

BHSF CME Committee Review**Evaluation Scores**

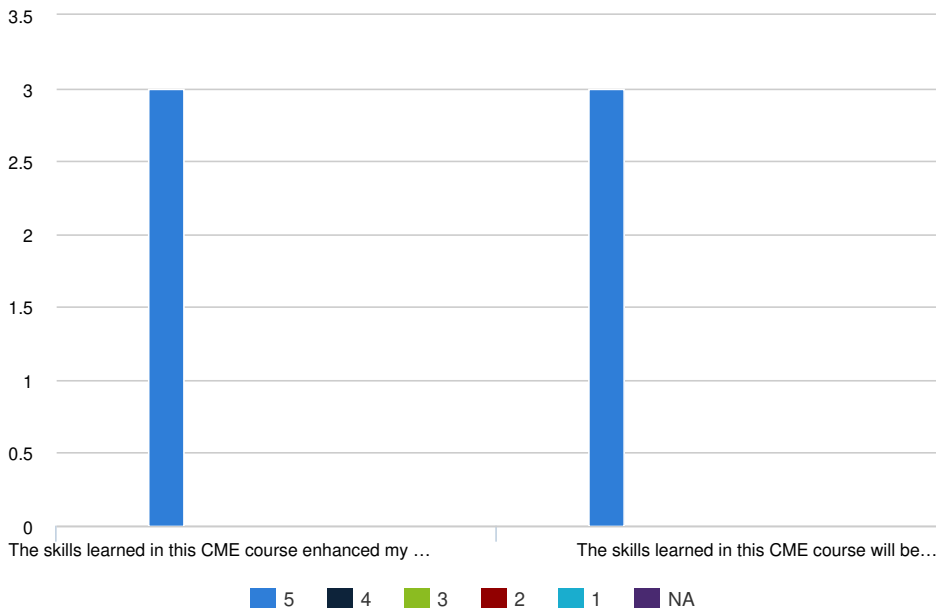
May - September 2022

Lecture Date	Lecture Title	Speaker(s)	Total Attn	Skills learned enhanced my professional competence	Skills learned will be applied in my practice	Avrg. Score
5/9/2022	MCVI Radiology Grand Rounds - Clinical Research Topics in Diagnostic and Interventional Radiology	Brian Schiro, M.D., Bradley Fox, M.D., Barbara Manchec, M.D., Matthew L. Kilbridge, M.D., and Oleksandra Kutsenko, M.D.	17	5	5	5
5/12/2022	Miami Cancer Institute Dental Oncology Conference Series – HPV: What You and Your Patients Should Know	Jennifer Frustino, DDS, Ph.D.	34	4.9	4.9	4.8
5/13/2022	MCI Radiation Oncology Grand Rounds – Modern Radiation Therapy for Lymphoma: Late	Yolanda D. Tseng, M.D.	30	5	5	4.9
5/17/2022	Jose “Pepe” Alvarez Jr M.D. Memorial Lecture on Vascular Disease: Advancements in the Management of Aortic Dissection	Joseph V. Lombardi, M.D.	62	5	5	4.9
5/18/2022	Conversations in Ethics: Medical Charts Misinformation	Mike Novo and Mercy Del Rey	112	4.9	4.9	4.9
5/19/2022	Mental Health Conference Series: Biofeedback – History, Methods, Applications and Implications for Physicians and Patients	Ronald Rosenthal, Ph.D.	45	4.6	4.5	4.6
7/28/2022	Teaching Physician Billing for Services Involving Residents	Seth Canterbury	19	5	5	4.5
8/31/2022	MCVI Grand Rounds: Orthostatic Hypotension and Pathophysiology of the Upright Posture: Lessons from Astronauts and Patients with Postural Orthostatic Tachycardia Syndrome	Benjamin D. Levine, M.D., FACC, FAHA, FACSM	80	4.6	4.5	4.6
9/8/2022	Echocardiography and Noninvasive Vascular Testing Lecture Series: Echocardiography Assessment of Cardiac Masses	Socrates V. Kakoulides, M.D.	58	4.8	4.7	4.8
9/13/2022	Climate, Heat and Health	Jane Gilbert, Jevon Harrison, M.D., Cheryl Holder, M.D. and Todd Sack, M.D.	66	4.8	4.8	4.5
9/15/2022	Physician Suicide: When It’s One of Our Own	Elizabeth Gall, Graciela Jimenez, LMFT, and Rachel Rohaidy, M.D.	97	4.8	4.7	4.7

Grand Rounds Evaluation - May 9, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

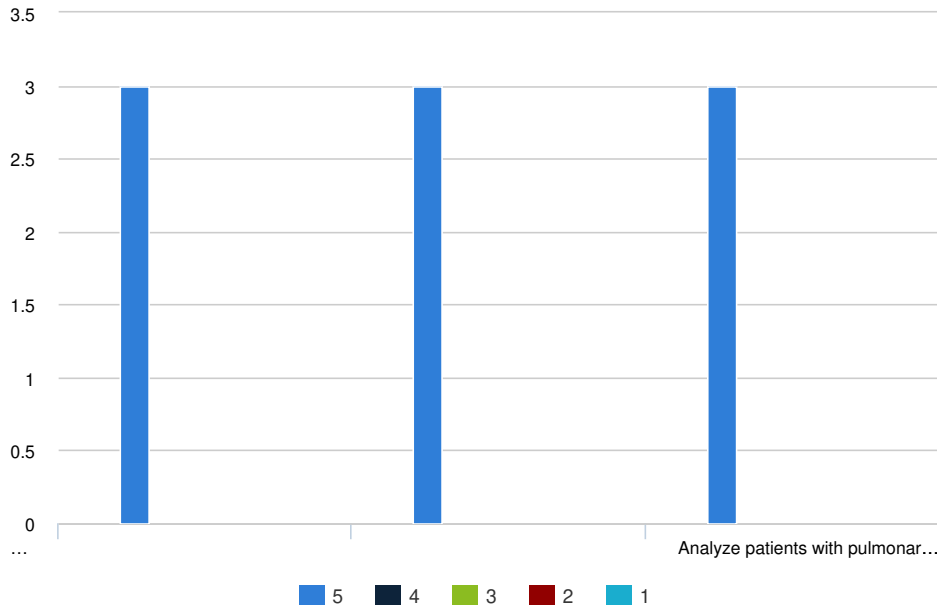
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	3	0	0	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	3	0	0	0	0	0

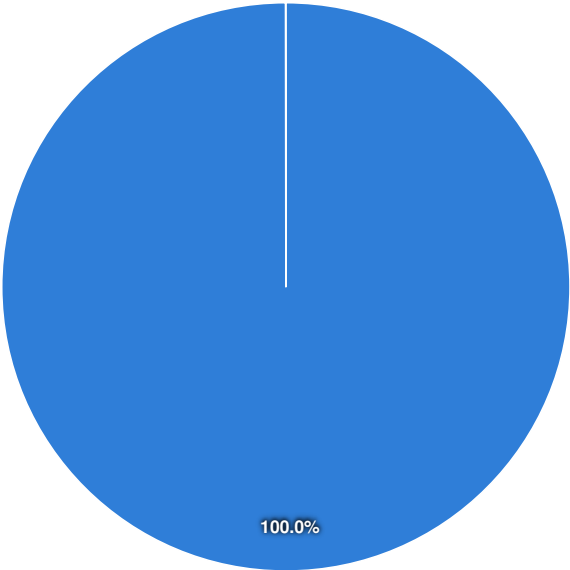
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



Result details

	5	4	3	2	1
Provide patient safety with diagnostic accuracy on patients who have undergone endovascular aneurysm repair (EVAR) with use of contrast-enhanced ultrasound (CEUS).	3	0	0	0	0
Analyze patients with pulmonary embolism (PE) to be treated with appropriate methods in order to achieve better outcomes.	3	0	0	0	0
Recognize patients with critical limb-threatening ischemia (CLTI) to undergo treatments with lower rates of reintervention.	3	0	0	0	0

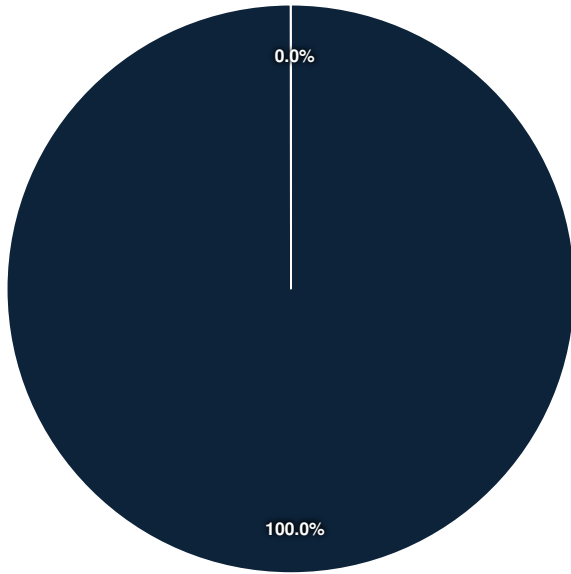
Was this course fair, balanced and without commercial bias?



Result details

Yes	3
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What, if any, new skills/strategies will you apply in your clinical practice?



Result details

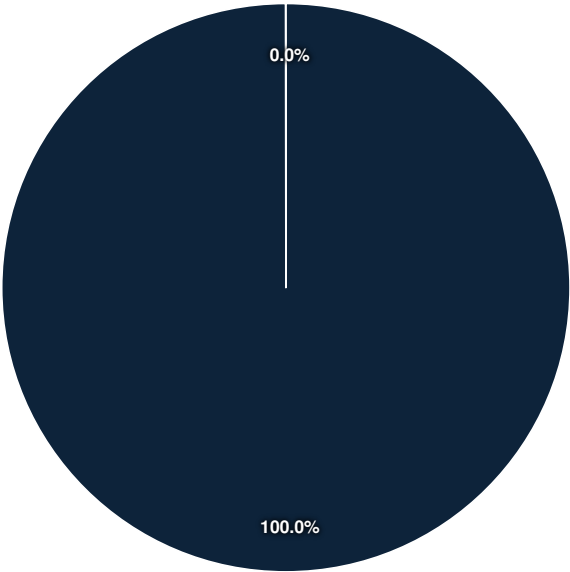
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User entered value	3
Average submission length in words (ex blanks)	11.33

NA

All subjects and material are applicable to my clinical practice

Better informed to communicate risks and benefits of competitive procedures for PE. More use of contrast enhanced ultrasound for surveillance of EVAR patients.

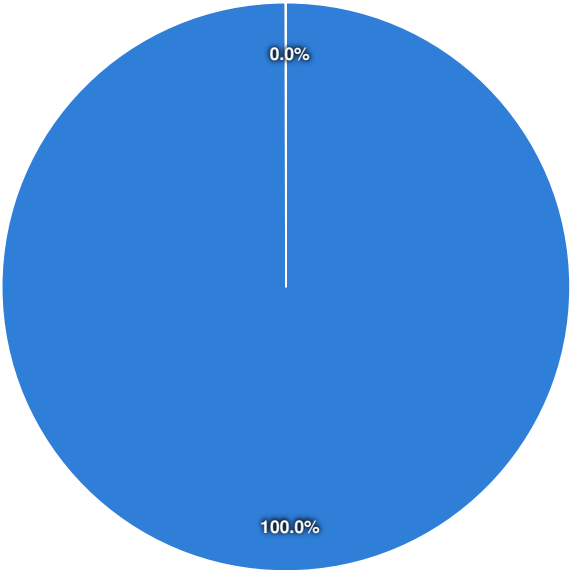
If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



Result details

Left Blank	0
User entered value	3
Average submission length in words (ex blanks)	2.67
NA	
N/A	
Will implement changes per above.	

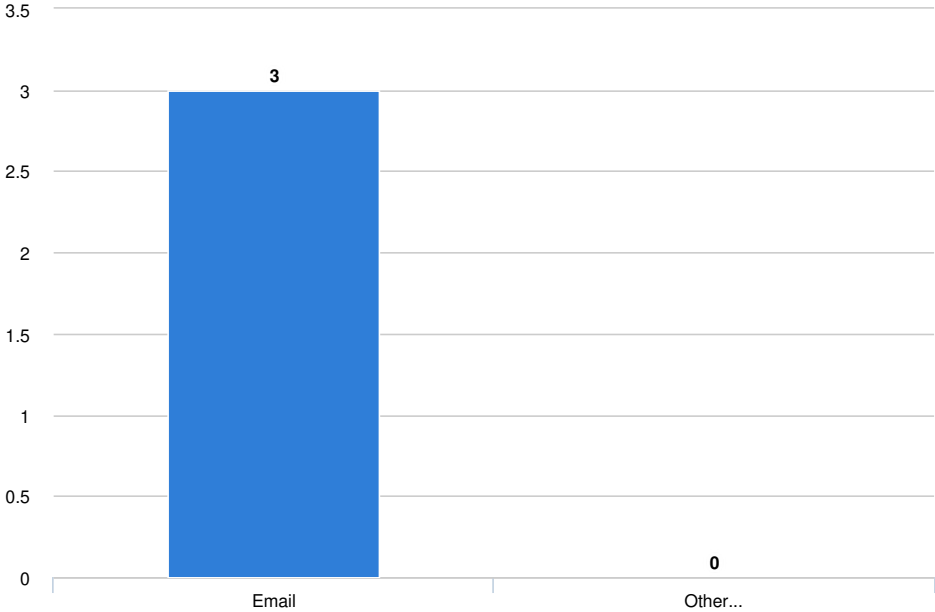
Please provide any additional comments or suggestions.



Result details

Left Blank	3
User entered value	0
Average submission length in words (ex blanks)	0

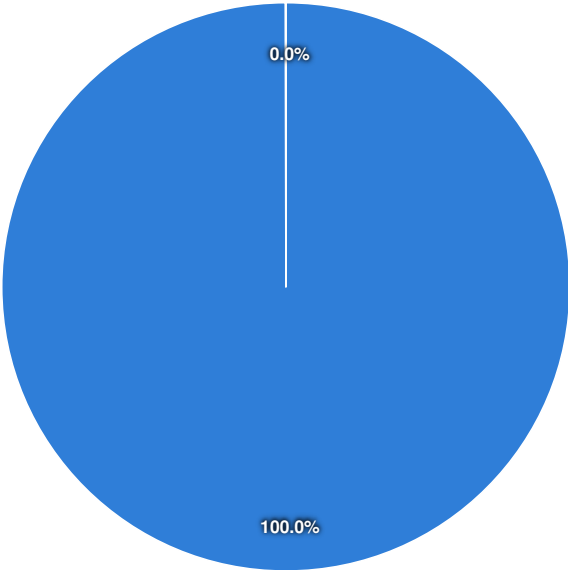
How did you hear about this course?



Result details

Email	3
Other...	0

Please select one:



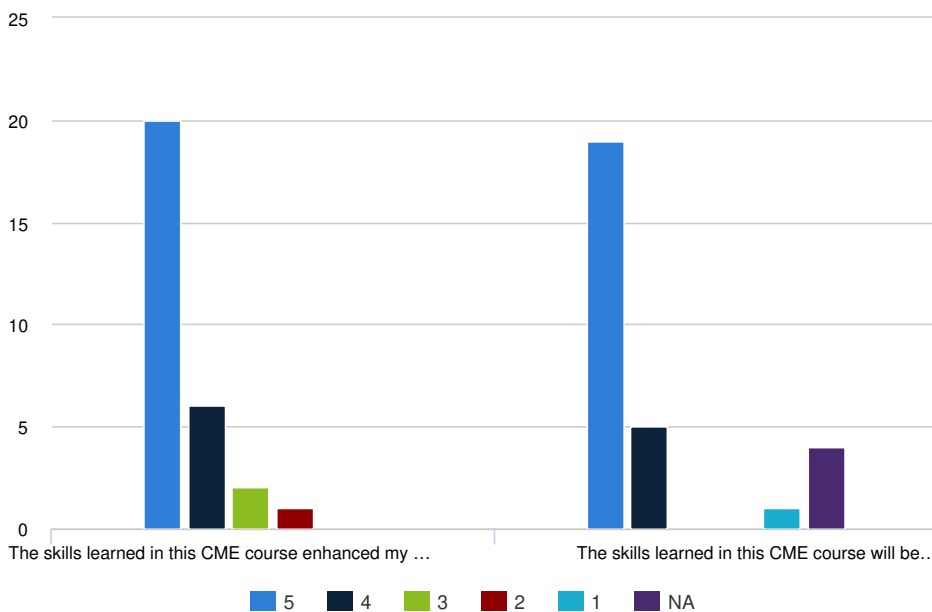
Result details

M.D., D.O.	3
Other...	0

Dental Oncology Conference Series Evaluation - May 12, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

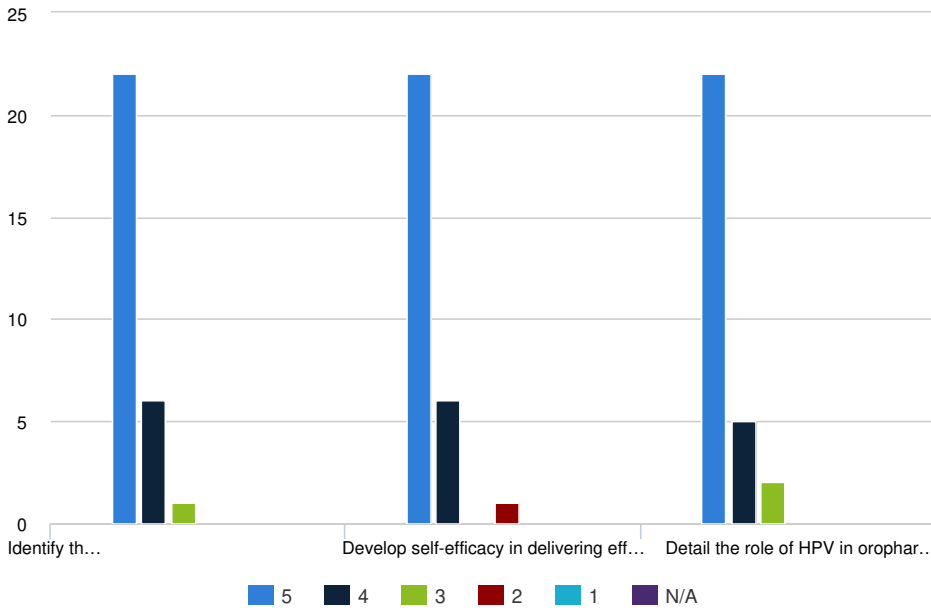
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	20	6	2	1	0	0
The skills learned in this CME course will be applied in the treatment of my patients	19	5	0	0	1	4

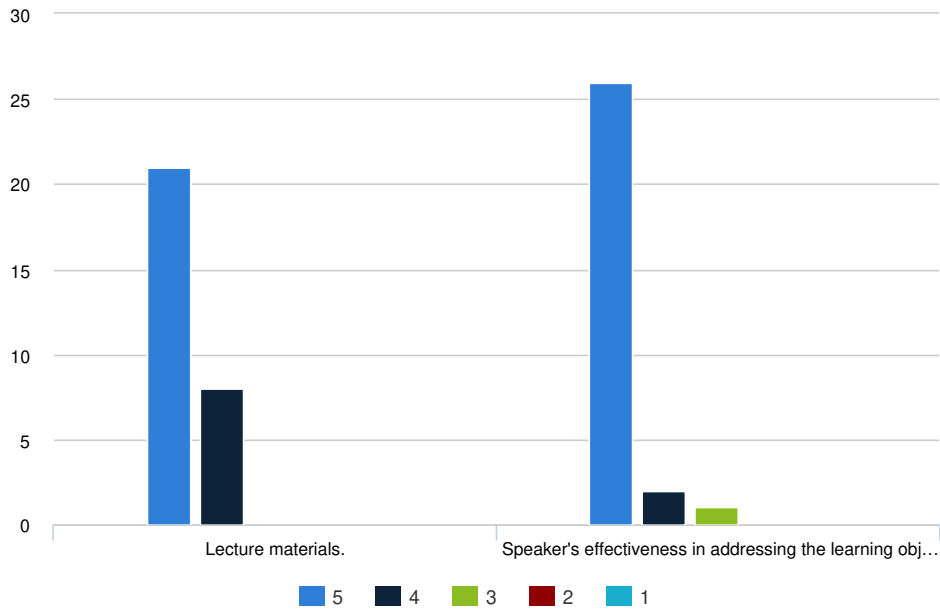
As a result of attending this conference, to what extent do you agree that you will be better able to: (rate the objectives)



Result details

	5	4	3	2	1	N/A
Identify the appropriate HPV vaccination schedule and recommendations based on their patient's age.	22	6	1	0	0	0
Develop self-efficacy in delivering effective HPV vaccination recommendations.	22	6	0	1	0	0
Detail the role of HPV in oropharyngeal cancer.	22	5	2	0	0	0

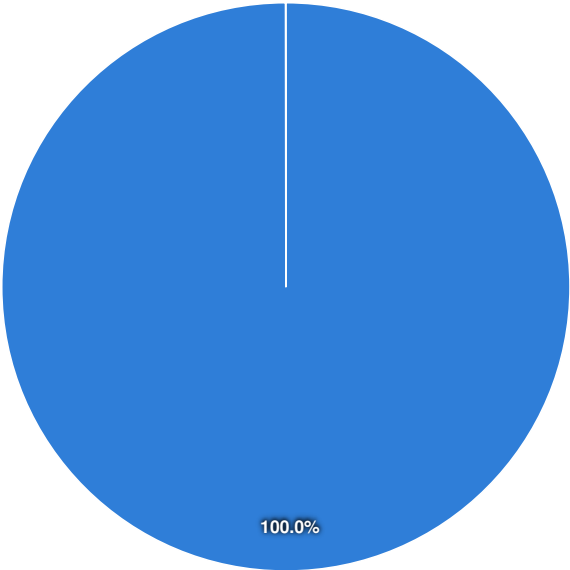
How satisfied or dissatisfied were you with the following conference content?



Result details

	5	4	3	2	1
Lecture materials.	21	8	0	0	0
Speaker's effectiveness in addressing the learning objectives.	26	2	1	0	0

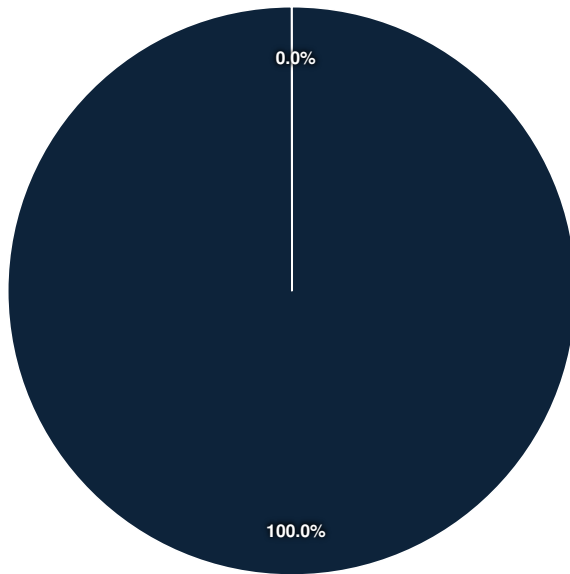
Was this course fair, balanced and without commercial bias?



Result details

Yes	29
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What, if any, new skills/strategies will you apply in your clinical practice?



Result details

Left Blank	0
User entered value	29
Average submission length in words (ex blanks)	10.03
N/A	
Will definitely be more attentive and perform oral examinations on all my patients	
increased knowledge of HPV and risk factors screen	
NA	
Taking to patient more about HPV vaccination.	
encourage young patients male and female to have HPV vaccination	
include more family members in education not just parents	
Vaccination schedule to age 26 and older	
Some	
The course as completed about the role of HPV in Oral and Oropharyngeal Cancer, besides the enw information about vaccine schedules for prevention of these cancers. In fact, Oncological Dentists and Oral and Maxillofacial Surgeon must include this information in their daily outpatient clinical attendance.	
NA- retired- however, I teach medical students at FIU Herbert Wertheim College of Medicine and therefore I can keep them up to date as far as vaccinations for HPV Gardasil 9	
gained confidence to provide a better patient education	
To recommend the HPV vaccine	
I will use this info in my decision process to determine what lesions warrant HPV testing.	
N/A	
Address vaccination status in youth.	
N/A as I am retired, but will be helpful as a resource to family, friends, and community	
Be more aggressive about having patients place gardasil	
Be more aggressive about having patients place gardasil	
Be more aggressive about having patients place gardasil	

Be more aggressive about having patients place gardasil

more proactive in the dx of oral Ca related to HPV

Mainly reinforce the need for vaccination against HPV in all appropriate patients as well as their family members (children, grandchildren, friends, etc)

N/a

None

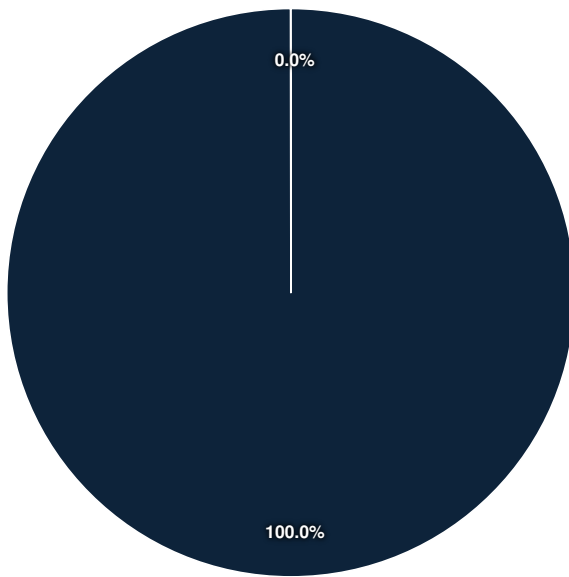
Importance of awareness of HPV vaccine for males and females and youths and adults.

More awareness of HPV in differential diagnosis of oropharyngeal lesions especially in the unvaccinated.

Diagnosis, treatment and HPV vaccination promotion

Non-clinical RN position

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



Result details

Left Blank	0
User entered value	29
Average submission length in words (ex blanks)	3.52
N/A	
Nothing will keep me from implementing new strategy	
-	
NA	
..	
time and cost	
n/a	
N/a	
Some	
I will implement these new strategies in my daily outpatient clinical attendance.	
retired	
planning to use the skills.	
N/a	
N/A	
N/A	
N/A	
Retired, see above.	
Non	
Non	
Non	
Non	

none

I will implement.

N/a

I am retired

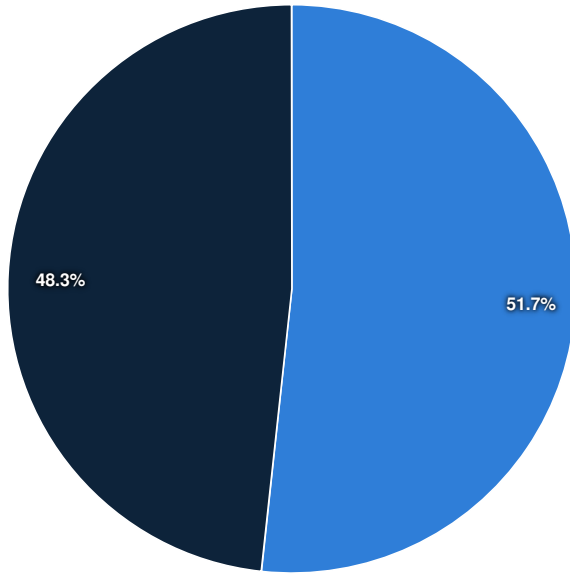
N/A

N/A

Limitation of diagnostics and availability of specialist in the island but, perhaps the solution would be by referrals to institutions with the capability and specialists

Non-clinical RN position however, I can share with others about the vaccine.

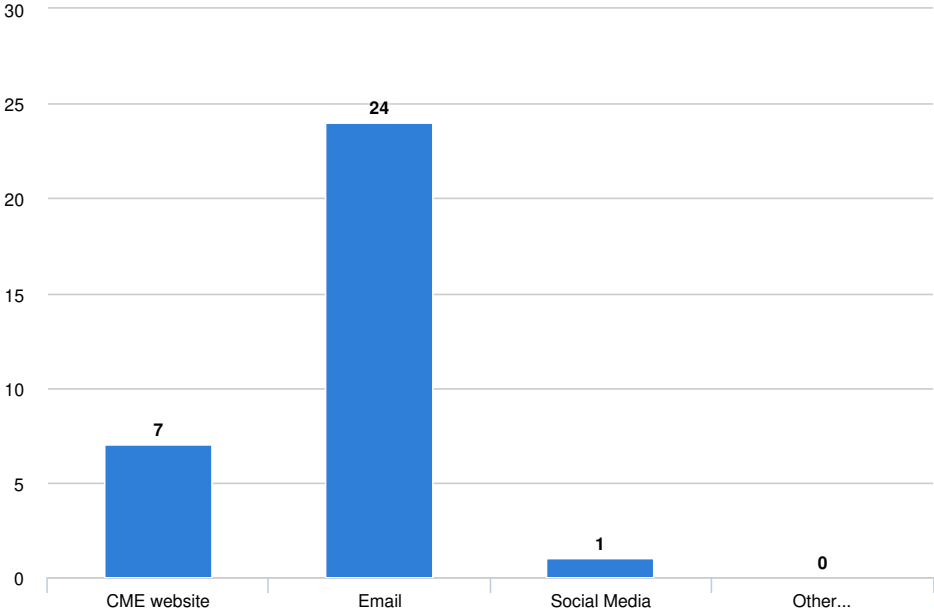
Please provide any additional comments or suggestions.



Result details

Left Blank	15
User entered value	14
Average submission length in words (ex blanks)	7.36
N/A	
Excellent course, continue this most convenient lecture avenue thru zoom	
she was very knowledgeable and her slides were excellent.	
Thank you	
practical synopsis with a lot of tips.	
Great presentation	
excellent talk	
Great presentation.	
I would have liked more information on the annual incidence in the US of HPV-related oropharyngeal cancers	
In summary was a very instructive conference,	
Excellent presentation. Thank you for sharing your knowledge.	
Very useful information. Needs to be included in our family medicine seminars.	
The presentation was very informative and up to date. Excellent and looking forward for more online medical conference like this. Thank you.	
None	

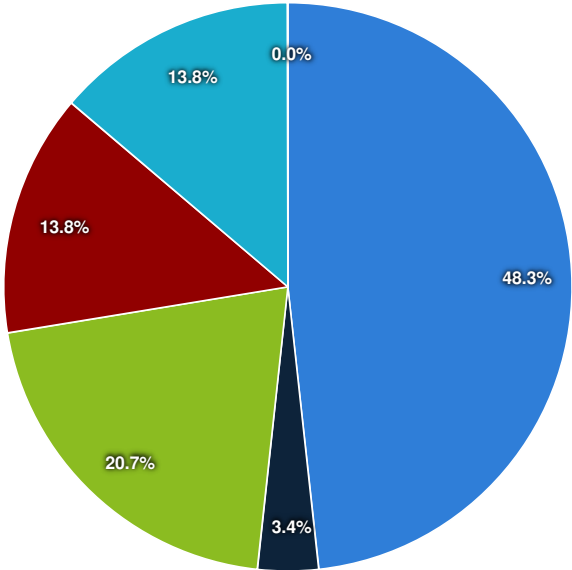
How did you hear about this course?



Result details

CME website	7
Email	24
Social Media	1
Other...	0

Please select one:



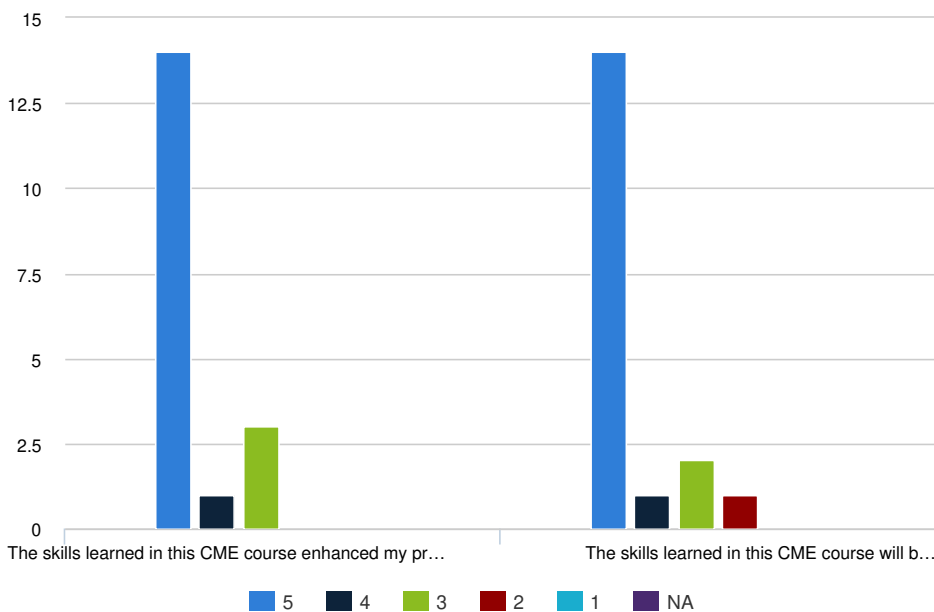
Result details

M.D., D.O.	14
Ph.D/Psy.D	1
ARNP/PA-C	6
R.N.	4
DMD/DDS	4
Other...	0

MCI Radiation Oncology Grand Rounds Evaluation - May 13, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

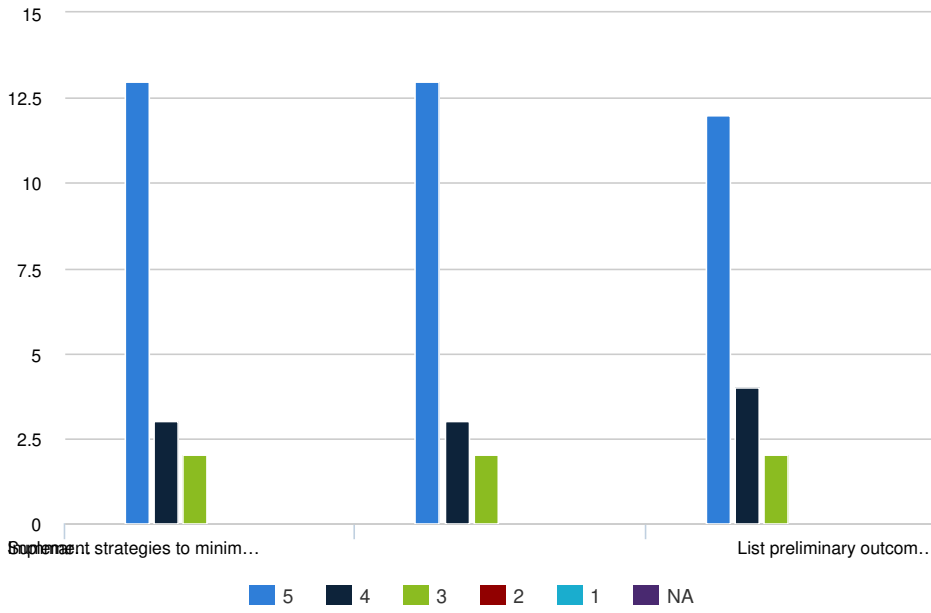
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	14	1	3	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients.	14	1	2	1	0	0

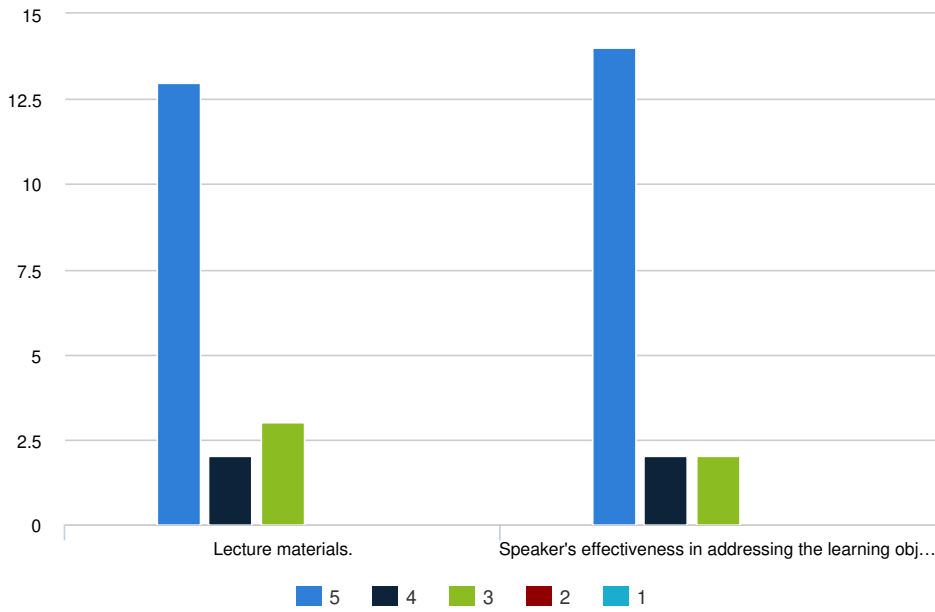
As a result of attending this conference, to what extent do you agree that you will be better able to: (rate the objectives)



Result details

	5	4	3	2	1	NA
Summarize data on radiation-associated toxicity in lymphoma patients and understand risk factors for toxicity.	13	3	2	0	0	0
Implement strategies to minimize radiation toxicity, including involved site/node radiotherapy, deep inspiration breath hold and proton therapy.	13	3	2	0	0	0
List preliminary outcomes with modern radiotherapy approaches.	12	4	2	0	0	0

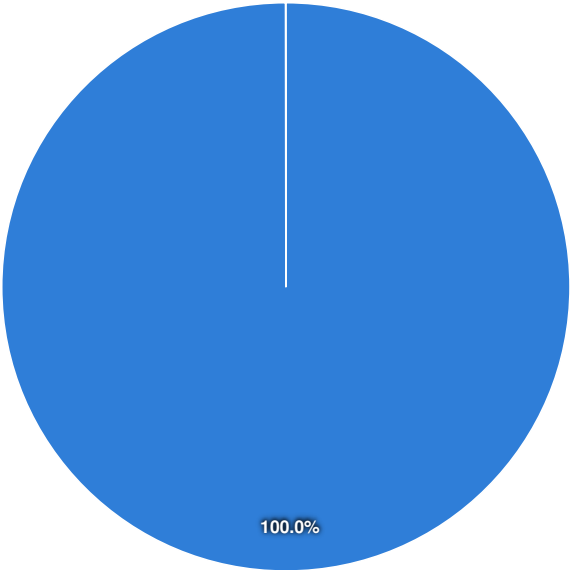
How satisfied or dissatisfied were you with the following conference content?



Result details

	5	4	3	2	1
Lecture materials.	13	2	3	0	0
Speaker's effectiveness in addressing the learning objectives.	14	2	2	0	0

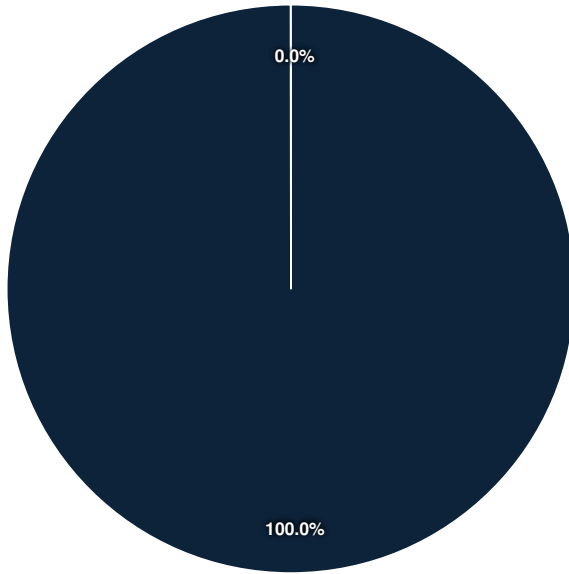
Was this course fair, balanced and without commercial bias?



Result details

Yes	18
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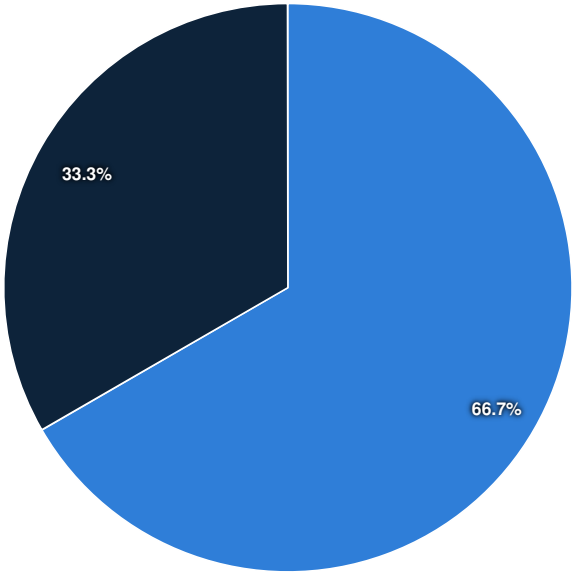
What, if any, new skills/strategies will you apply in your clinical practice?



Result details

Left Blank	0
User entered value	18
Average submission length in words (ex blanks)	5.33
Excellent lecture - about the use of PET adapted radiotherapy, mitigating toxicity and future directions for Lymphoma. Dr. Tseng was outstanding	
N/A	
Reduce radiation dose to 20 Gy.	
excellent presentation	
Reduce dose to 20 Gy for some lymphoma cases	
.	
excellent lymphoma talk. Dr. Tseng was fantastic and this was a full, comprehensive, and well-delivered presentation on an important topic.	
Summarize data on radiation-associated toxicity in lymphoma patients and understand risk factors for toxicity.	
Nothing	
Methods of data collection on radiation-associated toxicity	
N/A	
Better understanding of disease managemetrn	
na	
Nothing special	
yes	
N/A	
n/a	
n	

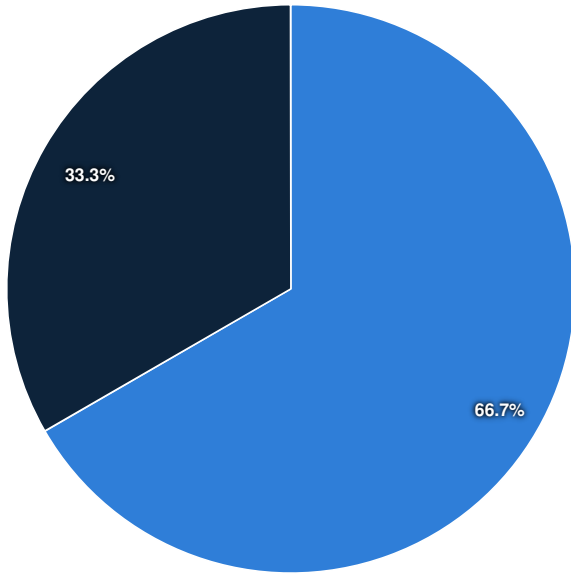
If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



Result details

Left Blank	12
User entered value	6
Average submission length in words (ex blanks)	1.33
N/A	
n/a	
.	
N/A	
NA	
na	

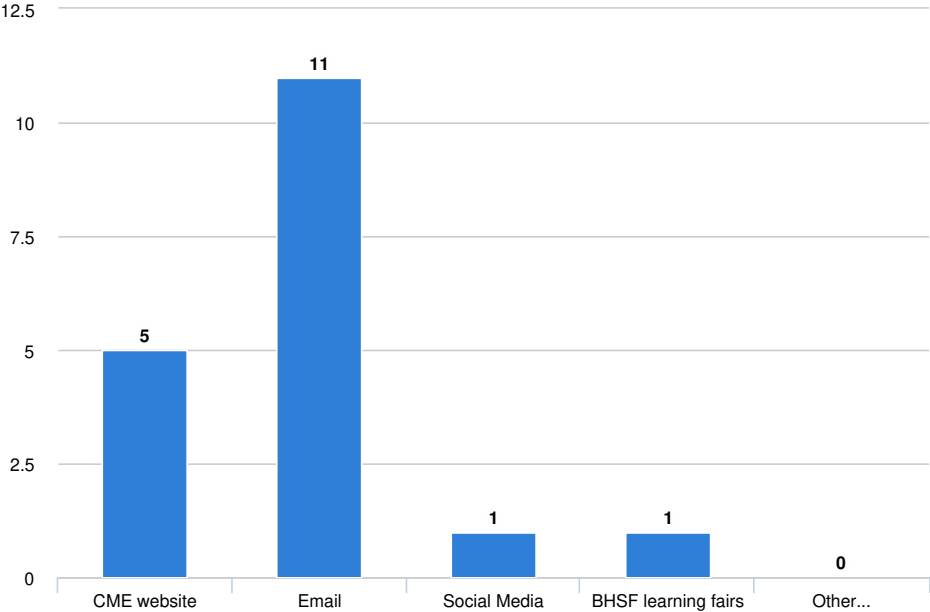
Please provide any additional comments or suggestions.



Result details

Left Blank	12
User entered value	6
Average submission length in words (ex blanks)	2.17
N/A	
Great talk.	
.	
The lecture was very clear!	
N/A	
Great speaker!	

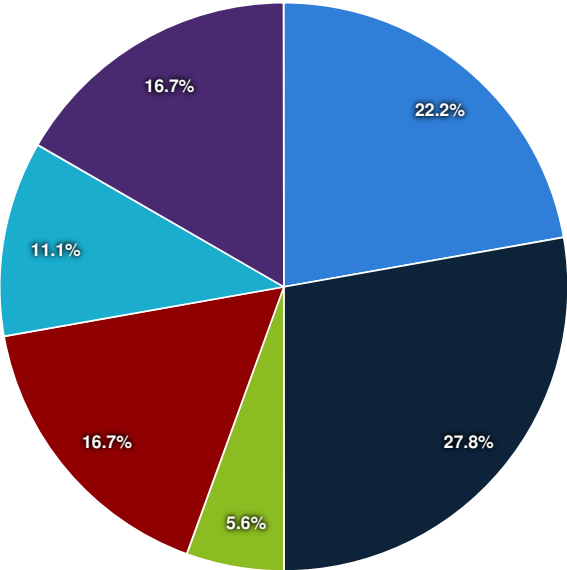
How did you hear about this course?



Result details

CME website	5
Email	11
Social Media	1
BHSF learning fairs	1
Other...	0

Please select one:



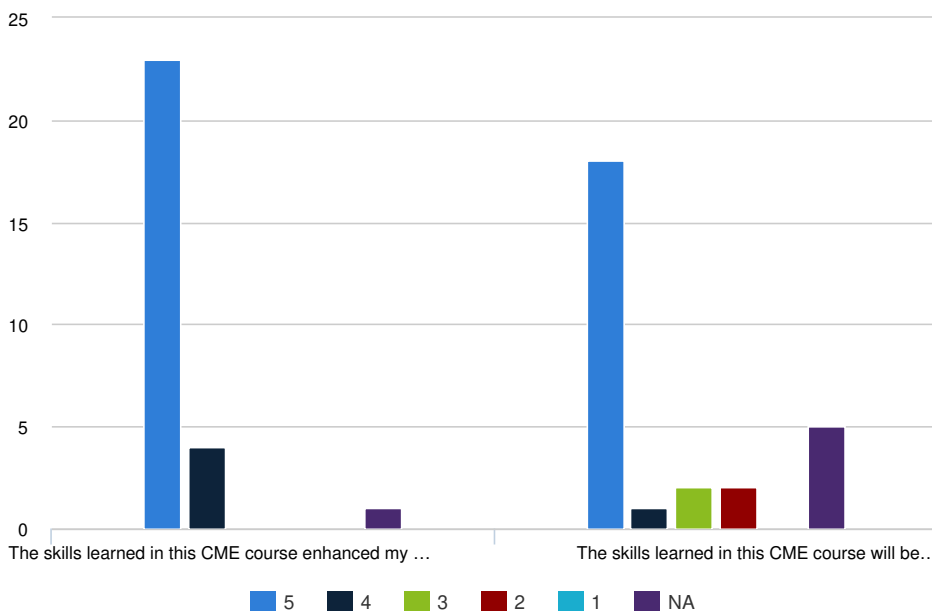
Result details

M.D., D.O.	4
Ph.D.	5
PA-C	1
ARNP	3
R.N.	2
Other...	3 (view)

Jose “Pepe” Alvarez Jr M.D. Memorial Lecture on Vascular Disease Evaluation - May 17 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

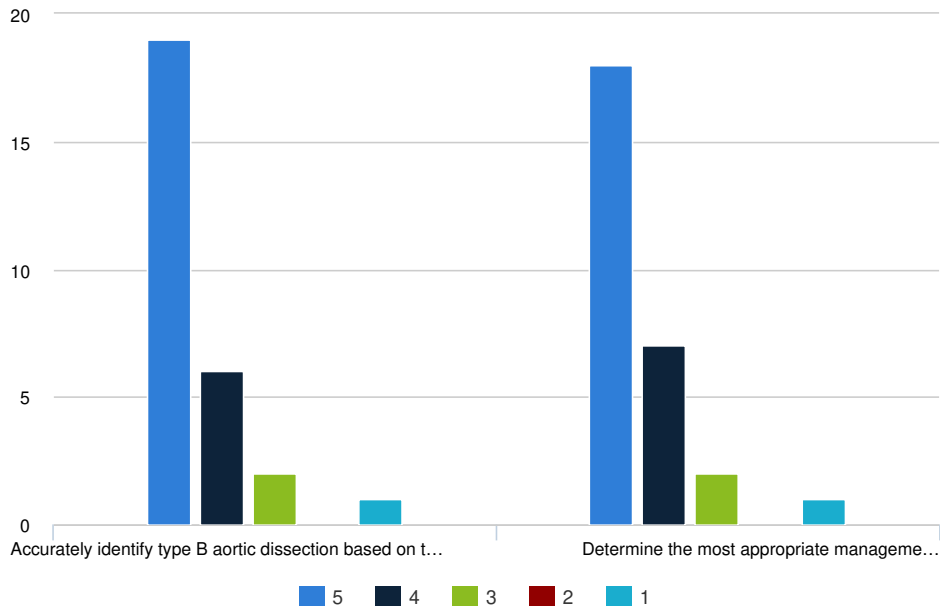
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	23	4	0	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	18	1	2	2	0	5

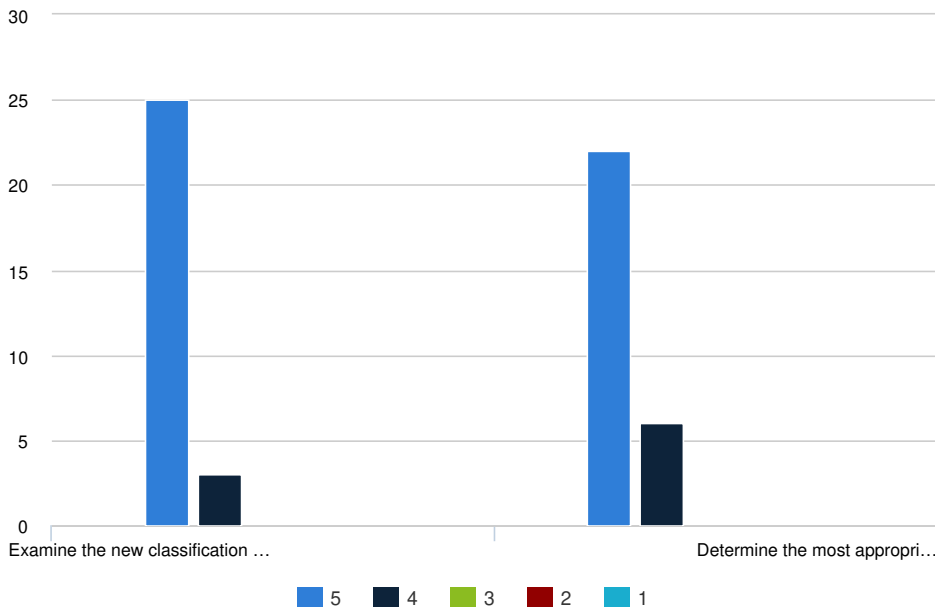
How confident are you in your ability to:



Result details

	5	4	3	2	1
Accurately identify type B aortic dissection based on the new classification.	19	6	2	0	1
Determine the most appropriate management strategies for type B aortic dissection.	18	7	2	0	1

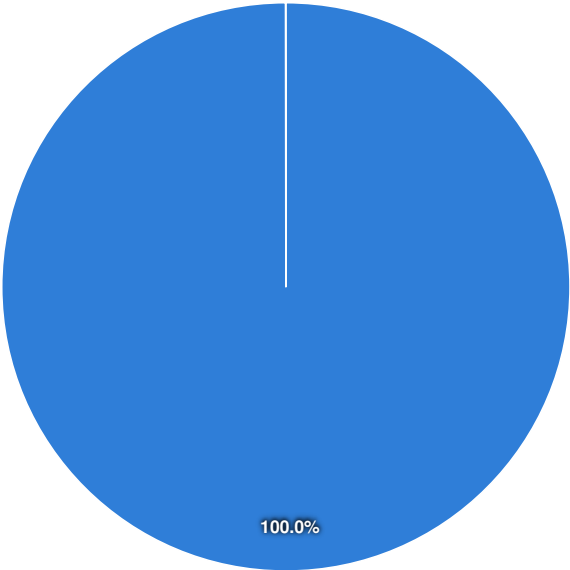
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



Result details

	5	4	3	2	1
Examine the new classification of type B aortic dissection and novel strategies in the management of aortic dissection.	25	3	0	0	0
Determine the most appropriate treatment plan for patients with aortic dissection based on patient characteristics.	22	6	0	0	0

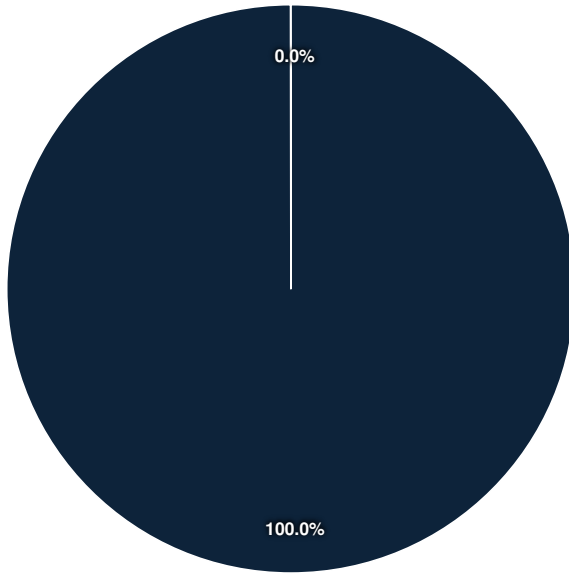
Was this course fair, balanced and without commercial bias?



Result details

Yes	28
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What, if any, new skills/strategies will you apply in your clinical practice?



Result details

Left Blank	0
User entered value	28
Average submission length in words (ex blanks)	7.04
N/A	
Neurologist	
Be able to refer patients that come in with medical history of aortic aneurysm.	
interpretation of imaging examinations and recommendations	
N/A	
NA	
understand the classification of aortic dissection	
N/A	
na	
Referred to vascular surgeon	
N/A	
Not applicable to my area in neonates.	
None	
None at this time	
Diagnostic approach to quickly identify Type B Aortic Dissection and timely referral to specialist for management and care.	
New classification	
Strongly consider use of bare metal stents in lower part of the dissection and increase length of coverage	
Basically there is a lot to be applied, specially since I am not a Surgeon. Better understanding of the approach as well as ways of identifying the situation and rapid referral or consultation with a well trained, experienced vascular Surgeon at a good Medical Center!	
More aggressive treatment on aortic dissections .	
.	

Petticoat

Will be more aware of diagnosing by testing, the frequently undiagnosed the existence of Aneurysms

Management of type B aortic dissection, diagnostics and evaluation

I learned the new. Classifications of aortic dissection

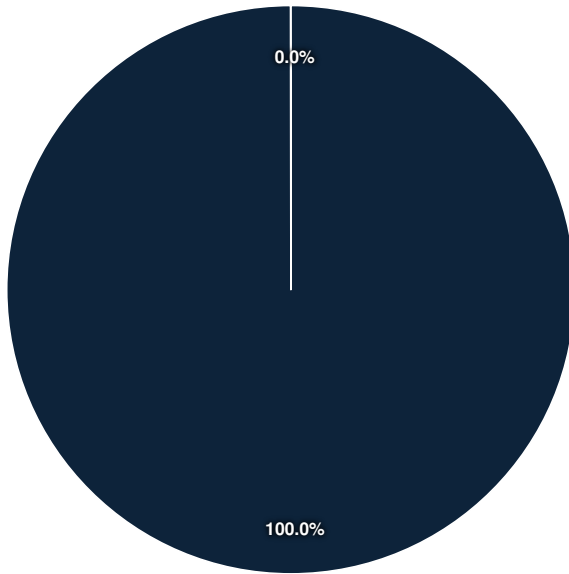
I learned the new. Classifications of aortic dissection

Consider candy plug technique

new classification of Aortic Dissection

Improved classification scales and diagnoses

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



Result details

Left Blank	0
User entered value	28
Average submission length in words (ex blanks)	3.54
N/A	
Neurologist	
Podiatry practice	
nothing	
Not part of my current practice but excellent information	
NA	
NA	
N/A	
scope of practice	
Referred to vascular surgeon	
N/A	
Not relevant to neonatal population but an excellent presentation none the less.	
Not applicable to my current practice	
N/A	
None that K know of at this time.	
Nothing	
nothing	
I will be implementing what I learned.	
Nothing	
.	
N/A	

Nothing will keep me from updating my knowledge thru conferences such as this one and implementing them

N/A

None

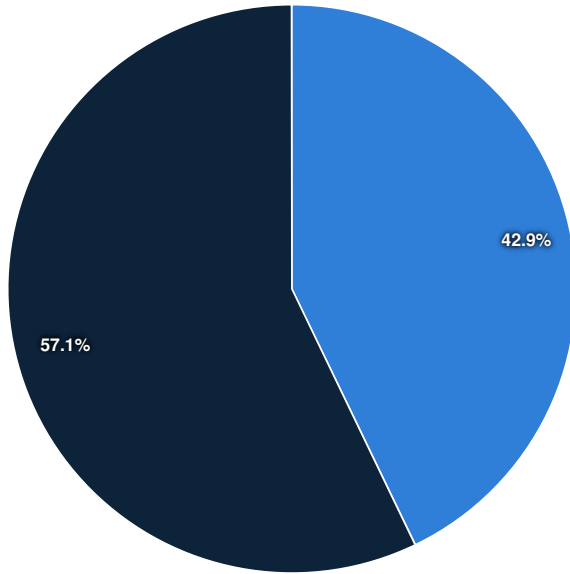
None

N/A

time and compliance of the patients

n/a

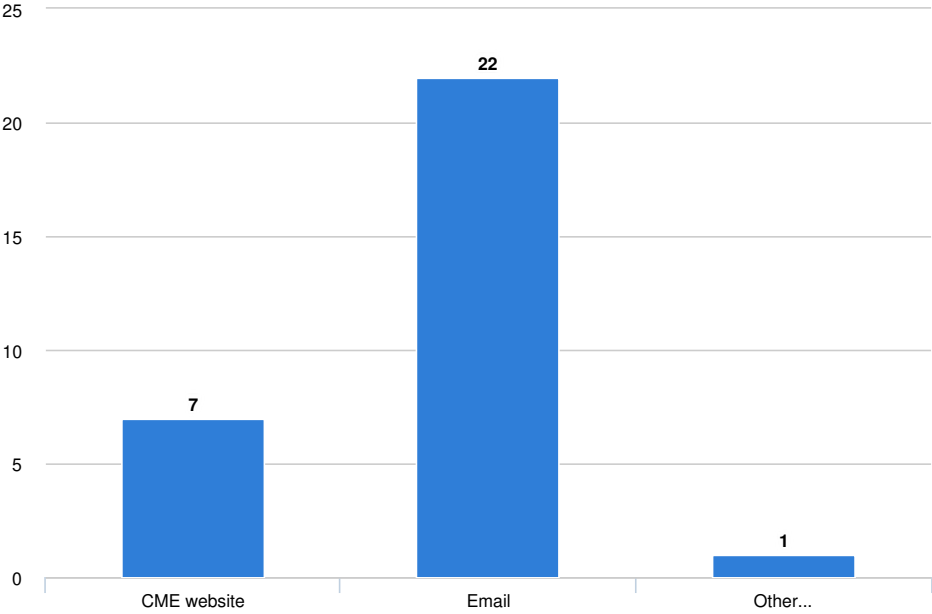
Please provide any additional comments or suggestions.



Result details

Left Blank	12
User entered value	16
Average submission length in words (ex blanks)	8.31
N/A	
The speaker was very fluent and very interesting in the adaptation of applying the new Tupe B classification.	
Love this lecture. Excellent speaker	
NA	
NA	
Na	
Dr. Lombardi was an excellent presenter. His simplicity in explaining a complex topic such as aortic dissection made it a more approachable topic for all in attendance.	
None	
None at this time	
The presentstion was extensive and precise given the time. Excellent webinar. Thanks.	
In Summary this was a very excellent and complete conference. It was also very interesting the way it was remembered the life of Dr. Jose (Pepe) Alvarez who unfortunately had a very short life. Must also congratulate Dr, Lombardi for an excellent presentation.	
.	
Very well done	
Continue this lecture format, convenient to lecturer and attendees	
new information to integrete.	

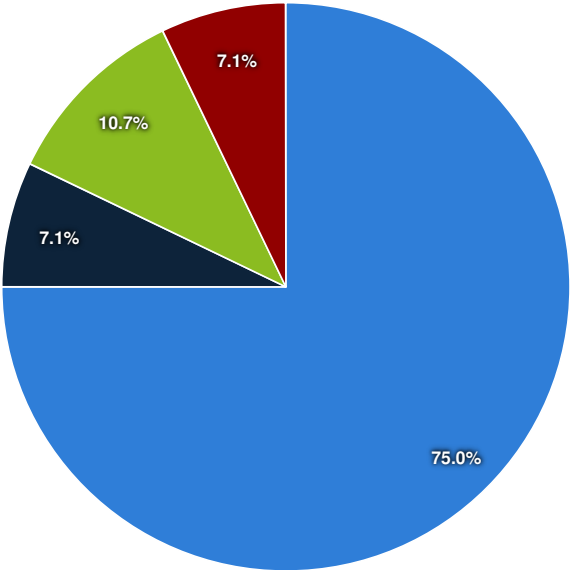
How did you hear about this course?



Result details

CME website	7
Email	22
Other...	1 (view)

Please select one:



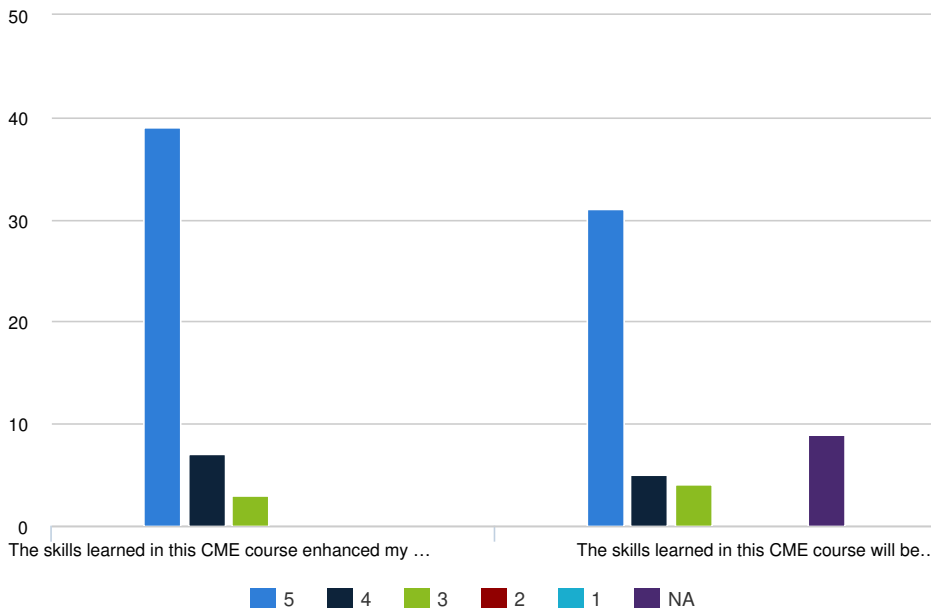
Result details

M.D., D.O.	21
ARNP/PA-C	2
R.N.	3
Other...	2 (view)

Conversations in Ethics Evaluation - May 18, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

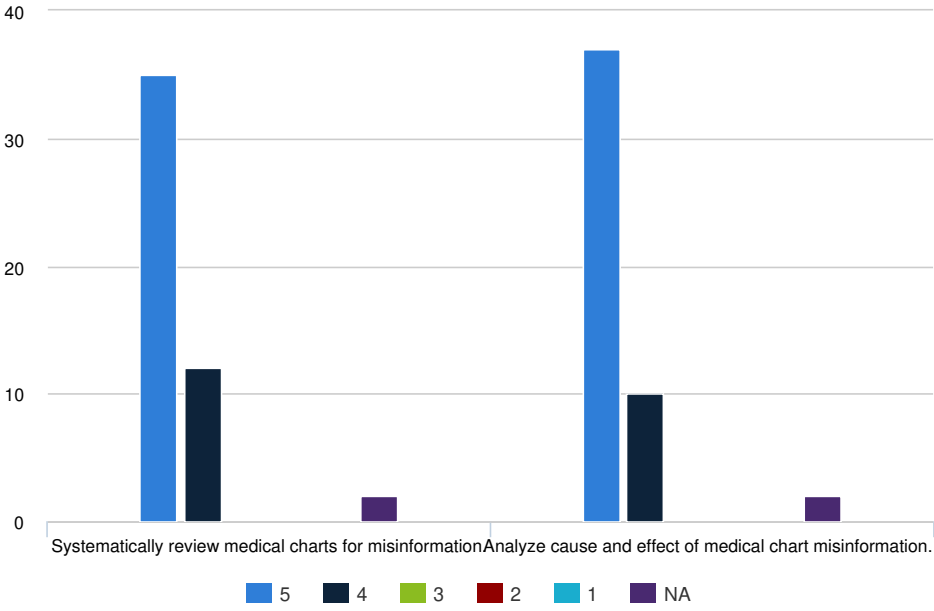
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	39	7	3	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients.	31	5	4	0	0	9

As a result of attending this conference, to what extent do you agree that you will be better able to: (rate the objectives)

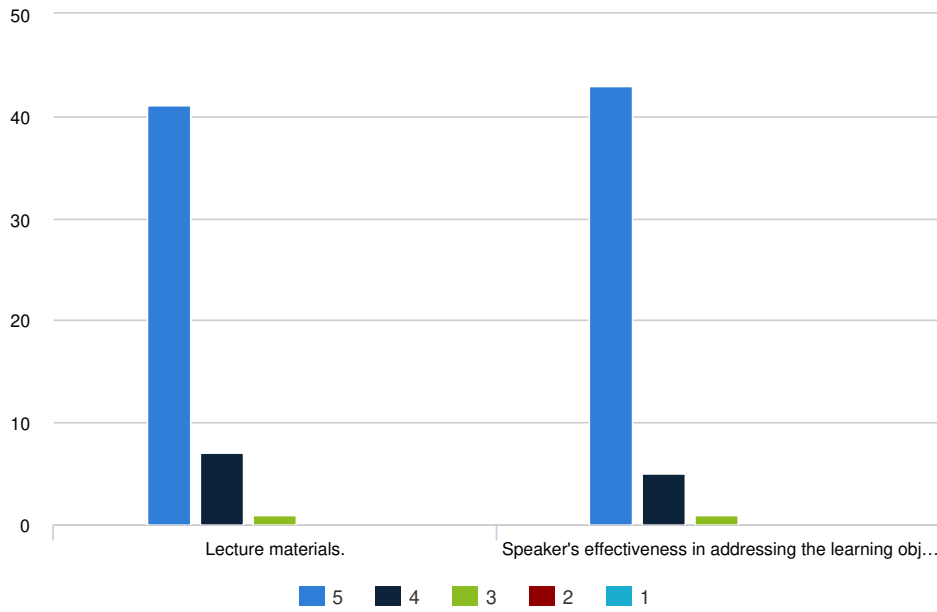


Result

details

	5	4	3	2	1	NA
Systematically review medical charts for misinformation.	35	12	0	0	0	2
Analyze cause and effect of medical chart misinformation.	37	10	0	0	0	2

How satisfied or dissatisfied were you with the following conference content?

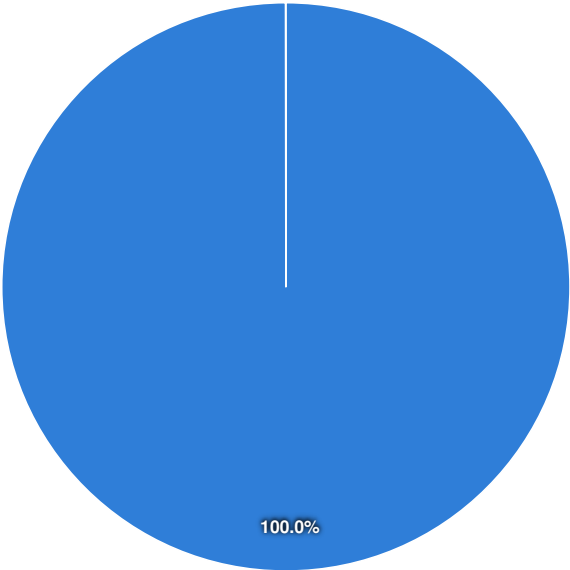


Result

details

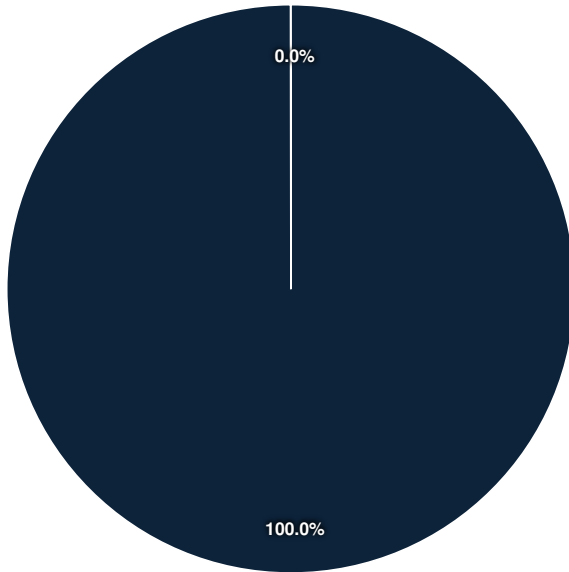
	5	4	3	2	1
Lecture materials.	41	7	1	0	0
Speaker's effectiveness in addressing the learning objectives.	43	5	1	0	0

Was this course fair, balanced and without commercial bias?



Result details	
Yes	49

What, if any, new skills/strategies will you apply in your clinical practice?



Result details	
Left Blank	0
User entered value	49
Average submission length in words (ex blanks)	10.80
N/A	
CREATE UPDATE ABOUT NEW POLICIES	
na	
how to request amendment if needed	
Be aware of the importance of correct info in the record.	
N/A	
n/a	
I now know the process to guide patients when they ask for amendments.	
Pay attention during chart reviews to clinical misinformation.	
Better knowledge and understanding of misinformation when reviewing patient charts.	
Educate Pts if they feel their records need to be amended	
From a Patient Experience standpoint, the information from the course will help me better support patients and family members.	
Knowledge about amendments process for medical records	
Know the 60 day time frame to respond	
Be more aware of how to initiate a review and or correction of questionable information a patient brings up, or I notice in the chart.	
Use of form to request amendment and knowledge of where to access. Will be able to speak about the process and prevalence more clearly.	
Reaching to medical records when they want to do a addendum	
I was not familiar with the term overlay .	
None	
Na	
Did not realize as of 2021 patients have full access to their charts. Excellent presenter and great e.g.	

Better understanding of why/how patients and staff request records to be amended.

It is good to know that patients have the right to correct incorrect data but to also let them know that the process is complex. This session helps me be more informed so I can talk with patients about it if they raise concern and put them in touch with Mercy's department.

NA

As a PI nurse, it does not end with me sending a record to medical quality, for the doctor to receive rule letter for documentation issues. The case may need to be escalated and corrected. Great webinar with great examples!!

It was helpful especially when I get HIM asking about things that are in or not in the medical record.

NA

N/A

yes

It was good to see what can be done to make changes if you come across them

Involving the team when a Provider is asked to change or amend info in file as there may be other implications of doing so in addition to writing a note.

appropriate medical documentation, and working with compliance teams

All of them

I am retired and not clinically practicing

Carefully review my documentation.

Use video to teach my students about importance of accurate charting

Update chart when discrepancies arise during history taking

Collaboration with other departments

Recognizing different types of misinformation, what to look for, and who to address the issue with. (Amendments. Also the legal aspects of it and technology amendments.

pay more attention to documentation

It gives a new perspective to makes me aware that such issues can happen.

This course was excellent. The speakers were knowledgeable and easy to understand. Answered all questions.

N/A = non-clinical

Great Information! Loved the intro

Making sure what information gets put into medical charts

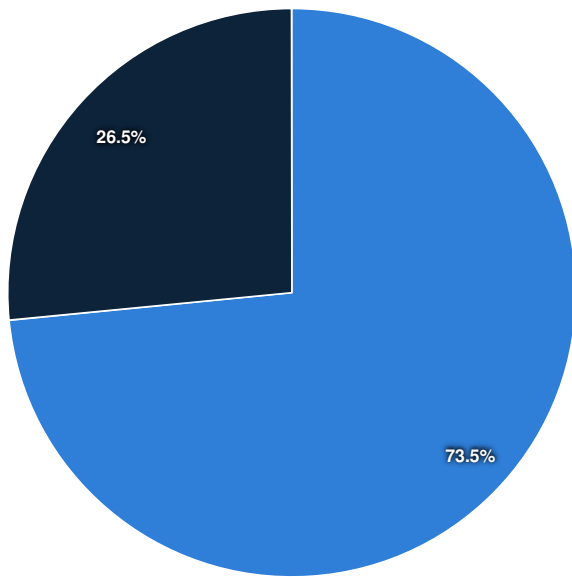
.

NA

NA

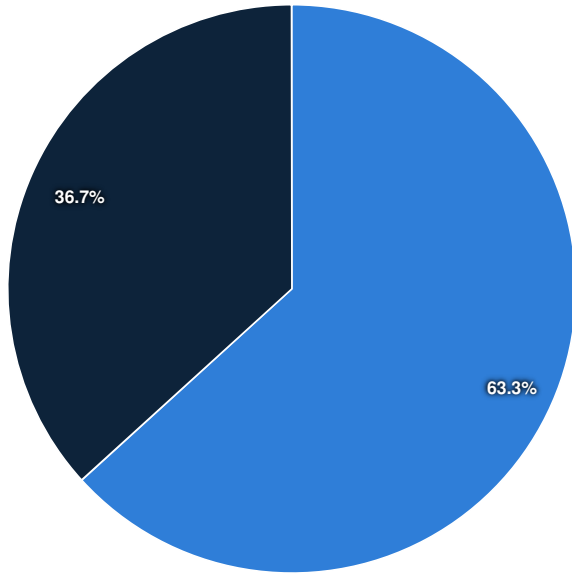
I now know the process of correcting misinformation in medical charts and how to better identify incorrect information as well as how to help patients in submitting requests for corrections

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



Result details	
Left Blank	36
User entered value	13
Average submission length in words (ex blanks)	3.00
N/A	
NONE	
na	
n/a	
I am retired	
NA	
Will try to be more careful with not making errors and teach my staff and students to do the same.	
NA	
as above.	
n/a	
N/A	
N/A	

Please provide any additional comments or suggestions.



Result details	
Left Blank	31
User entered value	18
Average submission length in words (ex blanks)	15.39
N/A	
na	
n/a	
Really informative webinar!	
Excellent presentation with very helpful information. Wholeheartedly agree that it takes a village to care for our patients and family members. Thank you for your time and sharing all this wonderful information with us.	
As always, Mercy is a wonderful speaker.	
NA	
NA	
It Was Great	
Thanks. Important topic for all stages of medical care.	
n/a	
The speakers were quite knowledgable and provided valuable information. Thank you!	
Thank you	

Informative

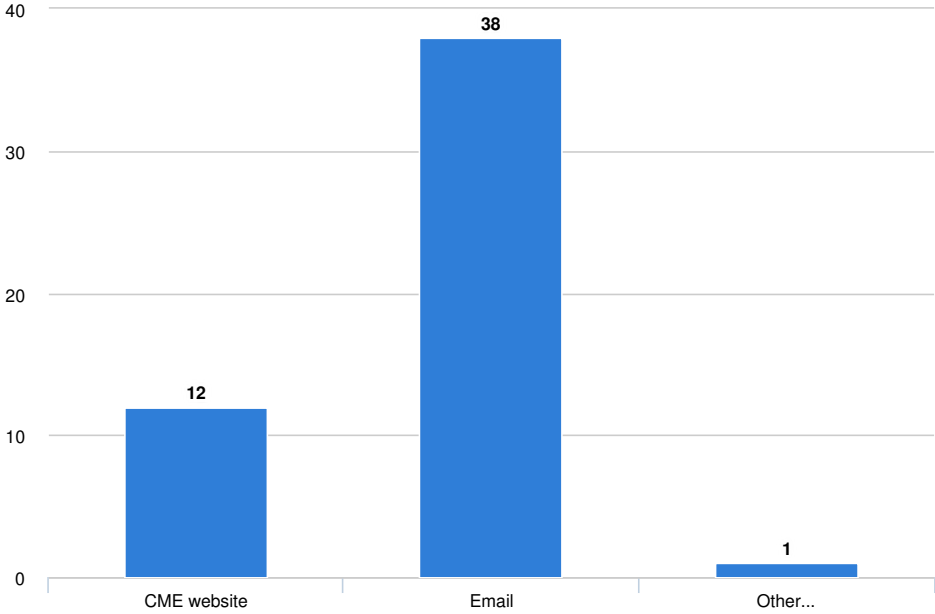
This was a very resourceful presentation and very well done, not only for the healthcare but also as patients that we are as well. It taught us how important it is for us to keep track of what we have in our own charts that can have future effects as well. I have seen simple mistakes in the past and did not paid as much attention to discuss sometimes and now I learned the importance. Also the legal aspects as well as how technology changes also have an effect in amendments of this charts. It is important to target this at the present moment and make sure charts are as accurate as can be from the beginning and what it is written in order to prevent future issues. Also I learned that it takes a village (Dept.) to work on all of these charts and the importance of communication among those involved and who we need to go to if we have questions in regards to the charts. Thank you Mercy and Mike for this awesome and informative presentation. :-)

More case scenarios.

.

Thank you for this topic, which was interesting and one I haven't had before!

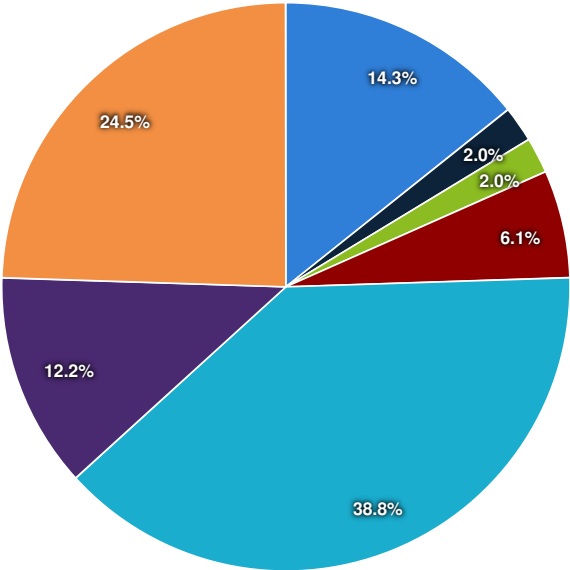
How did you hear about this course?



Result details

CME website	12
Email	38
Other...	1 (view)

Please select one:



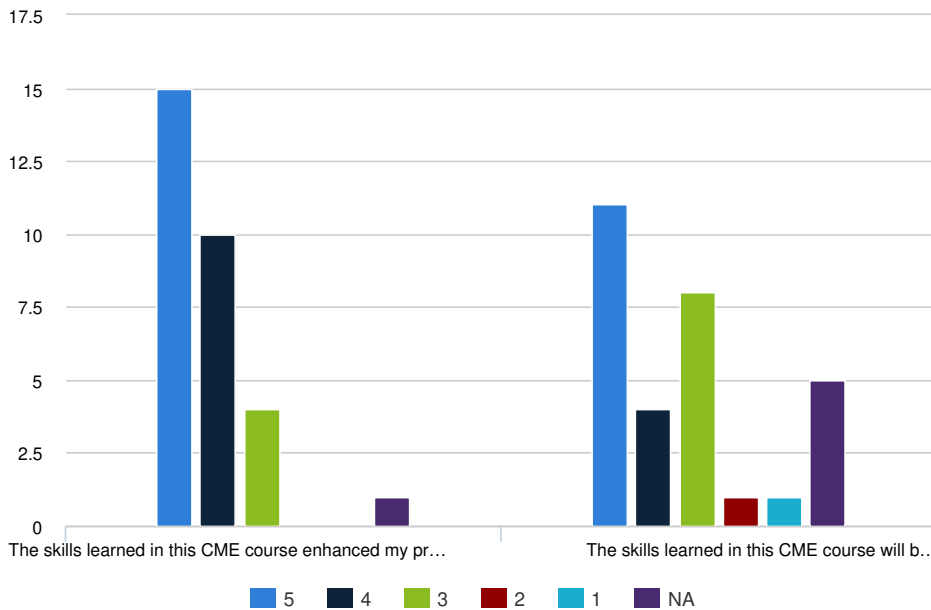
Result details

M.D., D.O.	7
Ph.D.	1
Psy.D.	1
ARNP	3
R.N.	19
SW/MFT/MHC	6
Other...	12 (view)

Mental Health Evaluation - May 19, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

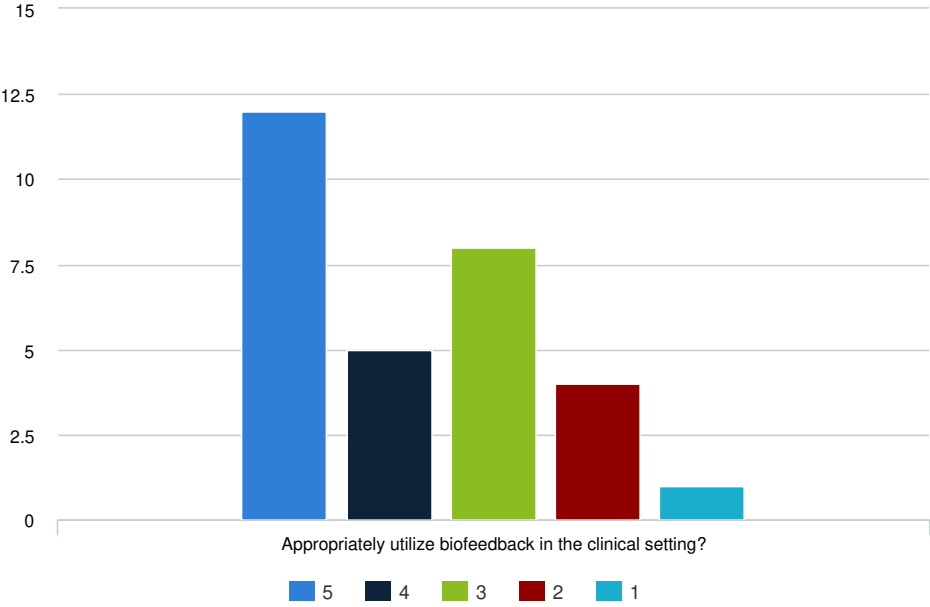
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	15	10	4	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	11	4	8	1	1	5

How confident are you in your ability to:

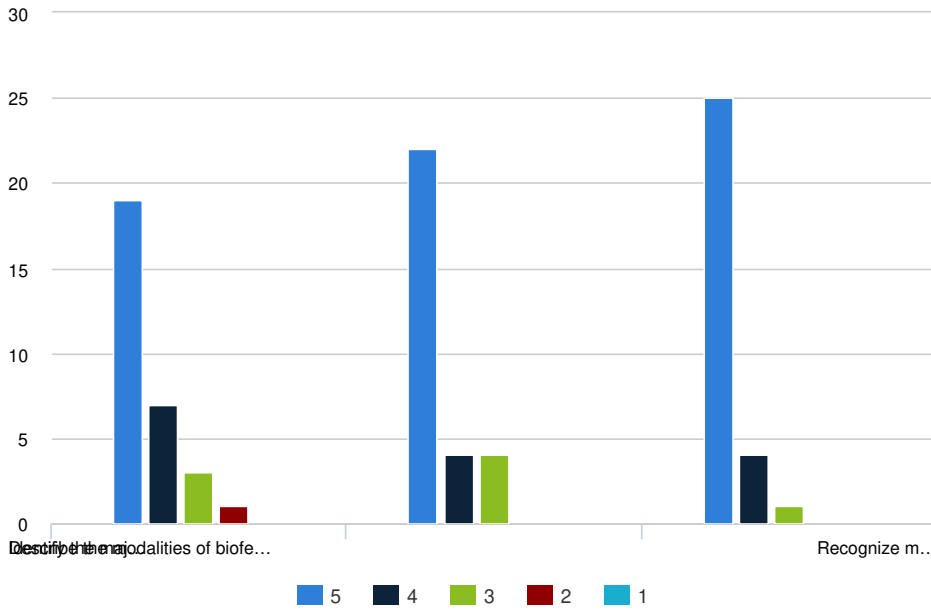


Result

details

	5	4	3	2	1
Appropriately utilize biofeedback in the clinical setting?	12	5	8	4	1

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?

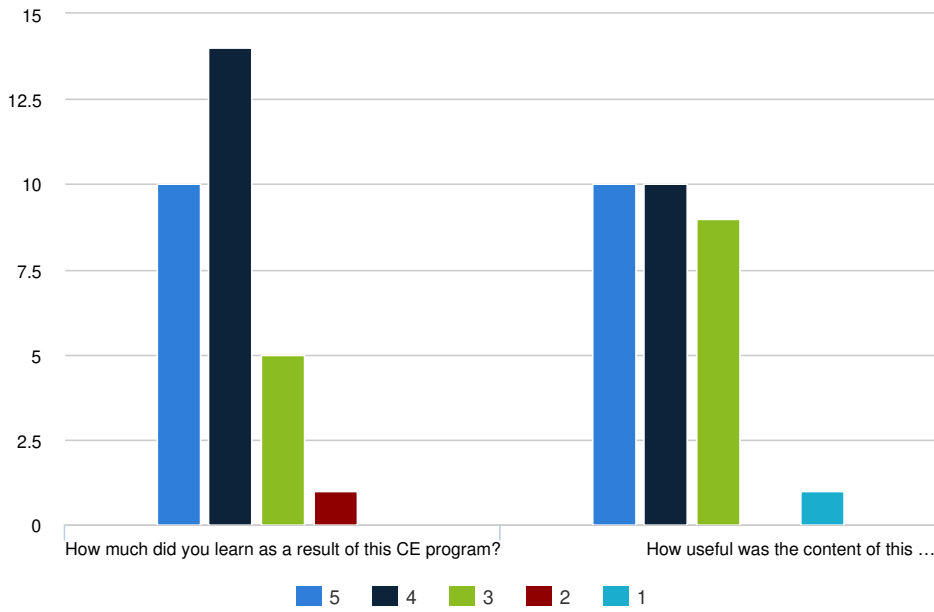


Result

details

	5	4	3	2	1
Identify the major differences between standard medical care and biofeedback approaches.	19	7	3	1	0
Describe the modalities of biofeedback and its applications for the ancillary or primary treatment of many physical and mental disorders.	22	4	4	0	0
Recognize medical conditions for which biofeedback is an effective treatment option.	25	4	1	0	0

Rate the Following

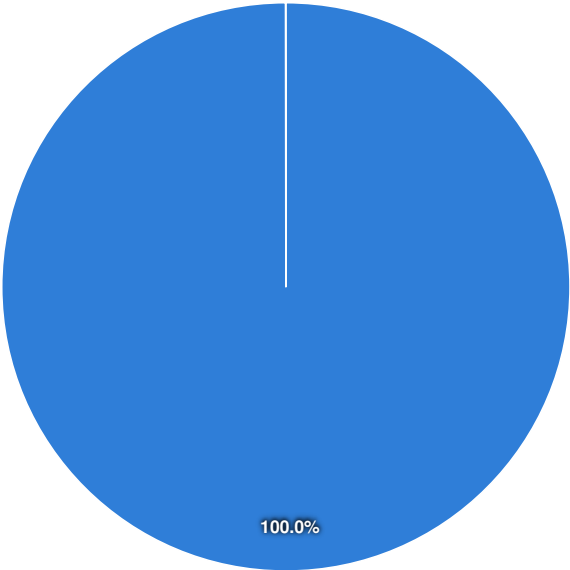


Result

details

	5	4	3	2	1
How much did you learn as a result of this CE program?	10	14	5	1	0
How useful was the content of this CE program for your practice or other professional development?	10	10	9	0	1

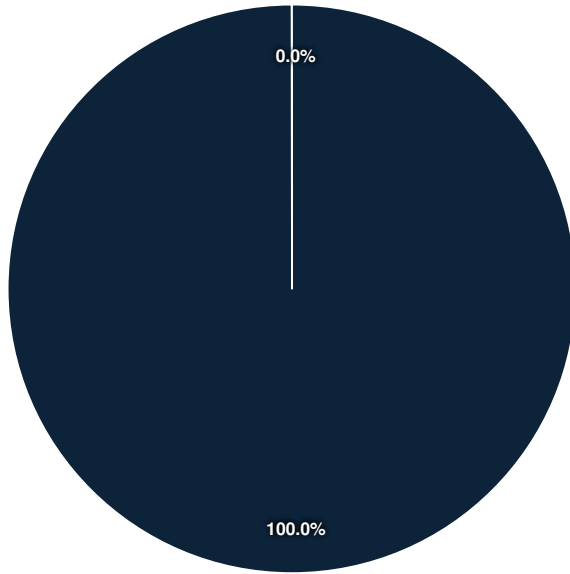
Was this course fair, balanced and without commercial bias?



Result details

Yes	30
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What, if any, new skills/strategies will you apply in your clinical practice?



Result details	
Left Blank	0
User entered value	30
Average submission length in words (ex blanks)	7.33
n/a	
Non clinical RN	
None at this time	
I plan to take more in depth courses	
NONE	
biofeedback by monitoring temperature.	
Good for patient education	
Reiki as an adjunct to what I can currently offer.	
N/A	
More consideration of the relationship amongst varied modalities of healing.	
I am able to suggest biofeedback as an option to my patients with more confidence.	
I will now suggest biofeedback as a treatment for some of my clients to look for in my community, whereas it wasn't on my radar before.	
na	
understanding biofeedback treatment.	
None	
I may consider referral for biofeedback	
This was informational and helpful to add to patient resources	
N/A	
n/a	
Consider the use of biofeedback as an effective treatment option for patients meeting specific criteria.	
Referral knowledge for incl Biofeedback as treatment modality.	
Not applicable to my current situation	

As an office-based physician, I do not practice biofeedback. However, as the result of the presentation, I am now very aware of the the efficacy of the technique in selected patients. I will include biofeedback as another modality of help .

I don't see patients

Would like to become trained in this area it was very motivating

NA

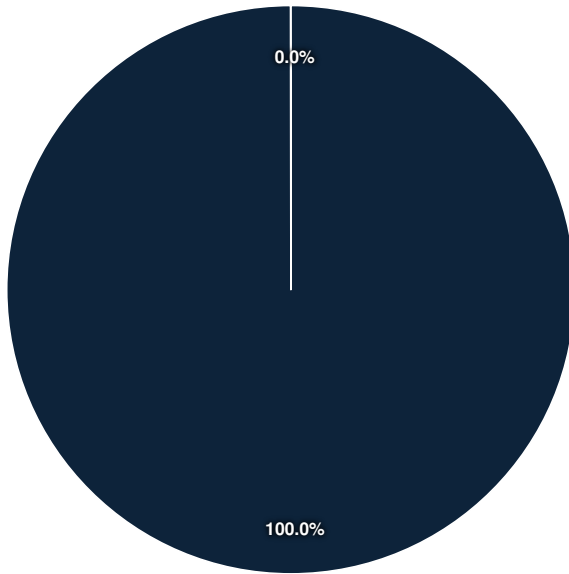
Better understand uses for biofeedback.

N/A

Increased knowledge of treatment modalities

different patient groups who could benefit from Biofeedback

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



Result details	
Left Blank	0
User entered value	30
Average submission length in words (ex blanks)	4.43
n/a	
Non clinical RN	
NA	
Need more training	
NONE	
trust and confidence of the patients.	
Limited patient contact	
Access to Biofeedback technology in current position.	
N/A	
None	
My department is not currently equipped to provide biofeedback; however, I will be able to make referrals more confidently.	
n/a	
Already familiar with the subject	
would refer the patient to professional specialist.	
Already use strategies presented.	
Insurance coverage, provider availability	
n/a	
Hard to implement when not cover by health insurance	
n/a	
Refer to qualified practitioners who apply biofeedback in their interventions.	
None	
Current population not suitable	

Current population not suitable

n/a

my job is online

Would like to become trained in this area it was very motivating

I will try

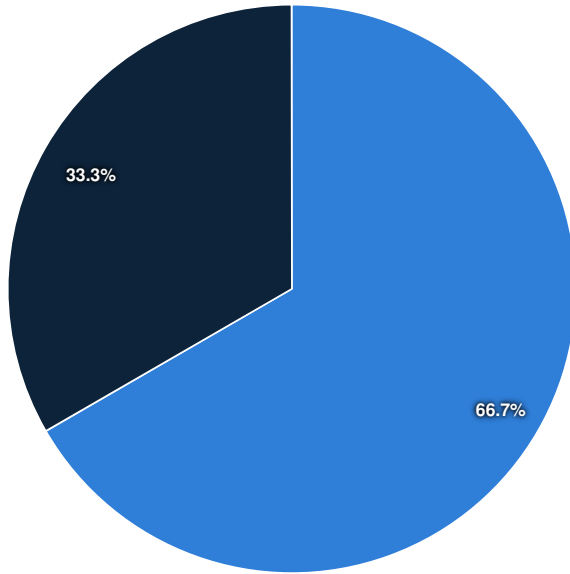
Retired

N/A

Need more training.

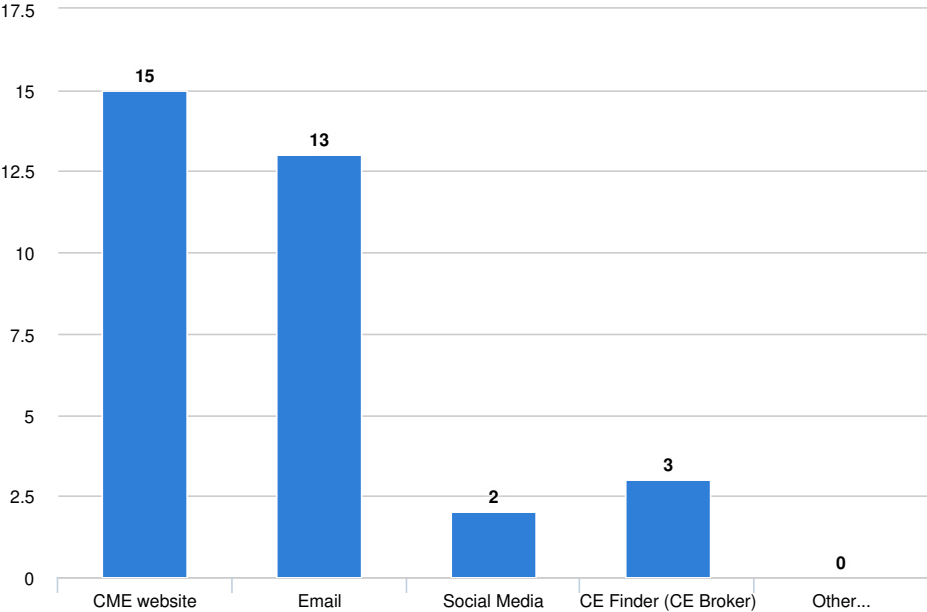
I plan on referring more pts for Biofeedback

Please provide any additional comments or suggestions.



Result details	
Left Blank	20
User entered value	10
Average submission length in words (ex blanks)	7.70
NA	
practical use of biofeedback.	
N/A	
Very interesting and helpful.	
I appreciated how knowledgeable the speaker was. I thought the case studies were effective to illustrate the point because they had the 'real people' element.	
Thank you. The presentation was informative.	
I greatly appreciated Dr. Rosenthal's presentation of the history of the development of biofeedback ... and its current utilization in clinical practice.	
excellent presentation	
You do a great job all the lectures are terrific	
N/A	

How did you hear about this course?

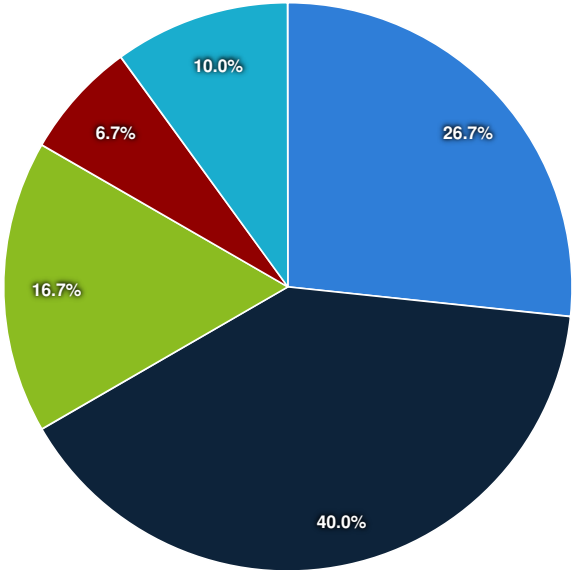


Result

details

CME website	15
Email	13
Social Media	2
CE Finder (CE Broker)	3
Other...	0

Please select one:



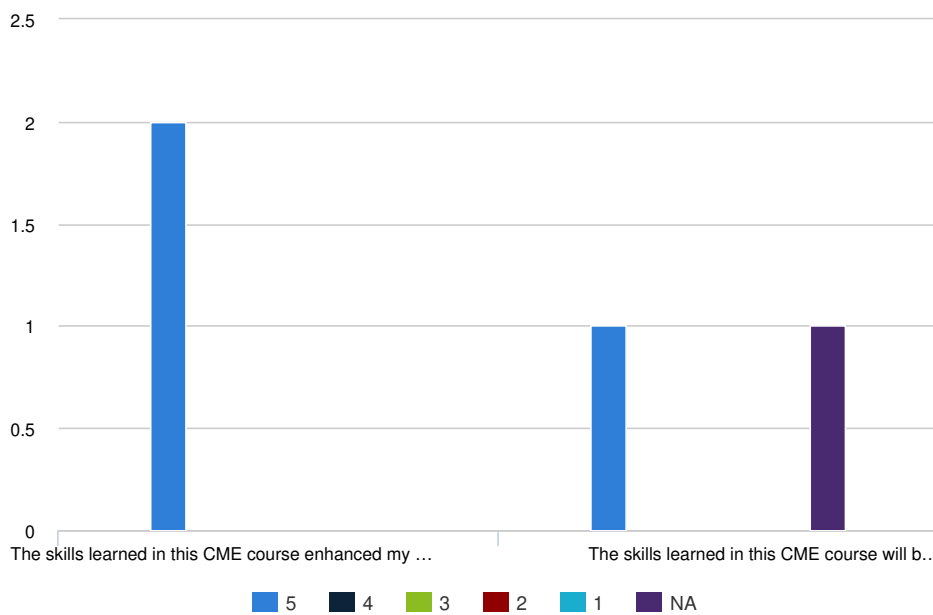
Result details

M.D., D.O.	8
Ph.D/Psy.D	12
R.N.	5
Social Work	2
Other...	3 (view)

Teaching Physicians Billing Evaluation - July 28, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

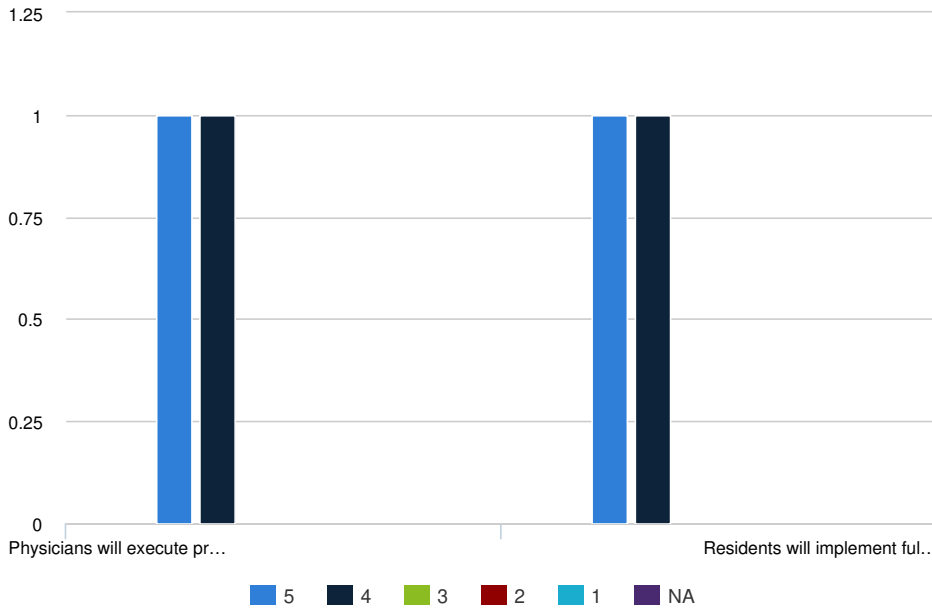
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



5 4 3 2 1 NA

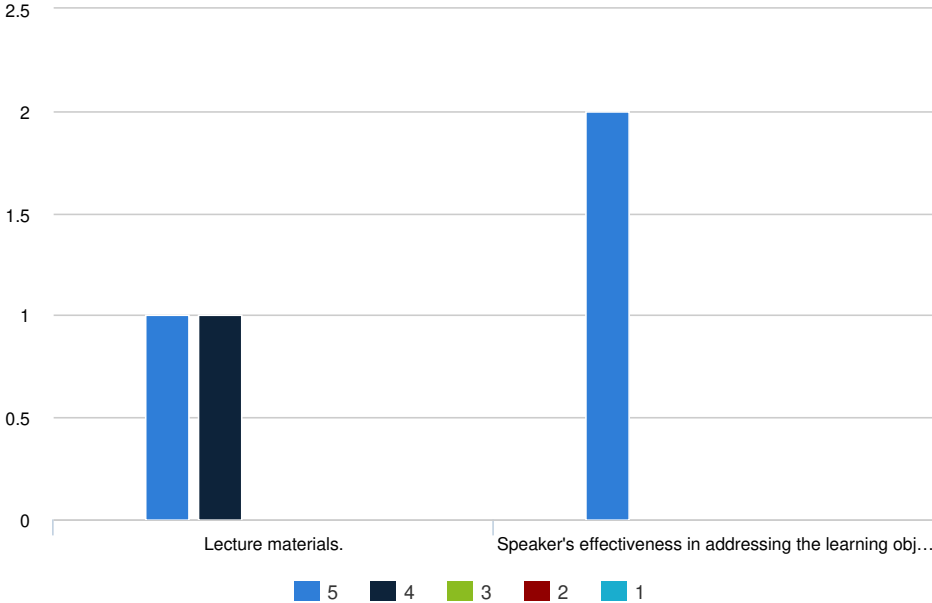
The skills learned in this CME course enhanced my professional competence.	2	0	0	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients.	1	0	0	0	0	1

As a result of attending this conference, to what extent do you agree that you will be better able to: (rate the objectives)



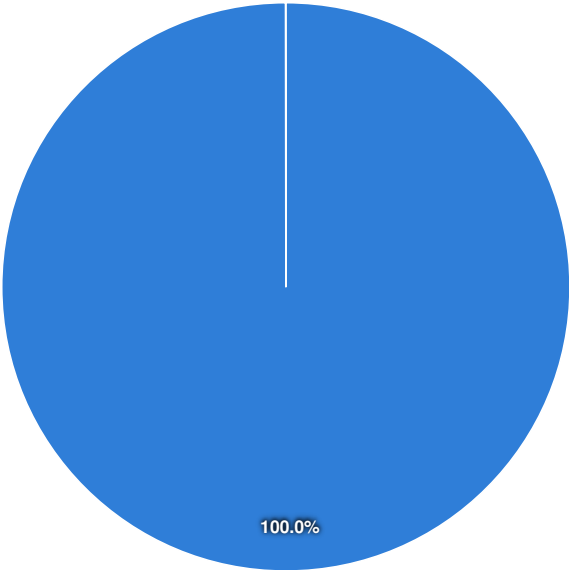
	5	4	3	2	1	NA
Physicians will execute providing and document the appropriate level of participation/supervision for services performed by residents.	1	1	0	0	0	0
Residents will implement fully documenting the specifics of the service including clinical scenario and management.	1	1	0	0	0	0

How satisfied or dissatisfied were you with the following conference content?



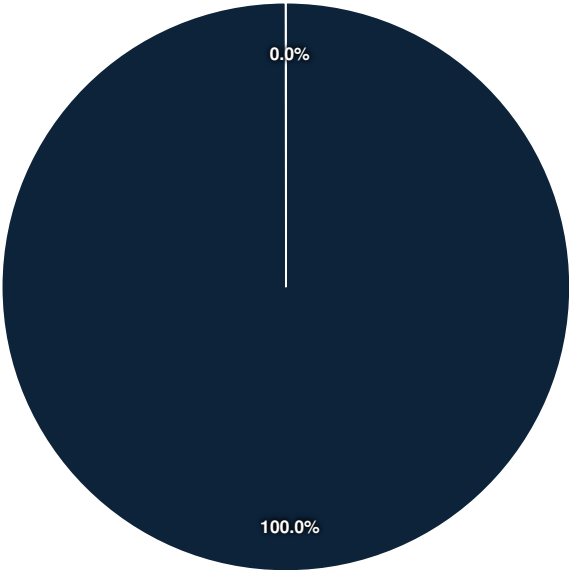
	5	4	3	2	1
Lecture materials.	1	1	0	0	0
Speaker's effectiveness in addressing the learning objectives.	2	0	0	0	0

Was this course fair, balanced and without commercial bias?



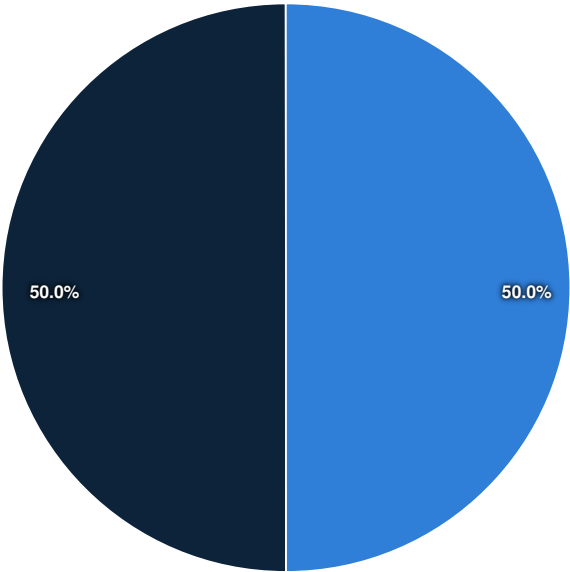
Yes	2
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What, if any, new skills/strategies will you apply in your clinical practice?



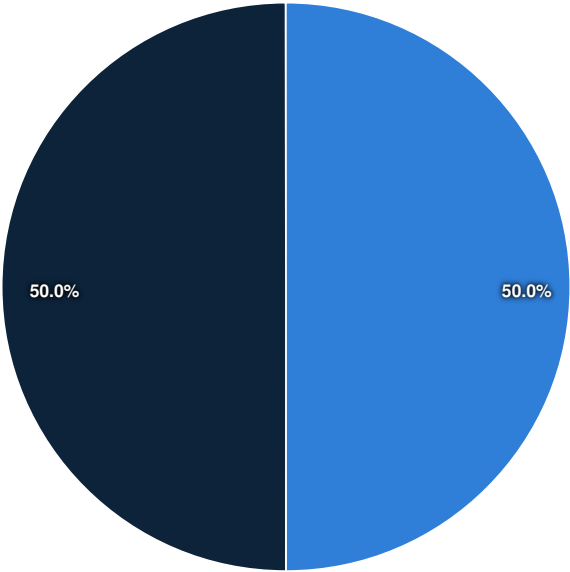
Left Blank	0
User entered value	2
Average submission length in words (ex blanks)	3.50
Teaching physician Billing for procedures	
N/A	

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



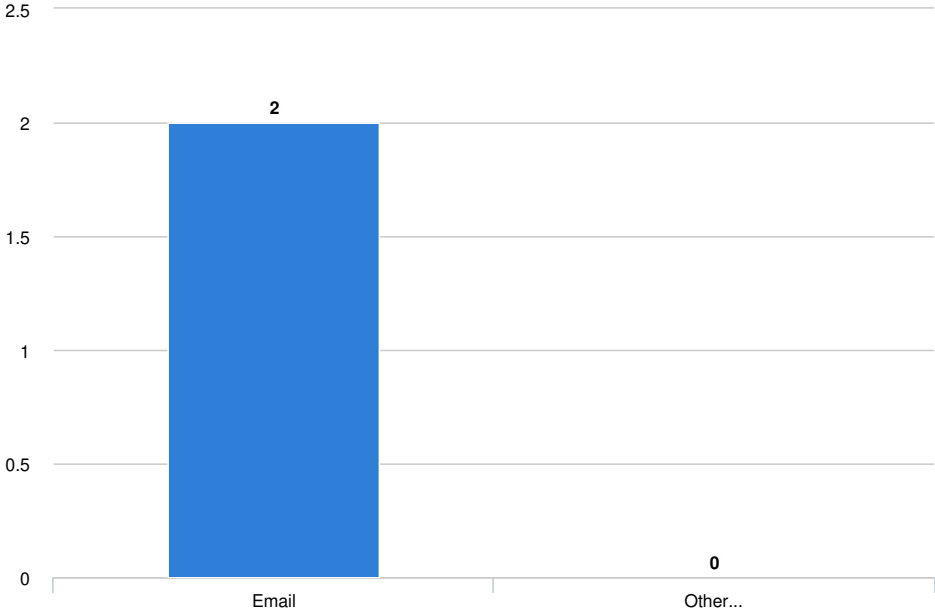
Left Blank	1
User entered value	1
Average submission length in words (ex blanks)	2.00
N/A	

Please provide any additional comments or suggestions.



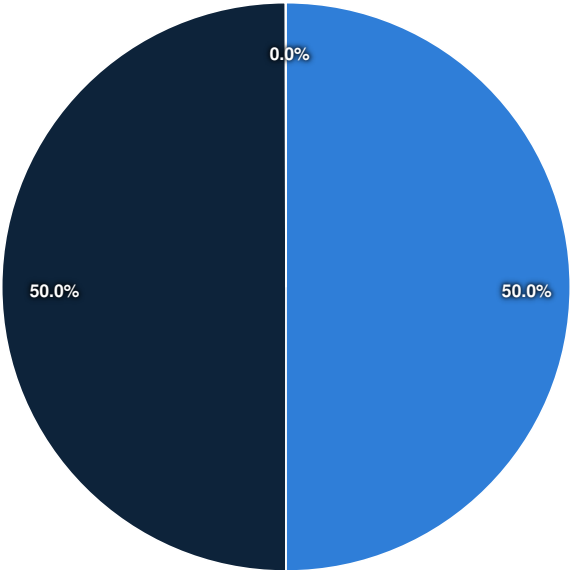
Left Blank	1
User entered value	1
Average submission length in words (ex blanks)	2.00
Very informative	

How did you hear about this course?



Email	2
Other...	0

Please select one:

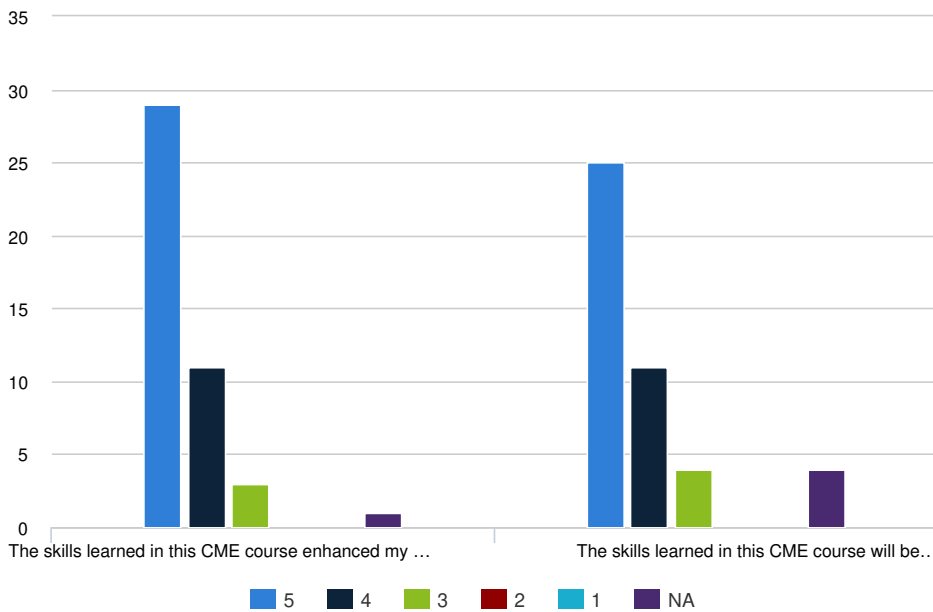


M.D., D.O.	1
R.N.	1
Other...	0

MCVI Grand Rounds Evaluation - August 31, 2022

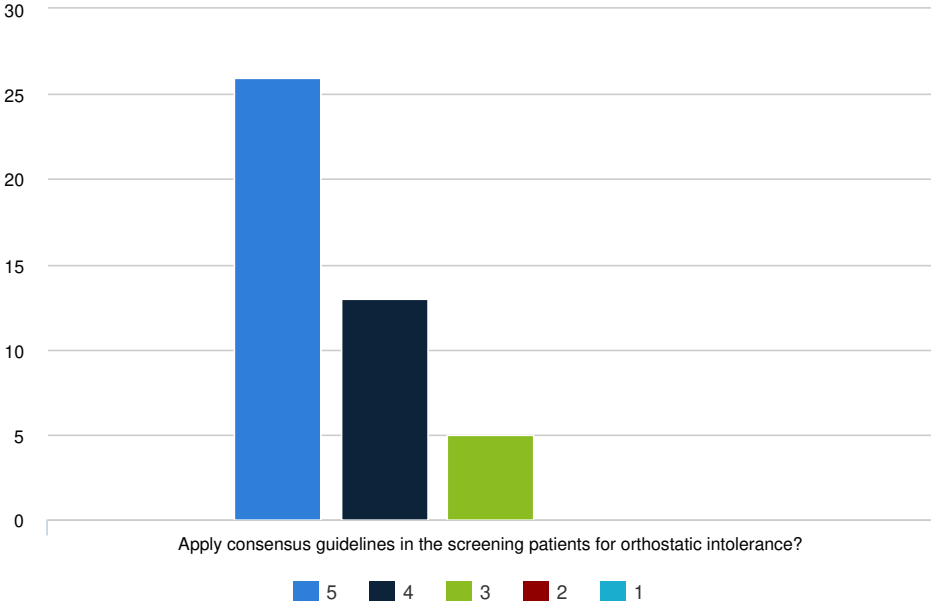
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



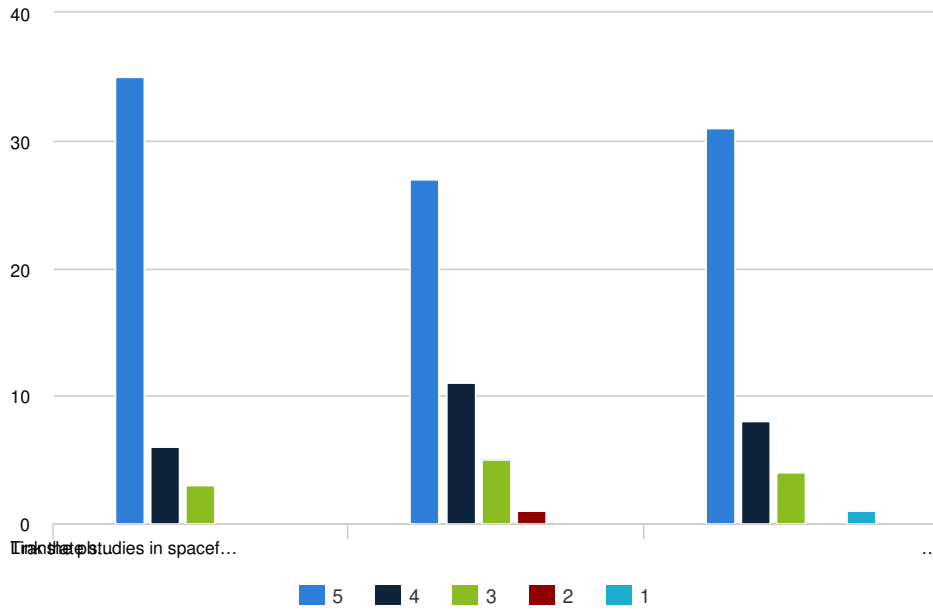
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	29	11	3	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	25	11	4	0	0	4

How confident are you in your ability to:



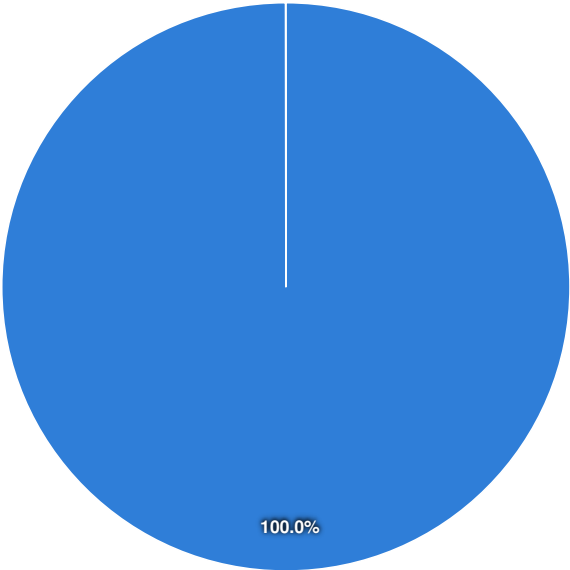
	5	4	3	2	1
Apply consensus guidelines in the screening patients for orthostatic intolerance?	26	13	5	0	0

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



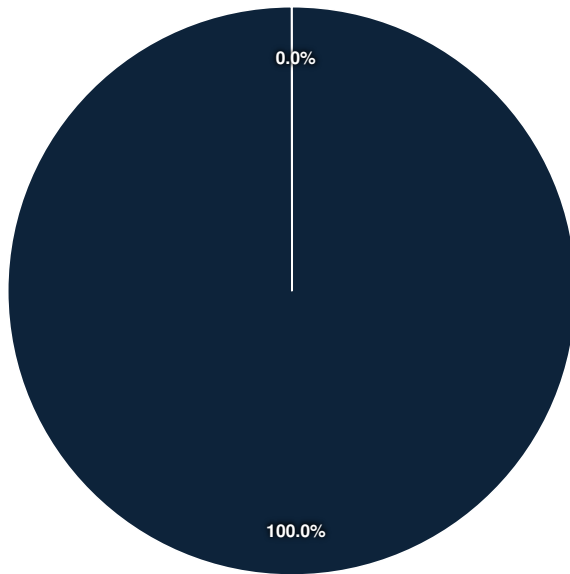
	5	4	3	2	1
Link the physiology of the human body during upright posture to conditions of orthostatic intolerance.	35	6	3	0	0
Translate studies in spaceflight and bed rest to the pathophysiology of patients with "gravity diseases" such as POTS and orthostatic hypotension.	27	11	5	1	0
Apply practical advice and consensus guidelines on how to screen, diagnose and treat patients with orthostatic intolerance.	31	8	4	0	1

Was this course fair, balanced and without commercial bias?



Yes	44
-----	----

What, if any, new skills/strategies will you apply in your clinical practice?



Left Blank	0
User entered value	44
Average submission length in words (ex blanks)	9.61
learned about POTS	
Na	
N/A	
Renewed understanding of pots and how it could be affected by anesthesia	
The possibilities of integrating exercise treatment for POTS into our cardiac rehab program	
Management of pots with exercise regiment	
Semi recumbent exercises	
N/a	
n/a	
Exercise training for POTS patients	
Exercise program for treatment of orthostasis	
Will use gained knowledge in the approach to orthostatic hypotension.	
(retired)	
Definition of syndrome	
How to check for orthostatic intolerance and how to kinda treat pots w exercise.	
How to check for orthostatic intolerance and how to kinda treat pots w exercise.	
Encourage exercise as first line of treatment for patients diagnosed with POTS	
avoid prolonged patient bed rest when possible importance of exercise need for adequate fluid and salt intake use of nonselective beta blockers if necessary	
Bring more aware of importance of position, exercise and avoiding prolonged bed rest	
Better dx & txmt of POTS	
Better screen and diagnosis of orthostatic hypotension	
Knowledge in obtaining orthostatic pressure information and application of information	
not relevant to my scope of practice, but still interesting	
None, no longer bedside.	

Proper evaluation and management of POTS and orthostatic hypotension

Be aware of POTS in premenopausal young women; able to discuss screening guidelines

Be aware of POTS in premenopausal young women; able to discuss screening guidelines

Better assess patients showing signs of orthostatic hypotension

Excellent presentation

Looking for new signs or symptoms in POTS patients

I see physical therapy patients with difficulty returning to activities after hospitalizations with fear of syncope and dizziness limiting transfers and standing tolerance. Using some of the strategies presented will help me better assess the source of the problem and devise a better treatment plan for progressing their recovery.

N/A

Patient evaluation

Better insight into pathophysiology of postural hypotension and POTS

use exercise as main modality for management of POTS, a new approach

New essentially nothing about POTS. My niece has it but I do not treat her. This lecture was fantastic. Great speaker. With my practice being limited I will probably never see a case but I feel confident that if a similar patient does appear I will be able to properly diagnose here.

Better assessment

Mgmt of pots

NA

Further understanding of orthostatic intolerance

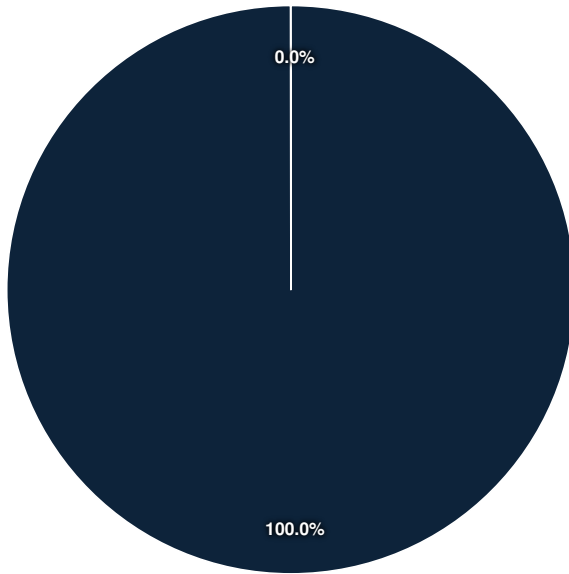
Waiting a few minutes to take standing BP.

1. Consider OI in the differential diagnosis of myriad neurological symptoms. 2. Use orthostatic stress tests to confirm diagnosis.

That 5 minutes of exercise a day with slow increase in increments weekly can make such a difference to cardiovascular health.

ASSESSMENT OF ORTHOSTATIC AUTONOMIC DYSFUNCTION

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



Left Blank	0
User entered value	44
Average submission length in words (ex blanks)	2.41
None	
Na	
Retired physician	
Low patient volume with pots	
Further training	
Yes	
N/a	
N/a	
n/a	
Nothing	
Will use skills	
N/A	
(retired)	
Few pts	
No excuse. Part of the eval	
No excuse. Part of the eval	
NA	
see above	
N/a	
Cost, time & lack of support staff	
Besides screen request the right consultant	
yes	
as above	
No longer bedside	

no longer needed.

N/A

will need more time

will need more time

NA

N/a

The resources

Nothing is preventing me from implementing the strategies.

N/A

N/A

nothing

no excuse

Nothing

Na

N/a

NA

N/A

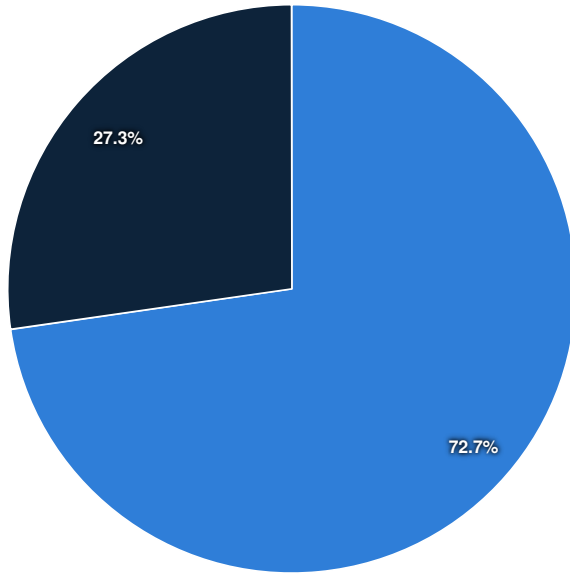
N/a

N/A

N/A

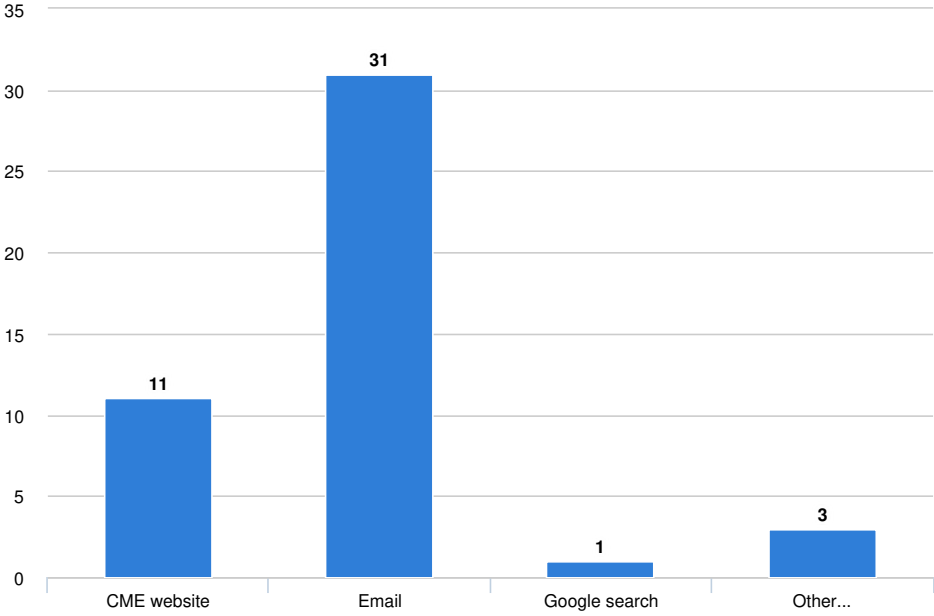
NONE

Please provide any additional comments or suggestions.



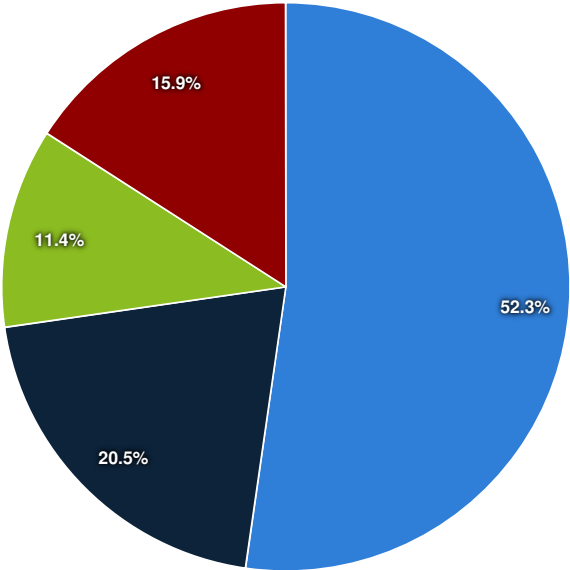
Left Blank	32
User entered value	12
Average submission length in words (ex blanks)	6.17
None	
none	
Very interesting topic, and speaker was very well versed in topic. Excellent presenter	
Excellent presentation	
none	
Great topic!	
Excellent speaker, very informative lecture!	
This was an excellent talk; an w=eye opener	
This was an excellent talk; an w=eye opener	
I really enjoyed his presentation	
One of the most informative lectures I have ever attended and at my age I have heard a lot of them.	
This was an excellent lecture.	

How did you hear about this course?



CME website	11
Email	31
Google search	1
Other...	3 (view)

Please select one:

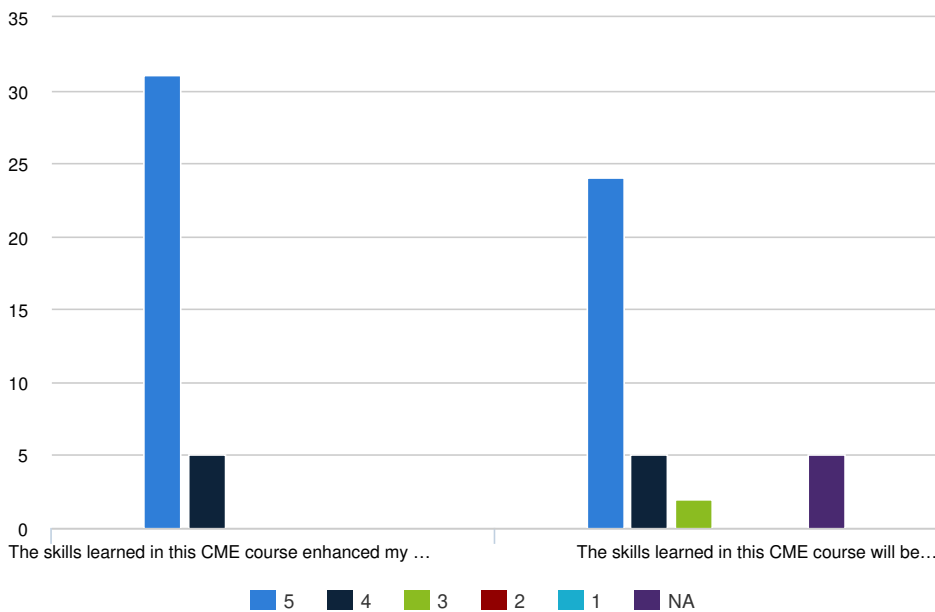


M.D., D.O.	23
ARNP/PA-C	9
R.N.	5
Other...	7 (view)

Echocardiography and Noninvasive Vascular Testing Lecture Series: September 8, 2022

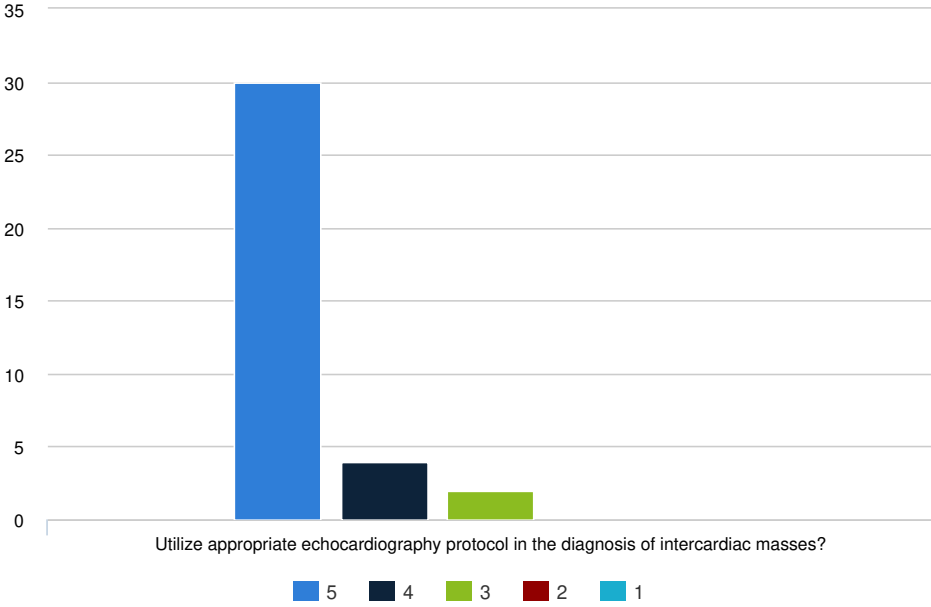
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



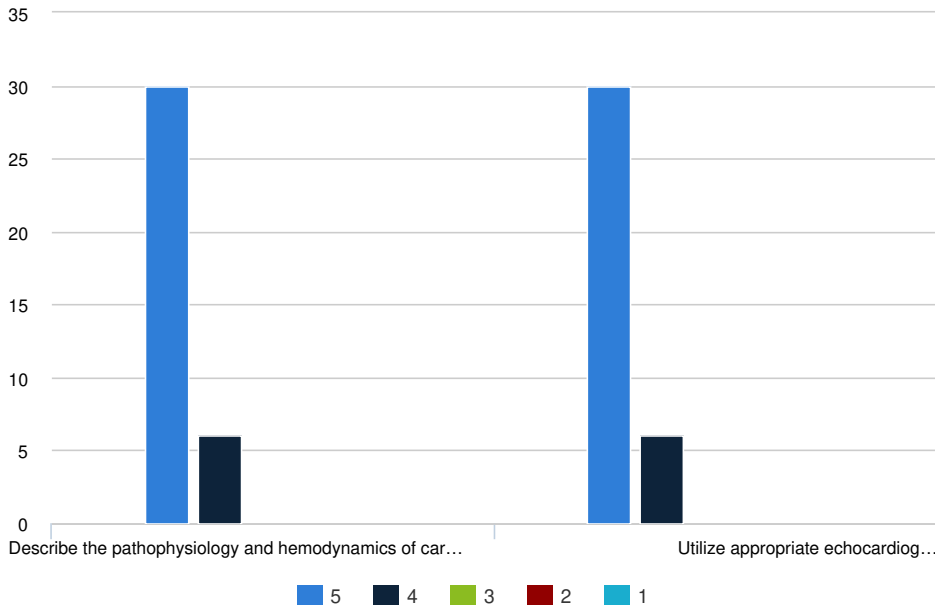
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	31	5	0	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	24	5	2	0	0	5

How confident are you in your ability to:



	5	4	3	2	1
Utilize appropriate echocardiography protocol in the diagnosis of intercardiac masses?	30	4	2	0	0

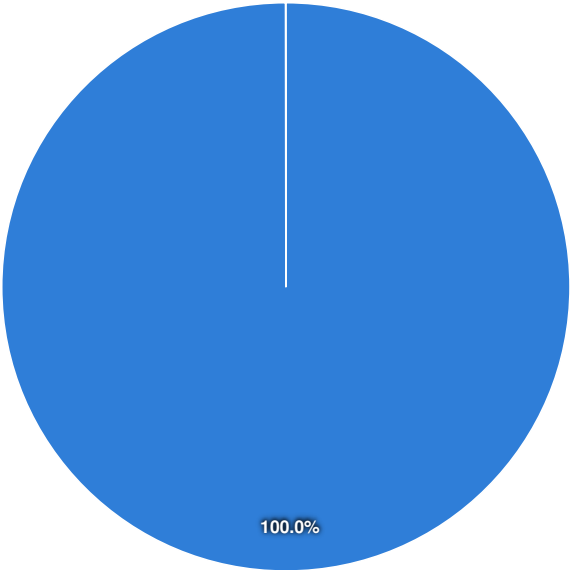
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



5 4 3 2 1

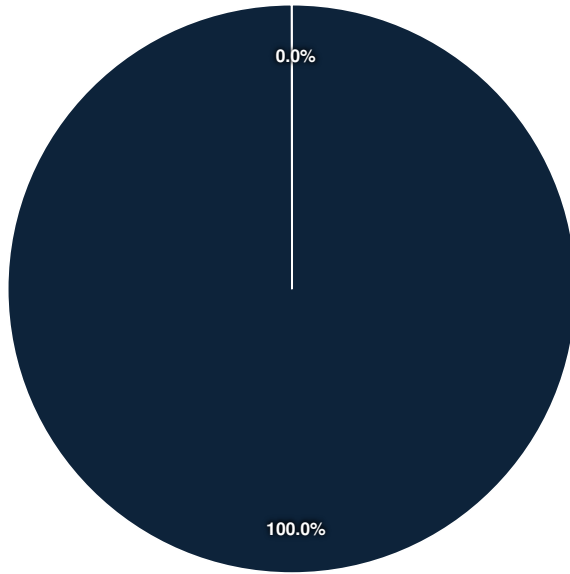
Describe the pathophysiology and hemodynamics of cardiac masses.	30	6	0	0	0
Utilize appropriate echocardiography protocol and diagnostic criteria in the diagnosis of intracardiac masses.	30	6	0	0	0

Was this course fair, balanced and without commercial bias?



Yes	36
-----	----

What, if any, new skills/strategies will you apply in your clinical practice?



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User entered value	36
Average submission length in words (ex blanks)	5.17
Learned to differentiate between infectious and other type of masses /tumors of the heart	
Learned to differentiate different masses	
N/A	
Improved morphological definition of masses	
Better mass description	
N/a	
N/a	
n/a	
To get better views and multiple views to show the mass as a sonographer	
n/a	
Excellent examples of images	
N/A	
N/a	
The use of contrast is helpful with some type of cardiac masses	
Difference between vegetation or mass	
N/A	
None	
I learned how to distinguish vegetations depending on location	
Na	
Na	
use of definity	
none	
the use of definity to improve and identify better the type of mass (structure)	
I	

POSITION, ATTACHMENT AND APPEARANCE

POSITION, ATTACHMENT AND APPEARANCE

.

NA. Occ health

Using combination of image modalities in the diagnosis of intracardiac masses

I am better educated on differentiating cardiac masses.

Better diff masses

Better educated on differentiating cardiac masses.

Not only can we use echo to evaluate cardiac masses but CT And mri can be be very useful

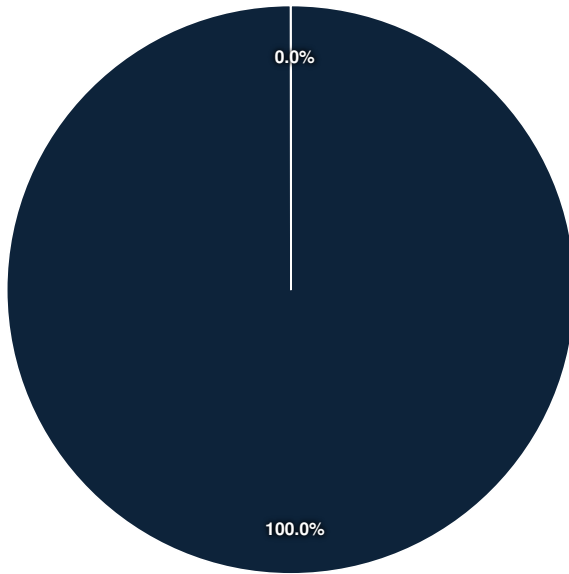
Greater knowledge of echo diagnoses of masses

Everything

Special consideration of intracardiac mass in different locations with specific appearances

More aware of pathology

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



Left Blank	0
User entered value	36
Average submission length in words (ex blanks)	3.03
Plan to use info	
Plan to use information	
N/A	
I try to utilize everything that I learn	
N/A	
N/a	
N/a	
n/a	
N/a	
n/a not currently employed	
N/A	
N/A	
None	
None	
.	
N/A	
I do not read echocardiograms. The course will help me understand echo reports	
/	
I'm a pharmacy technician don't look at ultrasounds	
I'm a pharmacy technician don't look at ultrasounds	
none	
none	
always looking to improve	
I do plan	

to plan

I WILL

.

Thank you

N/A

.

Na

.

National

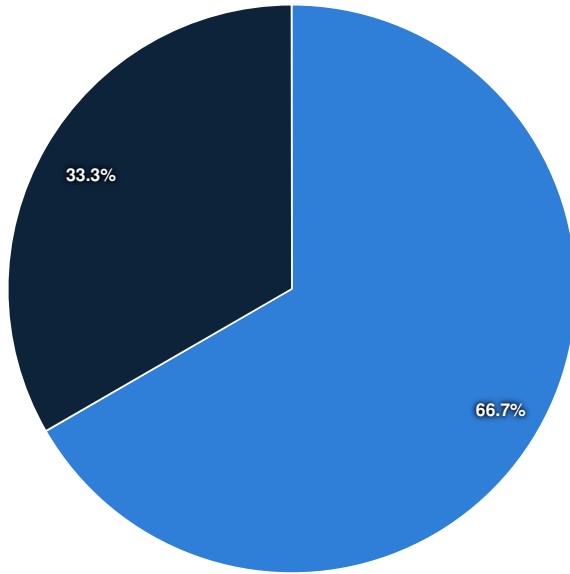
I plan to utilize these skills in my practice

Nothin

Will implement new skills in practice

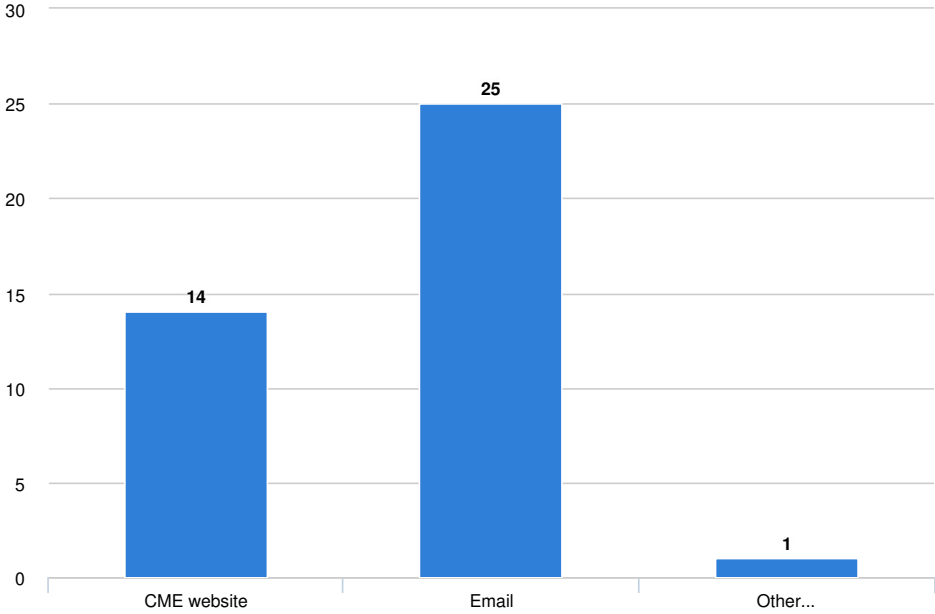
better surveillance

Please provide any additional comments or suggestions.



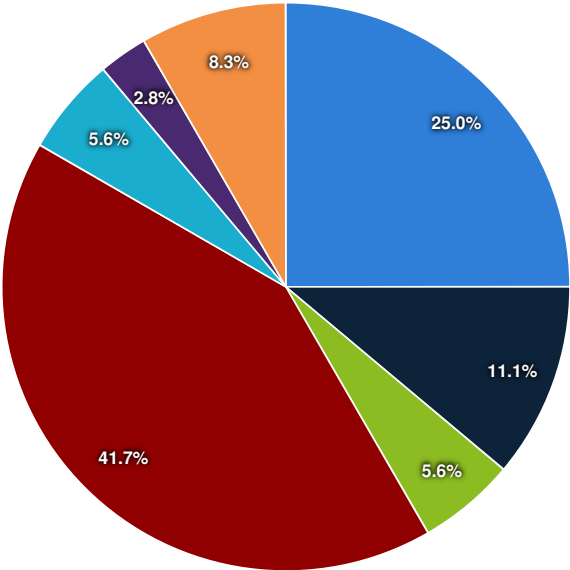
Left Blank	24
User entered value	12
Average submission length in words (ex blanks)	2.33
N/A	
Excellent course. Very good knowledge refresher.	
Thank you	
Thanks	
N/A	
None	
N/A	
Excellent presentation	
Really enjoyed the webinar.	
Really enjoyed the webinar.	
Great presentation	

How did you hear about this course?



CME website	14
Email	25
Other...	1 (view)

Please select one:

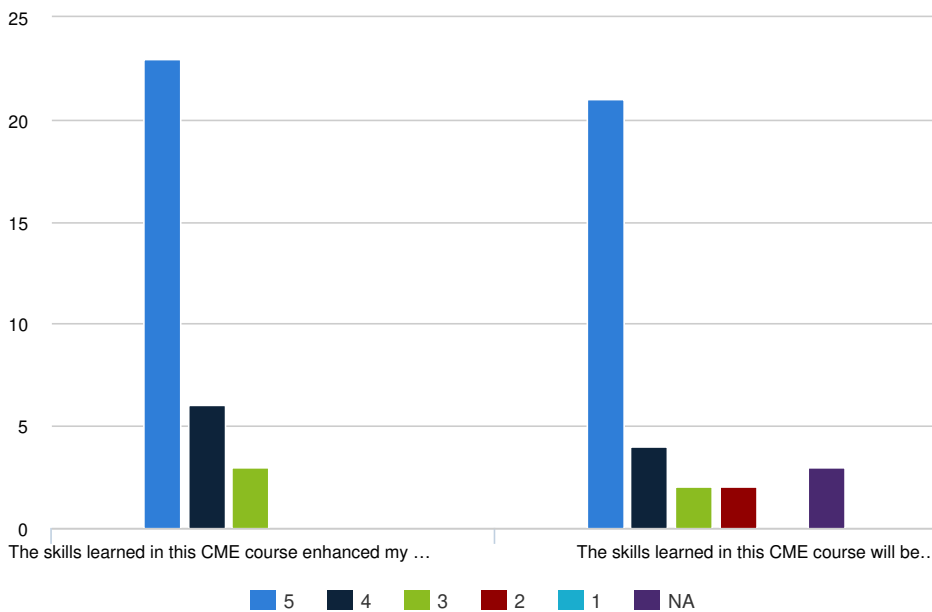


M.D., D.O.	9
ARNP/PA-C	4
R.N.	2
Sonographer	15
Untrasound Tech	2
Respiratory	1
Other...	3 (view)

Climate, Heat and Health Evaluation - September 13, 2022

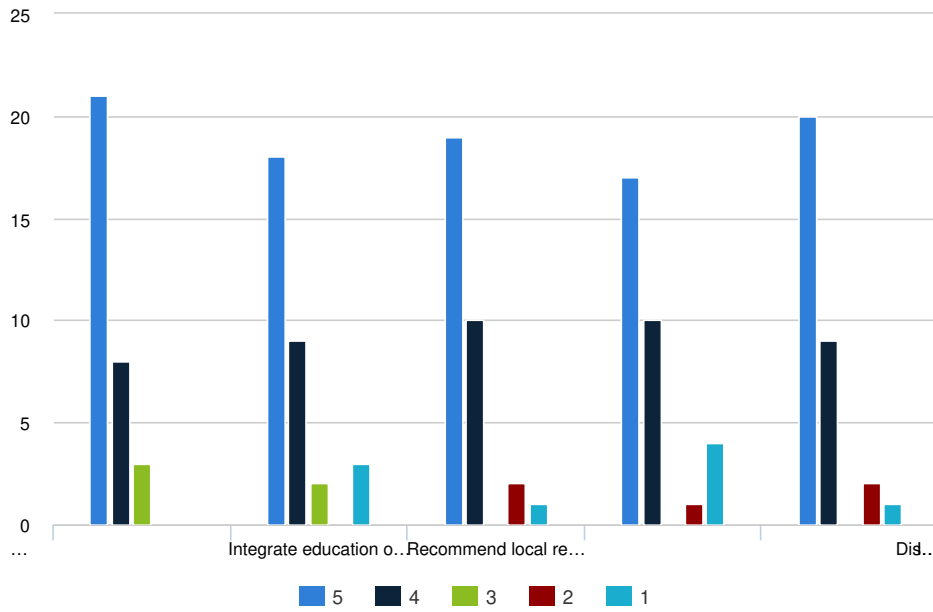
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



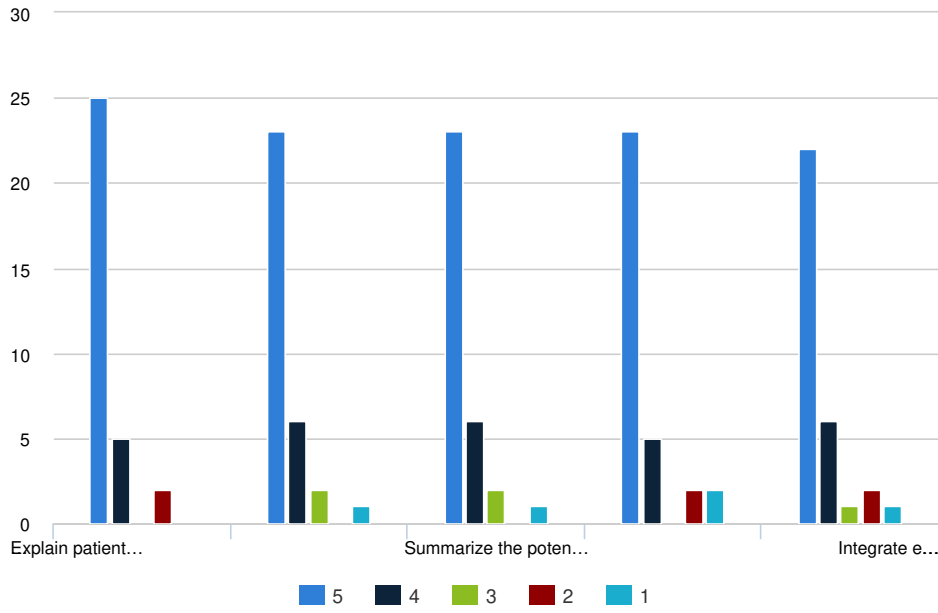
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	23	6	3	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	21	4	2	2	0	3

How confident are you in your ability to:



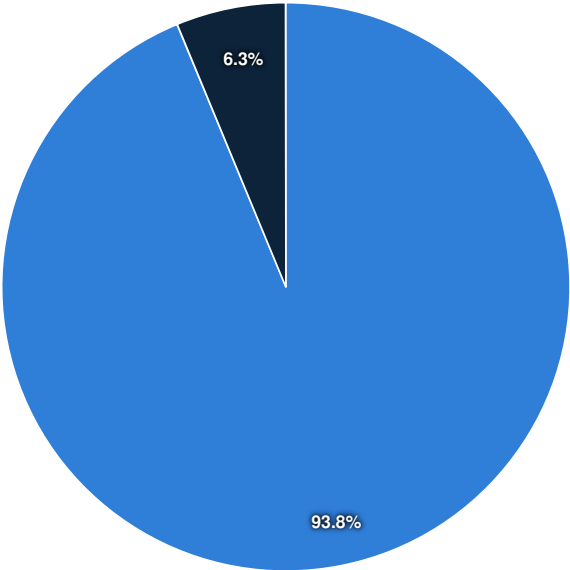
	5	4	3	2	1
Identify patient characteristics associated with increased risk for heat stress and heat illness?	21	8	3	0	0
Integrate education on climate health impacts into routine patient encounters?	18	9	2	0	3
Recommend local resources to patients to reduce their risk of heat illness?	19	10	0	2	1
Discuss climate factors which are contributing to increased days of extreme heat in Miami Dade County?	17	10	0	1	4
Identify potential physiologic effects of extreme heat exposure?	20	9	0	2	1

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



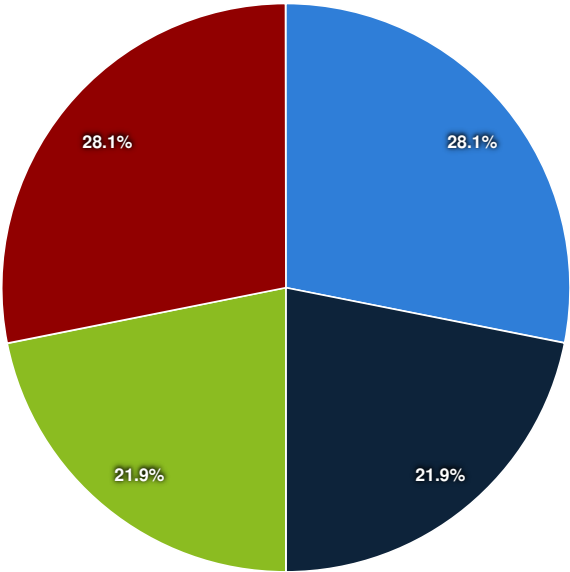
	5	4	3	2	1
Discuss climate factors that are contributing to increased days of extreme heat in Miami-Dade County.	25	5	0	2	0
Explain patient characteristics associated with increased risk for heat stress and heat illness.	23	6	2	0	1
Summarize the potential physiologic effects of extreme heat exposure.	23	6	2	0	1
Integrate education about the impact of climate on health into routine patient encounters.	23	5	0	2	2
Recommend local resources to patients to reduce their risk of heat illness.	22	6	1	2	1

Was this course fair, balanced and without commercial bias?



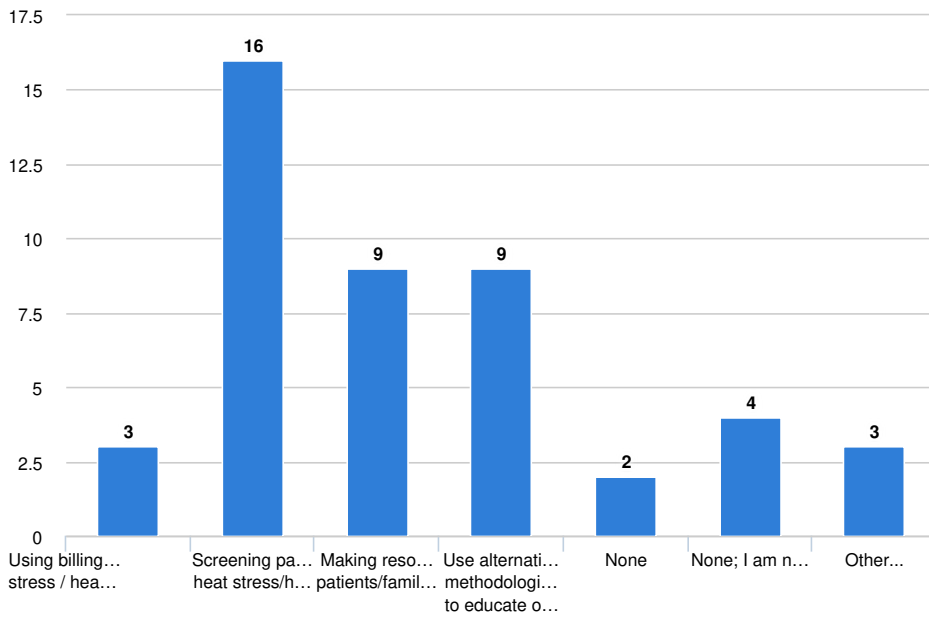
Yes	30
No	2

How many patients do you see in a month that could benefit from the content of this presentation?



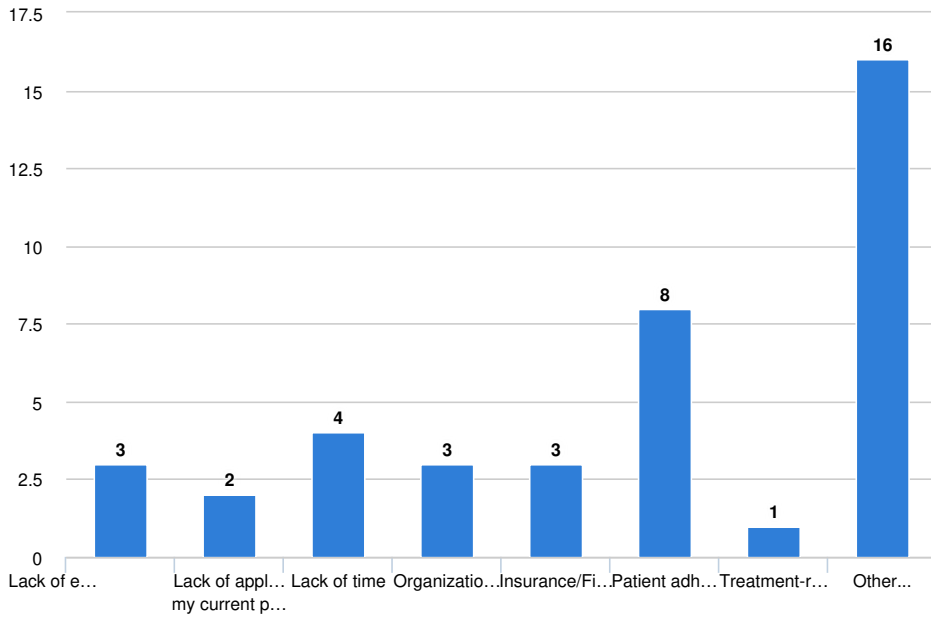
1-5	9
6-10	7
>20	7
N/A	9

What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?(select all that apply)



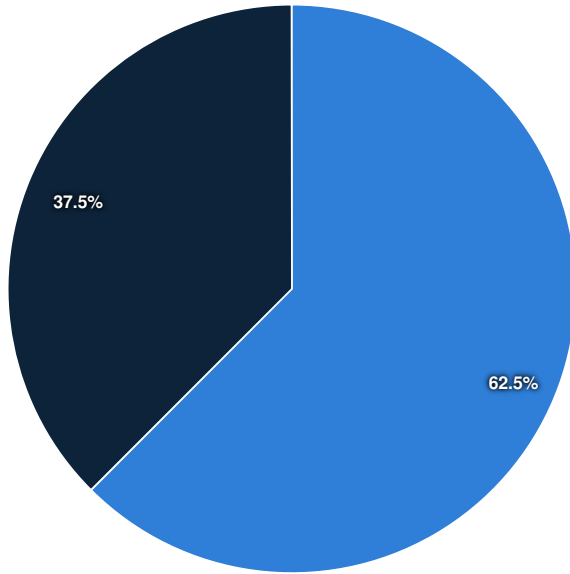
Using billing codes related to heat stress / heat illness	3
Screening patients for risk factors for heat stress/heat illness	16
Making resources available to patients/families on energy assistance	9
Use alternative communication methodologies with patients / families to educate on heat illness prevention	9
None	2
None; I am not currently in practice	4
Other...	3 (view)

If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.



Lack of evidence-based guidelines	3
Lack of applicability of guidelines to my current practice/patients	2
Lack of time	4
Organizational/Institutional	3
Insurance/Financial	3
Patient adherence/Compliance	8
Treatment-related adverse events	1
Other...	16 (view)

Please provide any additional comments or suggestions.



Left Blank	20
User entered value	12
Average submission length in words (ex blanks)	20.92

Very informative speakers.

I will implement all what was presented in my practice in order to benefit my patients!! The answer to your previous question is that I will try to implement and don't have any barriers!!!

I will implement all what was presented in my practice in order to benefit my patients!! The answer to your previous question is that I will try to implement and don't have any barriers!!!

I especially enjoyed learning about climate and effects on health , assessing in patient care.(a chart or "cheat sheets" for this, similar to a comparison chart EX: "is it allergy or Covid" will be very helpful. Future CE will be great !

Thank you

I question the recommendation not to provide fluids to people suffering from heat exhaustion. I think that it is important for this information to come from an physician. It wasn't clear to me if the speaker actually practices medicine. It would be dangerous to deprive a volume depleted person from fluids. Granted, better to provide specific rehydration solution instead of free water due to the risk of hyponatremia. But I was concerned about this as a potentially dangerous recommendation.

excellent presentations. I learned several important messages that all of you presented

None

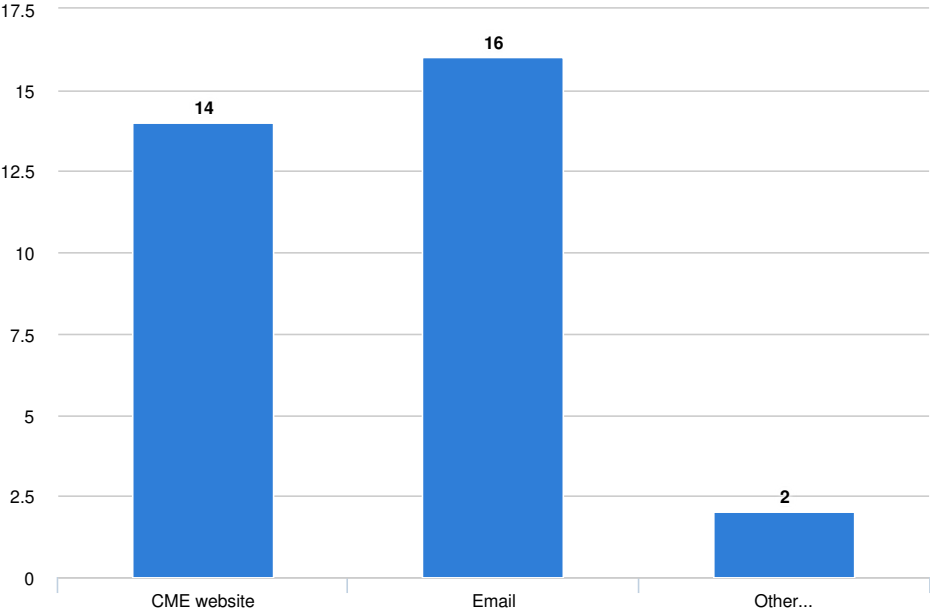
I'm not a prescriber

Other speakers offered good advice

Other speakers offered good advice

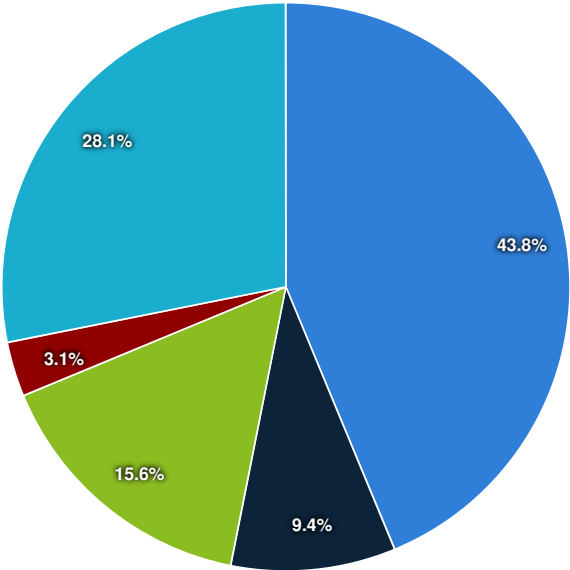
Building awareness helps me which puts me in a situation to help others. Living in South Florida is definitely one of those things as a person and a professional.

How did you hear about this course?



CME website	14
Email	16
Other...	2 (view)

Please select one:

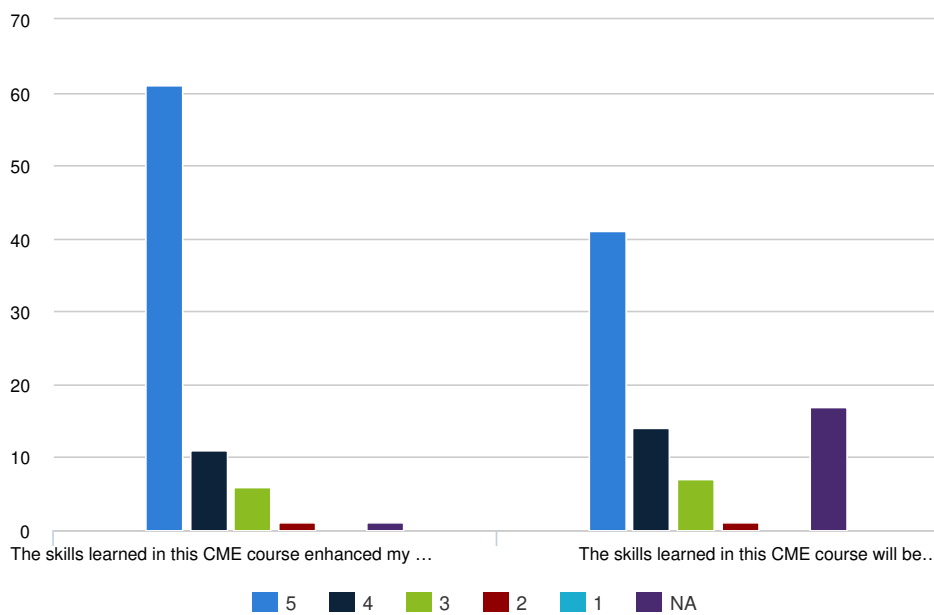


M.D., D.O.	14
ARNP/PA-C	3
R.N.	5
Pharmacist	1
Other...	9 (view)

Physician Suicide Evaluation - September 15, 2022

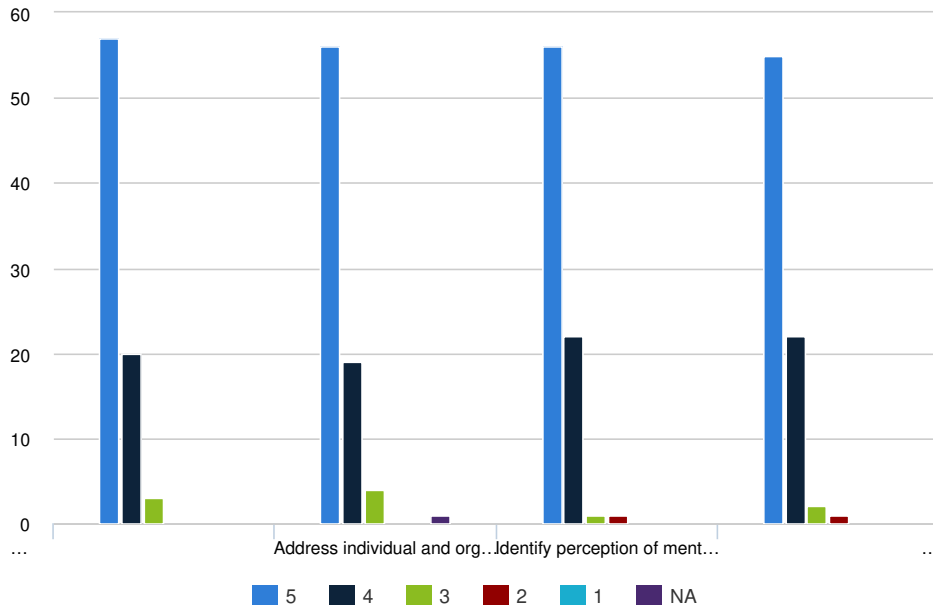
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



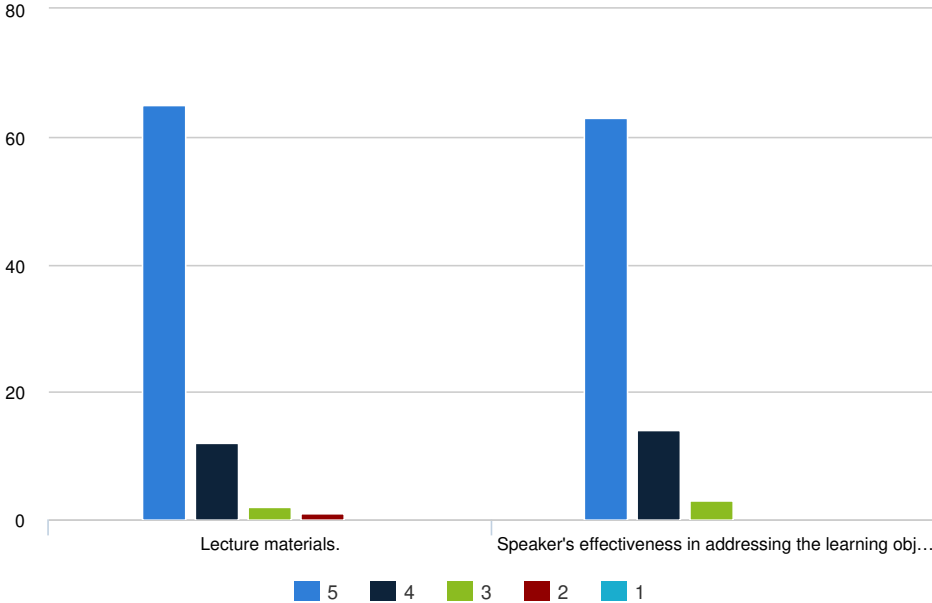
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	61	11	6	1	0	1
The skills learned in this CME course will be applied in the treatment of my patients.	41	14	7	1	0	17

As a result of attending this conference, to what extent do you agree that you will be better able to: (rate the objectives)



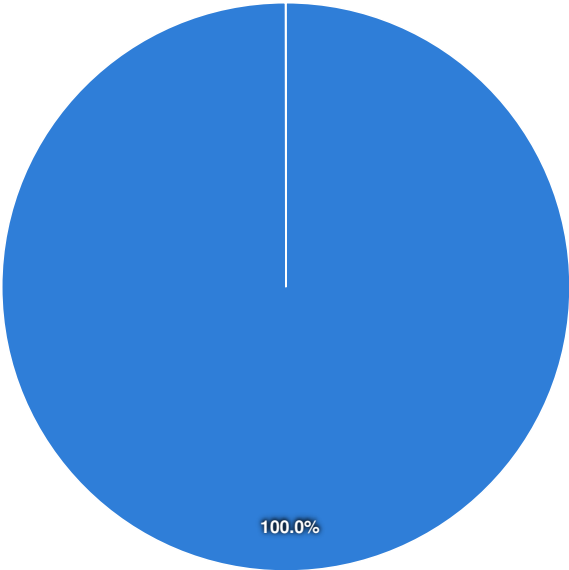
	5	4	3	2	1	NA
Define disproportionate suicide rates and driving factors occurring within physician communities; debunk myths with facts.	57	20	3	0	0	0
Address individual and organizational resources to prevent suicide and burnout.	56	19	4	0	0	1
Identify perception of mental health among various generations of physicians.	56	22	1	1	0	0
Discuss the impact of suicide on colleagues, interventions used by medical students and resources accessible to medical staff.	55	22	2	1	0	0

How satisfied or dissatisfied were you with the following conference content?



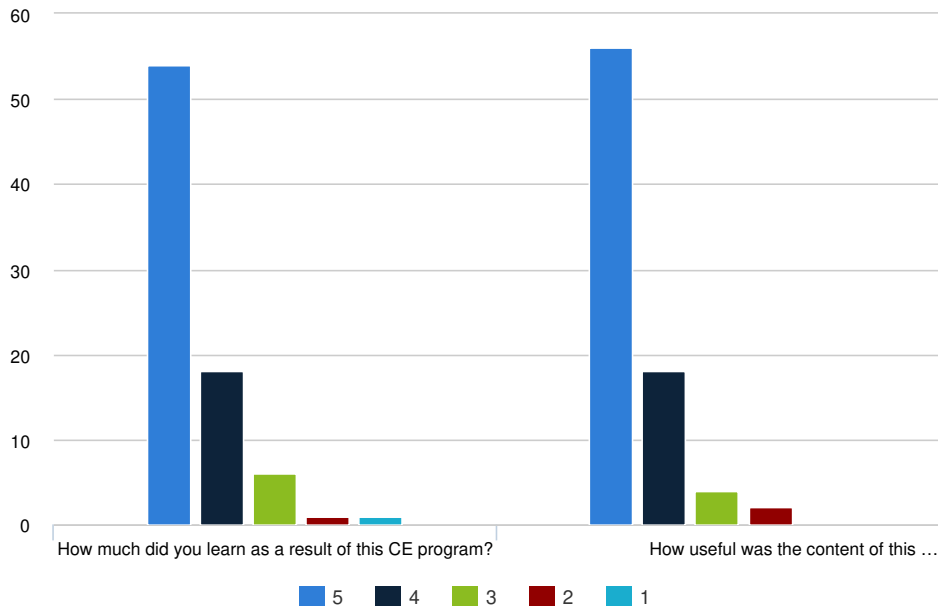
	5	4	3	2	1
Lecture materials.	65	12	2	1	0
Speaker's effectiveness in addressing the learning objectives.	63	14	3	0	0

Was this course fair, balanced and without commercial bias?



Yes	80
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Rate the Following



5 4 3 2 1

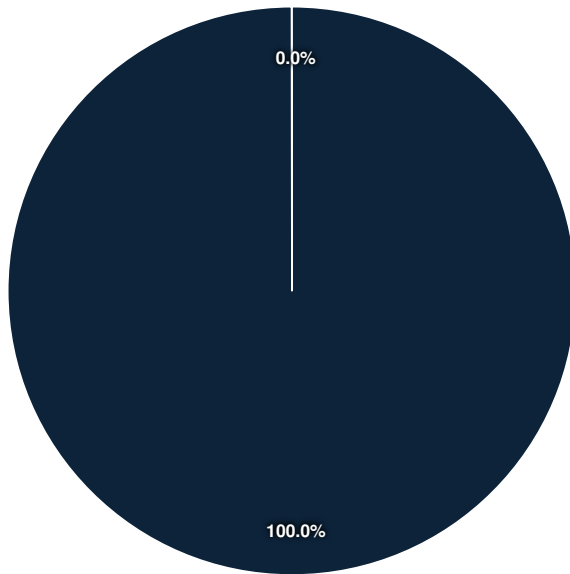
How much did you learn as a result of this CE program?

54 18 6 1 1

How useful was the content of this CE program for your practice or other professional development?

56 18 4 2 0

What, if any, new skills/strategies will you apply in your clinical practice?



Left Blank	0
User entered value	80
Average submission length in words (ex blanks)	11.80
More open discussion	
Be kind to all and look out for possible symptoms in our colleagues.	
I am retired	
utilize resources for referral and information	
Discuss more openly	
Apply strategies learned	
The specific practical examples of how to approach uncomfortable conversations with colleagues was very helpful - including the actual "script" or example of what doing so would look like. The conversation strategies and especially how to apply them with colleagues was very helpful. I plan to use these.	
Try to be more aware of physician colleagues behaviors may indicate burnout	
physician suicide hotline burnout prevention provider burnout workshop	
Na	
Best practices in suicide prevention	
na	
Noting physician colleagues who may demonstrate signs of depression	
Be sensitive to signs of distress	
Be alert that physician suicide is on the rise.	
Not be afraid to seek help if needed.	
More communication with coworkers.	
N/A	
N/a	
More awareness in physician burnout and barriers to seek help	
Continued sensitivity and awareness with added information regarding intervention and resources.	
addressing the needs of the family and friends of the suicide victim	
I learned of new resources available to physicians to prevent suicide	

1) Look for early warning signs 2) Identify barriers that could impede effective treatment

Checking on colleagues

I am not clinical; however, I will be an advocate for promoting the services to our physicians on the importance of mental health and prevention of suicide.

Very insightful as to having a conversation.

Consistently actively ask and listen to colleagues and coworkers on how they are doing

Deference from depression and burn out

None. NA

1) I AM FAMILIAR WITH THIS TOPIC BECAUSE OF THE WORK, MOSTLY PIONEERING WORK, OF DR. PAMELA WIBLE WHO WAS RECENTLY DENIED RE-LICENSURE DESPITE HER HEROIC WORK OF BRINGING THIS IMPORTANT TOPIC TO THE AWARENESS OF THE MEDICAL COMMUNITY AT LARGE. PERHAPS NOW SHE WILL BE DEFAMED, FALSELY ACCUSED AND WORSE.....THE QUESTION IS 'WHY'.....WHERE IS THE 'SPIRIT OF TRUTH' IF YOU WILL BE OSTRACIZED AND/OR EVEN SLAIN FOR SPEAKING UP ABOUT AN IMPORTANT, LIFESAVING TOPIC SUCH AS PREVENTING PHYSICIAN SUICIDE. 2) THIS PANEL ANSWERED A FEW OF THE QUESTIONS ASKED BY PARTICIPANTS. HOWEVER, THIS TOPIC IS TOO IMPORTANT TO LEAVE LOOSE ENDS AND UNANSWERED QUESTIONS. INTERVENTIONS WERE NOT REALLY DISCUSSED, NOT IN GENERAL NOR SPECIFICALLY VIS A VIS THE CASE PRESENTED; PERHAPS THAT WOULD BE A GOOD MORTALITY AND MORBIDITY CONFERENCE CASE. 3) DR. JIMENEZ 'MIS SPOKE' AND REFERRED TO THE CASE PRESENTATION DR. MATTHEW TAYLOR GALL' AS 'MICHAEL'.....IT SEEMED DISRESPECTFUL TO REFER TO TO THE CASE PRESENTERS (MRS. BETSY GALL ABOUT HER HUSBAND DR MATTHEW TAYLOR GALL) BY THEIR FIRST NAMES AND WORSE, INCORRECT NAME OF THE DECEDANT; DR JIMENEZ DID MAKE A CORRECTION EVENTUALLY BUT SEEMED TO TAKE UMBRAGE AT BEING ASKED TO APOLOGIZE FOR CALLING HIM BY THE INCORRECT NAME.

Now aware of resources available for referral for professional assistance when suspect depression and suicidal ideation

I have increased awareness of resources available, and better understanding on how to approach this sensitive topic

N/A

More awareness of stressors. Look for clues of depression in colleagues.

As a nurse it enlightened me as what to recognize as potential signs in any of my professional co workers

Better prepared to identify signs of depression and risk of suicide among physicians

Identify signs of depression and risk of suicide for health care professionals and physicians

Discussion strategies

Not at this time

I work in administration, but the information was very useful.

N/A

NA

The use of approaching a colleague with compassionate words.

Does not apply

Finding out what new stresses patients have

Finding out what new stresses patients have

Finding out what new stresses patients have

Yes

Personal awareness, perseverance and need for confidentiality

Pay attention to suggestions of such cases

New knowledge

I think it was an excellent presentation. Wish it could be shared to even a larger audience.

Routinely screen for mental health issues

Help to raise awareness

I am not clinical

I am not clinical

All of above

Just being more aware.

communication

More awareness

Nothing really new, just increased awareness & reminder to be more vigilant

Be more aware of which questions to ask to alert me of possible suicidal thoughts in my patients.

Be more aware of which questions to ask to alert me of possible suicidal thoughts in my patients.

Using the different resources for Suicide prevention. The awareness that the statistics about Dr's committing suicide every year is very high(300-400). The need to normalize mental health treatment and the fact that Dr's won't lose their license in FL if they access mental health services.

Some but it seems like people need to look for help rather than have someone step in on a regular basis. Maybe it would be a great system wide process to just give doctors a break. Like a half day off a week. Personal days. Or something relaxing

I don't treat patients

Be alert and refer to specialist.

It will change my peer to peer interactions and bring more openness when speaking to colleagues

Being more thorough

Provide resources available to those in need.

The course was extremely well done.. I will definitely implement the information given and will strive to further educate myself on this most pressing issue. Thank you for this most wonderful and relevant course!

not many

Not much new

Having the correct information to dispel the myths was very important. I plan on sharing this information with colleagues.

Good information regarding burnout

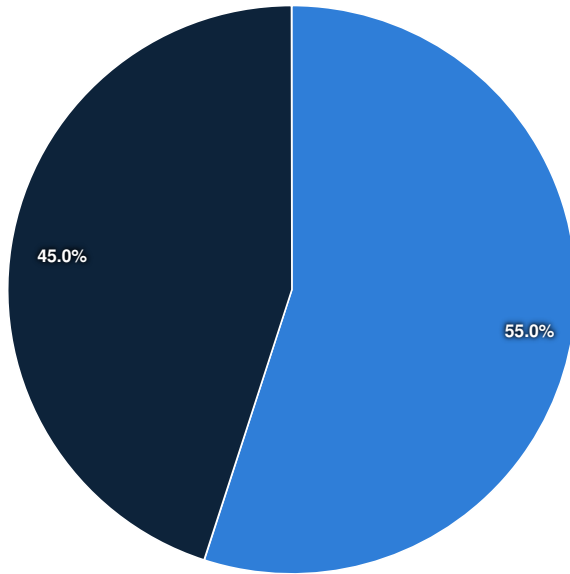
I got more knowledge so I can take care of myself and others better.

not really applicable to patients

Increased vigilance in observing possible signs of the problem

NONE

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



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User entered value	36
Average submission length in words (ex blanks)	9.86

- I am retired
- N/A
- NA
- None
- na retired
- None
- N/A
- Don't see patient
- My pt. population is relatively short-term and usually a one event interaction.
- retired- however I teach this topic in FIU Wertheim College of Medicine
- N/a
- Time limitations can be a factor
- Thank you

1) UNTIL THE INSURANCE INDUSTRY CHANGES ITS 'POLICY' TOWARDS MENTAL ILLNESS, NOTHING MUCH IS GOING TO CHANGE BECAUSE CURRENTLY, INSTEAD OF ADMITTING A PHYSICIAN COMITS SUICIDE,- HOSPITALS, EMPLOYERS, EVEN FAMILY MEMBERS ARE COERCED INTO 'SAYING IT WAS SOMETHING OTHER THAN SUICIDE AS THE CAUSE OF DEATH' SO THAT THE INSURER WILL THEN PAY THE DEATH BENEFIT. IF THE INSURER COERCES THE FAMILY AT SUCH A VULNERABLE MOMENT, IT SHOULD BE INVESTIGATED AND PREVENTED FROM DOING SUCH EVER AGAIN. EVERY 'BRIBERY' EVENT BECOMES A 'BLACKMAIL' FOR THE FUTURE OF THOSE WHO SUCCLUMB TO THE

EMERGENCY EVENT BECAME A BENCHMARK FOR THE FUTURE OF THOSE WHO SUFFERED TO THE COERCION. 2) THIS TALK DID NOT EVEN SCRATCH THE SURFACE OF THE 'WHY'....SO MANY DOCTORS ARE BEING 'TARGETED' SOME FOR THEIR QUALIFICATIONS, SOME FOR THEIR POSITIONS, SOME ARE HOMICIDES DISGUISED AS SUICIDE AND NEED FURTHER AND CLOSER INVESTIGATIONS FOR THAT REASON. IN MY SITUATION, THE 'FORKED TONGUE ANTICHRIST CULT' THAT SPREAD LIES ABOUT ME 'BEHIND MY BACK' WERE VISITING MY RESIDENCE (IGNORING THE 'NO SOLICITING' COVENANT) TO TRY TO 'RECRUIT' ME....AFTER THE 4TH VISIT I CALLED THE AUTHORITIES AND THEIR 'PERSON' EVEN ARGUED WITH THE POLICE OFFICER WHO REPORTED ON THE INCIDENT. 3) IT IS GOOD THAT BAPTIST HEALTH SYSTEM IS WILLING TO CONFRONT THE SUICIDES AMONG MEDICAL STAFF NOW, AND PERHAPS AS IMPORTANTLY, FROM A CHRISTIAN PERSPECTIVE (ACTS 16:28 'ST. PAUL SAID IN A LOUD VOICE: DO NOT HARM YOURSELF, WE ARE ALL HERE').

I'm already inquisitive about my patients emotional and mental well being

Only plan is to be more aware.. and increased awareness

N/A

Nothing

Not at this time

I am not in practice

Not a physician

I plan on

Nine at this time

N/A

Wfh currently

N/A

N/A

N/A

Time and support

n/a

N/A

not enough time with other doctors

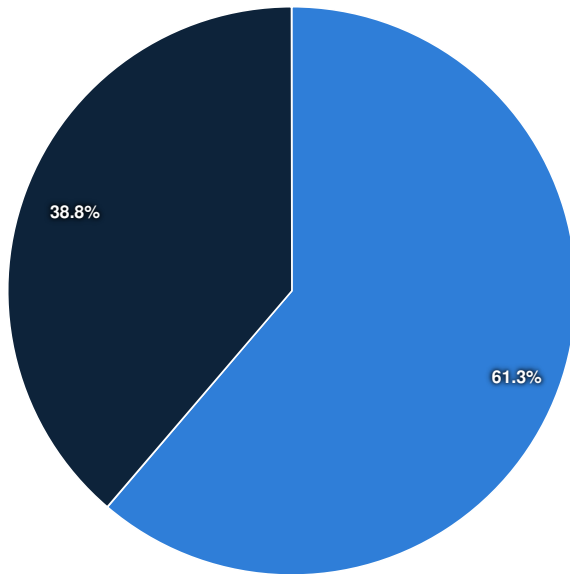
I have not come across this problem in my practice.

none

NA

NOTHING

Please provide any additional comments or suggestions.



Left Blank	49
User entered value	31
Average submission length in words (ex blanks)	31.03

I did not know the prevalence of MDs committing suicide. Very interesting topic and overall mental health education informative. Thank you.

it's a shame the focus on this topic now takes precedence since it is a public health crisis---suicide has always been an issue for everyone We are so focused on our gadgets (phones, social media, Instagram, TikTok, etc and our competitive professional nature) that we lose sight on helping others-how many appear to listen and yet don't---active listening I find rarely occurs Thank you for the presentation

Thank you for this important presentation!

Thank you!

The personal story of Betsy Gall's Husband was extremely helpful and life changing . I am thankful for her sharing.

Excellent information!.

Excellent

great presentations. Very touched by Betsy Gall's talk

Legislation and bylaws changes are still the impediment for physician reporting of mental illness. Unfortunately, until this changes continued stress mounts upon physicians in their reporting of their own illness.

Thank you for this interesting and delicate topic

More mental health topics

1) ADDRESSING PHYSICIAN SUICIDE IS IMPORTANT, AND TIMELY AS A TOPIC BUT ALSO AS IMPORTANT IS THE FACT THAT PHYSICIANS ARE DYING BEFORE AGE 70, AND THAT NOT UNRELATEDLY. THE LIFESPAN OF THE GENERAL POPULATION IS DECREASING. EVEN BEFORE

COVID PANDEMIC. 2) THE FACT THAT CERTAIN UNACCEPTABLE AND UNDISCLOSED 'PSYCHOLOGICAL METHODS' SUCH AS USE OF HYPNOSIS IS BEING USED ON PHYSICIANS NEEDS TO BE ADDRESSED. EVERY 'MENTAL HEALTH PROFESSIONAL' NEEDS TO DISCLOSE IF THEY DO HYPNOSIS BECAUSE SOME CHRISTIANS DO NOT PARTICIPATE (WILLINGLY) IN HYPNOSIS. 3) CONDOLENCES TO THE FAMILY OF DR. MATTHEW TAYLOR GALL. HIS WIDOW'S PRESENTATION WAS HEARTFELT AND COURAGEOUS. 4) I HOPE BAPTIST DOES AN 'M&M' CONFERENCE RETROSPECTIVELY ON A PHYSICIAN SUICIDE CASE, BECAUSE AS MRS. BETSY GALL PRESENTED THE FIRST 2 CHAPTERS OF HER BOOK, THERE WERE 'INFLECTION POINTS' FOR INTERVENTION(S) THAT MAY HAVE BEEN IMPLEMENTED TO SAVE SUCH A QUALIFIED, OTHERWISE HEALTHY AND VALUED PHYSICIAN. 5) IF PROPER INVESTIGATIONS ARE NOT DONE, BECAUSE OF THE STIGMA ASSOCIATED WITH SUICIDE, THEN IF THERE IS COERCION, MALICE (SLANDER, TARGETING, DEFAMATION, LIBEL, DETRACTORS '2 OR 3 LYING WITNESSES' , UNDERMINING OF CAREER, POSITION (ESPECIALLY BECAUSE OF JEALOUSY IF THE POSITION IS PAID OR/AND LEADERSHIP OR INFLUENTIAL) FALSE ACCUSATIONS EVEN CRIMINAL FALSE ACCUSATIONS OF THE PHYSICIAN ETC) OR/AND OTHER SUCH PROVOCATIONS LAW ENFORCEMENT NEEDS TO BE NOTIFIED SO THAT OTHER PHYSICIANS COULD ALSO BE PROTECTED FROM SUCH VICIOUS ATTACKS. PHYSICIANS ARE DEEMED 'VULNERABLE' BECAUSE THEY ARE 'SO BUSY'....TOO BUSY CARING FOR THE LIVES OF OTHERS TO ADDRESS MALICIOUS ATTACKS WHICH ARE DELIBERATE, TARGETED AND PREPOSTEROUS IN MANY INSTANCES. ASKING 'WHO, WHAT, WHEN, WHERE, WHY, WHO TOLD YOU THAT AND HOW,' ARE BASIC IN ORDER TO ARRIVE AT THE TRUTH; ADDITIONALLY, AS IN MY PARTICULAR INSTANCE, THE CMO CHIEF MEDICAL OFFICER (DR KEITH STEIN) WHO WAS TOLD MALICIOUS LIES ABOUT ME AND TOLD NOT TO TELL ME BUT TO FIRE ME INSTEAD TOLD THE SLANDERER TO PUT THE ACCUSATIONS IN WRITING. I SENT THE SLANDERER A 'CEASE AND DESIST' LETTER VIA MY ATTORNEY AND EVENTUALLY UNDERSTOOD THAT EVEN THE SLANDERER WAS 'TARGETED' TO BE 'TOLD' THE LIES BY '2 OR 3 LYING WITNESSES' SO AS TO HARDEN HIS HEART OR BE SUBORNED IF IN A POSITION OF AUTHORITY OR PROXIMITY TO THE PHYSICIAN BEING TARGETED. 6) THE ROLE OF SUPPORT AND ANCILLARY STAFF (NURSES, TECHS, ADMINISTRATORS ETC) IN SPREADING MALICIOUS GOSSIP IN THE WORKPLACE TO UNDERMINE TARGETED PHYSICIANS MUST BE ADDRESSED....IF YOU HEAR SOMETHING ASK 'WHO, WHAT, WHEN, WHERE, WHY, WHO TOLD YOU THAT, AND ARE YOU ABLE TO PUT THAT IN WRITING SO THAT IT COULD BE ADDRESSED PROPERLY...INCLUDING REPORTING TO HR DESIGNATED 'TRUTH' OFFICER OR OFFICIAL TO KEEP THE WORKPLACE SAFE FOR THE PATIENTS AND THE PHYSICIANS. 7) THE ROLE OF 'UNREIMBURSED CARE' ESPECIALLY FOR THE WORK DONE BY 'TARGETED' PHYSICIANS IS ONE OF THE FIRST CLUES THAT A PHYSICIAN HAS BEEN TARGETED....AND HOSPITAL ADMINISTRATORS WHO HAVE REMAINED UNDEFINED AND UNCORRUPTED MUST BE COURAGEOUS TO GET TO THE TRUTH AND CALL IN THE PROPER AUTHORITIES AS NEEDED FOR INVESTIGATION BECAUSE THE 'NON-PAYMENT' IS STILL BEING BILLED TO THE GOVERNMENT AS A COST EVEN IF NOT PAID TO THE 'TARGETED' PROVIDER....AND THE INSURANCE STAFF MAY BE FRAUDULENTLY POCKETING SUCH MONIES WHILE DEFAMING INNOCENT PHYSICIANS, HOSPITALS ETC. HOSPITALS NEED TO GET TO THE ROOT CAUSE OF EVERY MATTER THAT AFFECTS THE BOTTOM LINES OF PATIENT CARE AND OUTCOMES, AS WELL AS REIMBURSEMENT FOR CARE PROVIDED AND IF THERE ARE ANY INTERSECTIONS THAT ARE DETRIMENTAL TO EITHER, A FULL INVESTIGATION IS NEEDED WITH RAMIFICATIONS THAT PRECLUDE SUCH FROM RECURRING.

none

This information help open my eyes about suicide .

This was a very moving and informative lecture

Excellent course

I really enjoyed this webinar. I think it so important to bring awareness about physician suicide. I got emotional listening to Mrs. Betsy Gall's story and I am thankful that I was able to listen to her story. I think it is amazing that she is advocating for this issue and I also really enjoyed the panel at the end.

The course could have had more steps to take of one encounters distress to n family member or colleague

Excellent !

None

None at this time

Amazing conference, I think it should be a required lecture for every physician.

excellent presentation

Very powerful presentation. The fact that the Dr who is doing the residency opened up about her struggles with depression gives hope about normalizing mental health treatment among doctors. The video presentation was very good as well

As noted above

Great presentation

Would like to see more information on what is being done to curtail the stressors created by current medical practice.

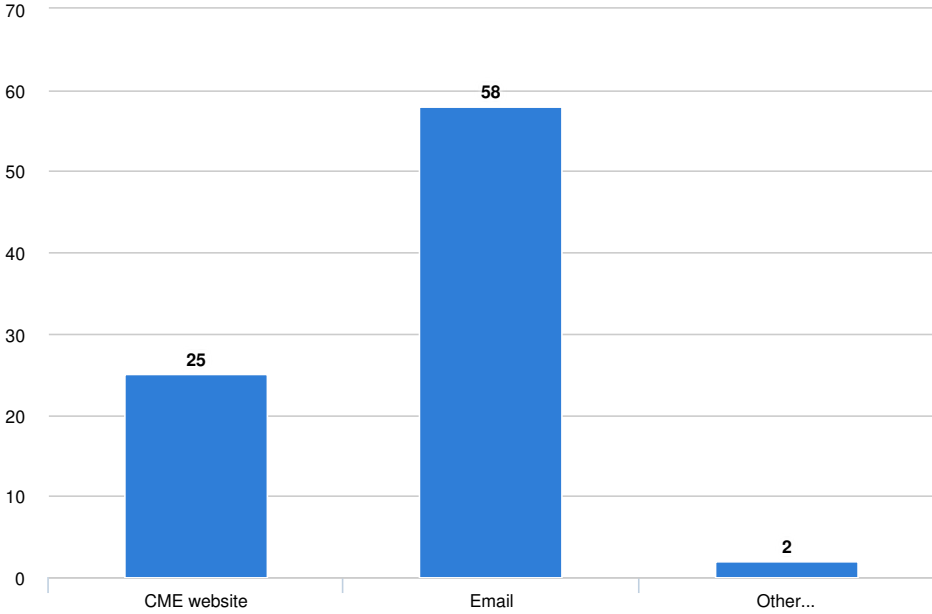
The recorded segment was excellent

Well presented and engaging panel.

very interesting and important to understand

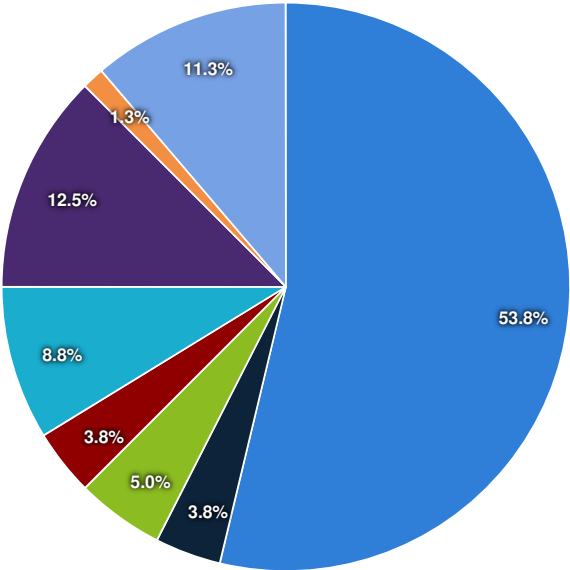
A higher awareness of subtle indicators that could be overlooked

How did you hear about this course?



CME website	25
Email	58
Other...	2 (view)

Please select one:



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Psy.D.	4
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R.N.	10
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