b. Self-help materials.
c. Opioid antagonists (Naltrexone).
d. Hypnotherapy.

A systematic review of group behavior therapy programs found 16 trials that compared a group program with self-help materials. There was an increase in cessation with the use of a group program (OR, 2.04; 95% CI, 1.60–2.60)1

A systematic review of opioid antagonists for smoking cessation identified two trials of naltrexone versus placebo2; both trials found no significant effect of the drug on quit rates.
A systematic review of nine trials that compared hypnotherapy with 14 different control interventions was unable to show that hypnotherapy had a greater effect on six-month quit rates than other interventions or no treatment3. Heterogeneity between trials prevented the authors from being able to calculate a pooled OR.

1. Stead, L. F., Carroll, A. J., & Lancaster, T. (2017). Group behaviour therapy programmes for smoking cessation. Cochrane database of systematic reviews, (3).
2. David, S. P., Lancaster, T., Stead, L. F., Evins, A. E., & Prochaska, J. J. (2013). Opioid antagonists for smoking cessation. Cochrane Database of Systematic Reviews, (6).
3. Abbot, N. C., Stead, L. F., White, A. R., & Barnes, J. (1998). Hypnotherapy for smoking cessation. Cochrane Database of Systematic Reviews, (2).

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: Overview of Radiation Oncology in Head and Neck Cancers

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

ORIGINAL RELEASE DATE: May, 2022
REVIEW DATE:
COURSE EXPIRATION DATE: May, 2024

TARGET AUDIENCE: Primary Care Physicians, Dentists, Otolaryngologists, Gastroenterologists, Radiologists, Medical Oncologists, Oral Maxillofacial Surgeons, Surgeons, Pathologists, Hospitalists, Nurses, Dietitians and Nutritionists.
****Add Dental Credit to CE Broker****

CONFERENCE DIRECTOR: Evan B. Rosen, DMD **CME MANAGER:** Eleanor Abreu/Marie Vital Acle (Online)

***Interprofessional Planning Team**: NA

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.*
Radiation therapy is a cancer treatment that involves sending high-energy beams of particles through the skin toward the tumor. When the beams reach the tumor, they destroy the cancer cells by damaging their DNA. Radiation therapy is known for its particular effectiveness against head and neck tumors. Noah Kalman, M.D., will provide insight on the evolution of radiation treatment and the changes that impact the risk of dental sequelae.

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☒Medical knowledge ☐Practice-based learning and improvement ☐Interpersonal and communication skills ☐Professionalism ☒Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☐Work in interdisciplinary teams ☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice ☐Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*

► The role of radiation oncology in head and neck cancers is not well understood in the dental community, particularly regarding the decrease in dental sequelae following radiation therapy.

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

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

► The dental community will implement the personalization of treatment plans and understand the radiation therapy factors that impact the risk of dental sequalae after treatment.

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): _____

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

Treatment of head and neck cancer with curative intent consists of surgery and/or radiotherapy (RT) sometimes combined with adjuvant chemotherapy depending on the tumor site, extent, and histology. Herein, the authors review the role of RT in the management of head and neck mucosal squamous cell carcinoma (SCC). The authors focus on the outcomes of definitive RT and, depending on the primary site, postoperative RT.

Oral & Maxillofacial Surgery Clinics of North America. 31(1):31-38, 2019 Feb.

https://ovidsp.dc2.ovid.com/ovid-a/ovidweb.cgi?&S=NPOMFPJAHNEBBBIPIPOJHHOGIAOIAA00&Complete+Reference=S.sh.49%7c5%7c1&Counter5=SS_view_found_complete%7c30454789%7cmedf%7cmedline%7cmed16&Counter5Data=30454789%7cmedf%7cmedline%7cmed16

Bibliography and Additional Resources:

Chaturvedi, A. K., Engels, E. A., Pfeiffer, R. M., Hernandez, B. Y., Xiao, W., Kim, E., ... & Gillison, M. L. (2011). Human papillomavirus and rising oropharyngeal cancer incidence in the United States. *Journal of clinical oncology*, *29*(32), 4294.

Buglione, M., Cavagnini, R., Di Rosario, F., Sottocornola, L., Maddalo, M., Vassalli, L., ... & Magrini, S. M. (2016). Oral toxicity management in head and neck cancer patients treated with chemotherapy and radiation: Dental pathologies and osteoradionecrosis (Part 1) literature review and consensus statement. *Critical reviews in oncology/hematology*, *97*, 131-142.

Blanchard, P., Gunn, G. B., Lin, A., Foote, R. L., Lee, N. Y., & Frank, S. J. (2018, January). Proton therapy for head and neck cancers. In *Seminars in radiation oncology* (Vol. 28, No. 1, pp. 53-63). WB Saunders.

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 the role of radiation oncology in head and neck cancers.
- Assess the evolution of radiation treatment and how these changes impact the risk of dental sequelae.
- Improve the comfort level of dental providers in caring for patients with head and neck cancers.

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 care for patients following radiation therapy for head and neck cancers?**
☐ 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.)

Noah S. Kalman, M.D., MBA
Radiation Oncology
Miami Cancer Institute
Miami, Florida

Noah Kalman, M.D., faculty for this educational activity, is an advisory board participant for Naveris and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Evan B. Rosen, DMD, conference director of this educational activity, has no relevant financial relationship with ineligible companies* to disclose.

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

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

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.

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.*

External:

Provider: 2022IEM344

Course video:

Course handout:

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**

Quiz

Quiz Questions - for Course Handout

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: Posterior Circulation Stroke **Update**

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

COURSE GO-LIVE: April 2022 –

COURSE EXPIRES: April 2024?

TARGET AUDIENCE: Emergency department physicians, hospitalists, neurologists, nurse practitioners, physician assistants and members of code rescue teams.

CONFERENCE DIRECTOR: Felipe De Los Rios, M.D. **CME MANAGER:** Marie Vital Acle

***Interprofessional Planning Team**: NA

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.* This course will provide learners with strategies to identify and diagnose posterior circulation stroke, with an emphasis on basilar artery occlusion; and highlights the Baptist Health Stroke Pathways available on our electronic medical record.

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.* West Kendall Baptist Hospital has identified through peer review committee review a selection of physicians who have accurately identified posterior circulation stroke.

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)* ► Practitioners may not have the medical knowledge of the Baptist Health Stroke Protocols and EBCC pathways to identify posterior stroke 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)
► Better identification of posterior circulation stroke with appropriate activation of stroke pathways.

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) Follow-up data on peer review attributes at WKBH.*
☐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) See outcomes assessment plan below.
☐ 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
☒ Process improvement initiatives **(C16 & 21)** The providers on these cases have received education letter from committee. This also becomes part of their quality profile in order to aggregate trends and analyze every 6 months and at reappointment.
☐ Regulatory requirement
☒ Research/literature review
☒ Consensus of experts
☐ Joint Commission initiatives **(C12)**
☐ National Patient Safety Goals
☐ New diagnostic/therapeutic modality **(C12)**
☐ Patient care data
☐ Other need identified (Explain): _____

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

Bibliography and Additional Resources:

West Kendall Baptist Hospital Performance Improvement Liaison and Quality Review Committee: Total of three referred cases for delay in diagnosis and treatment of basilar artery occlusion. These all took place in the six month time frame of Aug 2021-Jan 2022. Through implementation of this CME, along with targeted letters of education to involved medical staff providers on the specific cases- we seek to have ZERO referrals for delay in care/treatment of this specific type of stroke. WKBH Stroke Committee will continue to have a low threshold to send any cases where Medical Staff care/treatment were of concern, therefore trigger for referral will not be a variable factor.

Quality Review Committee will be sending a memo to the Medical Staff Officers, Department Chairpersons and Clinical Section Chiefs at WKBH that oversee stroke frontline Medical Staff highly encouraging them to have all of their staff complete the CME.

Schulz UG, 2017

Saber Tehrani, A. S., Kattah, J. C., Kerber, K. A., Gold, D. R., Zee, D. S., Urrutia, V. C., & Newman-Toker, D. E. (2018). Diagnosing stroke in acute dizziness and vertigo: pitfalls and pearls. Stroke, 49(3), 788-795.

Ferbert, A., Brückmann, H., & Drummen, R. (1990). Clinical features of proven basilar artery occlusion. Stroke, 21(8), 1135-1142.

Searls, D. E., Pazdera, L., Korbel, E., Vysata, O., & Caplan, L. R. (2012). Symptoms and signs of posterior circulation ischemia in the new England medical center posterior circulation registry. Archives of neurology, 69(3), 346-351.

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 presenting signs and symptoms of patients with posterior circulation acute ischemic stroke.
- Identify the clinical scenarios in which basilar artery occlusion should be suspected.
- Apply the appropriate Baptist Health stroke pathway for the patient with suspected posterior circulation acute ischemic stroke.

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.*
How confident do you feel in your ability to identify basilar artery occlusion?
How confident do you feel in your ability to diagnose a posterior circulation stroke?
How confident do you feel in your ability to initiate the Cerner Stroke Pathway?

Question: *How comfortable are you in your ability to implement this/these strategy/ies: (list "pearls")*

☒ Changes in performance. **Evaluation method:** EBCC Stroke Pathway Utilization Data Pre/Post Conference
☐ 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.

- Aggregate data for attributes related to posterior stroke for all WKBH providers gather 1-year pre intervention (January 2021 to December 2021) compared to 1 year post intervention (March 2021 – March 2022).
- Intervention includes 1 online course March 2022. The providers on these cases have received education letter from committee. This also becomes part of their quality profile to aggregate trends and analyze every 6 months and at reappointment.

☐ 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):

Felipe De Los Rios, M.D., FAHA
Medical Director, Baptist Hospital Comprehensive Stroke Center &
Miami Neuroscience Institute Stroke Network
Voluntary Associate Professor of Neurology
University of Cincinnati Department of Neurology & Rehabilitation Medicine
Florida International University, Herbert Wertheim College of Medicine

Felipe De Los Rios, M.D., faculty for this educational activity, is a member of the speakers' bureau for AstraZeneca and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

All of the relevant financial relationship 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 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 course has been planned in collaboration with the performance improvement department at West Kendall Baptist Hospital to address underutilization of stroke protocols and EBCC pathways. This course supports the Miami Neuroscience Center of Excellence in standardizing practices, implementation of evidence-based care, and improving processes across all entities.

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.*

External:
Provider:

Course video:

Course handout:

Quiz

Quiz Questions - for Course Handout

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**

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: Recognizing Impairment in the Workplace (Florida Board of Nursing)

CREDIT HOUR(S) APPLIED FOR: 2 Cat. 1

ORIGINAL RELEASE DATE: May 2021
REVIEW DATE: May 2022
COURSE EXPIRATION DATE: May 2022; May 2025

TARGET AUDIENCE: Nurse Practitioners and Nurses.

CONFERENCE DIRECTOR: Arturo Fridman, M.D.
CME MANAGER: Marie Vital Acle, MPH, MCHES

***Interprofessional Planning Team**:

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.*

Designed specifically for **nurses,** this course will provides guidance on how to protect patients and assist colleagues who are struggling with substance use disorder (SUD). Learners will review legal and ethical professional obligations, gain a better understanding of the disorder and learn how to encourage successful recovery outcomes.

A score of 80% or higher is required for course completion.

This course meets the Florida Board of Nursing 2.0 contact hour requirement, meant to be completed after 08-01-17 and every other biennium (every 4 years) thereafter.

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

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☐Patient care and procedural skills ☐Medical knowledge ☐Practice-based learning and improvement ☐Interpersonal and communication skills ☒Professionalism ☒Systems-based practice

INSTITUTE OF MEDICINE: ☐Provide patient-centered care ☒Work in interdisciplinary teams ☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☒Values/ethics for interprofessional practice ☒Roles/responsibilities ☒Interprofessional communication ☒Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*

► Physicians do not regularly consider the impact of substance abuse on patient management, nor are they fully aware of the impact of substance abuse on their own professional and personal lives. Physicians are unfamiliar with the signs of substance abuse in their patients, colleagues or themselves.

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 recognize substances abuse issues in patient management and react appropriately and are aware of the impact substance abuse may have on their own professional and personal lives.
►Physicians are aware of signs and symptoms of substance abuse and are able to access appropriate community resources.

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): _____

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

This program is derived from the following works:

► A new law passed by the Florida Legislature shaves off some of the sharp edges of Florida law that applies to physicians who are impaired by substance abuse or mental illness. The hub of treatment referenced in the law is the Impaired Practitioner Program (IPP). Over the years, the IPP (a quasi-governmental entity) has come under fire for being too aggressive in how it deals with impaired physicians, by acting more like law enforcement than a healthcare provider. Allegations in the past include physicians feeling "hauled off" to treatment before the demonstrated need was clear and being directed to providers that were expensive or inconvenient with reasonable alternatives exist.

The new law rounds out the IPP operations in creating additional accountability through the appointment by the Department of Health (DOH) of one or more consultants. It also allows certain providers to report an impaired practitioner to a consultant instead of the DOH. Some in the program felt they were being leveraged into cooperating when they felt it was counter-indicated. This measure might help balance the issues by interposing an independent consultant that is not under the IPP; prevents the consultant from reporting to DOH a practitioner who is self referring for treatment, but keeps intact features of accountability to help ensure the practitioner completes treatment; requires the consultant to copy the patient and any legal representative on any information release; and protects the consultant by extending sovereign immunity to him/her. Healthcare professionals interacting with the IPP need to know their rights and options. The new law helps facilitate that. http://www.floridahealthcarelawfirm.com/impaired-practitioner-program/ (Section 1. Section 456.076, Florida Statutes, 456.076 Impaired practitioner programs (2017))

Nursing relicensure requirements
64B9-5.014 Continuing Education on Recognizing Impairment in the Workplace.
Each course on recognizing impairment in the workplace shall include, at a minimum, the following subject areas:
(1) Identifying the signs of impairment in the workplace;
(2) Employer initiatives to promote safety and provide assistance;
(3) The essential steps to make a report or referral;
(4) Mandatory reporting law, Section 464.018, F.S.;
(5) Treatment programs for impaired practitioners, Section 456.076, F.S.; and, (6) Impairment treatment.

Bibliography and Additional Resources:

References

Alunni-Kinkle, S. (2015). Substance use disorder: Intervention project for nurses. The Florida Nurse, 63(4), 12. Retrieved from http://search.proquest.com/docview/1752059172?accountid=458
Alunni-Kinkle, S. (2015). Substance use disorders among registered nurses: prevalence, risks and perceptions in a disciplinary jurisdiction. Journal of Nursing Management, 23(1), 54-64 11p. doi:10.1111/jonm.12081
Alunni-Kinkle, Suzanne BS, RN, CARN (2015). Identifying substance use disorder in nursing. Nursing Management, 46(12): 53–54. DOI: 10.1097/01.NUMA.0000473512.38679.ca
American Medical Association. (2016). Opinion 9.031 – Reporting Impaired, Incompetent, or Unethical Colleagues. Retrieved from http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9031.page
American Nurses Association. (2015). Code of Ethics for Nurses with Interpretive Statements. Silver Spring, MD: Nursesbooks.org.
Chapter 458 Medical Practice Definitions. Title XXXII Regulation of professions and occupations. Retrieved from https://www.flsenate.gov/Laws/Statutes/2012/458.305 on August 10, 2016.
Cook, L. M. (2013). Can nurses trust nurses in recovery reentering the workplace? Nursing. 43(3):21-24.
Dadich, A. (2010). Expanding our understanding of self-help support groups for substance use issues. Journal of Drug Education, 40(2), 189-202.
Dulaney, P. (2016). The ANA code of ethics for nurses and the impaired nurse. The South Carolina Nurse, 23(2), 6. Retrieved from http://search.proquest.com/docview/1789014071?accountid=458
Ervin, S. M. (2015). The lived experience of registered nurses with substance use disorder who complete an alternative to discipline program through a state board of nursing (Order No. 10014602). Available from ProQuest Dissertations & Theses Global. (1767168777). Retrieved from http://search.proquest.com/docview/1767168777?accountid=458
Federation of State Medical Boards (FSMB). (2011, Apr.). Policy on physician impairment. Retrieved from

https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/grpol_policy-on-physician-impairment.pdf
Kingree, J. B. & Thompson, M. (2011). Participation in Alcoholics Anonymous and post-treatment abstinence from alcohol and other drugs. Addictive Behaviors, 36(8), 882–885.
Kunyk, D. (2015). Substance use disorders among registered nurses: prevalence, risks and perceptions in a disciplinary jurisdiction. Journal Of Nursing Management, 23(1), 54-64. doi:10.1111/jonm.12081
Majer, J. M., Jason, L. A., Aase, D. M., Droege, J. R. & Ferrari, J. R. (2013). Categorical 12-step involvement and continuous abstinence at 2 years. Journal of Substance Abuse Treatment, 44(1), 46. doi:10.1016/j.jsat.2012.03.001
Lyons, G. B., Deane, F. P., & Kelly, P. J. (2010). Forgiveness and purpose in life as spiritual mechanisms of recovery from substance use disorders. Addiction Research & Theory, 18(5), 528-543. doi:10.3109/16066351003660619
Monroe, T. B., Vandoren, M., Smith, L., Cole, J., & Kenaga, H. (2011). Nurses Recovering From Substance Use Disorders: A Review of Policies and Position Statement JONA: The Journal of Nursing Administration, 41(10): 415 – 421.
Monroe, T. B., Kenaga, H., Dietrich, M. S., Carter, M. A., & Cowan, R. L. (2013). The prevalence of employed nurses identified or enrolled in substance use monitoring programs. Nursing Research, 62(1): 10-15.
Monroe, T. B., Pearson, F., & Kenaga, H. (2008). Procedures for handling cases of substance abuse among nurses: a comparison of disciplinary and alternative programs. Journal Of Addictions Nursing (Taylor & Francis Ltd), 19(3), 156-161.
Mossman, D. (2011). Physician impairment: when should you report? Current Psychiatry 10(9). Retrieved from http://www.currentpsychiatry.com/home/article/physician-impairment-when-should-you-report/b96b78e7be21952839fac3aef998fbb8.html
National Council of State Boards of Nursing (NCSBN). (2011). Substance use disorder in nursing. Chicago, IL: NCSBN
O'Neill, C. (2015). When a nurse returns to work after substance abuse treatment. American Nurse Today, 10(7), 8-12.
Phillips, J. A., Holland, M. G., Baldwin, D. D., Gifford-Meuleveld, L., Mueller, K. L., Perkison, B., et al. (2015). Marijuana in the workplace: Guidance for occupational health professionals and employers: Joint guidance statement of the American association of occupational health nurses and the American college of occupational and environmental medicine. Workplace Health & Safety, 63(4), 139-164. doi:http://dx.doi.org/10.1177/2165079915581983
Rothstein, L. (2015). Impaired physicians and the ADA. JAMA, 313(22), 2219-2220. doi:10.1001/jama.2015.4602
Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). Results from the 2013 National Survey on Drug Use and Health: Summary of national findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Bibliography

Alunni-Kinkle, S. (2015). Substance Use Disorder: Intervention Project for Nurses. *The Florida nurse*, 63(4), 12-12.

Kunyk, D. (2015). Substance use disorders among registered nurses: prevalence, risks and perceptions in a disciplinary jurisdiction. *Journal of nursing management*, 23(1), 54-64.

Alunni-Kinkle, S. (2015). Identifying substance use disorder in nursing. *Nursing management*, 46(12), 53-54.

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:

- Clarify substance use disorder and signs of impairment in the healthcare environment.
- Examine the role of the employer in promoting patient safety and providing assistance.
- Determine the steps for mandatory reporting when impairment is suspected.
- Explain the treatment programs available to support impaired practitioners.
- Describe the successful recovery from substance use disorder and return to practice.

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.)
Regina Russell, MBA, MSN, RN-BC
Clinical Learning Educator
Tel. 786-243-8530 Cell 786-554-1881

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

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 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. Partnership with Clinical Learning to host content on CME Portal making it accessible to non-employed nurse practitioners in the community and on Medical Staff who are required to complete this course by Florida Board of Nursing requirements.

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.*
Medical Errors: Promoting a Culture of Patient Safety (Florida Board of Nursing)

External: 650684
Provider: 2018EM48

Course video:

Course handout:
https://cmeonline.baptisthealth.net/system/files/Recognizing%20Impairment%20in%20the%20Workplace.pdf

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**

Quiz

1. The substance of choice for the general population is:
   A. Alcohol
   B. Cannabis
   C. Stimulant
   D. Opioid
2. Recovery from substance use disorder generally includes:
   A. Abstinence
   B. Celibacy
   C. Psychotropic Meds
   D. Seizures
3. Substance use disorder can best be classified as a:
   A. Biological and mental illness
   B. Destructive behavior
   C. Social, spiritual, & emotional concern
   D. All of the above
4. Once a report of impairment has been made and patients are at risk, action should be taken:
   A. Immediately
   B. Within 24 hours

C. Within 3 days
D. Within 30 days

5. Which impaired behavior warrants immediate dismissal?

A. Elaborate excuses
B. Refusing a drug test
C. Severe mood swings
D. Visibly intoxicated

6. According to Maslow's Hierarchy of Human Needs, the highest need is for:

A. Safety
B. Self-actualization
C. Self-esteem
D. Sense of belonging

7. When reporting signs and symptoms of impairment, it is essential to be

A. Assertive
B. Objective
C. Opinionated
D. Subjective

8. Under administrative code 464.018, we may be subject to disciplinary action for:

A. Failing to report impaired practice
B. Filing a lawsuit
C. Not paying taxes
D. Slander of a colleague

9. Children who grow up in an unsafe, violent environment are prone to:

A. Clinical depression
B. Loneliness
C. Post-traumatic stress disorder
D. Social anxiety

10. The nurse should extend _____ to impaired colleagues throughout the processes of identification, remediation, and recovery.

A. Caution and concern
B. Compassion and caring
C. Pity and leniency
D. Sympathy and prayer

11. The major reason impaired nurses are reluctant to admit to and seek help for SUD is because of the associated:

A. Gossip
B. Prestige
C. Punishment
D. Stigma

12. The number of nurses affected by SUD is approximately:

A. 5%

B. 10%
C. 15%
D. 20%

13. Individuals suffering from SUD drink and/or use to:

A. Have fun and socialize
B. Function or feel normal
C. Prevent withdrawal
D. Both B & C

14. If you think you might have a problem with alcohol or drugs:

A. Change jobs
B. Get help early
C. Take up yoga
D. Turn in your nursing license

15. Virtually all alternative-to-discipline programs adhere to the following criteria:

A. Attend at least 3 AA/NA meetings per week
B. Daily call-in for random toxicology testing
C. Weekly nurse support group meetings
D. All of the above

16. IPN participants are permitted to:

A. Drink beer in moderation
B. Remain free of all mind/mood altering drugs
C. Take medication to relieve anxiety
D. Take prescription opioids

17. More than __ % of the nurses who participate in the IPN program fully recover and successfully return to work.

A. 25%
B. 50%
C. 75%
D. !00%

18. Behavioral changes that precede a relapse include:

A. Advocating for recovery
B. Attending daily 12-Step meetings
C. Spending time with sober friends
D. Working excessively

19. The definition of Severe Substance Use Disorder includes:

A. Compulsive use
B. Denial
C. Mental obsession
D. All the above

20. Some potential signs of diversion include:

A. Average narcotics usage

B. Reports of ineffective pain relief from patients
C. Wearing long sleeves appropriately
D. Witnessed wasting of narcotics

Quiz Questions - for Course Handout

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: Spirituality and Medicine: Preserving Human Dignity at the End of Life – Cultural, Social and Religious Perspectives

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

ORIGINAL RELEASE DATE: November 2015
REVIEW DATE: November 2017; November 2018; July 2019; May 2020; May 2021; May 2022
COURSE EXPIRATION DATE: November 2017; November 2018; July 2019; May 2020; May 2021; May 2022; May 2025

TARGET AUDIENCE: Physicians, Chaplains, Physician Assistants, Nurse Practitioners and Nurses who provide care for dying patients and their families.

CONFERENCE DIRECTOR: Rev. Guillermo Escalona, MDIV, BCC, CT
CME MANAGER: Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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.*
The slogan "Death and Dignity" is frequently used with reference to a human death. Yet it is an ambiguous and often confusing concept. Rabbi David Albert addresses different meanings of human dignity, personhood and the value of life. This course will deepen your bioethical vocabulary and teach practical skills that better support patients to live, and die, with dignity.

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☒Medical knowledge ☒Practice-based learning and improvement ☒Interpersonal and communication skills ☒Professionalism ☐Systems-based practice

INSTITUTE OF MEDICINE: ☐Provide patient-centered care ☐Work in interdisciplinary teams

☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice ☐Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*

Current physician practice does not include appropriate/consistent use of evidence-based approaches to provide care for patients at the end-of life. Physicians are not familiar with the Institute of Medicine's (IOM) recommendations for end-of-life care.

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 consistently apply IOM's recommendations for end-of-life 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
☐ 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.*

► Clinicians should be prepared to assist families in the dying process. The goal is to provide the patient and family with a quiet, private space devoid of technology and alarms. This may be difficult in units where curtains separate patient beds. When the dying process is prolonged or when demands for an ICU bed cannot be met in other ways, transfer to another area in the hospital may be unavoidable. The transition should occur smoothly with deference to the needs of the patient and family. Every effort should be taken to reassure family members that continuity of clinical care will be maintained. Even though excellent palliative care can often be provided with no more than attentive and compassionate clinical assessment, there may be a tendency to continue cardiac, pulse oximetry, and even invasive hemodynamic monitoring in the ICU. Since such monitoring does not provide additional comfort to the patient and is not necessary to assess symptoms of distress, providers should critically review whether it should be continued. Family members, particularly those who have spent weeks tracking physiologic markers, may find themselves paying undue attention to the monitor instead of the patient. A specific conversation with the family about the rationale for stopping these forms of monitoring may relieve anxiety. http://guideline.gov/content.aspx?id=12655

APA Criterion 1.3 *reflects program content that has been subjected to mechanisms of external professional peer review. This content can extend beyond empirical research (cf. Criterion 1.2) and may include theoretical, conceptual, case studies or secondary research reviews. Criterion 1.3 emphasizes the acceptability of program content based on peer review in journals, professional conferences, or venues of independent review that support the relevance and acceptability of program content for the discipline of psychology. As an example, a program focused on a new theoretical development concerning borderline personality disorder might use Criterion 1.3 to satisfy Criteria D 1 by citing peer reviewed publications (not necessarily empirical) or presentations that support this program content. Program content has peer reviewed, published support beyond those publications and other types of communications devoted primarily to the promotion of the approach;*

Additional Resources:

APA Resolution on End-of-Life Issues and Care (http://www.apa.org/about/policy/end-of-life.aspx)

1. Battin, M. P. (1996). The death debate: Ethical issues in suicide (pp. 175-203). Upper Saddle River, NJ: Prentice-Hall.
2. Benoliel, J .Q. & Degner, L. F. (1995) Institutional dying: A convergence of cultural values, technology, and social organization. In H. Wass & R. A. Neimeyer (Eds.) Dying: Facing the facts (pp. 117-141). Washington, DC: Taylor and Francis.
3. Blendon, R. J., Szalay, U. S., & Knox, R. A. (1992). Should physicians aid their patients in dying? The public perspective. Journal of the American Medical Association, 267, 2658-2662.
4. Chochinov, H. M., Tataryn, D., Clinch, J. J., & Dudgeon, D. (1999). Will to live in the terminally ill. Lancet, 354, 816-819.
5. Field, M. J., & Cassel, C. K. (Eds.). (1997). Approaching death: Improving care at the end-of-life. Washington, DC: National Academy Press.
6. Foley, K. M. (1995). Pain, physician-assisted suicide, and euthanasia. Pain Forum, 4, 63-178.
7. Weisman, J. S., Haas, J. S., & Fowler, F. J. (1999). The stability of preferences for life sustaining care among persons with AIDS in the Boston Health Study. Medical Decision Making, 19, 16-26.

Bibliography

Chochinov, H. M. (2006). Dying, Dignity, and New Horizons in Palliative End-of-Life Care. *CA: a cancer journal for clinicians*, *56*(2), 84-103.

Chochinov, H. M., Kristjanson, L. J., Hack, T. F., Hassard, T., McClement, S., & Harlos, M. (2006). Dignity therapy in the terminally ill: Revisited. *Journal of Palliative Medicine*, *9*, 666-672.

Krause, N. (2010). The social milieu of the church and religious coping responses: A longitudinal investigation of older whites and older blacks. *The International journal for the psychology of religion*, *20*(2), 109-129.

UNESCO, 2011. *Casebook on Benefit and Harm*, Bioethics Core Curriculum Casebook Series, No. 1, UNESCO: Paris, 144 pp.

Pargament, K. I., Mahoney, A. E., & Shafranske, E. P. (2013). *APA handbook of psychology, religion, and spirituality (Vol 2): An applied psychology of religion and spirituality*. American Psychological Association.

Ogden, J. A. (2005). *Fractured minds: A case-study approach to clinical neuropsychology*. Oxford University Press.

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 the Institute of Medicine's (IOM) definition of "good death."
- Analyze the importance of cultural competency when treating a patient at end-of-life.
- Identify steps that help promote human dignity.
- Apply IOM's evidence-based recommendations for end-of-life care.

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.)

Rabbi David Albert, D.Min. BCC
Senior Staff Chaplain
South Miami Hospital
Pastoral Care Services

Rabbi David Albert, D.Min. BCC, faculty for this educational activity, has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Rev. Guillermo Escalona, MDIV, BCC, conference director for this educational activity, has no relevant financial relationship with ineligible companies* to disclose.

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

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

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 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: Policies will be distributed as additional reference.

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.*

External: 399346
Provider: 2016IEM20

Course video: https://cdn.baptisthealth.net/CME/vol01/pastoral_care/Preserving%20Human%20Dignity.mp4

Course handout: https://cmeonline.baptisthealth.net/sites/default/files/Human_Dignity_HO_0.pdf

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**

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: The Situation at the U.S.- Mexican Border: Caring for Undocumented Patients

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

ORIGINAL RELEASE DATE: March 2022
REVIEW DATE:
COURSE EXPIRATION DATE: October 2023

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

CONFERENCE DIRECTOR: Ana M. Viamonte Ros, M.D., MPH
CONFERENCE COORDINATOR: Claudio Kogan, M.D.
CME MANAGER: Eduardo Cantin (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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.*
Immigration levels are at a historic high and immigration is now the main driver of U.S. population growth, which contributes significantly to a host of healthcare problems within our borders. Please join Rabbi Claudio J. Kogan, M.D., as he discusses the ethics of clinical care to documented and undocumented immigrant 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)*
► Immigration levels are at a historic high and immigration is now the main driver of U.S. population growth. Population growth contributes significantly to a host of healthcare problems within our borders.

► Physicians and healthcare professionals may not be familiar with how to address common ethical issues that arise from providing clinical care to documented and undocumented immigrant 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 utilize appropriate ethical principals in addressing ethical issues that arise when caring for documented and undocumented immigrant patients.

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): BHSF Bioethics Program Requested

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

Bibliography and Additional Resources:

• Camarota SA, Zeigler K, Richwine J. How much would it cost to provide health insurance to illegal immigrants? CIS.org. https://cis.org/Report/Cost-of-Health-Insurance-for-Illegal-Immigrants . Published October 10, 2019. Accessed December 14, 2021.

• Carens, J. (2013). *The ethics of immigration*. Oxford University Press.

• National Academies of Sciences, Engineering, and Medicine, & Committee on Population. (2016). *The integration of immigrants into American society*. National Academies Press.

• Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieguez, A., Pinto, R., ... & Chavez-Baray, S. (2015). Evaluating the impact of immigration policies on health status among undocumented immigrants: a systematic review. *Journal of immigrant and minority health*, *17*(3), 947-970.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4074451/

• Coyle, Susan, PhD. "Providing Care to Undocumented Immigrants." Ethics Case Study, The Hospitalist, July 24, 2003

• Chip, W. (2008, May 1). The Ethics of Immigration. Center for Immigration Studies. https://cis.org/Ethics-Immigration

• Federation for American Immigration Reform (2009, June). The Ethics of Immigration https://www.fairus.org/issue/societal-impact/ethics-immigration

• Caplan, Arthur, PhD. "Child Abuse as Immigration Policy: Has America lost its Moral Compass?" Bioethics.Net, June 19, 2019. https://www.bioethics.net/2018/06/child-abuse-as-immigration-policy-has-america-lost-its-moral-compass

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 the current humanitarian crisis near the U.S. border and the significant impact it has on providing care to immigrant patients.
- Apply appropriate ethical principles – autonomy, beneficence, non-maleficence and justice – to address the complex healthcare issues immigrant patients face.
- Implement case-based discussion recommendations to improve the care of undocumented immigrants dealing with mental health issues, including depression, anxiety and post-traumatic stress disorder.

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.*
☐ 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.)
Rabbi Claudio J. Kogan, M.D., MBE, M.Ed.
Director of Bioethics Program
Baptist Health South Florida

Faculty disclosure statement (as it should appear on course shell):
Due to the non-clinical nature of the content discussed, the speaker has no relevant financial relationships to disclose.

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.

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 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. 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: Addresses health disparities among minorities specifically access to care.

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

ETHOS CONTENT

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

External:

Provider: 2022IEM340

Course video:

Course handout:

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**

Quiz

Quiz Questions - for Course Handout

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: Transfer Process for Baptist Outpatient Services

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

ORIGINAL RELEASE DATE: May 2021
REVIEW DATE: May 2022
COURSE EXPIRATION DATE: May 1, 2022; November 1, 2022 (6th month renewal)

TARGET AUDIENCE: Urgent Care Physicians

CONFERENCE COORDINATORS: Yenny Ceballos, APRN, and Bettina Laier, B.A., MSN, R.N., CEN
CME MANAGER: Marie Vital Acle & Betty Blanco

***Interprofessional Planning Team**:

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.*
Through a case-based approach learners will review transportation available from urgent care centers and determine which method can appropriately handle patients' emergent needs. This course will also provide a review of changes to transfer forms and documentation requirements to meet EMTALA requirements.

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☐Medical knowledge ☐Practice-based learning and improvement ☐Interpersonal and communication skills ☐Professionalism ☒Systems-based practice

INSTITUTE OF MEDICINE: ☐Provide patient-centered care ☒Work in interdisciplinary teams ☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice

☒Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► Urgent Care Physicians may not be aware of EMTALA compliant transfer process to free-standing emergency departments vs. hospital-based emergency departments.

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)
► Urgent Care physicians utilize transfer forms successfully to ensure patients are appropriately transferred to the correct facility using the appropriate level of transportation.

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): _____

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

Sullivan, W. (2017). When does EMTALA apply. Emergency Physicians Monthly. Retrieved from: http://epmonthly.com/article/emtala-apply-semantics-emergency-care/

Rogers, D., & Rund, D. A. (2019). Urgent care transfers: Why, when, and how. The Journal of Urgent Care Medicine. Retrieved from https://www.jucm.com/urgent-care-transfers-why-when-and-how/

Bibliography and Additional Resources:
CMS is expanding the definition of "emergency department" under EMTALA
Hospital-based urgent care clinics may have EMTALA duty even though those clinics are not equipped to stabilize true emergency medical conditions. If an urgent care clinic cannot provide diagnostic testing and treatment similar to that provided in an emergency department, there may be a duty to transfer patients with potential emergency medical conditions to a formal emergency department. Determinations of potential EMTALA violations are made retrospectively. As with this case—where the patient's pain did not seem to be cardiac-related—retrospective bias will likely affect the determination if a patient suffers a bad outcome (i.e. "Since the patient died from cardiac disease, the atypical chest pain must have represented an emergency medical condition that wasn't stabilized."). So far, this decision only applies to Rhode Island, but the court's reasoning may be used by other courts in the future

Bibliography

Centers for Medicare and Medicaid Services. (2012). State Operations Manual: Appendix V. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf

Gardner, R., Choo, E. K., Gravenstein, S., & Baier, R. R. (2016). "Why is this patient being sent here?": Communication from urgent care to the emergency department. *The Journal of Emergency Medicine*, 50(3), 416-421.

McDonnell, W. M., Lawton, M. K., & Roback, M. G. (2016). A misdirected patient transfer raises Emergency Medical Treatment And Labor Act liability issues. *Pediatric Emergency Care*, 32(8), 529-531.

Rogers, D., & Rund, D. A. (2019). Urgent care transfers: Why, when, and how. The Journal of Urgent Care Medicine. Retrieved from https://www.jucm.com/urgent-care-transfers-why-when-and-how/

Sullivan, W. (2017). When does EMTALA apply? The semantics of emergency care. Emergency Physicians Monthly. Retrieved from: http://epmonthly.com/article/emtala-apply-semantics-emergency-care/

Thornsberry, M. (2019). EMTALA education: A way to mitigate risk. Physician Leadership Journal. Retrieved from: https://www.physicianleaders.org/news/emtala-education-way-mitigate-risk

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 how EMTALA applies to urgent care centers, what the penalties for EMTALA violations entail, and analyze situations to determine if they were in compliance.
- Differentiate between transportation available to the urgent care centers (911, ALS, or BLS) and determine which method is capable of handling patients' emergent needs.
- Assess patients presenting with common indicators of transfer and select adequate transfer method in adherence with criteria.
- Identify - based on patient status - when to transfer to a free-standing emergency department versus a hospital emergency department.
- Recognize the most current transfer form and accurately complete each section as required.

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.)

CONTENT CONTRIBUTORS
Bettina Laier, B.A., MSN, R.N., CEN
BOS Clinical Learning Educator

Yenny Ceballos, APRN
Urgent Care
Family Medicine
Baptist Outpatient Services

Philip Weimer, M.D.
Urgent Care Physician
Baptist Outpatient Services

Due to the non-clinical nature of the content discussed, the speakers have no relevant financial relationships to disclose. This CME activity will not cover content that would involve products or services of commercial 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.

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 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. _____

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.*

External: 721794
Provider: 2019IEM155

Course video: https://cdn.baptisthealth.net/cme/vol01/olp/Transfer_Process_Patients_5_14_19.mp4

Course handout: https://cmeonline.baptisthealth.net/sites/default/files/Transfer%20Process%20for%20BOS_0.pdf

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**

Quiz

Please answer the following questions. You must score 100% to pass the test.

1. When do you need to complete a transfer form? Choose all that apply:
   a. When a patient is sent to a freestanding emergency department (FSED) for further care.
   b. When a patient is sent to the hospital by ambulance for further care.
   c. When a patient is sent to the hospital by 911 rescue.
   d. All of the above.

2. What revision date is on the newest transfer form?
   a. Rev. 8/24/18
   b. Rev. 9/16/18
   c. Rev. 12/11/18
   d. Rev. 1/31/19

3. Which box is checked by the urgent care center physician in Section 3 – "Reason for Transfer"?
   a. Box 1 – Equipment, services and/or capability not available at transferring facility.
   b. Box 2 – On-call physician at transferring hospital is unavailable.
   c. Box 3 – Patient request. Services available here and offered to the patient.
   d. Boxes 2 and 3.

4. What must you provide to the clinical staff to begin the transfer process?
   a. Clinical notes printed out.
   b. A medical provider order in Cerner.
   c. A prescription.
   d. EKG.

5. For Section 2 on the transfer form, which elements need to be completed and visible on all copies to be considered correctly filled out?
   a. Provider name printed, signature, date and time.
   b. Provider signature and date.
   c. Date, time and provider signature.
   d. Provider printed name, date and time.

6. When a patient enters the facility and requests a medical screening exam:
   a. Triage by the RN is a screening and could suffice for simple things like a wound check.
   b. The medical provider must offer every patient entering an urgent care center a medical screening exam, regardless of the chief complaint.
   c. In a 911 emergency, if the patient remains in the lobby, the medical screening does not need to be documented in the medical record.
   d. The clinical staff can tell the patient that the services he or she wants are not available that day.

7. What information goes with a patient being transferred to another facility?
   a. Transfer form.
   b. Chart (including intake/triage notes, labs, EKGs).
   c. Face sheet.
   d. All of the above.

8. A patient being transferred via ALS unit has a cardiac arrest on the way to the hospital. The ALS staff:
   a. Can perform ACLS procedures without having to pull over to a safe spot.
   b. Has to stop the ambulance to code the patient, since there are only two individuals on the team.
   c. Should keep driving with the lights and sirens on to get to the hospital more quickly.
   d. Should go back to the urgent care center.

9. Some differences between ALS and 911 ambulance units include:
   a. ALS units cannot give patients any medications other than oxygen and IV fluids.
   b. ALS units are staffed by three people and can proceed in a Code Blue without pulling over.
   c. 911 units will provide transport for the same types of illnesses as ALS units.
   d. 911 criteria for transport include STEMI, stroke, trauma and unstable vital signs.

10. If you decide a patient is a candidate for the FSED, what is the next step?
   a. Call the transfer center.
   b. Call the FSED nurse supervisor to discuss the case.
   c. Tell the nurse to get the patient ready for transport.
   d. Send the patient with the FSED transport team.

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

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

CME ACTIVITY TITLE: Transforming Moral Distress to Moral Resilience: One of Our Toughest Pediatric Cases

CREDIT HOUR(S) APPLIED FOR: 1.0 Cat. 1

ORIGINAL RELEASE DATE: May 2019
REVIEW DATE: May 2022
COURSE EXPIRATION DATE: May 2022; May 2024

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 Viamonte-Ros, M.D. MPH
CME MANAGER: Katie Deane (Live)/Marie Vital Acle (Online)

***Interprofessional Planning Team**:

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.*
Moral distress is commonly experienced by healthcare professionals when faced with ethically challenging end-of-life cases. When the care involves a child and family with complex medical and psychosocial issues secondary to an accidental death, there is a greater level of moral distress felt among healthcare professionals. Learn how a healthcare team cultivated moral resilience while caring for a child who was declared brain-dead.

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

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☐Medical knowledge ☐Practice-based learning and improvement ☐Interpersonal and communication skills ☒Professionalism ☒Systems-based practice

INSTITUTE OF MEDICINE: ☒Provide patient-centered care ☐Work in interdisciplinary teams

☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☒Values/ethics for interprofessional practice
☒Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*
► Moral distress is increasingly recognized as a problem affecting healthcare professionals. If not addressed, it may create job dissatisfaction, withdrawal from the moral dimensions of patient care, or even leaving the profession. Using the 21-Moral Distress Scale - Revised to assess moral distress, 323 surveys were received from 5 healthcare disciplines. The overall results showed that all disciplines experienced moderate to high actual moral distress, related similar and/or different patient care situations.

► Not addressing moral distress can result in any 1 of these 3 patterns: (a) some clinicians may experience a numbing of their moral sensitivity and withdraw from involvement in ethically challenging patient situations; (b) some clinicians may demonstrate conscientious objections by voicing opinions, such as refusing to care for a patient on artificial life-support that the nurse perceives as having no chance for meaningful recovery; and (c) other clinicians may demonstrate the effects of burnout and leave the job or even the profession.
(https://journals.lww.com/jonalaw/Abstract/2013/07000/Moral_Distress_Among_Healthcare_Professionals_at_a.3.aspx)

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)
► Health care professionals will utilize effective strategies to cultivate moral resilience in clinical practice and manage moral distress.

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): Bioethics Committee Requested

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

► Allen, R., Judkins-Cohn, T., Forges, E., Lee, R., Clark, L., & Procunier, M. (2013). Moral distress among healthcare professionals at a health system. *JONA'S healthcare law, ethics and regulation*, *15*(3), 111-118.

► Moral distress ensues when clinicians recognize ethical conflicts and their responsibility to respond to them but are unable to translate their moral choices into ethically grounded action that preserves integrity.5 Although controversies persist regarding the definition and contours of moral distress, the literature is replete with data that documents the pervasive experience of moral distress by critical care clinicians and the profound human costs that accompany it.6-14 Spiraling rates of burnout, turnover, and shortages of critical care clinicians and diminished employee engagement threaten the quality and safety of patient care and the overall stability of the health care system.15-22 Moral distress is not likely to be extinguished, and given the complexities of the health care system, will continue to escalate in the future. (https://www.semanticscholar.org/paper/Moral-Resilience%3A-A-Capacity-for-Navigating-Moral-Rushton/f33cb112b94c8e82f72ded041d82a3c90a0a4148)
Rushton, C.H. (2016). Moral Resilience: A Capacity for Navigating Moral Distress in Critical Care. *AACN advanced critical care, 27 1*, 111-9 .

► A blended-learning training to include American Association of Critical Care Nurses' (AACN) 4As, communication and ethical reasoning skills, and personal action plans helped manage moral distress, aided retention, and improved satisfaction of critical care nurses. (https://scholarlycommons.baptisthealth.net/se-all-publications/1151/)
Allen, R., & Butler, E. (2016). Addressing moral distress in critical care nurses: a pilot study. *Int J Crit Care Emerg Med*, *2*(2).

Bibliography

Allen, R., Judkins-Cohn, T., deVelasco, R., Forges, E., Lee, R., Clark, L., Procunier, M. (2014). Moral distress among healthcare professionals at a health system. *JONA's Healthcare, Law, Ethics and Regulations*, 15(3), 111-118.

Rushton, C.H. (2016). Moral Resilience: A Capacity for Navigating Moral Distress in Critical Care. *AACN advanced critical care,* 27 1, 111-9 .

Allen, R., & Butler, E. (2016). Addressing moral distress in critical care nurses: a pilot study. *Int J Crit Care Emerg Med*, 2(2).

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 the ethical challenges and moral distress experienced by healthcare professionals while caring for pediatric patients at the end of life.
- Define and understand the concept of moral resilience.
- Utilize effective strategies to cultivate moral resilience in clinical practice and to manage moral distress.

VALUATION 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.)

Susan Chalfin, Ph.D.
Clinical Psychologist
Child Psychology Associates, P.A.

Rose Allen, DNP, MSM/HM, R.N., CHPN, HEC-C
Director, Bioethics Program
Baptist Health South Florida

Susan Chalfin, Ph.D., and Rose Allen, DNP, MSM/HM, R.N., CHPN, HEC-C, faculty for this educational activity, have no relevant financial relationship with ineligible companies* to disclose and have indicated that the presentation or discussion will not include off-label or unapproved product usage.

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

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

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

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 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. _____

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.*

External: 716890
Provider: 2019IEM148

Course video:
https://cdn.baptisthealth.net/cme/vol01/olp/Transforming_Moral_Distress_Moral_Resilience_042619_BD.mp4

Course handout:
https://cmeonline.baptisthealth.net/sites/default/files/Transforming%20Moral%20Distress%20to%20Moral%20Resilience.pdf

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**

Quiz

Quiz Questions - for Course Handout

Baptist Health South Florida

CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

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

CME ACTIVITY TITLE: Withholding and Withdrawing – BHSF Policy Changes

ORIGINAL RELEASE DATE: February 2016
REVIEW DATE: January 2018; January 2019; January 2021; January 2022; March 2022
COURSE EXPIRATION DATE: January 2022; April 2022; July 2022

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

TARGET AUDIENCE: All physicians, physician assistants and nurse practitioners.

CONFERENCE DIRECTOR: Arturo Fridman, M.D.
CME MANAGER: Marie Vital Acle

***Interprofessional Planning Team**:

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

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

OLP Course Planning:
External: 547850
Provider: 2016IEM03

Course video: no video

Course handout: cmeonline.baptisthealth.net/sites/default/files/Withholding_Withdrawing_Booklet_0.pdf

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

This course outlines revisions of the levels of end-of-life policy and associated forms necessary to meet Florida Statute 765.00 on Advance Directives: Withholding and Withdrawing Life-Prolonging Procedures including the 2015 legislative amendments. Approved for ABIM MOC points.

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

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

Patient: ☒ Noncompliance ☐ Lifestyle ☒ Resistance to change ☐ Cost of care/Lack of insurance
Physician: ☐ Noncompliance ☐ Resistance to change ☐ Communication skills ☐ Reimbursement issues
Resources: ☐ Institutional Capabilities ☐ Physician Practice Limitations ☐ Community Service Limitations

State of Science: ☐ Limited or no treatment modalities ☐ Limited or no diagnostic modalities
Other: *Please describe.*

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

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ☒Patient care and procedural skills ☐Medical knowledge ☐Practice-based learning and improvement ☒Interpersonal and communication skills ☐Professionalism ☒Systems-based practice

INSTITUTE OF MEDICINE: ☐Provide patient-centered care ☐Work in interdisciplinary teams ☐Employ evidence-based practice ☐Apply quality improvement ☐Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: ☐Values/ethics for interprofessional practice ☐Roles/responsibilities ☐Interprofessional communication ☐Teams and teamwork

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

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? *Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)*

► Physician may not be aware of revisions to the levels of extension of life policy and associated forms necessary to meet *Florida Statue 765:Advance Directives: Withholding and Withdrawing Life-prolonging Procedures* which was updated and became effective October 1, 2015.

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 successfully implement BHSF levels of EOL policy and associated forms.

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: Florida Statue

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

► *Florida Statute Chapter 765.00*

765.302 Procedure for making a living will; notice to physician.—(1) Any competent adult may, at any time, make a living will or written declaration and direct the providing, withholding, or withdrawal of life-prolonging procedures in the event that such person has a terminal condition, has an end-stage condition, or is in a persistent vegetative state. A living will must be signed by the principal in the presence of two subscribing witnesses, one of whom is neither a spouse nor a blood relative of the principal. If the principal is physically unable to sign the living will, one of the witnesses must subscribe the principal's signature in the principal's presence and at the principal's direction.

765.306 Determination of patient condition.—In determining whether the patient has a terminal condition, has an end-stage condition, or is in a persistent vegetative state or may recover capacity, or whether a medical condition or limitation referred to in an advance directive exists, the patient's primary physician and at least one other consulting physician must separately examine the patient. The findings of each such examination must be documented in the patient's medical record and signed by each examining physician before life-prolonging procedures may be withheld or withdrawn.

765.205 Responsibility of the surrogate.—
(1) The surrogate, in accordance with the principal's instructions, unless such authority has been expressly limited by the principal, shall:
(a) Have authority to act for the principal and to make all health care decisions for the principal during the principal's incapacity.
(b) Consult expeditiously with appropriate health care providers to provide informed consent, and make only health care decisions for the principal which he or she believes the principal would have made under the circumstances if the principal were capable of making such decisions. If there is no indication of what the principal would have chosen, the surrogate may consider the patient's best interest in deciding that proposed treatments are to be withheld or that treatments currently in effect are to be withdrawn.
(c) Provide **written consent** using an appropriate form whenever consent is required, including a physician's order not to resuscitate.

Bibliography

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:

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

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

☒ Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
☐ Pre- Post- Survey *Provide 1-2 goals per lecture to measure changes in competence.*
Question: *How confident are you in your ability to implement this/these strategy/ies: (list "pearls")*
☒ Changes in performance. **Evaluation method:**
☐ Follow-up Survey *Provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity.*
☐ Commitment to Change **(ETHOS OBJECT)**
☐ Changes in patient outcomes. **Evaluation method:** Review of hospital, health system, public health data, dashboard

data pre-, post-activity, etc.
☐ Other_____

Commendation Criteria Required Evaluation

☐ **This course is designed to improve communication skills of learners. (C29)**

☐ 1) CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills

☐ 2) Course leader provides formative feedback to each learner about observed communication skills.

☐ **This course is designed to optimize/improve technical and procedural skills of learners. (C30)**

☐ 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills

☐ 2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills

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

Course Developers:
Rose Allen, DNP, MSM/HM, R.N., CHPN, HEC-C, Director, Bioethics Program, Baptist Health South Florida
Mike Novo, Esq., Office of General Counsel, Baptist Health South Florida
Christine Edozie, MSN, Bioethics Coordinator, Baptist Health South Florida

The course content developers have no relevant financial relationship 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.*

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. _____

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**

OLP Course Quiz Questions: