

BHSF CME Committee Review**Evaluation Scores**

Sept 2022 - December 2022

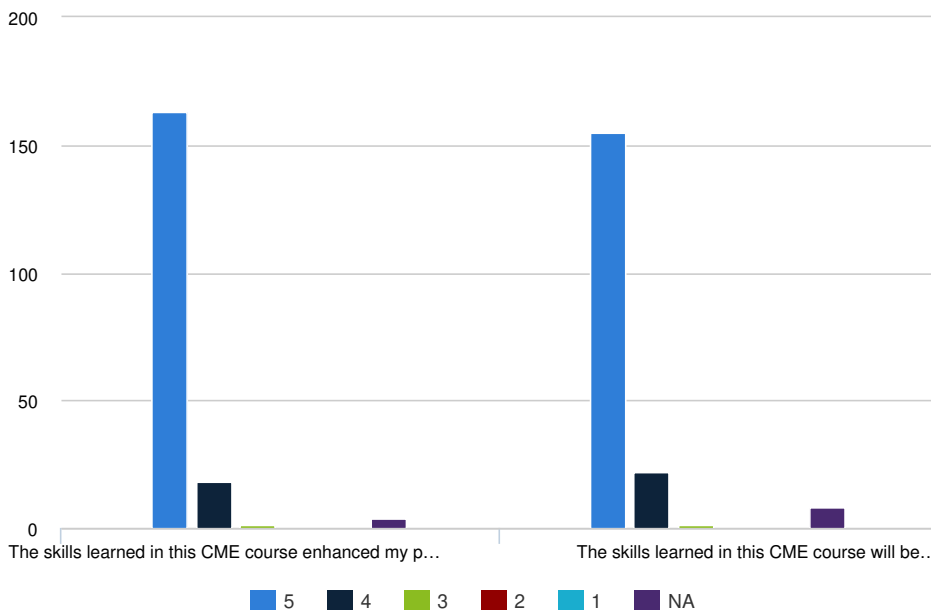
Lecture Date	Lecture Title	Speaker(s)	Total Attn	Skills learned enhanced my professional competence	Skills learned will be applied in my practice	Avrg. Score
9/15/2022	Marcus Neuroscience Institute Knock Out Stroke and Cardiac Events Symposium	Directors - Khalid Hanafy, M.D., Ph.D. and Kendra Kent, R.N., M.S., CCRN, CNRN, SCRN, CENP	333	4.9	4.9	4.9
10/1/2022	Miami Cancer Institute's Oncology Rehab Symposium: Current Approaches to Oncology Rehabilitation and Cancer Care	Director - Adrian Cristian, M.D., MHCM	87	4.8	4.9	4.8
10/8/2022	Boca Raton Regional Hospital Gastroenterology Symposium	Director - Kenneth Rosenthal, M.D., FACG	168	4.6	4.8	4.8
10/12/2022	MCI Head and Neck Cancer Conference, 2022	Directors - Guilherme Rabinowits, M.D., Geoffrey D. Young, M.D., Ph.D., FACS, FSSO	59	4.7	4.7	4.8
10/27/2022	39th Annual Echocardiography and Structural Heart Symposium	Directors - Elliott J. Elias, M.D., MPH, FACC, FASE, Damian F. Chaupin, M.D.	208	4.8	4.9	4.9
11/3/2022	Miami Neuroscience Symposium, Tenth Annual: Enrollments	Various	240	4.9	4.9	4.8
12/9/2022	Miami Brain Symposium, Fifth Annual	Directors - Manmeet Ahluwalia, M.D., FACP, MBA, Rupesh Kotecha, M.D., Michael W. McDermott, M.D., FAANS, Minesh P. Mehta, M.D., FASTRO, Yazmin Odia, M.D., M.S., FAAN	81	4.9	4.9	4.8
10/26/2022	Autism Science at Autism Speaks: Highlights and Emerging Priorities	Andy Shih, Ph.D.	127	4.8	4.7	4.7
10/27/2022	Critical Care Grand Rounds: Ventilator Management	Rebecca Toonkel, M.D.	41	4.9	4.9	4.9
10/11/2022	Boca Raton Regional Hospital Internal Medicine Grand Rounds: New Colon Cancer Screening Guidelines and Polyp Surveillance	Jodie A. Barkin, M.D.	86	4.9	4.9	4.9
10/18/2022	Boca Raton Regional Hospital Internal Medicine Grand Rounds: Drug Interactions of Clinical Importance	Daniel C. Malone, Ph.D., FAMCP	91	4.8	4.8	4.8

10/25/2022	Boca Raton Regional Hospital Internal Medicine Grand Rounds: Update on Headache Management	Pooja S. Patel, M.D.	94	4.8	4.7	4.7
11/15/2022	Mental Health Conference Series: Treatment of Trauma and Anxiety in the Primary Care Setting	Shawn Agharkar, M.D., DFAPA	50	4.9	4.9	4.9
11/16/2022	MCVI Grand Rounds: Hypertrophic Cardiomyopathy 2022: An Update on Patient Care	Matthew W. Martinez, M.D., FACC	67	4.9	4.9	4.9
11/30/2022	Echocardiography and Noninvasive Vascular Testing Lecture Series: Duplex Ultrasonography Assessment of Portal Hypertension	Andrew S. Niekamp, M.D.	48	4.8	4.8	4.8
12/6/2022	Mental Health Conference Series: Cognitive Rehabilitation and Other Psychological Interventions With Rehabilitation Patients	Larry Brooks, Ph.D., ABPP-CN	36	4.8	4.8	4.8
12/7/2022	MCVI Vascular and Endovascular Lecture Series: Lower Extremity Venous Insufficiency: A Modern Approach to a Chronic Problem	Michele Taubman, M.D., FACS	65	4.7	4.9	5
12/15/2022	Echocardiography and Noninvasive Vascular Testing Lecture Series: Peri-operating Imaging for Carotid Artery Stents	Constantino S. Pena, M.D., FSIR, FAHA, FSCCT	48	4.7	4.8	4.8

Marcus Neuroscience Institute Knock Out Stroke and Cardiac Events Symposium Evaluation

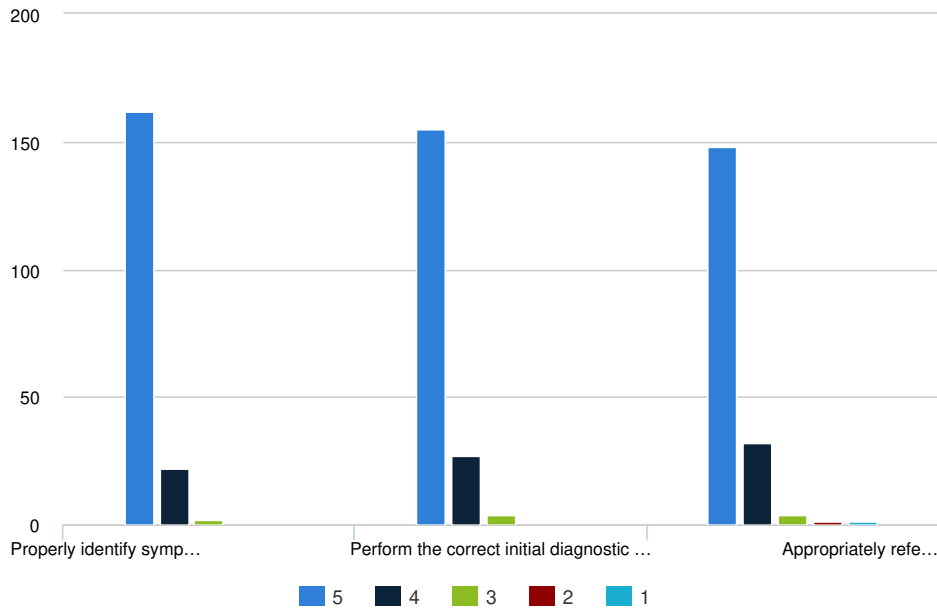
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



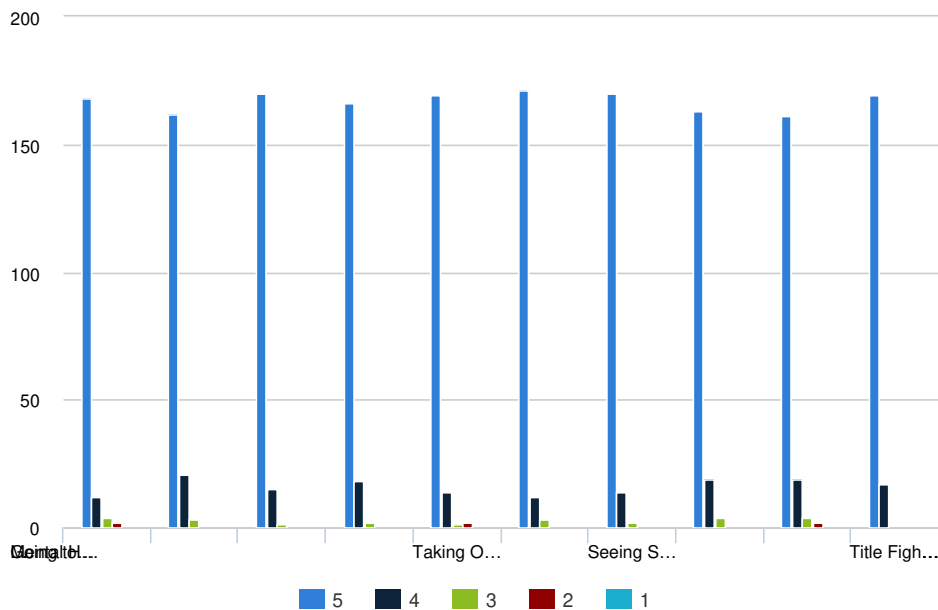
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	163	18	1	0	0	4
The skills learned in this CME course will be applied in the treatment of my patients	155	22	1	0	0	8

How confident are you in your ability to:



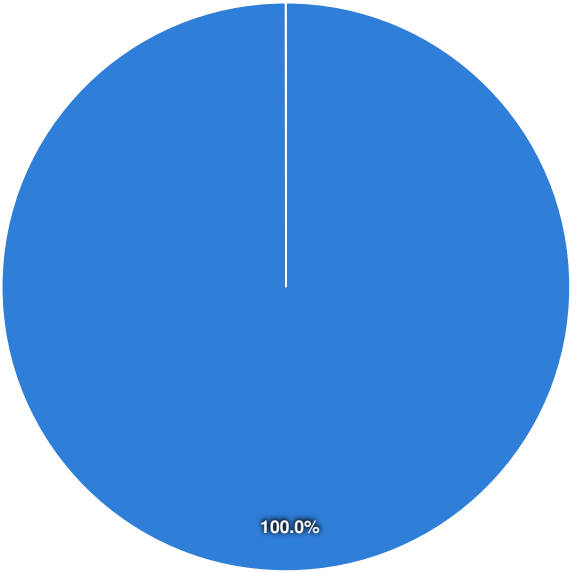
	5	4	3	2	1
Properly identify symptoms of stroke commonly seen in the primary care setting?	162	22	2	0	0
Perform the correct initial diagnostic evaluation of patients presenting with common stroke symptoms?	155	27	4	0	0
Appropriately refer patients to subspecialty clinical programs for evaluation?	148	32	4	1	1

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



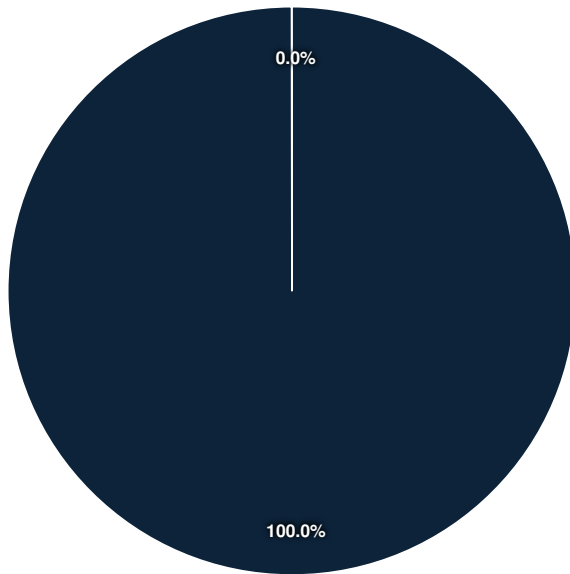
	5	4	3	2	1
Heavy Hitters: Aneurysms and Subarachnoid Hemorrhage - Brian Snelling, M.D.	168	12	4	2	0
Playing Possum: Stroke Mimics - Adrian Rodriguez-Hernandez, M.D.	162	21	3	0	0
Mental Health Issues Following Stroke - Yankel Girshman, D.O., FAPA	170	15	1	0	0
Going to 12 Rounds: 12-lead Correlation with Acute Myocardial Infarction - Dawn Altman, R.N.	166	18	2	0	0
Taking Off the Gloves: Legal Issues in Stroke and Cardiac Diseases - Antonia Smilova, Esq.	169	14	1	2	0
Title Fight: Change Process to Tenecteplase - Kendra Kent, R.N., M.S., CCRN, CNRN, SCRNP, CENP	171	12	3	0	0
Seeing Stars: Visual Changes of Stroke - Diana Barratt, M.D., MPH, FAAN	170	14	2	0	0
Southpaw: Atrial Fibrillation and Appendage Closures - Alison F. Ward, M.D. and Gautam Kumar, M.D.	163	19	4	0	0
Sparring Partners: Cerebral Edema and Increased ICP - Khalid Hanafy, M.D., Ph.D.	161	19	4	2	0
Heavyweights: Uncontrolled Hypertension - Kendra Kent, R.N., M.S., CCRN, CNRN, SCRNP, CENP	169	17	0	0	0

Was this course fair, balanced and without commercial bias?



Yes	186
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What, if any, new skills/strategies will you apply in your clinical practice?



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User entered value	186
Average submission length in words (ex blanks)	9.69
n/a	
....	
NA	
Effective communication skills	
Great information	
multiple ideas and best practices shared.	
Evidence based practice and research in Neuro for particular deficits I work with.	
Better interpretation and understanding of 12 lead EKGs	
Excellent overall	
I was particularly interested in the Legal Issues in Stroke presentation as with the rush of new graduate nurses coming into practice we are seeing charting deficits more frequently. This information is great to bring back!	
N/A	
N/a	
Great Review to keep clinical practice updated with evidence based shared decision making	
Use new to me RACE for my staff to start our patients. Better EKG skills, improved documentation	
.	
Pay closer attention to patients ss even when no specific sx seem to be apparent for MI and CVA.	
Tenecteplase	
WILL SHARE WITH MY COLLEAGUES	
Good review of EKG changes in AMI	
Update my knowledge regarding aneurysm-ICH treatment. Better understanding of emotional issues in stroke	
lots of new information	
EKG education enhanced and excellent presentations of major illnesses with life threatening implications	
tpa vs tkase icp management	
Bp management and icp management	

Loved the legal discussion, will definitely bring to caregivers.

addressing hypertension on high risk patients

We already utilize the majority of techniques that have been mentioned in today's lectures

Clinical assessment skills

addressing mood disorders associated with strokes, ability to identify stroke mimic symptoms

identification and early intervention

I will definitely look to broaden my view concerning EKG and repeat ekgs. I will be more open to looking for mental health issues for our stroke patients.

Same

Will implement this new knowledge in pt education and staff education

Understanding the emotional and psychological impact to stroke patients

Improve assessment skills for Stroke Mimics

Tenecteplase administration

Good info: depression, litigation, LAA, ECG reading, Hypertension control

Optimize patient care to decrease ICP. I learned about another thrombolytic beside TPA in treating AIS (the use of TNK).

Will do additional ekg strips on cardiac incidents, be more cognizant of other ST causes. Take a closer look at how I document calls and implement what I learned in the legal issues class.

patient management post stroke, documentation

Signs and symptoms of a stroke

Patient education

n/a

I will apply the information to my practice.

I would like to utilize the call to action for hypertension, for instance, checking BP and educating the public.

I thoroughly enjoyed the attorney's presentation regarding documentation. I will diligently try to ensure that all my documentation tells the complete picture of the patient's condition.

Clarifying signs & symptoms of stroke

If the patient presents like a stroke and isn't look at all the possibilities!

nana

New knowledge . Evidenced based Tx.

Better understanding

New signs and symptoms of stroke

N/a

stroke eval and Rx

Clinical documentation, care of the stroke patient

This conference sharpens and reinforces my knowledge and skills with taking care of patients with stroke and cardiac problems as part of the rapid response team.

Broadened my knowledge base. Improving my ability to interface with other members of the health care team and with patients

Learned practical approaches to documenting in a more risk averse way in a chart. Learned about Tenectiplase vs Alteplase. Lacunar strokes and detection. Understanding the plethora of mental issues and the reasons behind them in a patient post stroke.

n/a

I learned very practical information :stroke mimics , Atrial fibrillation , HTN I will use in my practice

Ekg interpretations, ICP monitoring, basically all things discussed

Conveying all the information presented by the speakers to my staff to make them all more stoke aware.

None, I m retired.

My facility does not offer endovascular procedures for aneurysms. Understanding which patients are a candidates for these procedures, and getting transferred in timely manner was a huge take away for me so that I can advocate for my patients.

May add secondary stroke prevention guidelines, TIA Add 30 minutes of Diabetics and hyperlipidemia management Also primary prevention of cerebrovascular diseases risk factors

yes

Better evaluation of patients

I am a retired physician.

The benefits of using tenecteplase vs. alteplase for thrombolytic therapy or care.

Legal aspects in patients with stroke.

Tnkase

Be more receptive

Be able to help patients understand what is happening to them or refer them to the appropriate person when they have questions

I particularly liked the lecture about legal issues. I will be sharing some of the concepts I was not aware of with our team.

Management of hypertension

Enhanced diagnostic acumen

I learned to better diagnose symptoms of stroke and to appropriately refer to subspecialty clinical programs in a timely fashion.

I learned how important it is not to ignore early signs of stroke or hypertension

Many take away that I look forward to sharing with my staff

I will definitely take the information learned today to apply to my clinical unit. Being on the NSICU unit, we see daily the topics that were discussed.

I am so impressed on the content and presentation of this online conference that I believe this should be the way we doctors are educated about the ever growing knowledge of the medical field, I will definitely apply the concepts presented to my practice. Excellent lectures from very qualified Physicians

The education about the new alteplase drug

The neuro and STEMI presentations were great.. I will also be able to I document effectively

recognize atypical stroke presentations

Complete examination

Able to identify stroke symptoms and suggest treatments , testing if necessary

Able to identify stroke symptoms and suggest treatments , testing if necessary

appendage closure recommendations

Better understanding of how stroke affects mood, sign to be alert to. Increased awareness of documentation and legal aspects.

NA. I am occ health

Just rolled up use of Tenecteplase

The information will help me with how to read EKG the diagnosis of heart attack, stroke

yes

NA

Continue current practice

new treatment

Improved assessments abd better documentation

I do not practice clinically

Lot of information. Will incorporate in patient care and practice.

Better assessment skills CVA, treatment options

n/a

Not much. I'm a PCP

Excellent presentation,yes

This symposium was an excellent resource to validate and verify my current clinical practice as an RN in an acute care hospital setting.

ask about depression more often

I will be sharing information learned regarding TNK with our team as our hospital is in the process of transitioning from Alteplase to TNK for the treatment of stroke.

visual legal

Care of the MI patient

supports current practices Learned about different risk assessment scores that I can utilize

I loved the 12 lead lecture. I always learn something new.

Educating patients of signs and symptoms of stroke

Documentation practices, educationof frontline staff.

N/A

a little of everything

NA

Education

Visual field assessment

No

All

thorough documentation.

Definitely documenting adequately and appropriately. To know my institution policies. Being more aware and empathetic of patient's psychological conditions/depression. To know that mannitol should be used more sparingly mainly in short term setting for temporary reduction of ICP in tumor patients prior to surgery. To start applying BE- FAST instead of just the fast screen. Improve my interpretation of the 12 lead ECG. Advise MRI follow up after 4.5 hours of Tenecteplase. To watch out for signs of stroke in MS patient .

Awareness and attentiveness in neuro cardiac diagnosis and management

Updated on latest guidelines and treatments in stroke management.

This has increased my knowledge base to communicate these medical conditions better with my peers and community.

Retired

Increased awareness in Stroke and Myocardial infarction Documenting any changes and decision in the patients chart

N/A. I am not currently practicing.

n/a

N/A

Share information with my stroke units and committee. Look to see how we can improve the care of our stroke patients and their families.

A fib new treatment plan.

Na

Treatment and understanding of SAH.

Treatment of patients with SAH

Better stroke and cardiac assessment and treatments at hand.

Everything was informative

The information regarding Tenecteplase implementation was most helpful as our facility is planning implementation over the next couple months. The information regarding flushing the line was very interesting

implementation over the next couple months. The information regarding pushing the line was very interesting.

Not applicable. I'm retired.

Be more observant and alert the medical team

Make sure to assess looking for small changes that might be missed as stroke

More acutely aware depressive signs and symptoms post stroke

This symposium has increased my neurological skills to a much higher degree do to the high quality presentations.

Better identify stroke from other neurologic events

wonderful presentations

Improving assessment

Improving my Documentation

Probe more into mental health issues following stroke consider more patients for LAA

n/a

I will apply all of them if I have to.

The discussion on changing alteplase to tenecteplase, LAVD and left atrial appendage closure.

I thought it was Fantastic. I hope to attend again next year.

Do right sides EKG's more often

depression screening

Improved diagnosis

Assessment and terminology of visual changes in stroke. Also found stroke mimics presentation very useful with specific assessments to rule out likely stroke during immediate phase.

Legal aspects and documentation. Identifying MIs

Psychologist to attend rounds

N/A

I will be more mindful of my documentation, including risks, benefits, and alternatives concerning tPA administration.

Our institution is in the process of transitioning to TNKase for AIS. The info surrounding this was very helpful.

Na

all of what i learned

.

yes

Great presentations. Was a good review!

yes

n/a

stroke management

TBD

There's a lot of new information or innovation learned in this symposium. Its amazing that because of technology its being relayed to a lot of practitioners. Even if some are not available here in the British Virgin Islands, being aware that they are done somewhere else becomes another option and can be shared with the patients and their family. Other diagnostic and therapeutic approaches like early Hypertension control by medication to prevent dementia later, Visual disturbances in stroke, and the medico-legal issues by Ms Smillova was really excellent and quite relevant in these times when the patient and their families are more informed.

Reinforced my current practice.

Immediate assessment of possible stroke pts.

all

scanning for depression and anxiety, and taking care of the mental health issues after a stroke. anger management. or fluctuations of emotions and moods.

The EKG lecturer was superb in going thru the EKG readings. That is one of the many principles to adapt.

All

I will read more new publications and watch new webinars about this important topic

Increased ICP treatment TNK process

Warning signs of stroke, stroke mimickers

Symptoms to look out for in stroke patients that may indicate deterioration

the same

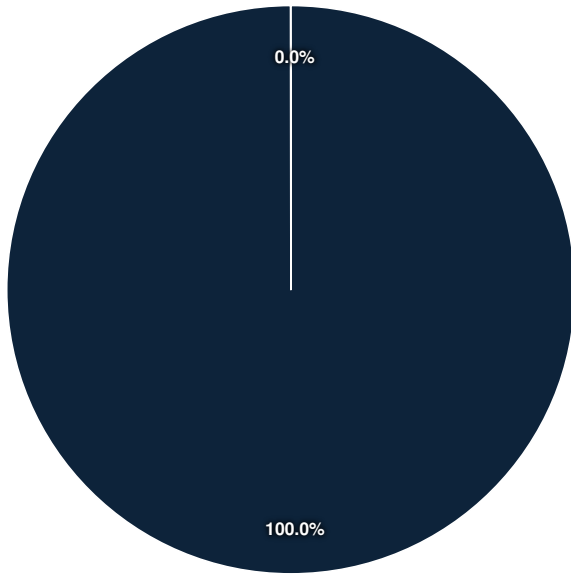
Utilising different diagnostic methods in assessing these patients

Additional stroke education gained from the courses. The legal/charting educational opportunity was very beneficial. I will also be educating the team on these tips.

NA

reinforced skills

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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Average submission length in words (ex blanks)	2.88
n/a	
....	
NA	
N/A	
None	
n/a	
N/A	
Not applicable	
None	
N/A	
N/A	
N/a	
NA	
Nothing	
.	
I plan to do the above.	
Provider buy in/prescription.	
N/A	
None	
N/A	
na	
N/a	
n/a	
None	

None

n/a

n/a

NA

NA

nothing

none.

N/A

None

nothing

plan to use great information with assessments

N/A

Na

N/a

I will put into practice what I learned from this conference!!

I will implement what I learned that pertains to my profession.

n/a

NA

None

n/a

N/A

.

N/A

NA

N/A

na

None

I have no practice, but it elevated my understanding of subject matter.

n/a

N/A

NA

N/a

N/a

Better understanding of strategies on reducing ICP, posture, hyperventilation and pharmacotherapy with mannitol or 3% NaCl

I'm planning on adopting a lot of the things learned today.

n/a

I plan to use the information that I got today

N/a

I will

Retirement.

none at this time

See above

yes

N/a

n/a

I am a retired physician.

N/A

n/a

Na

N/A

Na

I will be meeting with our CORE stroke team to review existing protocols and will be sharing some of the information during that meeting regarding depression screening for our stroke patients.

time

n/a

Insurance coverage of patients.

-

I will be implementing many and continuing to learn from all of this symposium

NA

Nothing will keep me from implementing what I have learned today

N/A

Plan to implement all topics

nothing

N/A

Education block

Education block

na

none

NA

none

N/A

yes

NA

Nothing

should be able to

I plan to implement new practices

I do not practice clinically

.

N/A

n/a

I'm PCP Don't see much as outpatient provider

none

This symposium was an excellent resource to validate and verify my current clinical practice as an RN in an acute care hospital setting.

as above

N/A

none

N/A

Na

n/a

N/A

N/A

NA

nothing

n/a

NA

NA

n/a

No

N/A

time consuming in communication

I can only suggest and hierarchy implements.

Application of course

Yes

N/A

Retired

I work with Pediatric population , and stroke and MI are not frequently seen

N/A. Not currently practicing.

n/a

N/A

N/A

None

Na

None

None

None

Yes

some resistance from pharmacy

I'm retired.

NA

NA

Nothing

There no restriction to apply any of the new skills from my internal medicine practice.

NA

n/a

NA

N/a

n/a

n/a

I will apply them all

No

NA

I do plan to

NA

Administrative obstructions, no support

n/a

none

N/A

N/A

None.

-

Na

n/a

.

improve

N/A

no

n/a

yes

Field is infectious disease

Not applicable to area of practice

Reinforced my current practice.

N/a

NA

i do not have any license yet.

No hinderances.

.

I plan to implement any new skills/strategies in my future clinical practice

The knowledge

N/A

n/a

I will continue to improve on the skills I use

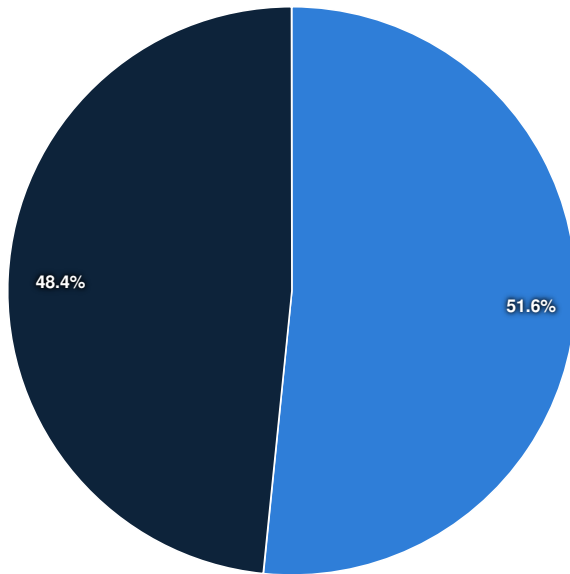
Limited technology to implement some methods

N/A

NA

agreed with course

Please provide any additional comments or suggestions.



Left Blank	96
User entered value	90
Average submission length in words (ex blanks)	10.49
Wonderful symposium. Thank you	
None	
N/a	
God symposium, will look forward to next year	
Excellent presentations, well explained, good examples, and good refresher.	
I did not see all of the presentations, but this form requires I evaluate the speakers. There should be an NA option.	
To help identify the number of Stroke CEUs that are eligible for HFAP Stroke Education. "Education must be specifically related to diagnosis/assessment and management of acute stroke/cerebrovascular disease." And can CEUs be offered for Cardiac Cath/IR Techs for the future? Thank you for offering this as a virtual symposium.	
Great job!	
Excellent course	
na	
Some presentations did not allow audience to see their slides	
Wonderful presentations! Thanks!	
Overall great presentation, thank you	
Very interesting day and I learned much! Thank you!	

Na

Great balanced conference presentation

Great presentation!!! Great topics !! Thank you so much . I learned a lot!! Great speakers!! I can't wait for the next conference.

Excellent information not only for profession but for general knowledge of what treatment's are available at this time.

None

n/a

Antonia Smillova Esq. should have a talk on Legal issues and documentation in healthcare/nursing.

Future updates on new medication regimens or device/drug clinical trials

It was quite informative with many interesting topics

Great topics with well put illustrations to enhance understanding.

N/A

good program

This conference is very organized. The topics are very interesting and applicable to my everyday practice. Kudos to the presenters and the people behind it.

Excellent program! Coming back to attend next year.

Excellent course thank you

All the information presented was fantastic.

Great topic & presentations, each better than the other! I look forward to participating again in future. Thanks.

Great lecture and education today!!! Thank you for allowing us to join in!

yes

Excellent and very informative presentation.

Please continue bringing us professionals these symposiums. They are well needed for reinforcement and best of all updates of most effective care protocols. Thank you so much!!

Na

Great conference. Thanks.

I felt this symposium was one of the best I have attended. Lots of great information provided!

Well presented conference. Had a few audio issues.

In ISIS-2 streptokinase provided a better benefit to risk and benefit to cost ratio than TPA. In addition, in GUSTO, patients over 60 had increasingly higher rates of cerebral hemorrhage. I also wonder why neither Mark Rubenstein, MD, FACC or Ralph Sacco, MD, FAAP were not speakers.

I felt that the TNK presentation should have been done by a pharmacist from the hospital since they are the drug experts

Please do continue this convenient format which is to the benefit of the interested listeners and convenient to the speakers

N/A

Wonderful presentation!

Outstanding symposium and every presentation was informative and engaging.

This symposium was excellent . The speakers were very knowledgeable and engaging .

This symposium was excellent . The speakers were very knowledgeable and engaging .

Dr Snelling was "talking down" to us a bit at the start. Im pretty sure we all knew that a "rubber tubing" was a catheter and what an aneurysm was. Dr Ward: AF is such a great topic but too much time was spent on showing us the type/shape of atrial appendages and the various development of surgical options. Dr Adrian R-H's accent was somewhat difficult to understand at times...he should try and slow down. His mimics were so interesting and he could have spend more additional time explaining his maneuvers to r/o the psych patient vs CVA. I would love a longer lecture on this topic. That was an RN teaching the EKG changes?! Best explanation Id ever heard and Ive been in ER x 30 yrs! Love to hear Ms Altman talk on another EKG topic.

Great comprehensive stroke symposium, all speakers kept my interest entire day.

Thank you

N/A

Future CME on Preoperative Evaluation, "surgical clearance", detailed with suggested language taking in consideration medicolegal risk issues. Thank you.

great program

So much great information. Signs/subtle symptoms, ins and outs of anatomy! Excellent!

Excellent presentation

great course

NA

Excellent symposium i enjoyed the variety of subjects. Excellent speakers.

n/a

Great course

attended from 08:15 to 0100pm. did not attend to Seeing Stars, Southpaw, Heavyweights

Excellent talks especially Dr Barratt presentation regarding focalization of visual fields

All speakers were extremely knowledgeable, professional and communicated their topic well. Their slides where excellent and helped to convey their topic. I would definitely attend future conferences with these speakers. I appreciate their time to provide this important education. It was an excellent program.

Overall, one of the best quality seminars I have attended in years. Most speakers were excellent and provided information about the newest/state-of-the-art treatment approaches for management of various diseases and disorders. I liked hearing what the new approaches to prevention and treatment of medical disorders are and receiving statistics data as to the efficacy of each.

n/a

None

Na

Great presenters!

Excellent conference.

Great Seminar

Great reviews/updates

Enjoy each of the presentation due to their high level ,very well organized.

This was a great lecture! The real life examples were excellent and enjoyed hearing about the legal aspect as well.

n/a

Love the legal issues in stroke presentation. Very relatable

It was great! I have learned a lot. Thank you!

I thought the event was well thought and the topics well encompassing.

Great symposium thank you very much!

NA

Antonia Smillova was excellent!!

None.

n/a

Excellent combination of topics. More Power !

none thanks

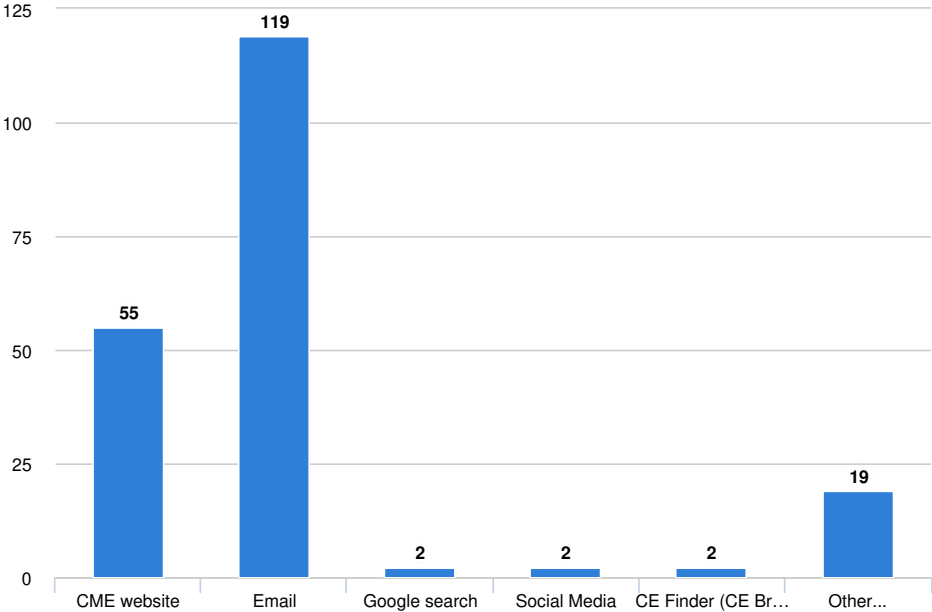
thank you

I really enjoyed the combination of explanations with images (such as the MRI depictions of visual arteries affected and explanation of presentations)

NA

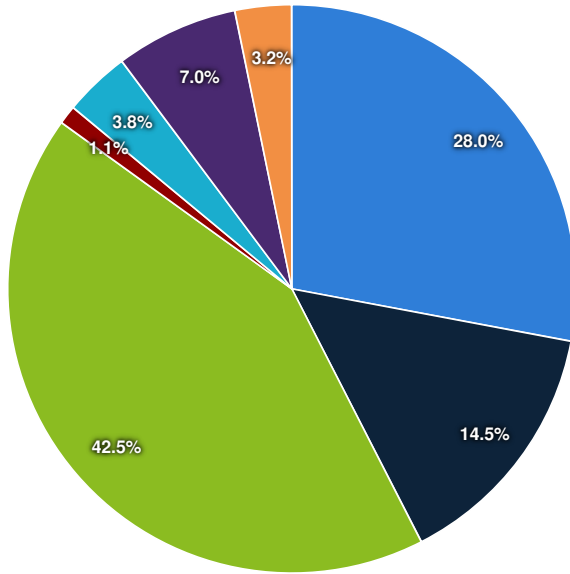
Good course presentation

How did you hear about this course?



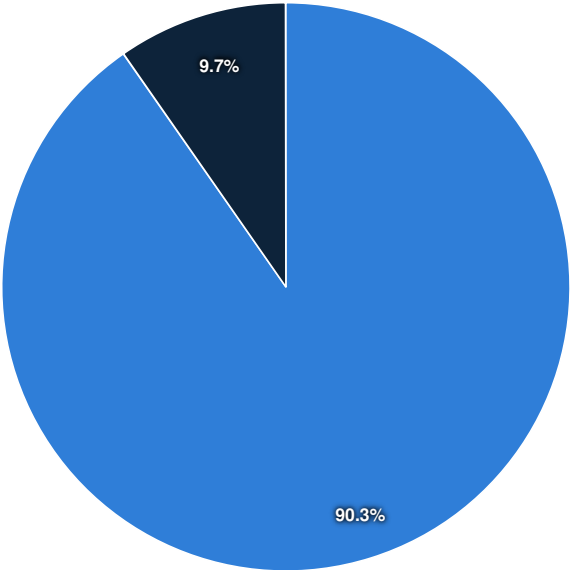
CME website	55
Email	119
Google search	2
Social Media	2
CE Finder (CE Broker)	2
Other...	19 (view)

Please select one:



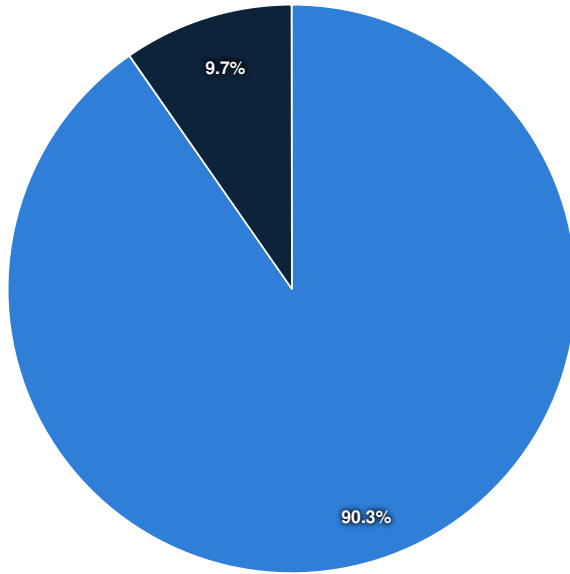
M.D., D.O.	52
ARNP/PA-C	27
R.N.	79
Paramedic	2
Pharmacist	7
Occupational Therapist	13
Other...	6 (view)

Attestation



I attest that I have participated in this live virtual symposium in its entirety.	168
I attest that I have participated in _____ hours of instruction during this live webinar.	18

hours attestation



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User entered value	18
Average submission length in words (ex blanks)	0.06
8	
2	
5	
8	
4.5 hrs	
8	

7

7.25

7.25

4

4

8

7.5

5

6

8

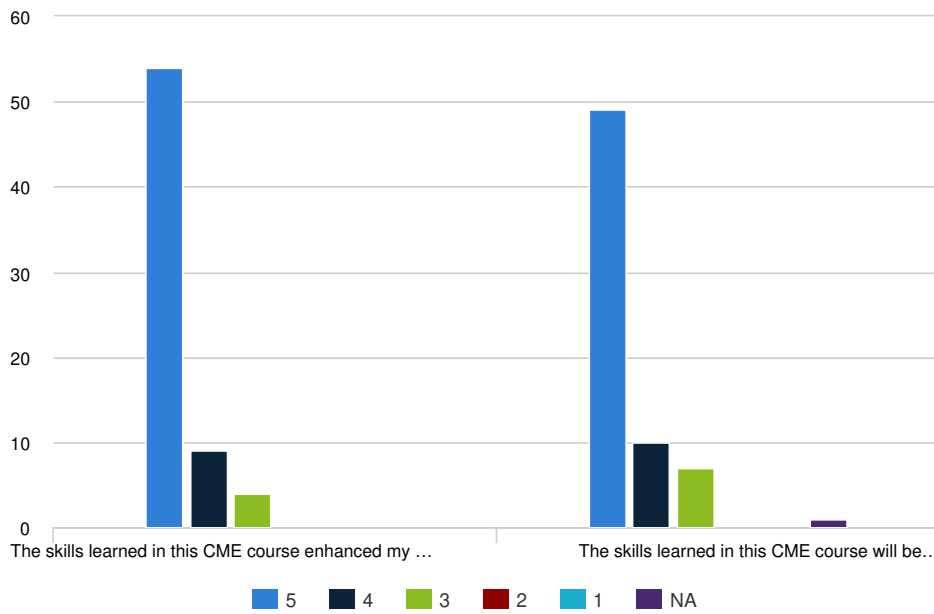
4

7

Oncology Rehab Symposium Evaluation

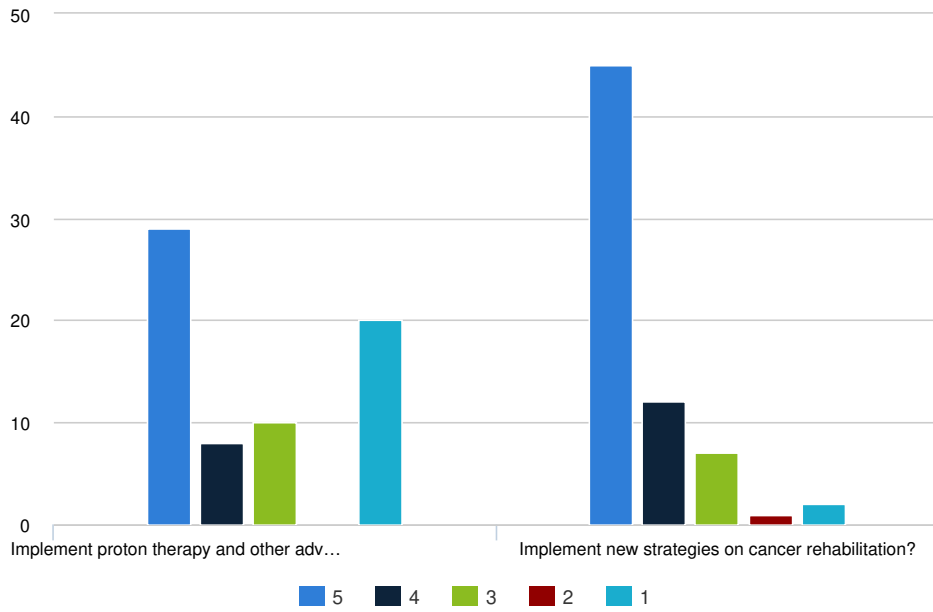
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



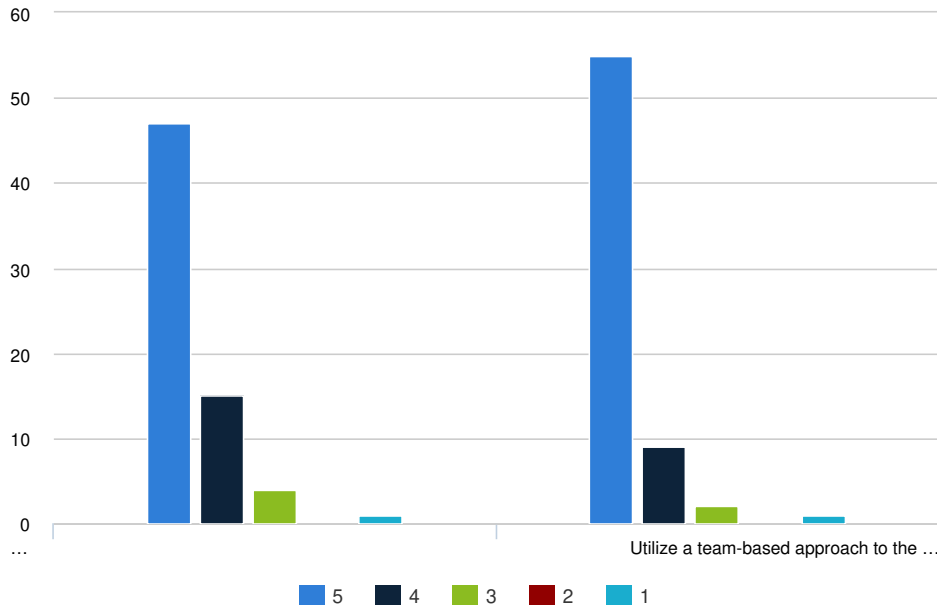
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	54	9	4	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	49	10	7	0	0	1

As a result of attending this conference, how confident are you in your ability to:



	5	4	3	2	1
Implement proton therapy and other advances in radiation therapy in the treatment of cancer patients?	29	8	10	0	20
Implement new strategies on cancer rehabilitation?	45	12	7	1	2

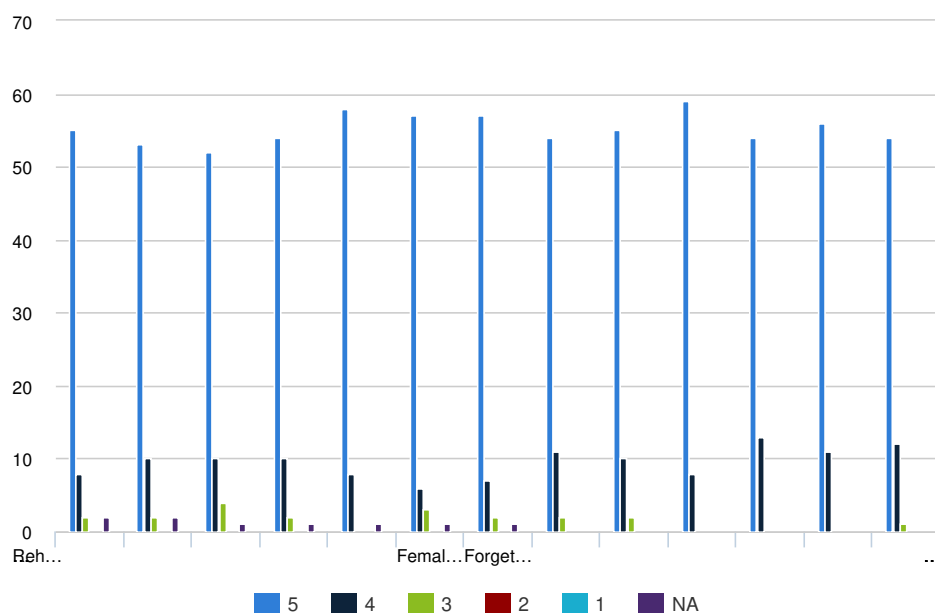
As a result of attending this conference, to what extent do you agree that you will be better able to: (rate the objectives)



5 4 3 2 1

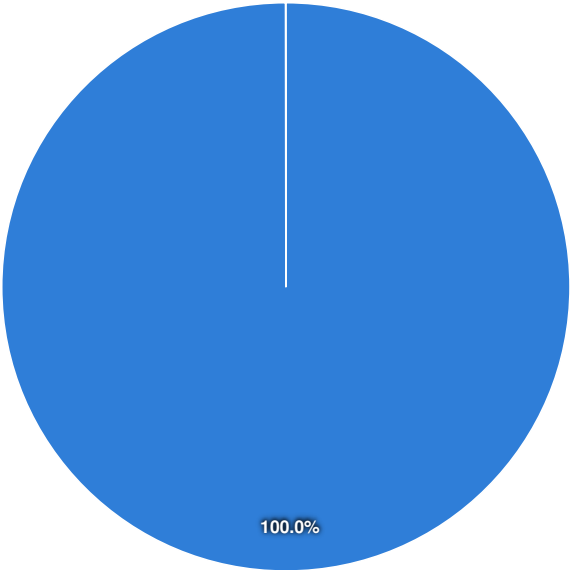
Develop a strategic approach to accurately treat oncology patients of various types, including cancer rehabilitation programs that can improve function, reduce pain, and improve the well-being of cancer survivors.	47	15	4	0	1
Utilize a team-based approach to the implementation of evidence-based rehabilitation strategies.	55	9	2	0	1

How effective were the following speakers in meeting the learning objectives?



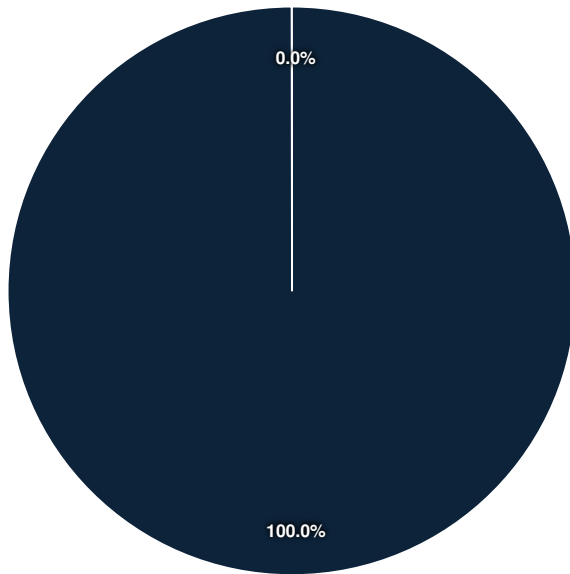
	5	4	3	2	1	NA
Proton Therapy and Other Advances in Radiation Therapy in the Treatment of Cancer - Matthew D. Hall, M.D., MBA	55	8	2	0	0	2
Principals of Reconstructive Surgery in Cancer-Implications for Cancer Rehab - Miguel A. Medina III, M.D.	53	10	2	0	0	2
New Paradigms to Strengthen Resilience in Bone Marrow Transplant Patients - Marco Ruiz, M.D., MP.MSc., MBA, FACP, FIDSA, FRSPH	52	10	4	0	0	1
Rehabilitation of the Metastatic Spine Disease - Romer Bismonte Orada, D.O.	54	10	2	0	0	1
The Role of Rehabilitation Medicine in the Diagnosis and Treatment of Sarcopenia in Cancer - Adrian Cristian, M.D., MHCM	58	8	0	0	0	1
Female Sexual Health and Cancer Survivorship - Christopher S. Gomez, M.D.	57	6	3	0	0	1
Forget About Etiquette: Talking With Patients About Pelvic Health Physical Therapy - Louise Gleason, P.T.	57	7	2	0	0	1
Rehabilitation of the Sarcoma Patient: Challenges and Opportunities - Ana Cecilia Belzarena Genovese, M.D., MPH, MBA	54	11	2	0	0	0
Maximizing Health, Independence, and Social Role Participation: A Psychological Viewpoint in Cancer Rehabilitation - Kristina Espinosa, Psy.D.	55	10	2	0	0	0
Radiation Therapy in the Treatment of Head and Neck Cancer: Considerations for Rehabilitation Clinicians - Noah Kalman, M.D., MBA	59	8	0	0	0	0
The Role of the PT in the Assessment and Treatment of the Person With Head and Neck Cancer - Dessislava Dakova, P.T.	54	13	0	0	0	0
Things I No Longer Do: The Evolution of a Speech Language Pathologist Working With Patients With Head and Neck Cancer - Mary E. Owens, M.Ed., CCC-SLP	56	11	0	0	0	0
Cardio-Oncology and Implications for Rehab - Socrates V. Kakoulides, M.D.	54	12	1	0	0	0

Was this course fair, balanced and without commercial bias?



Yes	67
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What, if any, new skills/strategies will you apply in your clinical practice?



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User entered value	67
Average submission length in words (ex blanks)	13.46
Will screen patient better and make referral.	
ask questions early	
I learned much about sexual dysfunction and H&N rehab such as how to screen patients	
Be aware and sensitive to cancer patient's psychological state during and after their cancer treatments	
Plan of care time frames for HN cancer patients. Earlier assessment and intervention for lymphedema	
I will give even more importance to the rehab process, during cancer treatment. Very important the criteria for diagnosing sarcopenia, and how to manage it.	
Way i treat Oncology patients	
This course has reinforce the importance that rehabilitation as a comprehensive program, have for cancer patient. Extremely important for me the concept, how to assess, and how to manage Sarcopenia.	
Better understanding of cognitive Issues in pediatric cancer patients	
will incorporate cardio oncology into our plans for oncology wellness programs	
n/a	
motivational interviewing	
Assessment of areas that can be improved with cancer rehab.	
None	
Multidisciplinary approach is key in treating oncology patients. Adapting motivational interviewing to PT interventions to improve pt compliance especially to CDT.	
Integration of meaningful interviewing with patients. Integration of dysphagia education into the role of PT with HNCA patients.	
further investigate proton therapy Resiliency in disease strategies in pelvic floor therapy	
Broader knowledge for referrals	
More comprehensive approach to treatment	
Have more pre-hab for our oncology ortho pts	
Will be more receptive and aware to quick referral to specialists at Baptist Cancer Center	
Assessment for brachial plexus injury after radiation head/neck cancer. Prehab indications	

Screening for all areas involved in head & neck cancer related impairments, not just head related symptoms

greater knowledge and understanding

Kegels contraction

ensure female sexual health and pelvic health are being addressed

n/a i work in a non-clinical setting.

Education in nutrition during radiation to maximize recovery.

Can implement skills for rehab in sarcopenia in my patients and patients with spinal cord metastasis.

Enquire more about sexual health

I have much better understanding of the oncology treatment toxicities related to radiation, chemotherapy and surgery which will allow me to perform better patient evaluation and treatment

Use more of a team approach. Refer to speech therapy sooner. Stress Eating and swallowing etc for Head and neck patients. Open up the conversation of SEX with my oncology patients, Refer patients for pelvic dysfunction issues. Consider musculature of UE with head and neck cancers including more a comprehensive approach to tx. THIS course was absolutely FANTASTIC!!! Congrats

The use of objective measures when treating patients with head and neck cancer as a way to objectively monitor progress during the rehabilitation process will be more readily implemented in my clinical practice.

Better ability to educate patients about potential risks and prevention methods with rehab, etc

Methods in dysphagia therapy

Use of motivational interviewing in patients with cancer; exercise prescription based on status of cancer

Treatments for patients with head and neck cancer as I am an OT.

Collaborate with other health professionals to better address the needs of the patient.

refer my patient to rehab as soon as possibl

Not sure, just overall better knowledge of cancer diagnosis patients

Referrals and recommendations for improved physical therapy outcomes in metastatic spine disease, monitoring of sexual health as well as bowel and bladder function, management of acute cardiovascular issues in cancer population

Massage the neck before during and after head and neck treatment

Consider implementation of standardized screens for anxiety, motivation and depression to better engage the interdisciplinary team in the clients' recovery.

Remind patient to continue to eat the importAnce of performing home exercise program

treatment for head and neck strategies and screening patients for pelvic health issues and referring them to a specialist

Increased knowledge on cancer patient treatment

Referral to the other professionals.

cardiac exercise protocols great information overall

I will use the information learned in the Psychological segment to care for my patients. referring patients when a need arises.

Use of motivational interviewing in patients with cancer; exercise prescription based on status of cancer/ stage

treatment of head and neck strategies , pelvic health screening and referral to specialist

Better understanding of topics presented

N/a

Patient education on regarding resources and support available to them. Enhancing/supporting resilience in patients.

treatment of head and neck stratgies and pelvic health screening and referral to specialist

Pain relief strategies

Gear my treatment goals for ambulation taken into account a multidirectional approach.

1.Reducing falls in-patient by introducing education to the nursing staff in relations to sarcopenia and how the oncology patient is at risk. Presently, we use Morse Score which does not capture all elements identifying

which oncology patients are a fall risk. 2. Length of stay (LOS) for the oncology patient exceeds the average LOS of 5 days. As we look at resilience, mental health needs a weekly check point since it influences the patient outcomes when it comes to mobility. 3. Walking on the unit....Having a start point with marking distant within the unit...and an end point can help the patient's track their exercise while in-patient.

N/a

Not applicable to my practice

I have acquired general knowledge in all the areas presented that will help me serve better my patients. I will have better awareness of the different interventions in cancer rehabilitation.

X

more pelvic floor and head/ neck cancer strategies identified multidirectional walking

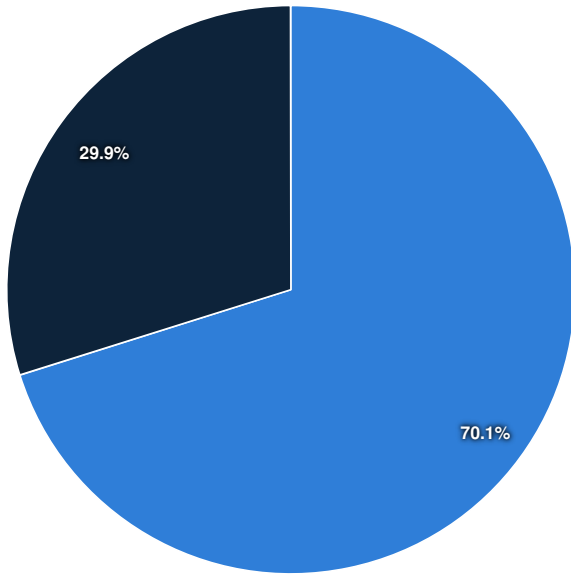
N/a

refer to psychology as appropriate, screen my breast cancer patients for concerns with sex

Discussing sexual dysfunction or concerns with patients

Multidisciplinary approach

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



Left Blank	47
User entered value	20
Average submission length in words (ex blanks)	10.80
The are no obstacles.	
There are no obstacles.	
I am no longer a clinician, nor am I responsible to implement new programs.	
N/a	
Nothing will keep me from implementing what I have learned today	
i work in a non-clinical setting.	
Pts' reluctance to disclose symptoms	
n/a	
N/A	
N/a	

I am in the educational arena

I feel that the proton therapy question above is not accurately asked as I will never implement it because I'm a PT. I do have a better understanding now.

N/a

N/A

I do have system challenges, along with financial challenges regarding FTEs for mobility techs, in-patient psychologist, etc. Next, nurse turnover has been high with the pandemic. Staffing in the hospital is a challenge, with a high percentage of inexperienced nurses. Plus, I am fairly new to Baptist and maneuvering the system is challenging. I would like to see the resources that are available for the out-patients be available for in-patients. These in-patient resources are needed with the higher acuity needs of the patients...so it only makes sense for best outcomes. I will continue to pursue.....for best patient outcomes.

N/a

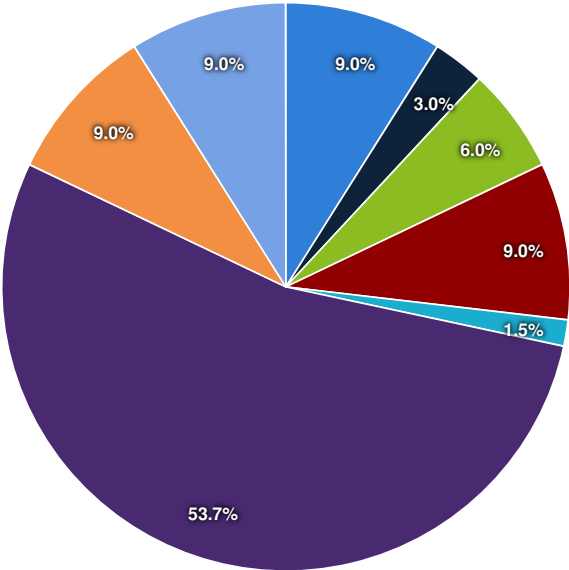
I'm a research pharmacist

There are no barriers to implement the knowledge acquired in the above presentations.

n/a

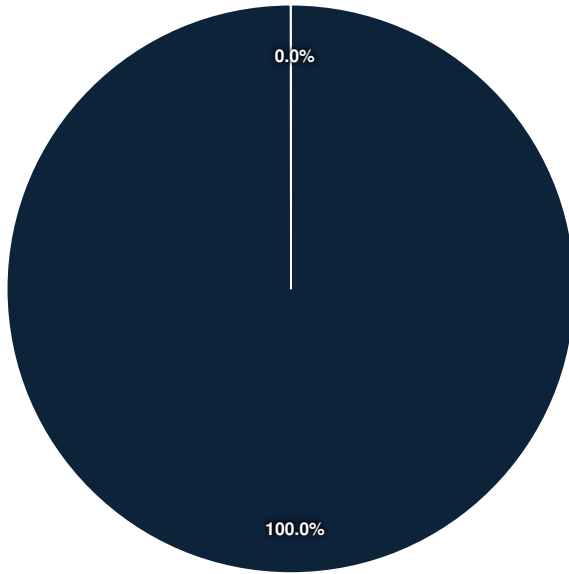
N/a

Please select one:



M.D., D.O.	6
PA-C	2
ARNP	4
R.N.	6
Pharmacist	1
Physical Therapist	36
Occupational Therapist	6
Other...	6 (view)

Name



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User entered value	67
Average submission length in words (ex blanks)	2.64
Maria Ramirez	
Lisellet Morin	
Maribel Garcia	
Arlene Sotolongo, MSPT, CLT	
Cheryl A Canaday	
Pedro Manuel Bueno Rodriguez, APRN	
Judy Kaufman	
Pedro Manuel Bueno Rodriguez	
Carmen Arias	
Ashley Perry	
Romer Orada, DO	
Julia Porter	
Marie Fernandez, APRN	
Kurt Kadel, PT 3974	
Christine Masterson	
Julia Osborne	
Karen Hock	
Ileana brana	
Jennifer Bertot	
Ashley Gill	
Carlos A. Sabates MD	
Louise Gleason	
Madeline Del Castillo	
Caroline Godinez	

Sigrid somarriba

Deborah Goldman

Amelia Aguilera

Laura Lockhart

Ronald B. Tolchin, D.O.

Jeisell Marin

Dessislava Dakova

Carlene Campbell Diaz MS.OT CLT OT2220

Daniel Gonzalez

Emily Bell

Massiel Pizzini

Jessica Josephine Niski

Jeanine Gonzalez-Alvarez, OTR/L

Narciso J Rodriguez

Daghistani Sahar

Douglas Cordier

Megan Tipping

Marya gill

Christopher Cardani

Esther Ball-lovers

Parisa Daee

Angela Ramirez

Beatriz Melendez

Amy Frontz Block

Marilyn Gonzalez R. N.

Jessica Josephine Niski

Parisa Daee

Holly Rodriguez

Sondra Tunney

David Enrique Balladares Fonseca

Parisa Daee

Nicole Boswell

Susan Ayala

Shelli Chernesky, Nursing Director of BHM

Sondra Tunney

Ileana Sotto

Claudia E. Penalba, MD.

Yazmin Odia

Dayadny Alvarez, DPT

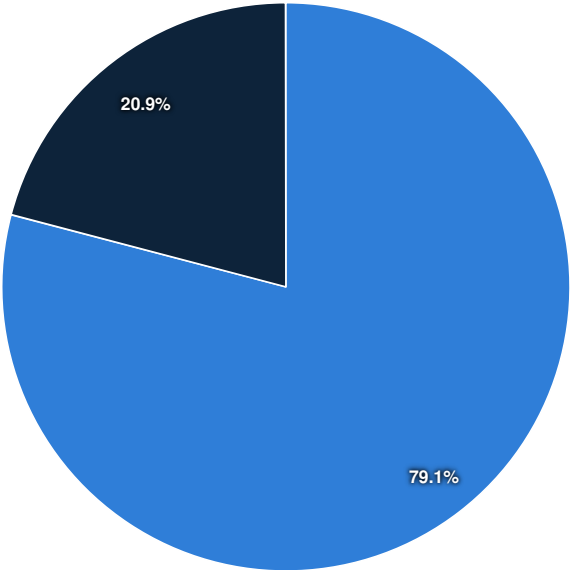
Sondra Tunney

Cristina Parsons

Ruth Light

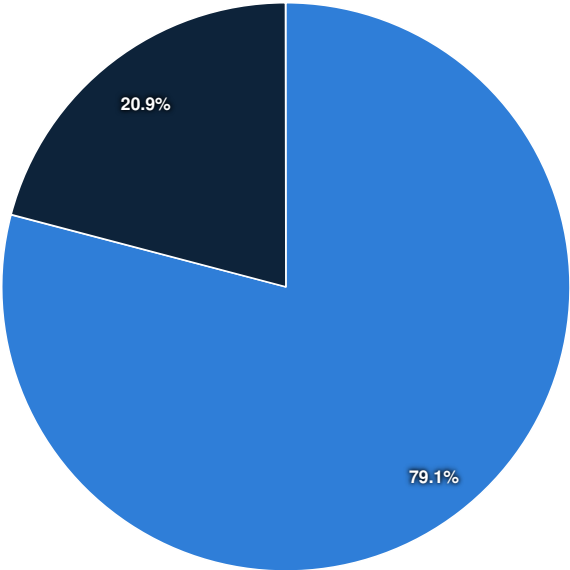
Cindy Braeckel Larco , DPT, MSPT, ATC

Attestation



I attest that I have participated in this live virtual symposium in its entirety.	53
I attest that I have participated in _____ hours of instruction during this live webinar. (Max 6)	14

hours attestation



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User entered value	14
Average submission length in words (ex blanks)	0.00
6	
2.5	
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6

7

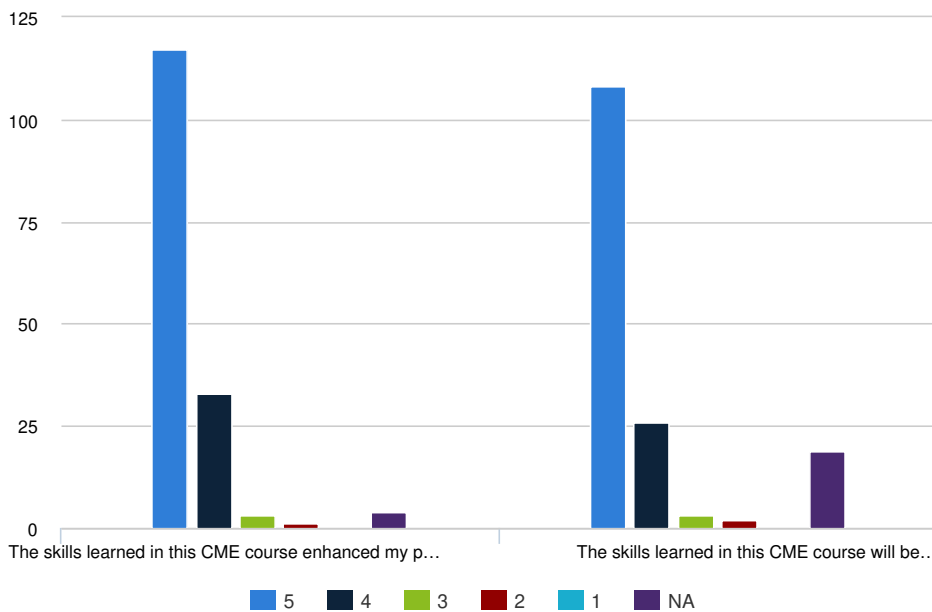
6

7

Evaluation Form - Boca Raton Regional Hospital Gastroenterology Symposium

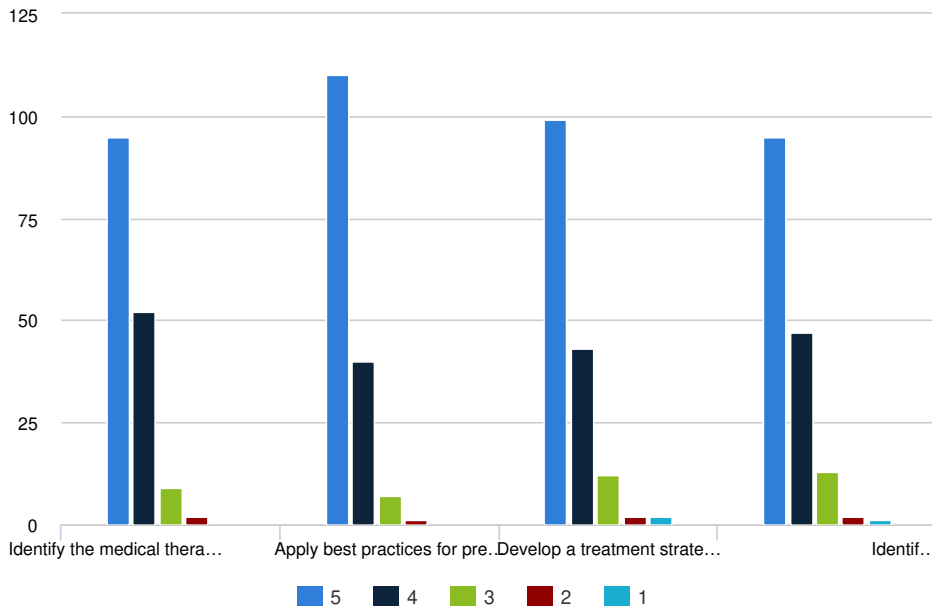
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



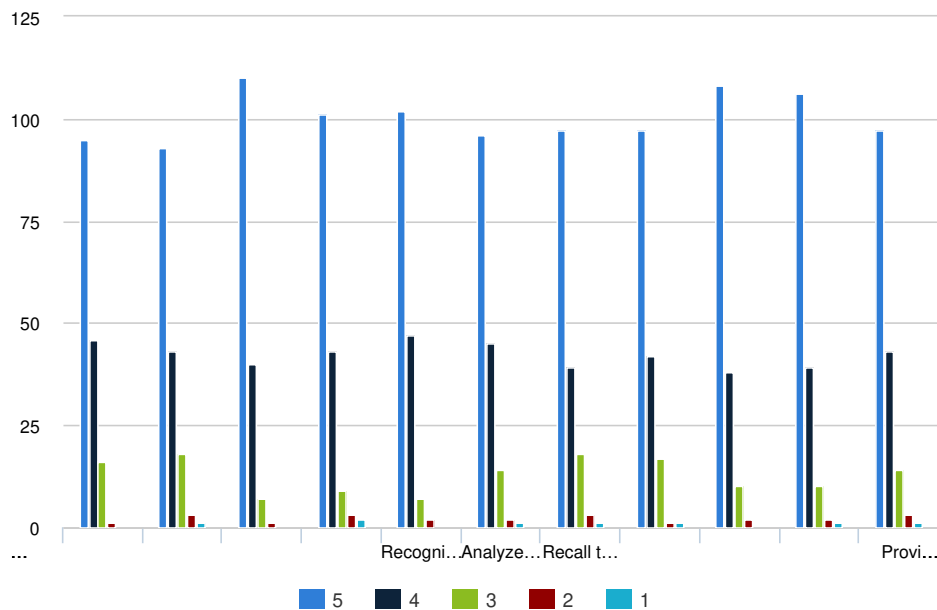
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	117	33	3	1	0	4
The skills learned in this CME course will be applied in the treatment of my patients	108	26	3	2	0	19

As a result of attending this conference, how confident are you in your ability to:



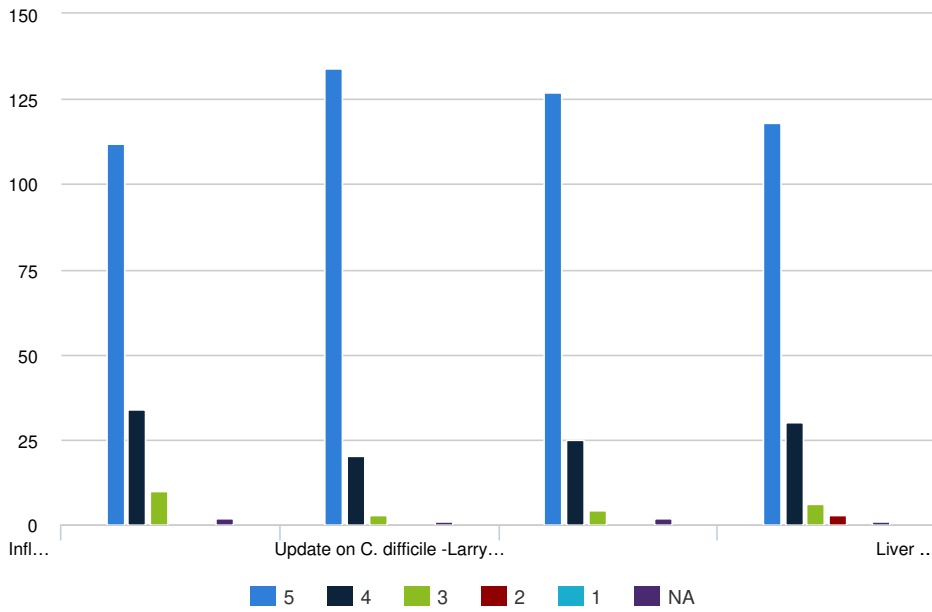
	5	4	3	2	1
Identify the medical therapy options for IBD?	95	52	9	2	0
Apply best practices for prevention of Clostridioides (Clostridium) Difficile Infection?	110	40	7	1	0
Develop a treatment strategy for the main IBS sub-types?	99	43	12	2	2
Identify the steps involved in evaluating candidates for liver transplant?	95	47	13	2	1

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



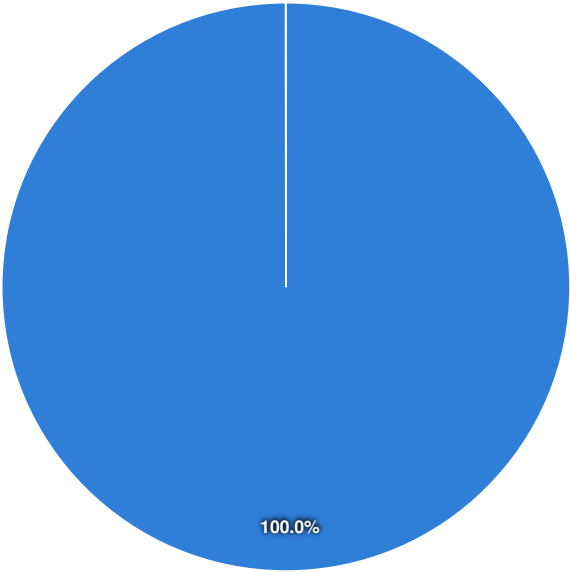
	5	4	3	2	1
Understand the mechanism of action of the various medical therapies for IBD.	95	46	16	1	0
Appropriately prescribe medical therapies which includes biologics and other targeted therapies for IBD.	93	43	18	3	1
Review microbiology, epidemiology, diagnosis and treatment of Clostridioides difficile infection.	110	40	7	1	0
Compare, contrast, and comment on American College of Gastroenterology (ACG) and Infectious Diseases Society of America (IDSDA)/Society for Healthcare Epidemiology of America (SHEA) guidelines.	101	43	9	3	2
Recognize the indications for liver transplantation.	102	47	7	2	0
Analyze liver transplant outcomes and complications.	96	45	14	2	1
Recall the commonly used immunosuppressive medications.	97	39	18	3	1
Recognize potential drug-drug interactions and other side effects of immunosuppressive medications.	97	42	17	1	1
Provide an updated definition of irritable bowel syndrome.	108	38	10	2	0
List factors that contribute to the pathogenesis of IBS symptoms.	106	39	10	2	1
List the most important unanswered questions about IBS.	97	43	14	3	1

How effective were the following speakers in meeting the learning objectives?



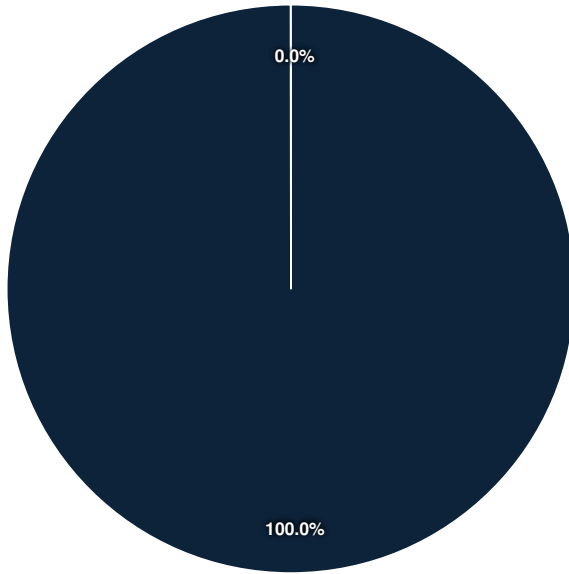
	5	4	3	2	1	NA
Inflammatory Bowel Disease: Medical Therapies in 2022 - Faten N. Aberra, M.D., MSCE	112	34	10	0	0	2
Update on C. difficile - Larry M. Bush, M.D., FACP, FIDSA	134	20	3	0	0	1
Liver Transplantation - Indications, Complications, and Long-Term Post Transplant Medical Management - Eric F. Martin, M.D.	127	25	4	0	0	2
Irritable Bowel Syndrome - Eamonn M. M. Quigley, M.D., FRCP, FACP, MACG, FRCPI, MWGO	118	30	6	3	0	1

Was this course fair, balanced and without commercial bias?



Yes	158
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What, if any, new skills/strategies will you apply in your clinical practice?



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User entered value	158
Average submission length in words (ex blanks)	7.36
Better care for Chrohns patients.	
n/a	
N/A	
Family practice	
Use or overuse of antibiotics and C-Diff	
Will apply Updated guidelines for c diff infection tx	
Very informative. Related medication treatments and side effects.	
Recognize potential drug-drug interactions and other side effects of immunosuppressive medications Identify medical therapies which includes biologics and other targeted therapies for IBD	
Continue to increase knowledge base	
Abx use and probiotics discussions	
All of them	
na	
The meds from the crohns and colitis update	
Better management of cdiff	
N/a	
From an infection control standpoint , this course equipped me with more tools to update some of our policies	
Identified what the most causes for getting CDifficile infections	
Need to continue meds for ulcerative colitis indefinitely Antibiotic risk and which to use if net in C Dif	
Na	
None	
None at this time	
C. Diff prevention	
N/A	
Better testing and treating of cdiff	

Knowledge of GI. IBS Thank you

Understand the different therapies for ibs

Considering alternative therapies for IBS

N/A

drug usage post liver transplant

Treatment of recurrent C. Diff

Use of biologics

Avoid probiotics to prevent C. difficile or during treatment IBS treatments

Great update on all conditions discussed

Improved skills in applying diet therapy in IBS clients to help alleviate gastrointestinal related symptoms.

Na

Not presently in active practice, but excellent review and new approaches

Not applicable

Great topics, outstanding speakers. Lots to learn.

N/A Retired

Apply up to date strategies in Gi disease

Since I'm a psychiatrist, it will help me better understand these in my pts.

all

I am not a practicing physician

Consider Skyrizi for moderate to active Crohn's as good efficacy and safety profile

Use bile acid sequestrants to treat IBS

none

Useful in evaluating treatment.

recognize early symptoms of IBD and refer to proper experts

Be knowledgeable about best practice and updated research

Better assess patients for liver transplantation.

Better understanding of mechanisms of the disorders.

C. Diff treatment

Avoid use of metronidazole in treatment of c-diff . Identify more appropriately patients who need a liver transplant, individualize therapy for IBS patients

Patients with lbs identify better treatments and alternative therapy and better management in outpatient practice

I am a Psychologist so will help clients dealing with these issues.

All the information provided in all four of the conferences were extremely helpful and useful to my practice.

Better understanding of medications people are taking and why. And more understanding when people are explaining their pain and concerns.

Follow up post LT patient

I plan to utilize the acquired drug treatment information to provide better pharmaceutical care for my patients.

Not practicing at present

Monitoring patients more frequently in the hospital setting.

Ones approach to recurring diarrhea and constipation.

Better understanding of testing

The knowledge gained from this excellent GI presentation will be shared with my patients to promote better patient compliance with prescribed treatments, and strive to improve their quality of life.

Pay close attention to which c.diff test is ordered and what result might mean

I will be able to individualize care and order specific tests before we diagnose and investigate further for other causes of IBS

aware in latest updates and new medications

More time for Q&A and comments.

N/A

Not use metronidazole for C. Diff first line

Antibiotic therapy to prevent C. Diff

Learning new therapies of how to deal with ibs

C diff management Less antibiotics

Learned a whole lot more on c diff

Select appropriate test and therapies for IBD and IBS

I am retired.

Increased my awareness and updated my knowledge.

N/A

All.

Better dx & txmt

I will use the new medications for crohn's colitis.

N/A

Improved peri operative management of patients with complex GI problems.

N/a

No probiotics Meld classification Irritable bowel treat

Overall all presentations are beneficial . Information that will Improve patient care especially when reviewing my patients clinical lab results , history and medications

Continue to study the most up to date practices and try to apply to patient population as indicated

Education on risks of recurrent cdiff

C. difficile can be acquired in the community...and, STOP prescribing those antibiotics! IBS can present with constipation, diarrhea or mixed but unfrequently transitions from constipation to diarrhea and visa versa without first becoming mixed.

Better understand current diagnosis and treatment of c diff

Patient education

Excellent review and update of important GI topics

None

BETTER IBS MX Improve C Diff Dx and follow updated guidelines for management

FOLLOW POST LT PATIENTS

The course was a nice review of the data.

Better day and treat c diff and ibd

N/A

x

A lot to digest I got enormously information to daily practice

better understanding of first line therapy for Clostridia difficile role of Mast Cells in IBS possible fecal transplant for IBS

patient education

Improve ibs management

None, I am retired.

I learned more about the diagnosis and treatment of IBD, C. Difficile, liver transplantation, and IBS.

Better understanding of immunology involved

evaluation of community acquired C.diff

Refer for liver transplant when MELD score >15

n/a

Be cautious with use of antibiotics. Have a better understanding of post liver transplant management.

Increased knowledge and awareness of ibd and ibs, c diff and liver transplant

Very helpful in information for patients and treatment fo C diff

Pay more attention to woman in menopause explaining how their symptoms of depression & anxiety from menopause is possibly contributing to their IBS.

Recognizing s/s cdiff and IBD

xxxxx

New therapies for IBS

The assessments on each of the conditions was updating. Each of the speakers were excellent presenters. The variety of topics was also appreciated. Thank you for a comprehensive and well planned and executed conference morning.

Improved my knowledge

updated

Will follow guidelines as always

Na

Review of IBD medication and potential side effects. New therapies for Clostridium difficile.

None

Updated my skills in diagnosis, changes in treatment and New name for IBS.

Always try to stay up to date

n/a

help id c diff and new algorithms

Better understanding of how other systems are affecting my patients

Aplicacion

None= limited to healthy neonates

updated guidelines to treatments and diagnosis

x

Practicing Internal Medicine the symposium will give me the most recent tool to apply when needed.

different therapies to do with IBS

excellent update!!!..

None

C. Diff treatment

i better understand new testing and treatment guidelines for c diff

Evaluation and management of IBS patients

Noting too new

Will try to apply all

N/a

None

Better screening questions and treatment considerations

.

General knowledge

current GI guidelines

Helping to diagnose, treat, and advise patients with these entities

Have broader view of potential interventions to bring to care team.

Recognize more liver transplants.

N/a

Apply the the proper approach and con concepts for the prevention and treatment of CD.

Preventative measures for C. Diff

Detailed exam

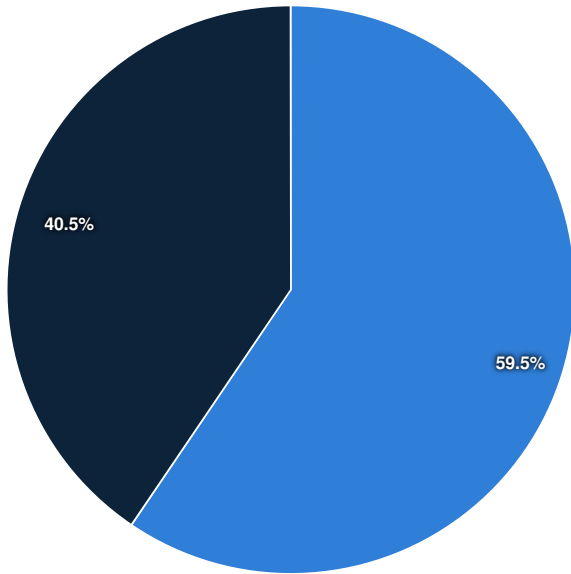
Will implement recent recommendations

None

Everything

Associating and educating female patients IBS symptoms in relation to menopause.

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



Left Blank	94
User entered value	64
Average submission length in words (ex blanks)	3.75
n/a	
na	
N/a	
Most cautious use of antibiotics in treating common infections	
I am retired	
None	
N/A	
Na	
NA. I am occupational health	
Retired physician	
Retired	
Avoid probiotics to prevent C. difficile or during treatment IBS treatments	
Nothing	
NA	
Not presently in active practice.	

Retired

Not my speciality.

none

I am not a practicing physician

I am a solo practitioner in cardiology so I refer to GI

nothing

N/A

All the new information will be used as needed

I can be more understanding with customers and listen to their pain when it comes to their gut and bowel pains.

N/A

N/a

N/A

N/A

N/A

N/A

Nothing.

nothing

See above

I do plan to implement the skills I learn as indicated,

Nothing

Na

None

None

no barriers

I do not see patients

Retirement, and then I am a Pathologist!

none

None

Since I do not deal with treatment of all but cdiff, this was my main reason for watching the class

xxxxxxx

N/A

N/A

Na

None

But I do

na

see above

x

Some of the most highly specialized strategies of the specialties discussed, and the knowledge that I acquired will give me the tools to consult when in need..

Not my profession

na

Deeper understanding!

Not on the clinical field to implement changes.

.

nothing

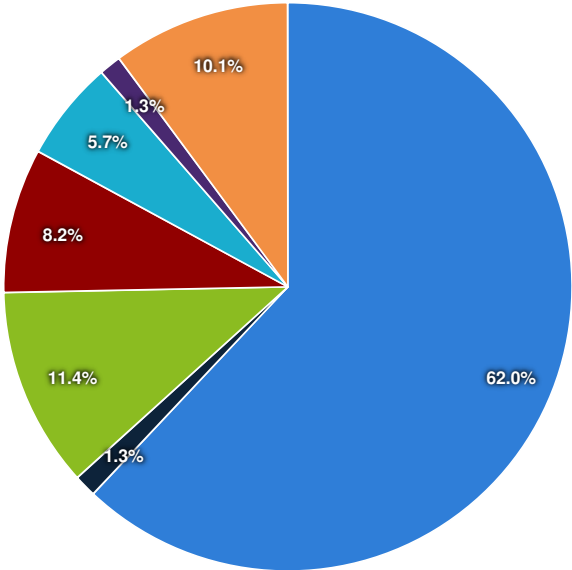
Encourage doctors toward treatments

N/a

I will follow the recommendation and skills.

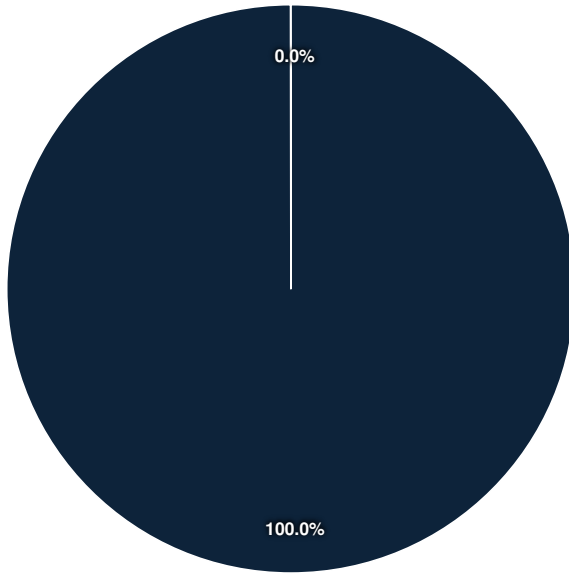
None

Please select one:



M.D., D.O.	98
PA-C	2
ARNP	18
R.N.	13
Pharmacist	9
Dietitian	2
Other...	16 (view)

Name



Left Blank	0
User entered value	158
Average submission length in words (ex blanks)	2.78
N.L.Rodriguez	
Maria Cuellar, MSN, APRN, NP-C	
Reiwan Ali	
George Sadowski	
Christina Emery	
Daniella Ostrovsky	
Ayse Ozdamar PharmD	
Nandini Ramsumair	
Aaron Klein DO	
Jason Perry	
Helen Coleman	
John Rubin	
Darlene Munsie RN BSN CGRN	
Patricia Martin	
Sondra Tunney	
Erskine clerjeune	
SHE LING WONG LICENSE ME111626	
Howard Zwibel MD	
Charles Kellerman	
Margaret I GAub, md	
Cassandra Zacke	
Michael Horowitz, MD , FACP	
Maria Cuellar APRN	
Danielle marchante	

Maria Cuellar APRN

Karen Lyn. APHN

Keshia Walsh

Elizabeth Perdomo

Laurence P Stillman DO

Miyong Kim

Earl C Lysaker MD, FACP

Lawrence Goldman

Pamela GARJIAN MD

Jose F Arrascue

Monica Ribeiro

Shahrzad Ghanavi

Olive Chung-James

Rajshri Shah

Marcelo Larsen MD

David E. Freedman

Michael Lewis MD

Roger Z Samuel

Hariharier Subramanian

Juliana Rodrigues, DO

Josh Zara

Madhavi Chunduru

J Arturo Fridman MD

Edwin J. Olsen, MD

ELIEZER J LIVNAT M.D

Mirna Paniagua-Bigler

Guy V. Zingaro, M. D., CMQ

Cameron Kamran Tebbi, M.D.

Cesar Figueroa

Laura McKenna

Berta G Ferman M.D.

Lata Sonpal. PY4437

Hector S. Alvarez M.D. ME30953

Kelle Weakly

NGOC AN PHAN M D

Vanessa Miller

Rafael Torres

Jennifer Relyea

J. Blain-Chavannes

Nevenka Metikos

Debbie LeHotan

Allison Ferris

Carmen Harrison

fred grynberg md

Caitlin Prickett

Caren Misir

Paul C. Diamond, D. O.

Trish

Keshia Walsh

Morris Naus MD

James Farrell

Dr Rajshri Shah

Phillip Hoffman

Robert K. Fabric, M.D.

Edward Harry

Josue Jorge

Stephen Doben , M.D. ME37335

Darlene Munsie RN, CGRN

Craig W Sprenger

Ronald Weisberg, MD

Beth Familant

Pamela GARJIAN Md

Jennifer A Houle

Ayele Hadero, MD

Michele santora

Howard M Weiner MD MPH

Shari Rosenbaum

Michele O'Neil

Jose F Arrascue

Jean-Endy Pierre-Louis

Alan Bank

NGOC AN PHAN

Leslie H Perla MD FACP

Matthew Smith

MG

Dr. Yale Pollak

Leon Poveda, MD

Kenneth Rosenthal. MD

Michele O'Neil

Frida Abrahamian

Aftab A, Khan

Charles H. Hennekens, MD

Terry Cohen, MD

James C. Jannotta M.D.

Maria García-Rivera

qurratul rehman

Bruce Berkowitz

Juana Hilda Brehmer MD

Diana Orme

Diana Orme

Marjorie Brown

Maria B. Serrano

zzzzzzzzzzzz

Eveline H Padilla

Orpha J Gerundo

Milan Scepanovic

Vibha Honkan MD

Marcelo Larsen MD FACG

David Goldstein D.O

Jose Melendez-Rosado

Jean-Endy Pierre-Louis

Gloria Kelly

Ayele Hadero , MD FAAP

marlene cepeda-goodwin

Lawrence Clewner

Jeremy Santora

Pedro Acuña

kenneth flicker

Fred Grynberg MD

Dr. Yale Pollak

LEON ROTH MD

Keshia Walsh

Jose I Russe

Ciara Robinson

Cesar Figueroa

Shari Rosenbaum

KR Byju

Nevenka Metikos

Joseph Krause

Beth Familant

Dr. Bernadette Braham

Eric Rutstein, MD

Michael J. Margolies, M.D.

Roger Z Samuel

Yomtov Salazar

Larry M. Bush MD

Kirsten Marquez

Julie Roman

Dr Juliana Rodrigues

LEON ROTH MD

Giovana Rene Crooks, D.O.

Stephen Stowe

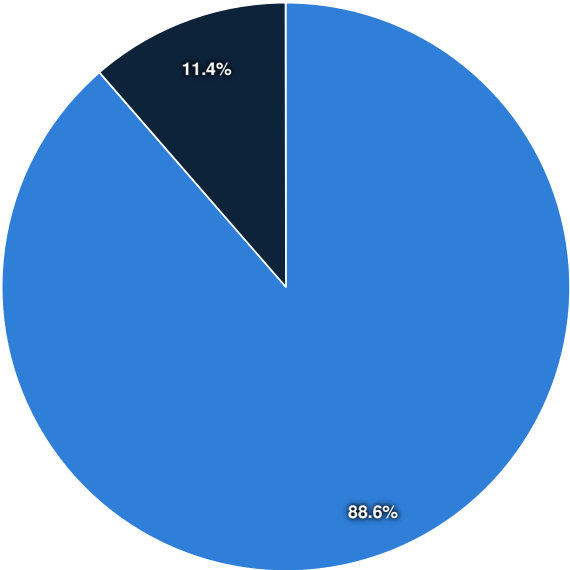
Carmen Harrison

Jason Perry

Jenelle Torres

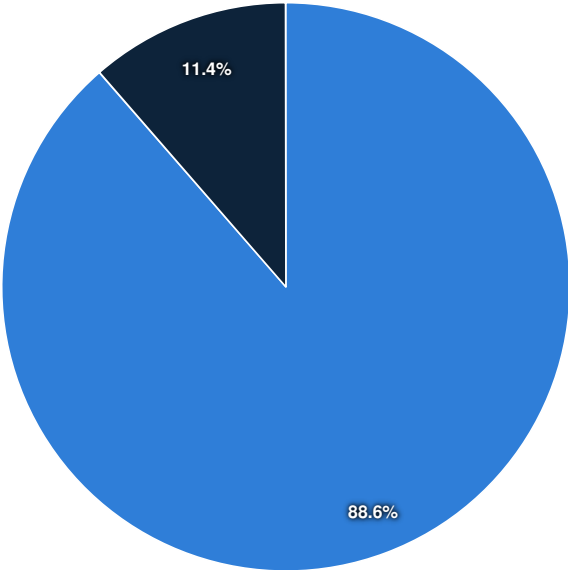
Marjorie Brown registry # 41675

Attestation



I attest that I have participated in this live virtual symposium in its entirety.	140
I attest that I have participated in _____ hours of instruction during this live webinar. (Max 4)	18

hours attestation



Left Blank	140
User entered value	18
Average submission length in words (ex blanks)	0.39

3.25

3

2.5

2

2

4 hrs

3

4

4

4

4 hours of the entire symposium.

4

4

3

3.8 hrs

4

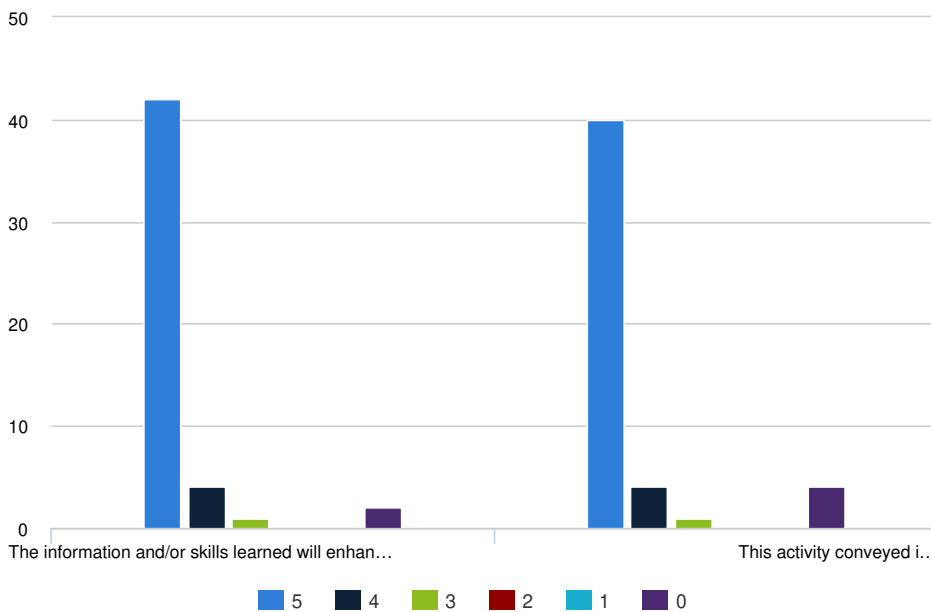
3.5

4

Boca Raton Regional Hospital Internal Medicine Grand Rounds Evaluation Form - October 11

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.

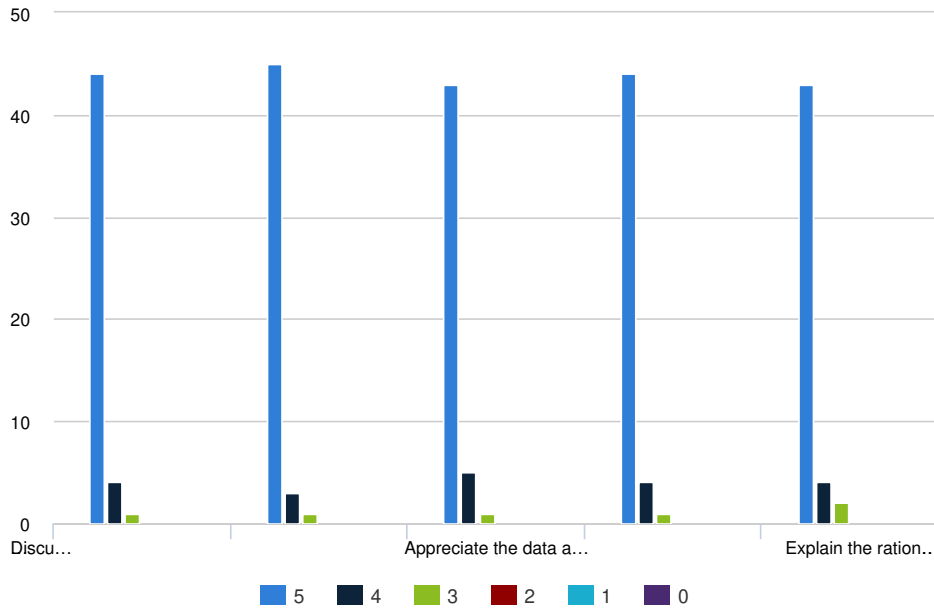
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



5 4 3 2 1 0

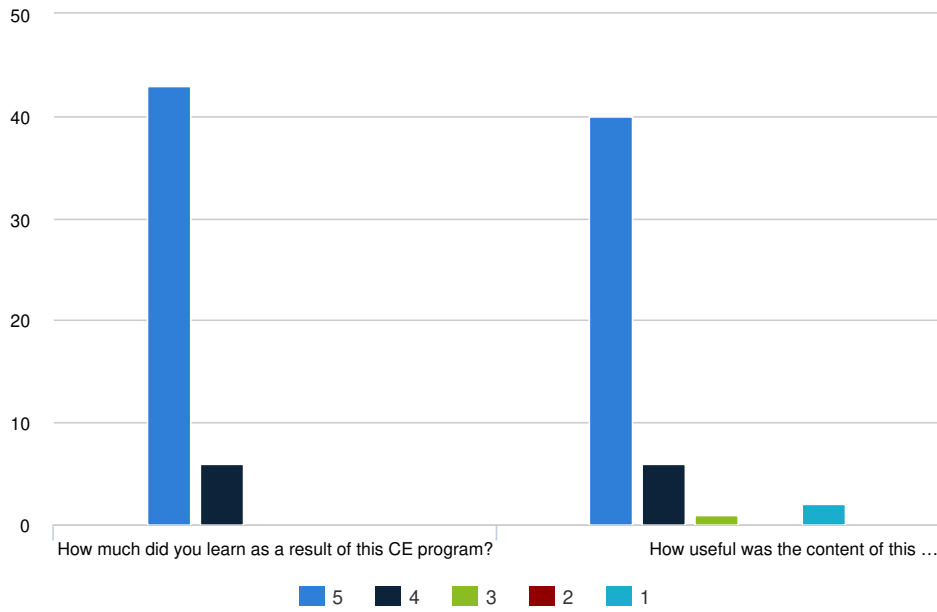
The information and/or skills learned will enhance my professional competence or ability.	42	4	1	0	0	2
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.	40	4	1	0	0	4

As a result of participating in this activity, to what extent do you agree that you will be better able to accomplish these objectives



	5	4	3	2	1	0
Discuss different types of colorectal cancer screening modalities.	44	4	1	0	0	0
Identify the evidence for starting colorectal cancer screening in average-risk patients at age 45, and recognize when to begin screening in patients with family history.	45	3	1	0	0	0
Appreciate the data and factors that affect decisions on colorectal cancer screening in patients aged 76-85.	43	5	1	0	0	0
Explain the rationale for stopping colorectal cancer screening after age 85.	44	4	1	0	0	0
Discuss updated intervals for surveillance for history of colon polyps.	43	4	2	0	0	0

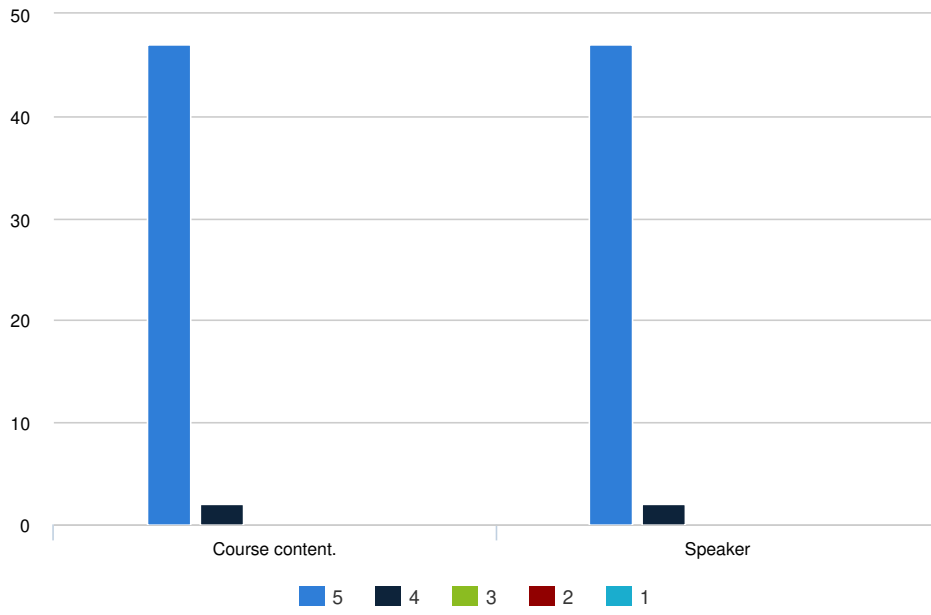
Rate the Following



5 4 3 2 1

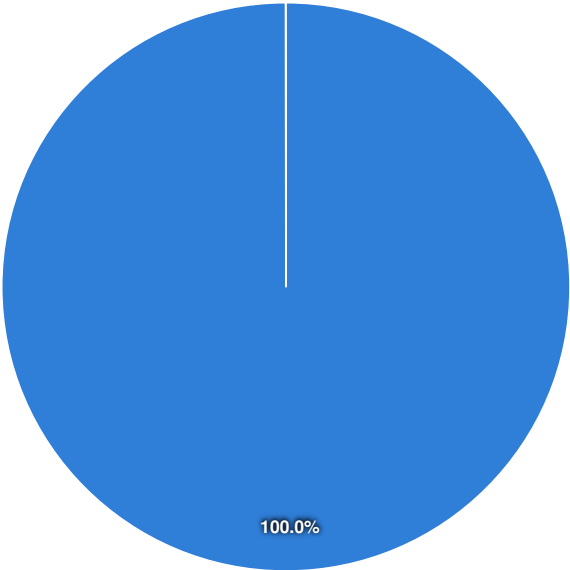
How much did you learn as a result of this CE program?	43	6	0	0	0
How useful was the content of this CE program for your practice or other professional development?	40	6	1	0	2

Rate the following



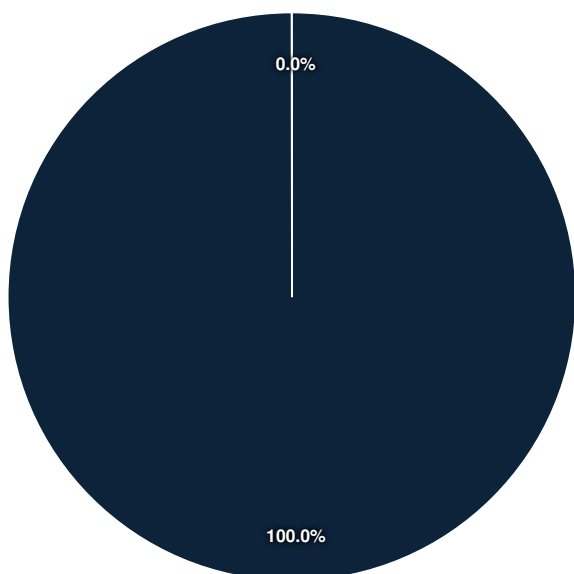
	5	4	3	2	1
Course content.	47	2	0	0	0
Speaker	47	2	0	0	0

Was this course fair, balanced and without commercial bias?



Yes	49
-----	----

**As a result of what was discussed at this activity what do you intend to do differently?
Identify at least two learnings that could be incorporated into your practice**



Left Blank	0
User entered value	49
Average submission length in words (ex blanks)	8.39

n/a

Identify the symptoms for colorectal

Not something I'd do differently but session did affirm my current practice of starting CRC screening at 45 y/o and stopping CRC screening after 85.

—

Clarify options for screening older adult. I was not aware of colon capsule study

Clarify options for screening older adult. I was not aware of colon capsule study

.

start screening at age 45, high risk at age 40

Information to share.

N/A

na

better screening

Proper screening guidelines for different pt Share the current data with my pt. Thank you!

Correct screening intervals. Recommend colonoscopy as main screening tool

Informative for patients and family members

I am retired

Retired

Improve my knowledge regarding colon cancer screening Discuss with more confidence about colon cancer screening with my pts

continue what I am doing as it corelates to the information received.

I have a geriatric practice and need to be well versed in the current appropriate CRC screening guidleines

I have a more confident understanding of current colorectal cancer screening guidelines

Increased knowledge and awareness of crc screening recommendations

Better understanding og guidelines

Better understanding og guidelines

Stop screening and continue to offer colonoscopy and fit as screening rather than cologuard.

Criteria reinforcement

Put in practices guidelines learned excellent conference

Different screening invasive and non invasive methods

Screening guideline invasive and non invasive methods

Think about Colorectal cancer and screening...

Review colon cancer screening for patients

Change screening advice Use different methods

RN: Screening vs diagnostic and how that impacts insurance. Patients understanding on how other noninvasive tests and when invasive testing is required.

N/A Retired

I have learned the criteria for starting screening, the factors that influence the clinical decisions and rational forstopping after age 85.

Improved perioperative management of patients with colon polyps.

Start colonoscopy screening for CRC at age 45. Stop colonoscopy screening for CRC at age 85.

Retired

zz

1 use of commercial test 2 understanding better genesis of colon cancer

Send patients for screening at an earlier age. Understand risk/benefit for colonoscopy in older patients

Better assessment and management of colon cancer

Updated guidelines for colon cancer screening

Differentiate between colon ca screening and surveillance

Changes in timeframe for when to repeat colonoscopies based on polyp number and sizes

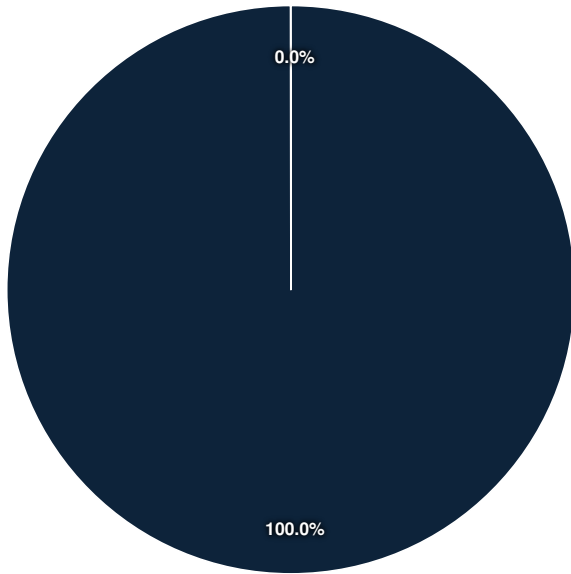
Screen better for colon cancer especially if family history

Continue practice. Further understand difference between moderate risks and proper surveillance

Nothing too new

updates to routine screening 45, risk > benefit over 85yo and 76-85 based on individualized decision (risk factors, prior screening hx)

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this activity?



Left Blank	0
User entered value	49
Average submission length in words (ex blanks)	1.94
n/a	
None	
Insurance approval	
—	
None	
None	
.	
none	
Not always applicable in the ICU.	
none	
na	
costs	
None	
Cost	
None	
I am retired	
Retired	
None	
there are none	
Patient preferences	
I have a more confident understanding of current colorectal cancer screening guidelines	
As a Pediatrician I have no patients with CRC	
None	
None	

None

N/a

None

None

None

None

none

Insurance denials

Patient factors Cost

RN

Retired

Patient acceptance and insurance coverage

None

None

Retired

zzzzzz

as a retired learner, none

none

Don't see any

None

None

Patient preference

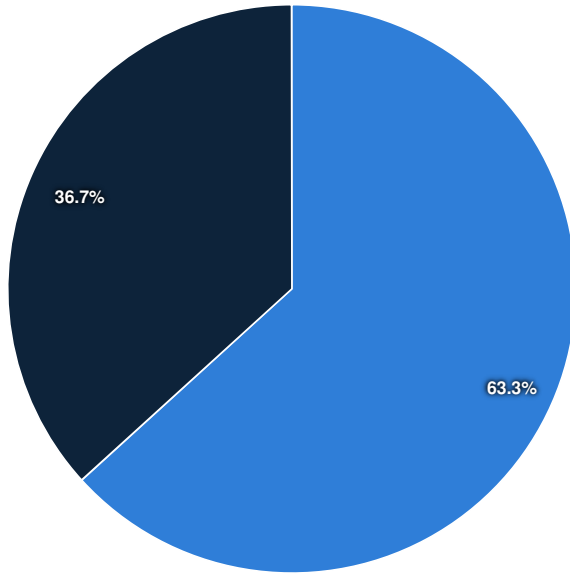
Time

NA

None

n/a

What topics would you like to be covered at future Grand Rounds?



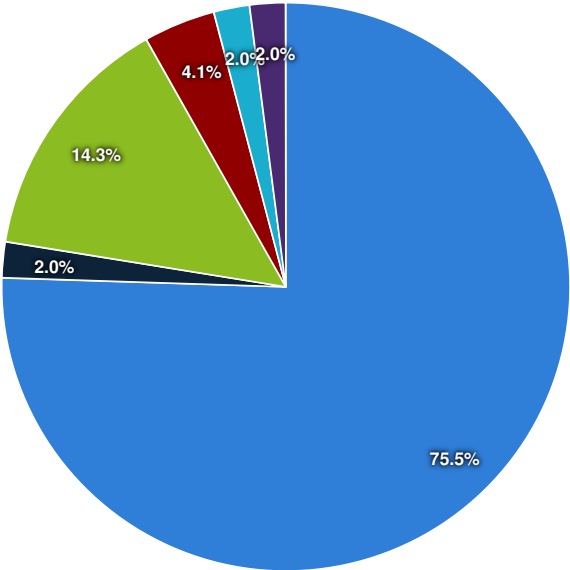
Left Blank	31
User entered value	18
Average submission length in words (ex blanks)	3.67
more preop medical clearance discussions	
Lung cancer screening ,, Pancreatic cancer screening	
.	
all good	
Bladder health	
Hemodynamics thyroid abnormalities	
Would be interested in Dr. Barkin giving an update on benign & cancerous pancreatic lesions.	
Orthopedic	
Antibiotics update	
preventive biochemistry as it relates to neurological disease	
None	
HPV related cancer	
Diabetes Mellitus typel/II	
keep goin	
zzzzzzzzzz	

Gastric intestinal metaplasia and how to manage this diagnosis

Monkey pox

NA

Please select one:

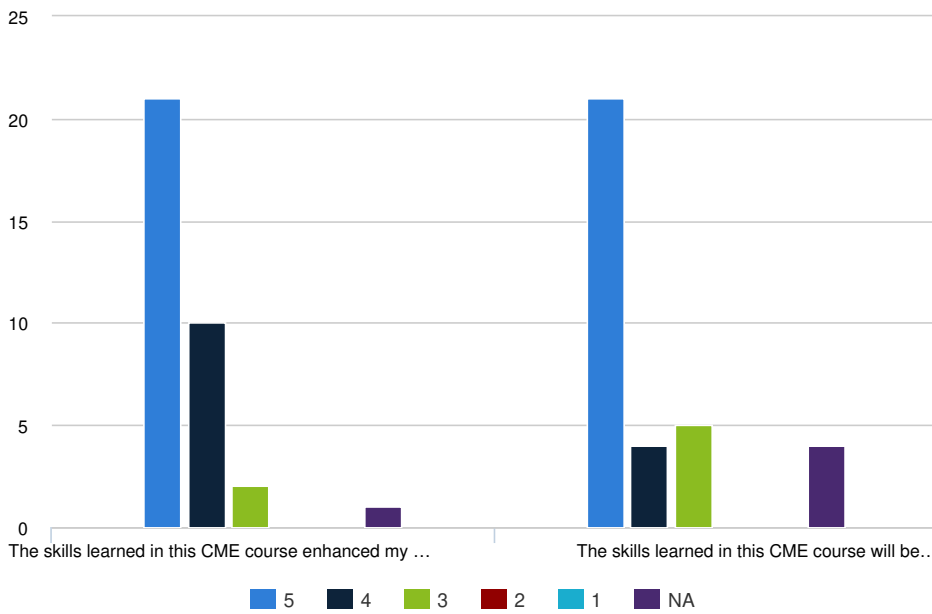


M.D., D.O.	37
PA-C	1
ARNP	7
R.N.	2
Pharmacist	1
Other...	1 (view)

Head and Neck Cancer Evaluation

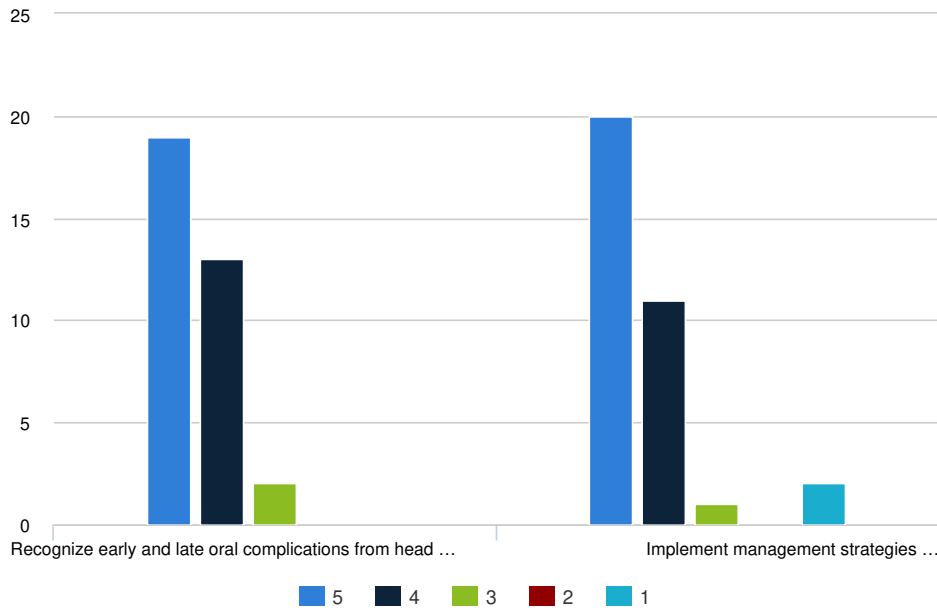
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.	21	10	2	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	21	4	5	0	0	4

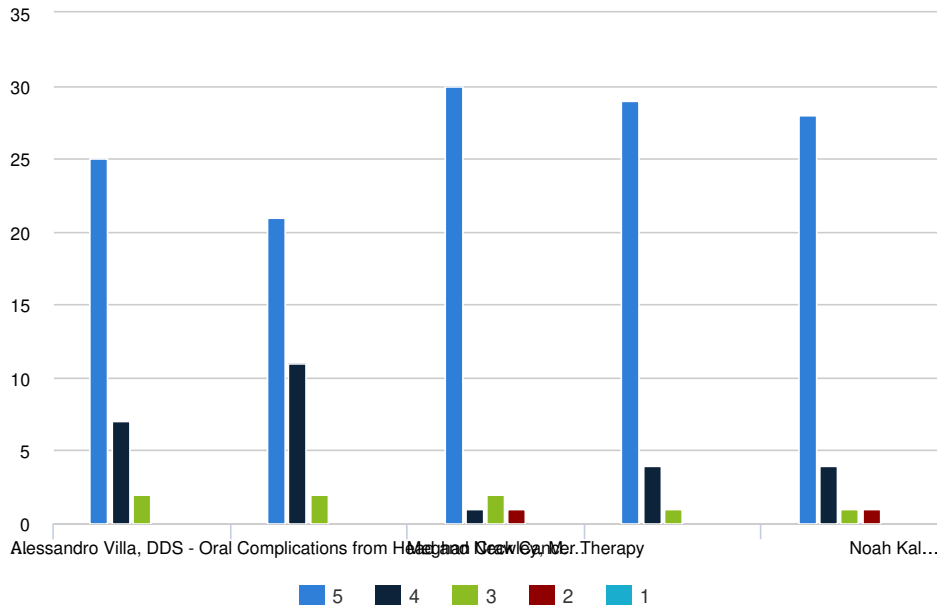
How confident are you in your ability to:



5 4 3 2 1

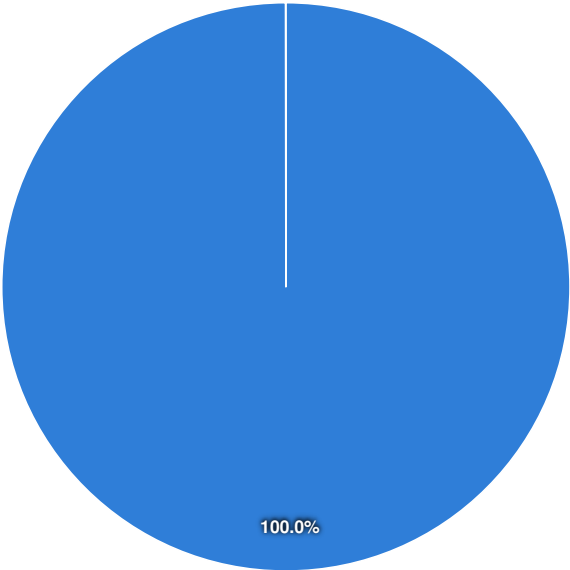
Recognize early and late oral complications from head and neck cancer.	19	13	2	0	0
Implement management strategies for patient with oral toxicities secondary to head and neck cancer.	20	11	1	0	2

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



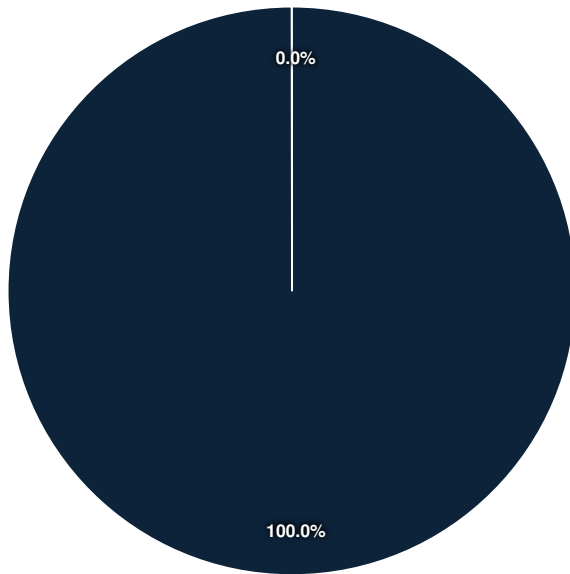
	5	4	3	2	1
Alessandro Villa, DDS - Oral Complications from Head and Neck Cancer Therapy	25	7	2	0	0
Margaret Brandwein-Weber, M.D. - Shifting the Paradigm of Surgeon Pathologist Margin Conversations: 3D Resection Specimen Representations (virtual)	21	11	2	0	0
Meghan Crawley, M.D. - Oncologic Surgery in the Oral Cavity	30	1	2	1	0
Noah Kalman, M.D. - New Developments in Radiation Therapy for Head and Neck Cancers	29	4	1	0	0
Guilherme Rabinowits, M.D. - The Role of Immunotherapy in Head and Neck Cancer	28	4	1	1	0

Was this course fair, balanced and without commercial bias?



Yes	34
-----	----

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



Left Blank	0
User entered value	34
Average submission length in words (ex blanks)	7.62
The detection and involvement of cancer treatment as a dentist	
Marginal resection measurements	
I have a better awareness of side effects and treatments.	
As a student, this conference helped me correlate what I have learned in school to real world applications. I can now feel more knowledgeable speaking to patients about head and neck cancer.	
Margins of resection	
Pt. approach to treatment	
Served more to reinforce familiarity with subject matter. Can't say whether any new strategies will be implemented. But, excellent presentation.	
Oral mucositis care	
Interesting to know treatments	
Educating pts and new nurses	
Recognize toxicity	
N/A	
Na	
Push our pathologists to embrace and apply the 3D frozen section mapping for our head and neck surgeons	
Patient new treatment trends	
Assessment will be sharper	
None	
Ee	
N/A	
Oral complications post tx can be debilitating, health professionals should be aware, educate and treat patients with head and neck cancers.	
more detailed exam of the tongue	
NA	
Sign and symptoms of head and neck cancer	

Sign and symptoms of head and neck cancer.

Lower radiation dose- consider for hpv positive

Enhancing pathology reporting

Na

I learned the histories of treatment modalities for head and neck cancers that I was previously not aware of and was able to identify how patients are affected by them.

N/A

Feeding training

screenings

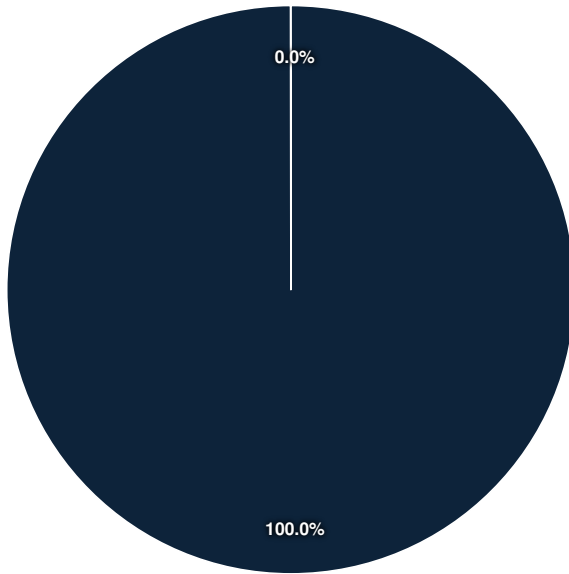
N/A. I'm not a clinician

oral complications; surgery technique background

oral examination; biopsy margins

nothing in particular, I am new in the community and as such met new colleagues in Head and Neck for inter-specialty referrals. Good update on cutting edge H&N Cancer therapies.

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	34
Average submission length in words (ex blanks)	3.59
I plan to do so when I graduate dental school	
I plan on implementing the new skills	
N/a	
I do not feel this is the case for me.	
I was planning	
Not at this time	
Nothing specific.	
N/A	
No, work in therapy	
Not a provider	
I see little HN Ca pts	
N/A	
Na	
NA	
Direct clinical patient care	
Na	
I am no longer in clinical practice. More of the conference was geared to Surgeons, pathologists etc. Not much content for general dentists.	
E	
N/A	
No direct contact with head and neck va patients.	
i will be	
Retired	
Time	

N/a

N/A

Retired

n/a

N/A

Nothing

N/A

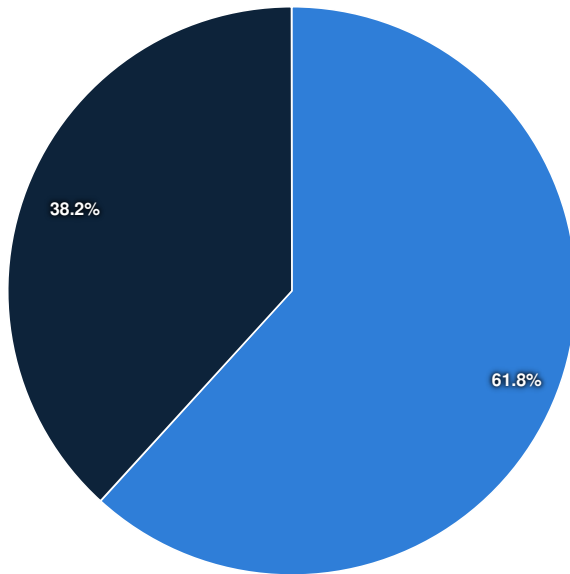
See above

n/a

n/a

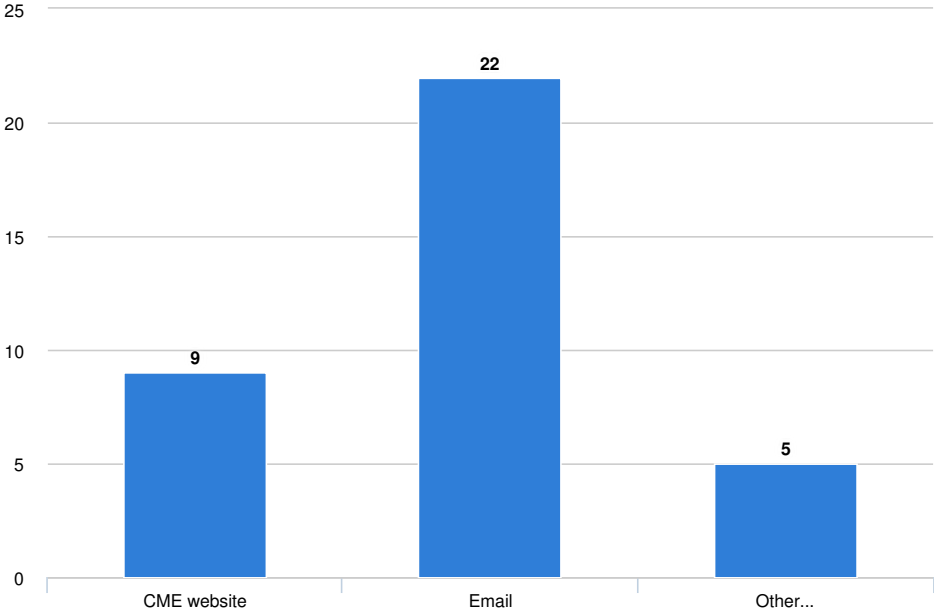
as above

Please provide any additional comments or suggestions.



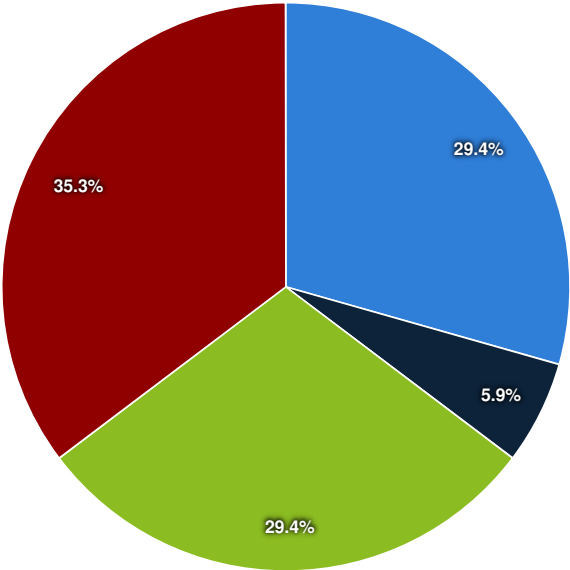
Left Blank	21
User entered value	13
Average submission length in words (ex blanks)	7.92
Good conference	
Very interesting, presenters very knowledgeable.	
None	
Excellent speakers!	
Great venue	
The old conferences provided info for all disciplines. This one not so much.	
E	
Excellent presentation	
Audio-visual system is very poor. Speaking to an audience requires training not just knowledge of the subject matter. For starters: speak into the microphone, slow down, use a pointer. Don't mumble. Prepair slides with print big enough to be read;particularly if there are no hand outs.	
As a student, this was a great learning experience	
Very informative	
Great multi-disciplinary coverage. really well done program. Kudos to organizers!	
excellent H&N update, cutting edge.	

How did you hear about this course?



CME website	9
Email	22
Other...	5 (view)

Please select one:

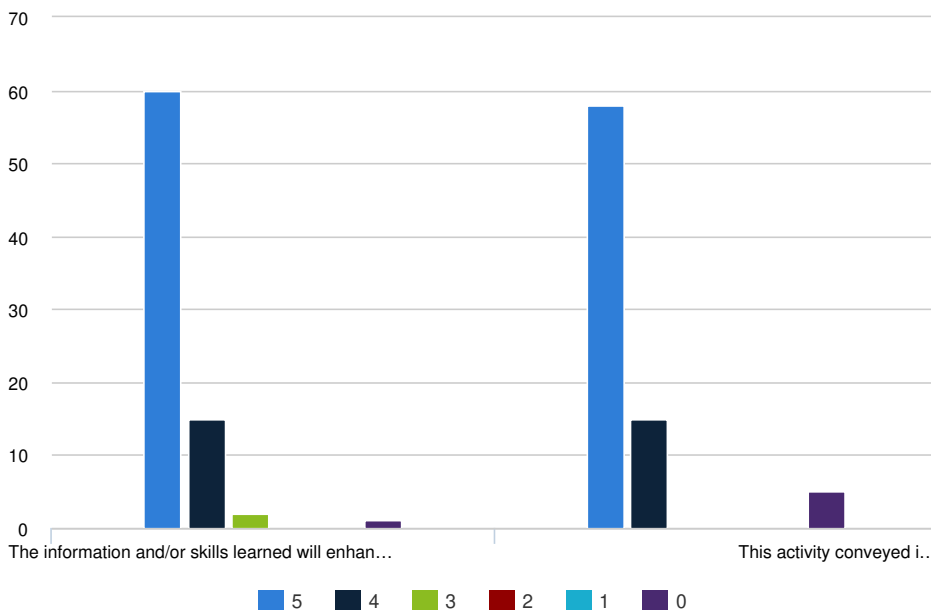


M.D., D.O.	10
Ph.D/Psy.D	2
R.N.	10
Other...	12 (view)

Boca Raton Regional Hospital Internal Medicine Grand Rounds Evaluation Form - October 18

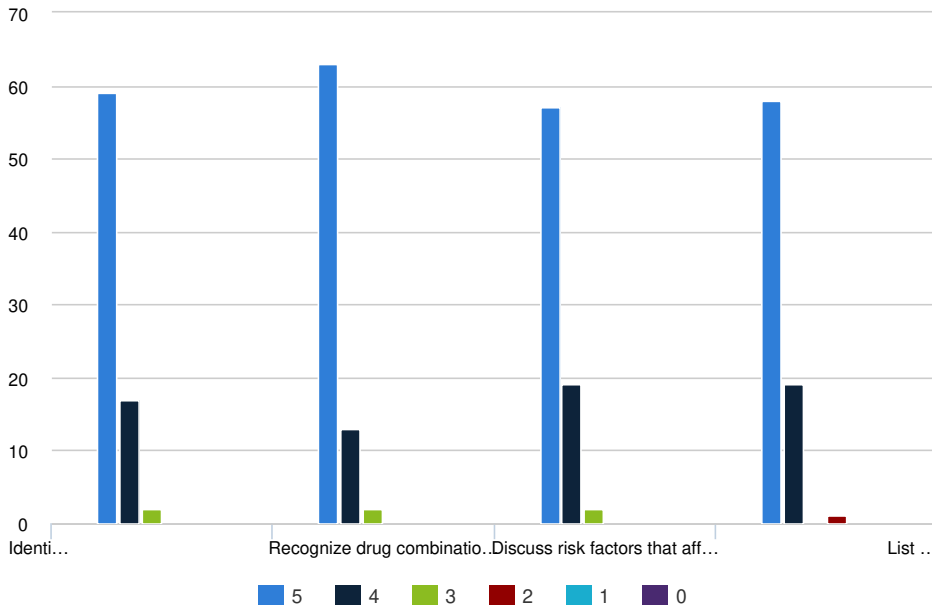
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



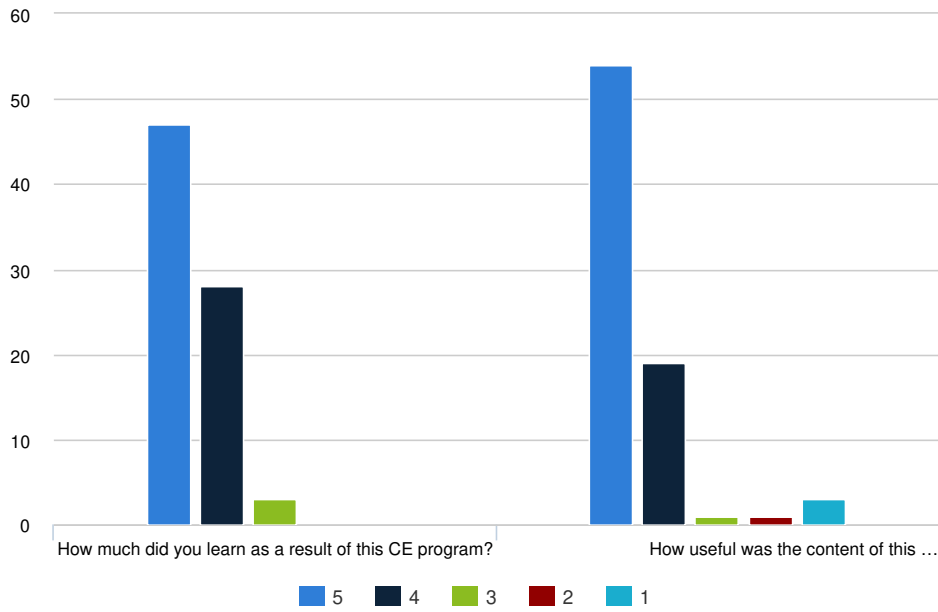
	5	4	3	2	1	0
The information and/or skills learned will enhance my professional competence or ability.	60	15	2	0	0	1
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.	58	15	0	0	0	5

As a result of participating in this activity, to what extent do you agree that you will be better able to accomplish these objectives



	5	4	3	2	1	0
Identify the safety nets that assist in preventing harm due to drug-drug interactions.	59	17	2	0	0	0
Recognize drug combinations that should be avoided.	63	13	2	0	0	0
Discuss risk factors that affect probability of harm from drug-drug interactions.	57	19	2	0	0	0
List considerations that affect the risk associated with drug combinations.	58	19	0	1	0	0

Rate the Following



5 4 3 2 1

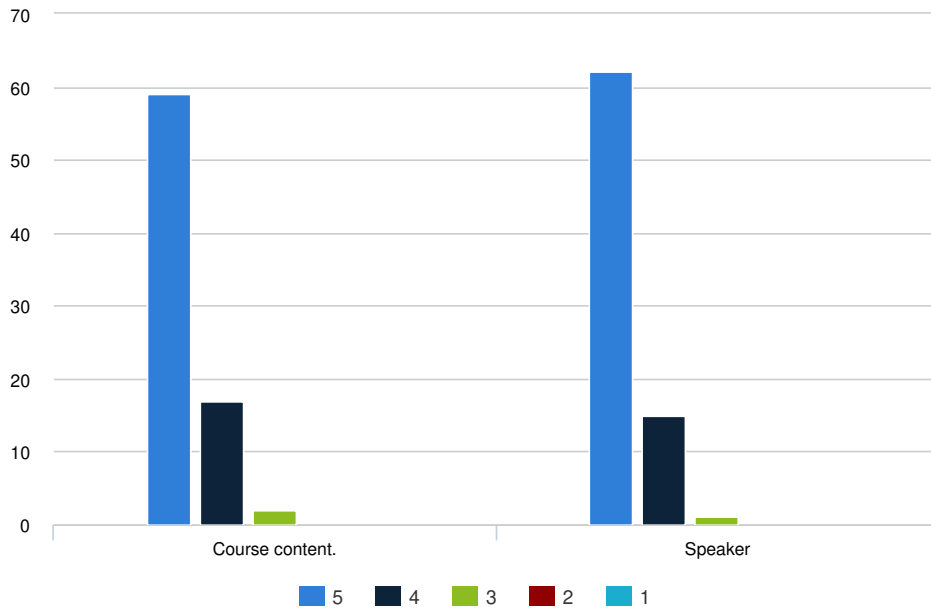
How much did you learn as a result of this CE program?

47 28 3 0 0

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

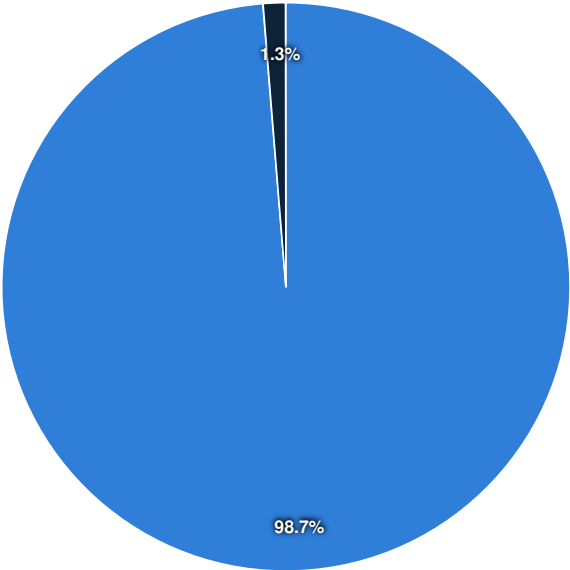
54 19 1 1 3

Rate the following



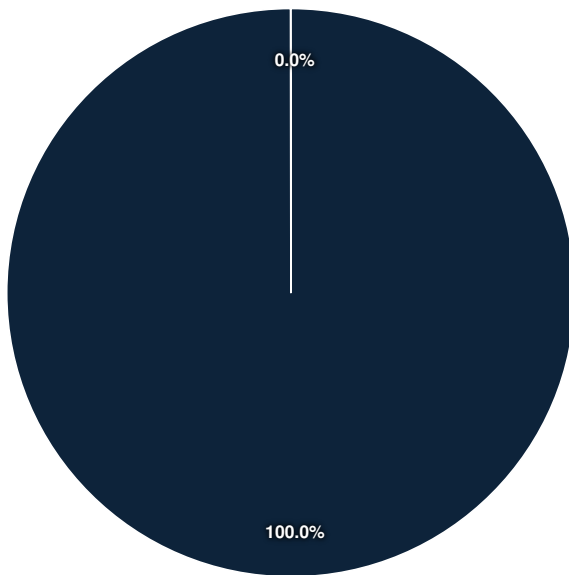
	5	4	3	2	1
Course content.	59	17	2	0	0
Speaker	62	15	1	0	0

Was this course fair, balanced and without commercial bias?



Yes	77
No	1

**As a result of what was discussed at this activity what do you intend to do differently?
Identify at least two learnings that could be incorporated into your practice**



Left Blank	0
User entered value	78
Average submission length in words (ex blanks)	8.44
N/a	
Drug interaction with colchicine and verapamil; crestor best statin to use	
Be more aware of drug interaction possibility	
Liked the reference to credible meds. Did not realize connection of linezolid and serotonin syndrome	
Build better alerts in Cerner	
will download Credible Meds to add to epocrates and Drugs.com to check drug drug interactions Will always run drug drug interactions data base when prescribing colchicine or using meds in combination with colchicine	
I will use much caution with Colchicine. I will utilize CredibleMeds as an up to date QTc prolongation resource.	
Be more aware of the relevant DDIs and avoid while prescribing	
Use my electronic medical record more carefully	
Be more conscious of drug interactions, read more about them	
Tizanidine Colchicine	
Increased awareness of the potential for serious drug interactions in the perioperative period.	
What an amazing lecture! I learned so much. Watch out for important clinical drug interactions.	
What an amazing lecture! I learned so much. Watch out for important clinical drug interactions.	
Retired	
Better understanding of D interactions. Th	
Higher alert to DOACs and NSAIDS. Colchicine and toxicity.	
Download app for DDIs and ensure discussion of them with patients	
Be more aware of limitations of automatic DDI alerts. Upload Phone app for DDIs	
avoid amiodarone and cipro prescribing	
Retired	
Not use Ketoconazole, Simvastatin and digoxin	
avoid polypharmacy, be attentive to meds	

N/A Retired

add the App to my phone (Credible Meds).

.

Be more aware of drugs that may interact with one another if taken together.

Increased knowledge and awareness of drug to drug interactions

Continue build review processes

Dosing and administration time of cholesterol and other cardiac meds

.

All of it. This was much needed

More consistent consultation of drug interactions. Avoiding or decreasing use of certain meds with

NA

www

Nothing new

Assess drug interactions

na

Be aware of possible drug interactions in daily practice

Watch when using colchicine. Be careful with biacin

I tend to look for drug / drug interactions in my patients with risk factors

Be able to recognize and to prevent adverse drug reactions more quickly.

It was a great review. I've been reminded to avoid dangerous drug combinations.

I have a better awareness of the drug combinations most likely to cause clinical interactions and the risk factors affecting harm.

Nothing

.

Nothing

Be aware of conflicting meds Keep aware of meds other doctors are prescribing

Pay attention to only the significant drug drug interactions

I enjoyed the colchicine info and the pharmacogenomics

I enjoyed the colchicine info and the pharmacogenomics

I enjoyed the colchicine info and the pharmacogenomics

Reinforced learning of interference with drug effects on receptor function, interference with physiological control process and additive or opposing physiological control effects .

Be more cautious about prescribing to patients in multiple meds

www

N/a

N/a

Better understanding of drug-to-drug interactions

Nothing

RESEARCH INVESTIGATION AND REFERRAL

REinforced my current practice patterns

I learned a lot of medication nuances that could be easily missed and drastically affect patient care.

PRACTICE WITH EVIDENCE MEDICINE TEAM WORK

I am currently not actively practicing but will utilize the knowledge acquired when dealing with patients who have questions about the drugs they are being prescribed.

Not currently actively working in a practice setting so this question is not applicable

not currently actively working in a practice setting so the question is not applicable

Nothing

Obtain detailed drug history which includes herbal supplements and otc drugs Download app to check for drug drug interactions

N/A

Pharm consult if drug complication

Will try to be more aware of drug drug interactions Will try crediblemeds app

na

Good review Keep a handy list of high risk drugs

Use of drug interest internet Always ask oneself are the symptoms drug related

Use of drug interest internet Always ask oneself are the symptoms drug related

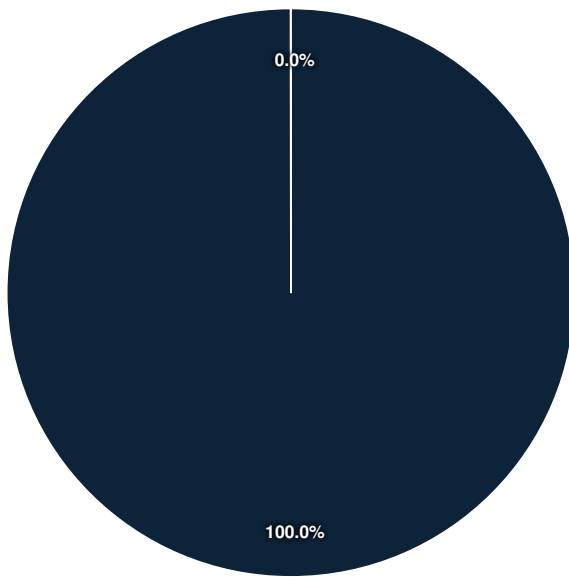
Use of drug interest internet Always ask oneself are the symptoms drug related

Nothing

monitoring rx combinations

Get a full medication/OTC/herbal history. Avoid NSAIDs and anticoagulants because of increased risk of bleeding, not drug interaction.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this activity?



Left Blank	0
User entered value	78
Average submission length in words (ex blanks)	2.78
N/a	
Incomplete med recs	
Time	
None	
The EHR	
Most of the drug drug interactions the speaker discussed involve drugs I rarely if ever use	
Multitasking	
Don't see any	
Riskt versus benefit scenarios	
When a patient may need these two drugs and there aren't substitutions	
No barriers	
None	
Alert fatigue.	
Alert fatigue.	
Retired	
Getting accurate information	
RN: knowledge in reference to the severity of drug interactions.	
Time, advertisements for drug companies to patients	
N/A	
none	
Retired	
Solo practitioner and not enough resources	
retired, no patients	
Retired	

None

n/a

.

None

none

Emr systems

Time/ source of history information

.

None

No

NA

www

No barriers

None

na

Time constraints

Remembering the interactions.Time

None

None

None

Patient willingness to accept the findings

None

.

None

Communication with other mds

Pay attention to only the significant drug drug interactions Because there are so many that are not clinically meaningful

None

None

None

None

Be aware of risk of serotonin syndrome in patients on antidepressants and opioids

www

N/a

N/a

None

None

NONE

NA

None

NONE

I am not actively affiliated with a practice at this time.

I am currently not working in a "practice setting."

None

None

None

No Barriers

Incomplete drug list

None

na

None

None

None

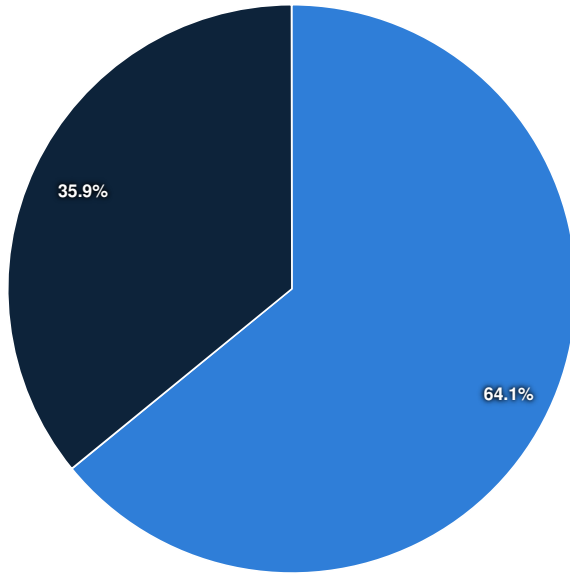
None

None

Poor EHR design and alarm fatigue

None

What topics would you like to be covered at future Grand Rounds?



Left Blank	50
User entered value	28
Average submission length in words (ex blanks)	4.64
Antibiotic dosin	
Functional Medicine- rapamycin, metformin, insulin sensitivity in seemingly healthy patients	
Medication errors	
.	
Hypertension	
NA	
wwwwwwwwwww	
Hemodynamics CBC results	
na	
Melanoma	
How to evaluate lower back pain	
Preop selection of pts for surgery using AHA algorithm	
No opinion All of the speakers have been outstanding and the topics have been excellent. Larry Bush as always is simply the best there is on all things ID. Try to get him back about once/year if possible.	

Lecture to satisfy CME requirements for controlled substances

Cme credit for controlled substances

Prevention and early detection

Prevention and early detection

Prevention and early detection

Would really appreciate Dr Daniel Malone come back for another presentation on Drug interactions of Clinical Importance !

www

S

S

NA

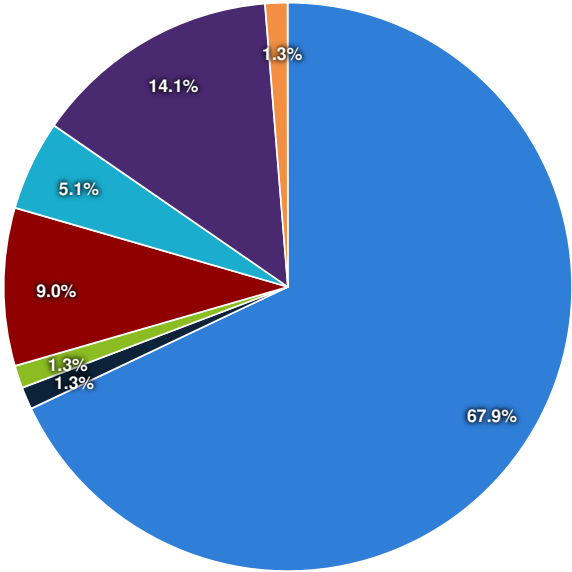
SPINE

Cme credit for controlled substance

COVID-19

na

Please select one:

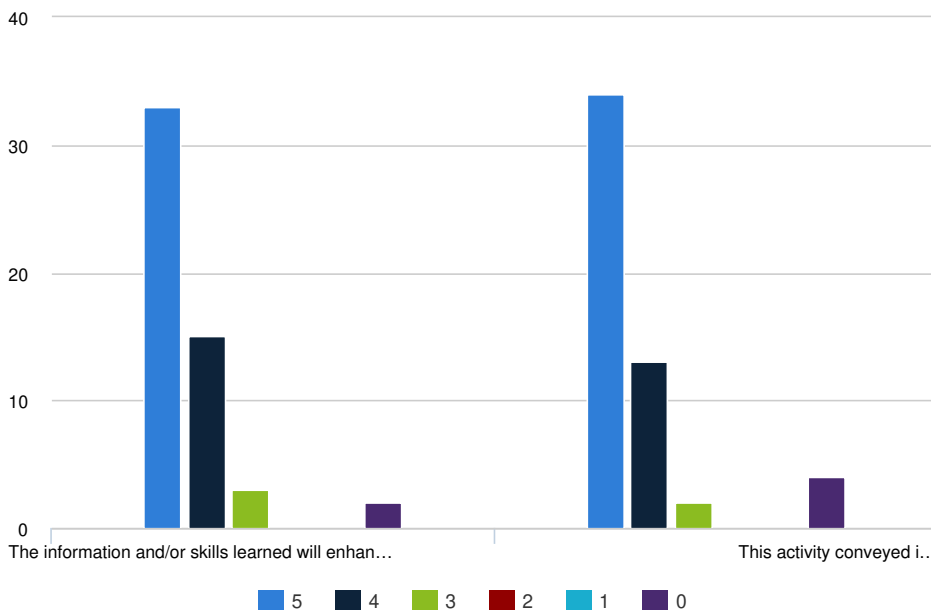


M.D., D.O.	53
Resident	1
PA-C	1
ARNP	7
R.N.	4
Pharmacist	11
Other...	1 (view)

Boca Raton Regional Hospital Internal Medicine Grand Rounds Evaluation Form - October 25

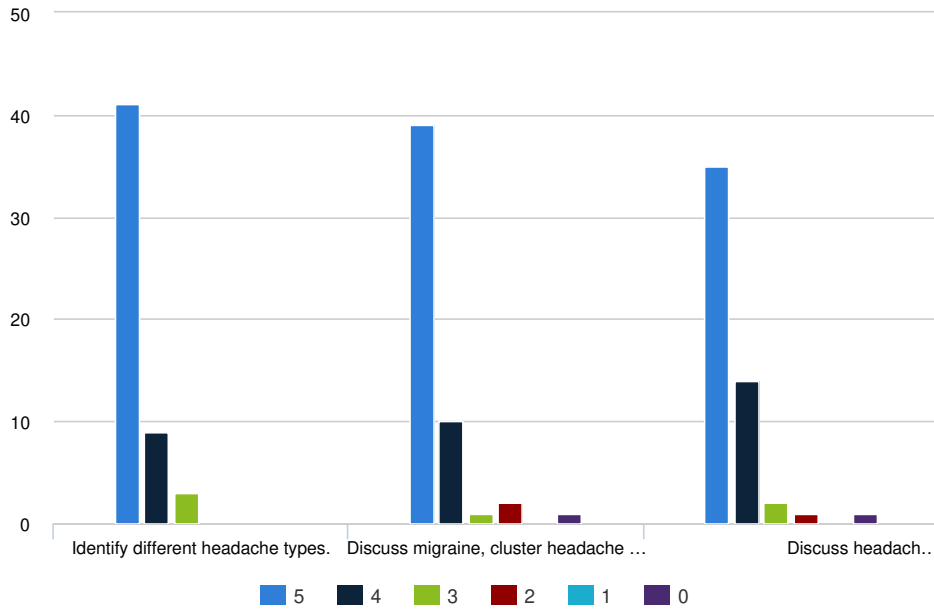
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



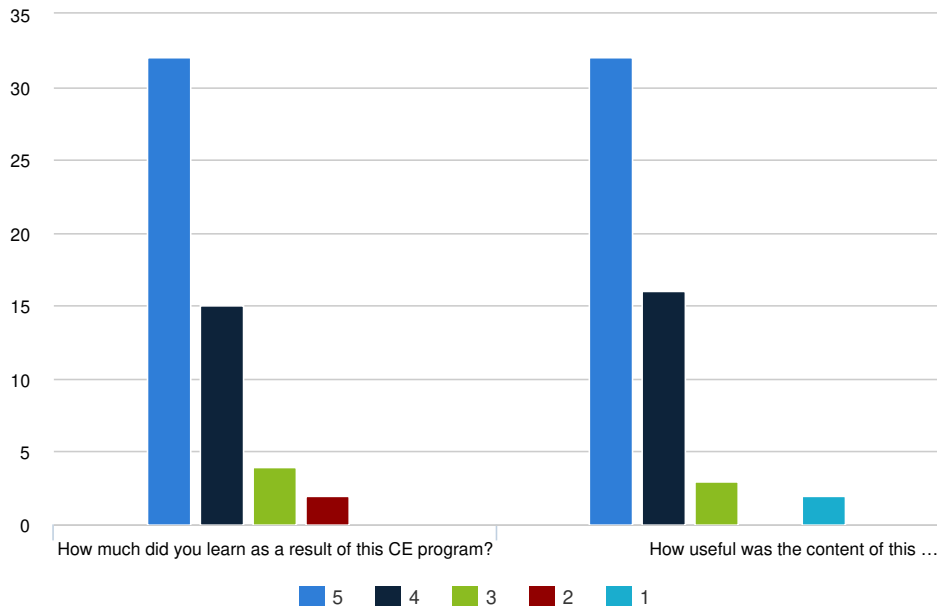
	5	4	3	2	1	0
The information and/or skills learned will enhance my professional competence or ability.	33	15	3	0	0	2
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.	34	13	2	0	0	4

As a result of participating in this activity, to what extent do you agree that you will be better able to accomplish these objectives



	5	4	3	2	1	0
Identify different headache types.	41	9	3	0	0	0
Discuss migraine, cluster headache and tension headache management.	39	10	1	2	0	1
Discuss headache treatment guidelines and the effects of medication overuse.	35	14	2	1	0	1

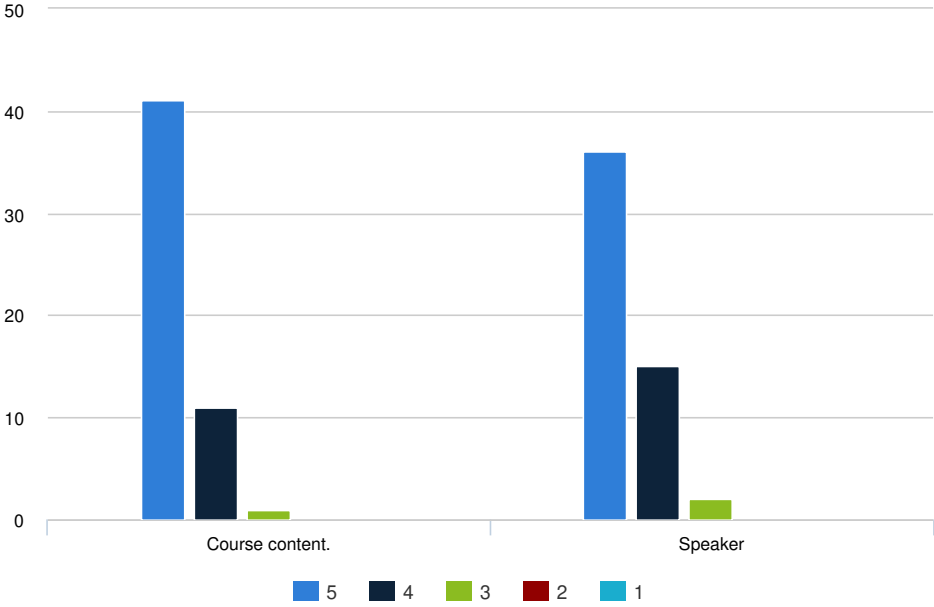
Rate the Following



5 4 3 2 1

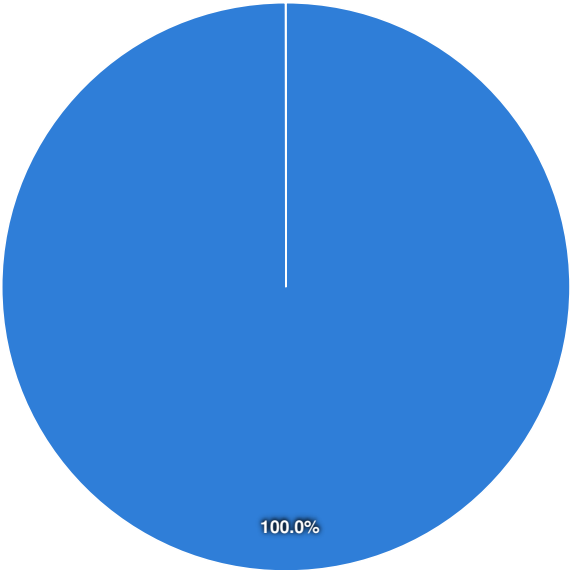
How much did you learn as a result of this CE program?	32	15	4	2	0
How useful was the content of this CE program for your practice or other professional development?	32	16	3	0	2

Rate the following



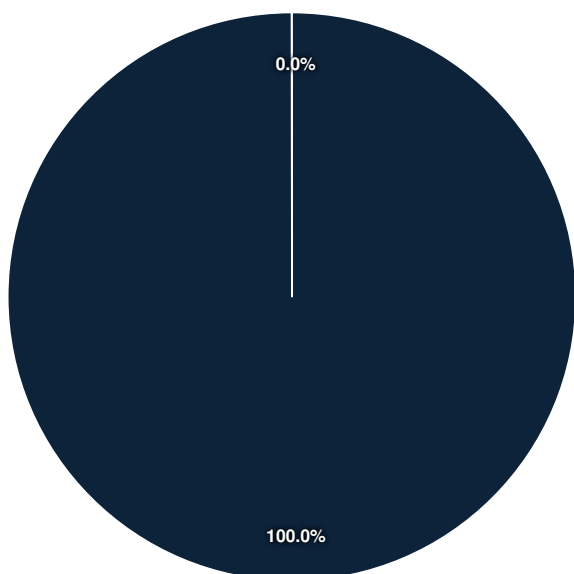
	5	4	3	2	1
Course content.	41	11	1	0	0
Speaker	36	15	2	0	0

Was this course fair, balanced and without commercial bias?



Yes	53
-----	----

**As a result of what was discussed at this activity what do you intend to do differently?
Identify at least two learnings that could be incorporated into your practice**



Left Blank	0
User entered value	53
Average submission length in words (ex blanks)	9.19
Early diagnosis	
Utilize newer medications in difficult cases. Refer appropriate patients for Botox.	
Utilize newer medications in difficult cases. Refer appropriate patients for Botox.	
Use of Botox and CGR	
I will use TCA's more often	
Learned more on identifying cluster headache and treatment. Review of treatment of migraine.	
Chrome is not effective for cluster HA Botox effective for chronic migraines	
Chrome is not effective for cluster HA Botox effective for chronic migraines	
I learned about the newer modalities to treat migraines I learned about the different types of primary headaches	
When to do CT scan of the Head Understand treatments	
Na	
Offer more patient follow the pain additional Botox. Start occipital nerve blocks early in the course of a cluster period.	
The conference help me to refresh profilaxis treatment I will apply them	
N/A	
Make sure people are not overusing OTC medications with more than 15 headaches a month. Will use TCA's more for migraine treatment, and prevention is key	
Identifying headache types and treatoptions	
1) EVALUATE HEADACHES IN A DIFFERENT MANNER. 2) BETTER UNDERSTANDING OF THE FORMS OF TREATMENT.	
CGRP inhibitors are not effective for cluster headaches Monitor liver function tests while on CGRP inhibitors	
Better identify different types and headaches, triggers and management	
Basically the whole content of the activity will be very helpful in our practice from the identification of the different kind of headaches to the intervention of prophylaxis and treatment.	
Enhance pain management skills.	

No change

keep in advisement

Medication administration

Nothing. I was hoping to come away with better knowledge of the newer migraine meds, but without mentioning brand names, I had no clue as to what she was talking about. Otherwise, she confirmed what I already knew.

Retired

NA

listen more intently to patients

Better diagnosis & txmt.

Better diagnosis & txmt.

Treat migraine headaches

.

First line therapy for migraine headache is beta blocker, ARB or tricyclics. First line therapy for cluster headaches are sumatriptan sq or nasal.

CGRPi for cluster HA not effective, f/u with LFT monitoring

Y

N/A Retired

Proper diagnosis and new meds available

Use the gepants for abortive therapy (always thought they were for maintenance), count headache days and not just headache counts when deciding on implementing prophylactic therapy.

Use CGRPs mre

Retired

n/a

N/A

She provided no new information

I have better learned the differential diagnosis of headache as well as various treatment options.

Use preventative meds for migraines .Identify want type of headache

Refer to neurologist

Clinical diagnosis and diagnostic findings for headaches

N/A

Control a cough when giving a lecture. Always think of Rebound Analgesic Headache Syndrome.

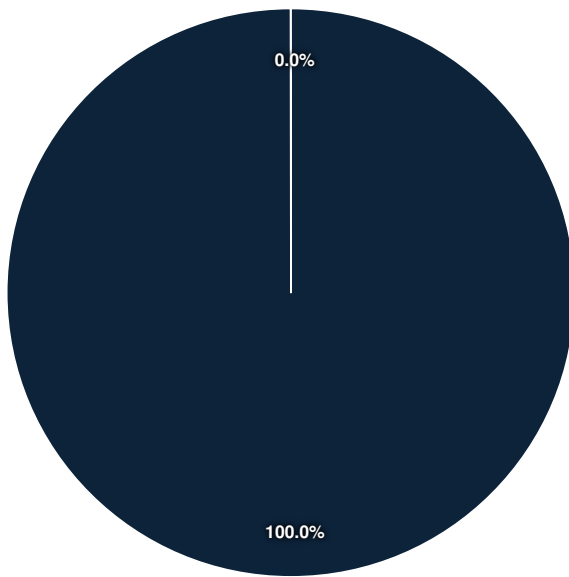
Not applicable as I am not currently actively practicing, but I will utilize the knowledge garnered when dealing with patients who seek out my help and advice.

Not applicable as I am not currently actively practicing, but I will utilize the knowledge garnered when dealing with patients who seek out my help and advice.

Nothing

NA

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this activity?



Left Blank	0
User entered value	53
Average submission length in words (ex blanks)	2.49
None	
None	
None	
Not my specialty	
price of drugs	
none	
Unaware currently	
Unaware currently	
None	
N/A	
Na	
Booked schedule that does not easily allow for a walk in acute patient.	
None	
N/A	
The cost of some of these treatments like Botox and trying to get insurance to cover it is often difficult	
Cost of medication	
none	
None	
N/A	
None	
None	
Insurnace denials of new medications	
none	
Not having the medication available	

Not having the medication available

None

Retired

NA

none

Cost of Rx

Cost of Rx

None

.

None

insurance coverage

Y

Retired

Would refer for txmnt

Insurance reimbursement

cost

Retired

n/a

N/A

None

Insurance coverage and patient acceptance

Time

None

None

N/A

None

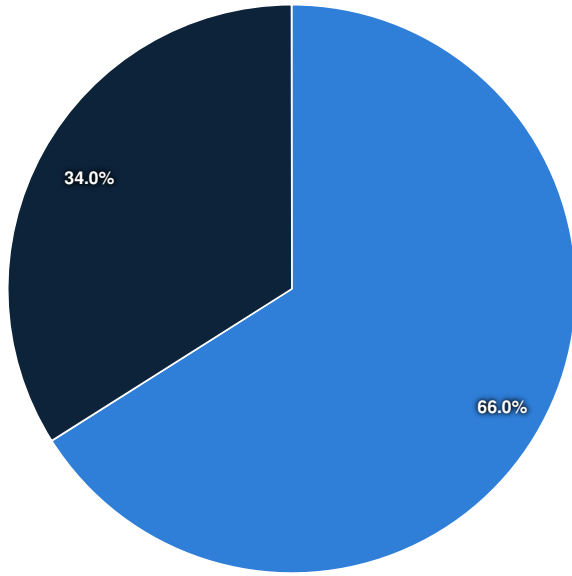
Am not currently actively associated with a "practice."

Am not currently actively associated with a "practice."

None

NA

What topics would you like to be covered at future Grand Rounds?



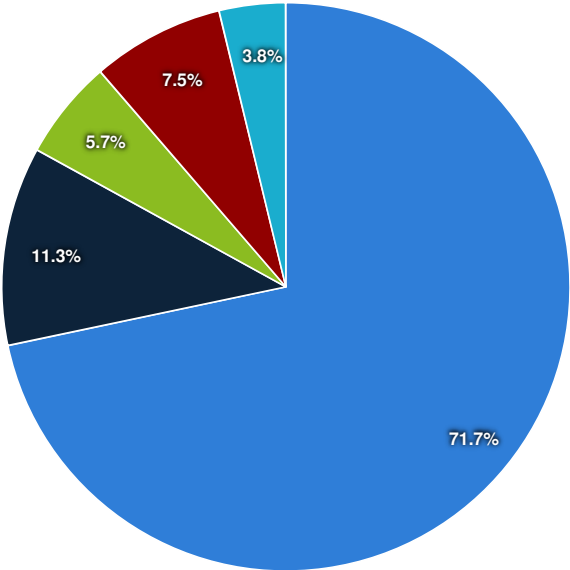
Left Blank	35
User entered value	18
Average submission length in words (ex blanks)	2.89
NA	
Diabetics type 2	
Diabetics type 2	
Infectious Disease topics outside Covid	
An update on Neuro imaging	
New treatment Diabetes	
Insulin dosing for type 2 diabetes	
Medication errors	
So far you are doing a great job at selecting topics and speakers,,,,,	
Brain aneurysms	
NA	
.	
Y	
na	
preop clearances	

Eating disorders

Cme for controlled substance

MS

Please select one:

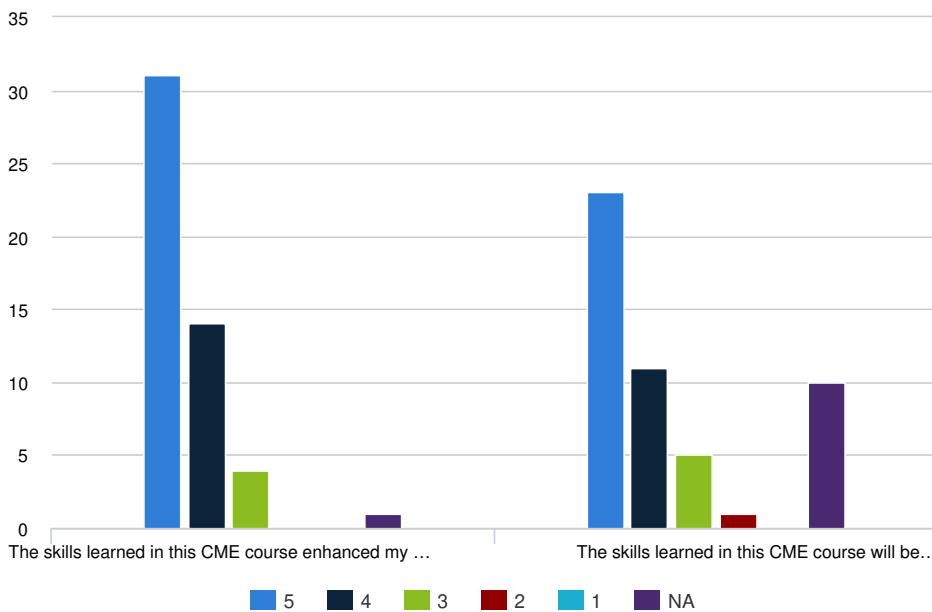


M.D., D.O.	38
ARNP	6
R.N.	3
Pharmacist	4
Other...	2 (view)

Autism Disorders Conference Evaluation - October 26, 2022

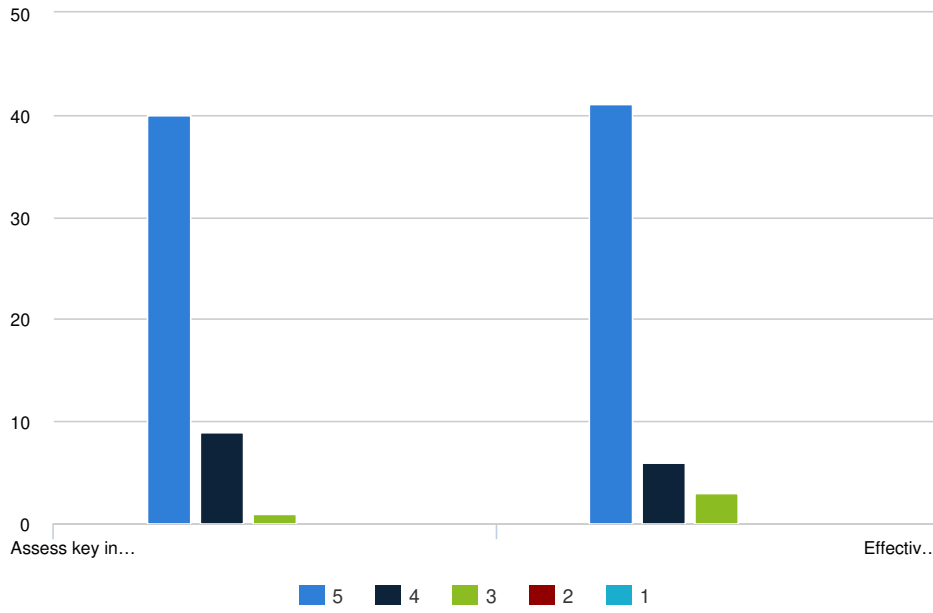
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	31	14	4	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	23	11	5	1	0	10

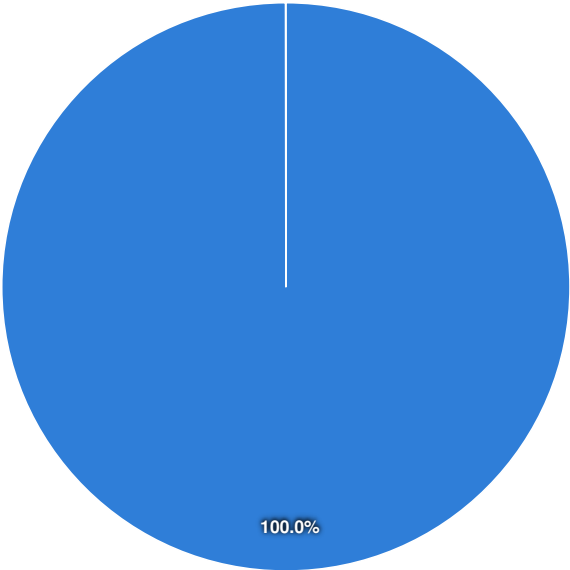
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



5 4 3 2 1

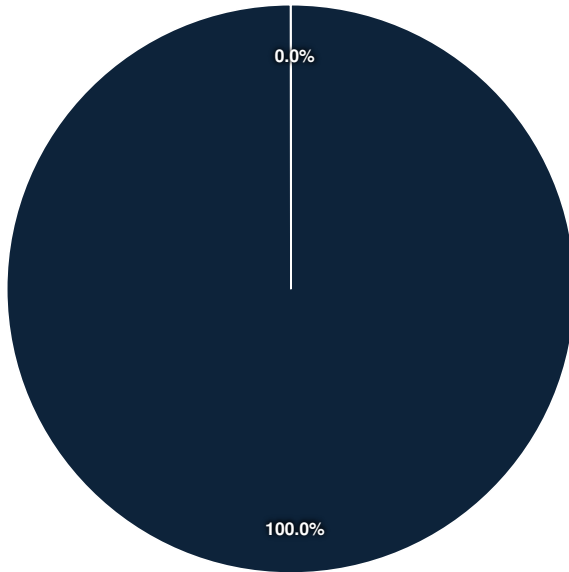
Assess key initiatives in basic, clinical and public health research at Autism Speaks poised to impact services and care for individuals across the spectrum.	40	9	1	0	0
Effectively identify cases of individuals across the spectrum who could benefit from recent scientific advances in autism or autism spectrum disorder (ASD).	41	6	3	0	0

Was this course fair, balanced and without commercial bias?



Yes	50
-----	----

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



Left Blank	0
User entered value	50
Average submission length in words (ex blanks)	5.98
Better direction for patients with Austism	
reinforced learning	
Na. Occ health	
None	
new resources for my pts	
Continue CARD referrala	

NANA	
Better understanding of resources	
Enhance my clinical and practice knowledge re autism (I have multiple relatives with high functioning autism) and encounter multiple adults with autism in my practice, and am involved with behavior modification, seizure control, intellectual functioning. I have a high interest level in this area, in my cognitive neurology practice.	
.	
n/a	
How to be more effective with evaluation of the client.	
N/A	
...	
I will be monitoring Ft or autism	
Advocacy for adults with special needs through the life span	
It gave me more insight into the world of autism. It offers me the ability to recognize certain aspects of the condition I was not familiar with. Right now I have the knowledge enough able to advise and make referral	
Continue practice as usual	
NA	
Nothing new / increased awareness	
Resources avail worldwide with clinical and research data that can be helpful to our practice	
All learning	

All learning

N/A

None

Nothing new to apply in my clinical practice in particular , but just more aware of community outreach

Screening for autism at routine visits

N/A. Presently not in active practice.

Providing education and resources to families.

New methods of diagnosing and treatment strategies

help to identify patients with symptoms on the spectrum

not applicable

none i am retired

None.

Aware of resources

N/A

na

Learned how research is advancing

will share information on Autism Speaks regularly

New resources for spectrum disorder patients.

N/A

Resources for families

Give pts directions

Assess cardiac risk in adults with autism

None

N/a

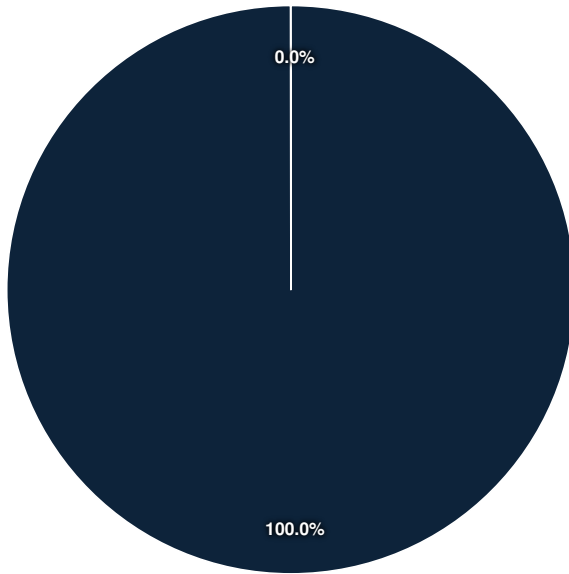
N/A

resources

n/a

Being mindful of the need to learn more about the aging population of individuals with autism spectrum disorder

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	50
Average submission length in words (ex blanks)	2.86
Na	
will continue to implement . No barriers	
I am occ health thank you	
I am retired	
none	
N/A	

NA. Retired	
N/A	
NA	
.	
n/a	
Not applicable.	
N/A	
...	
I will be more observsnt	
Retired from clinical practice	
None	
No	
No longer practicing.	
N/a	
N/A	
N/A	
N/A	

N/A
I have retired

Accessibility and the field of medicine I am in

Time constraints

N/A. See above.

I will be using an educational model as a source of practice.

Nil

do not see very many pedi as tric patients.

none

retirement

I don't practice pediatric Neurology or Psychiatry / psychology.

Time

I do not work in a clinic

na

I do plan on implementing some of the skills learned

n/a

Not applicable.

My patients population

Nothing

N/A

None

Staff shortage

N/a

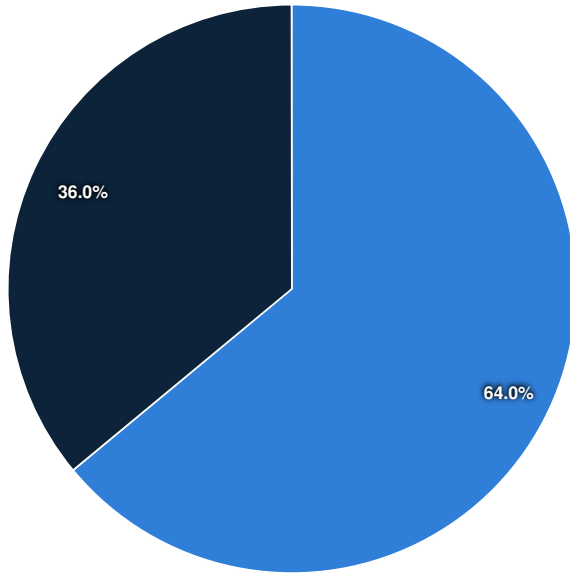
N/A

....

n/a

N/A

Please provide any additional comments or suggestions.



Left Blank	32
User entered value	18
Average submission length in words (ex blanks)	1.78
excellent conference	
Good course	

None	
None	
n/a	
Great course.	
Great conference	
Excellent program	
None	
Great presentation thank you	
Enjoy ed	
na	
N/A	
Thank you	

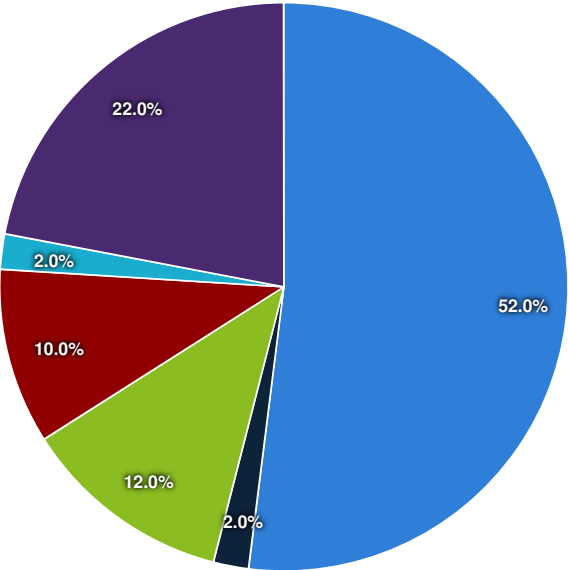
Thank you

N/a

Informative

Excellent presentation!

Please select one:

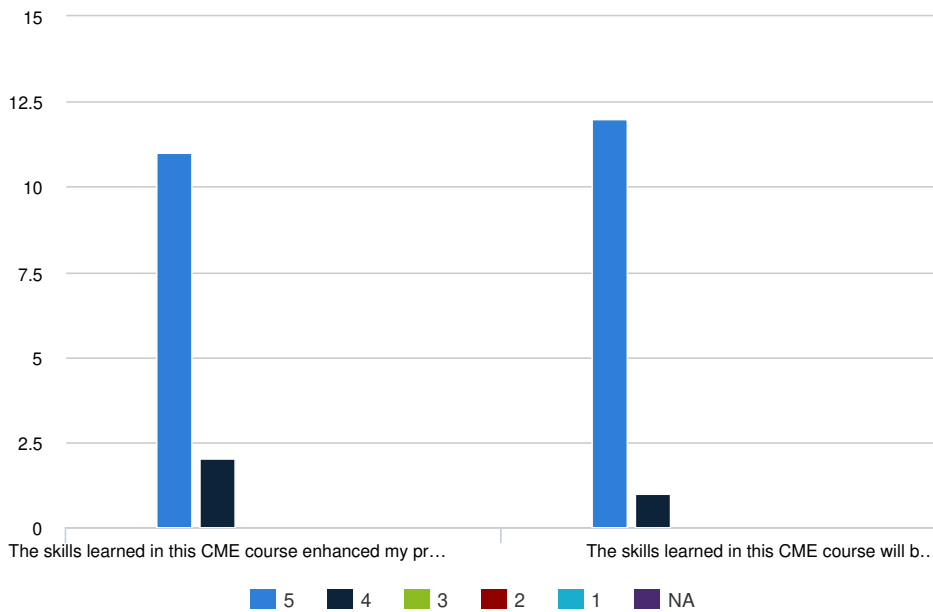


M.D., D.O.	26
Ph.D/Psy.D	1
ARNP/PA-C	6
R.N.	5
Respiratory	1
Other...	11 (view)

Critical care Grand Rounds Evaluation - October, 2022

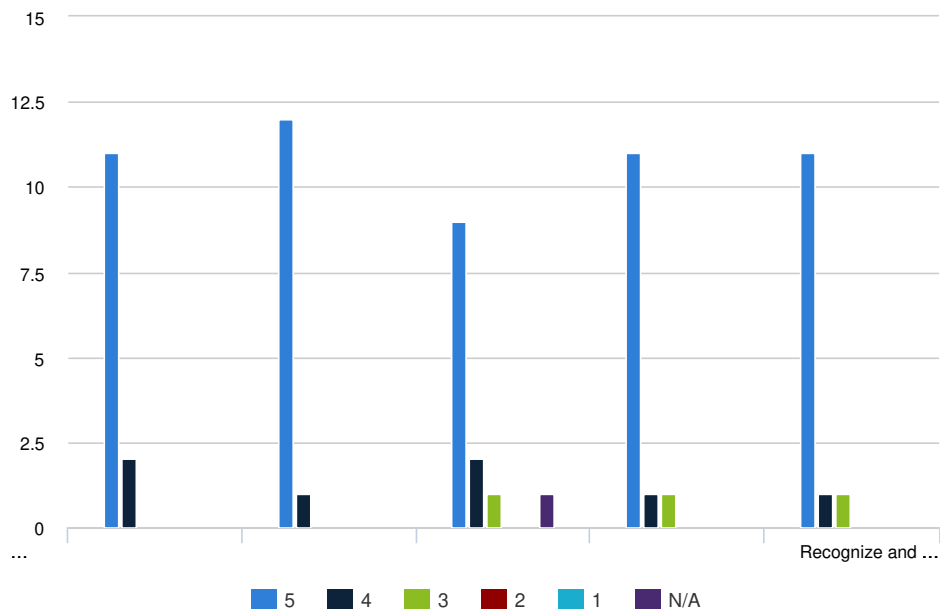
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



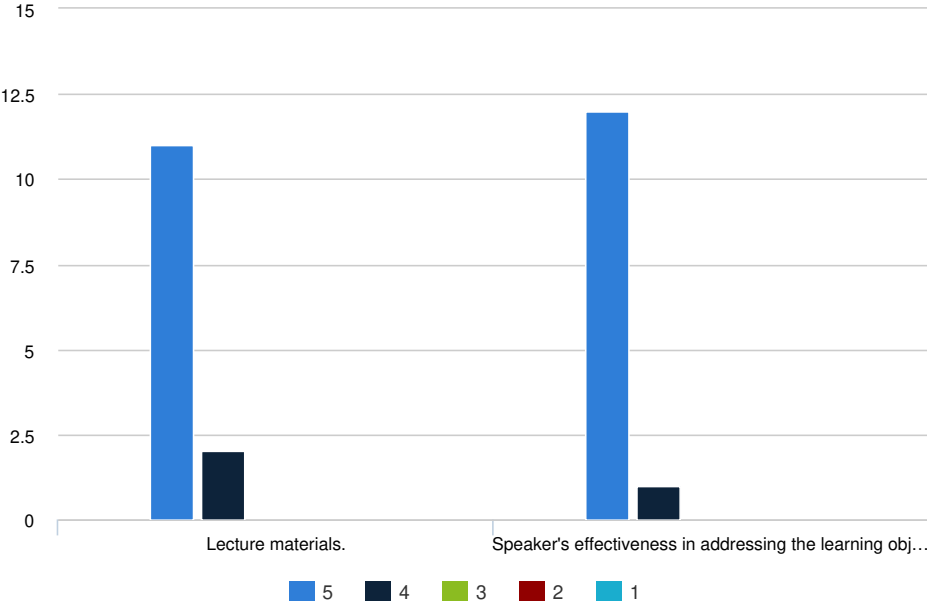
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	11	2	0	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	12	1	0	0	0	0

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



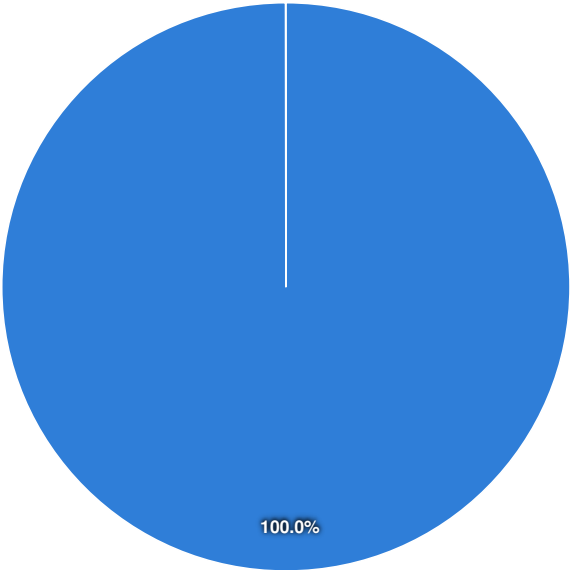
	5	4	3	2	1	N/A
Recognize the components of the science of safety and quality improvement and how to implement them in practice	11	2	0	0	0	0
Demonstrate competence in diagnosis, management and integration of pathophysiologic processes across the spectrum of critical illness.	12	1	0	0	0	0
Recognize and debate the importance of palliative care and medical ethics as a crucial component of critical care practice.	9	2	1	0	0	1
Describe how to process information from multidisciplinary critical care reviews and critically discuss and exchange key points that may be integrated into practice.	11	1	1	0	0	0
Recognize, differentiate and develop the roles of nursing, pharmacology and respiratory therapy in the multidisciplinary approach to critical care practice.	11	1	1	0	0	0

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



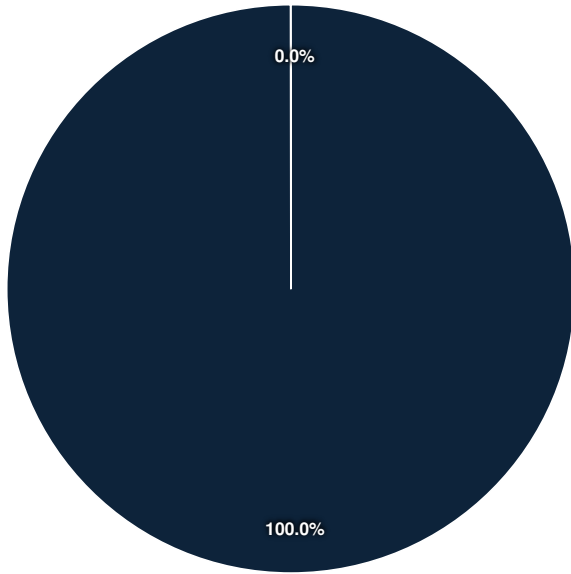
	5	4	3	2	1
Lecture materials.	11	2	0	0	0
Speaker's effectiveness in addressing the learning objectives.	12	1	0	0	0

Was this course fair, balanced and without commercial bias?



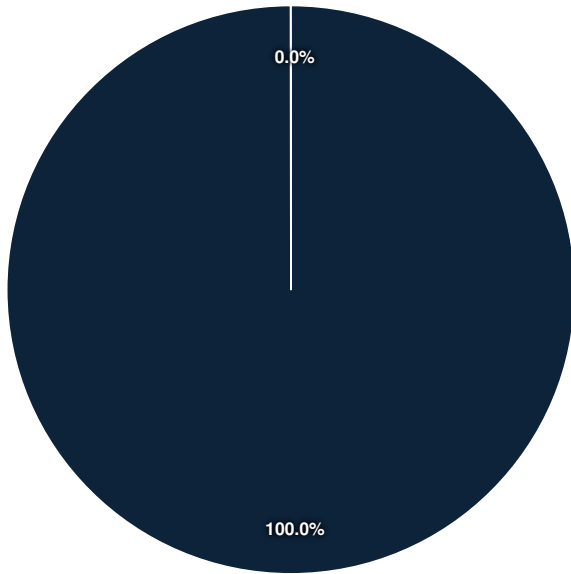
Yes	13
-----	----

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



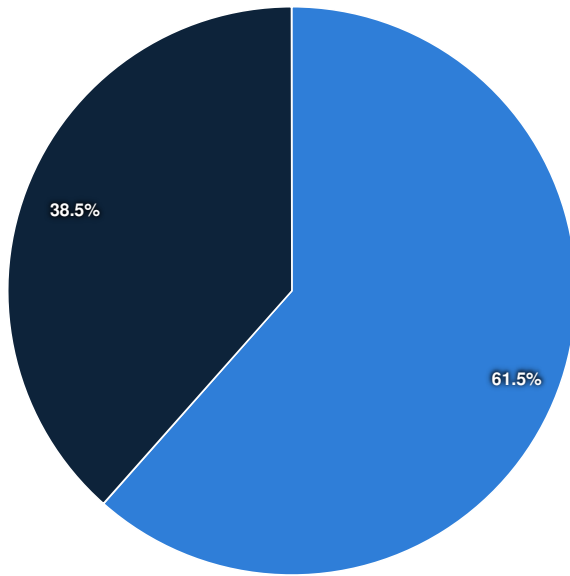
Left Blank	0
User entered value	13
Average submission length in words (ex blanks)	3.62
n/a	
Excellent presentation!	
More aware of vent compliance and appropriate mode	
N/a	
Ventilator management techniques for lung protection.	
Knowledge of ventilator and terminology	
Ards recognition	
n/a	
Additional Vent weaning strategies	
The information presented verified what I know	
none	
N/A	
A/C, SIMV modes	

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



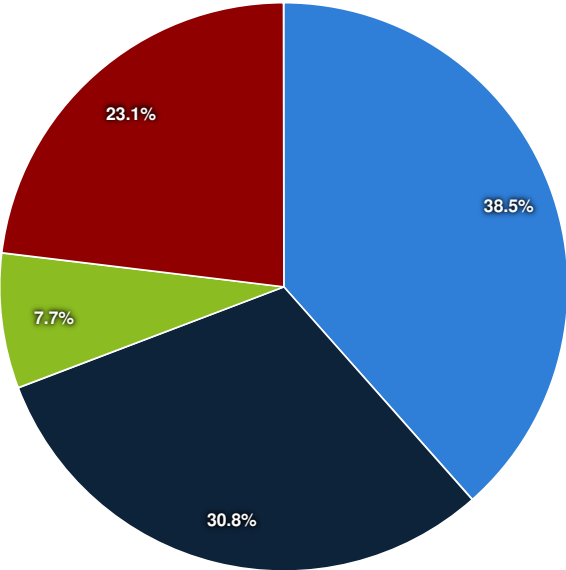
Left Blank	0
User entered value	13
Average submission length in words (ex blanks)	2.31
n/a	
Excellent presentation!	
NA	
N/a	
Not applicable	
N/a	
Vent mgt, weaning	
n/a	
N/A	
NA	
to understand better the concepts of ventilation	
N/A	
n/a	

Please provide any additional comments or suggestions.



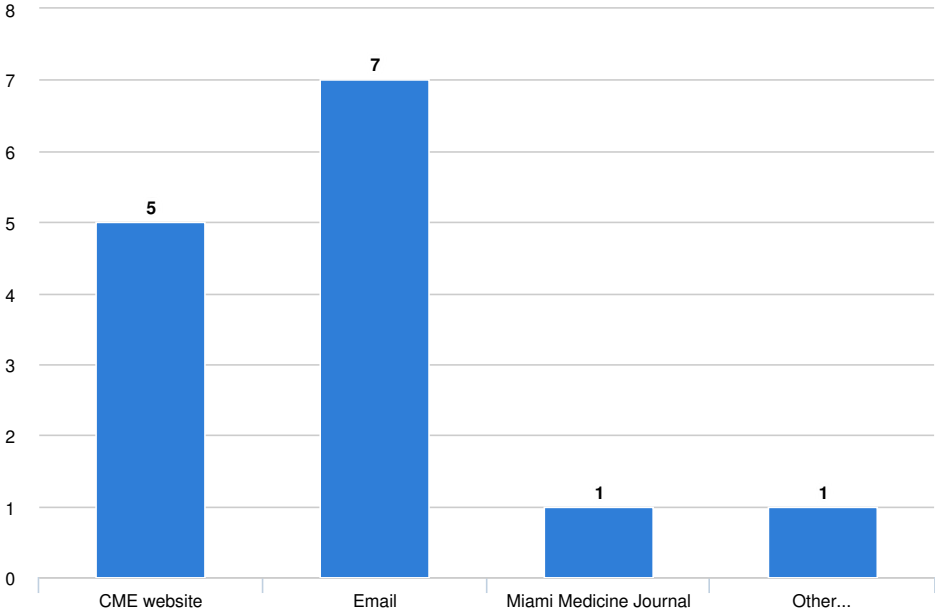
Left Blank	8
User entered value	5
Average submission length in words (ex blanks)	5.20
Amazing , hopefully there will be a part 2	
Great lecture, very interactive. Loved the way the speaker kept everyone engaged. Thank you	
Great presentation.	
none	
N/A	

Please select one:



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

How did you hear about this course?

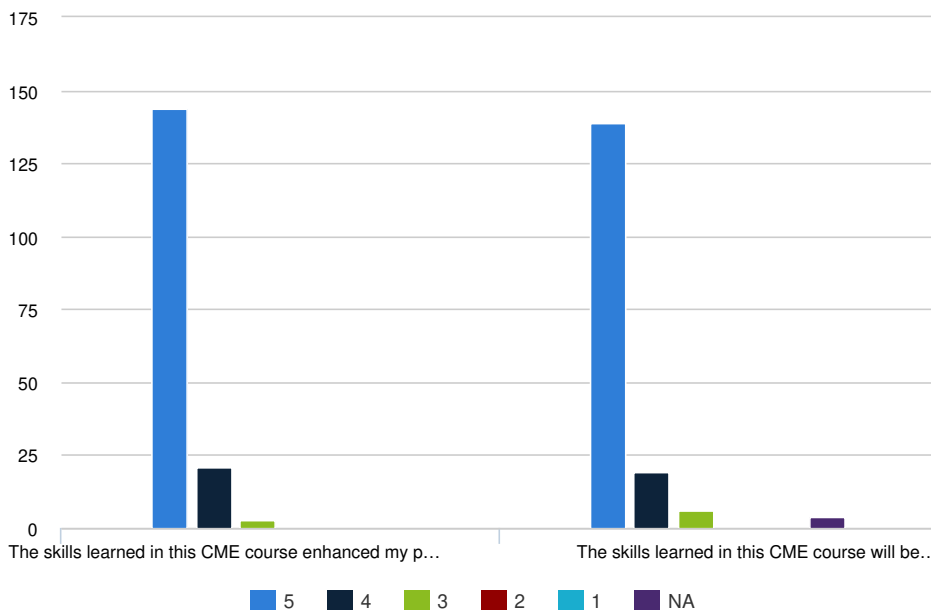


CME website	5
Email	7
Miami Medicine Journal	1
Other...	1 (view)

Structural Heart and Imaging Symposium Evaluation - October 27, 2022

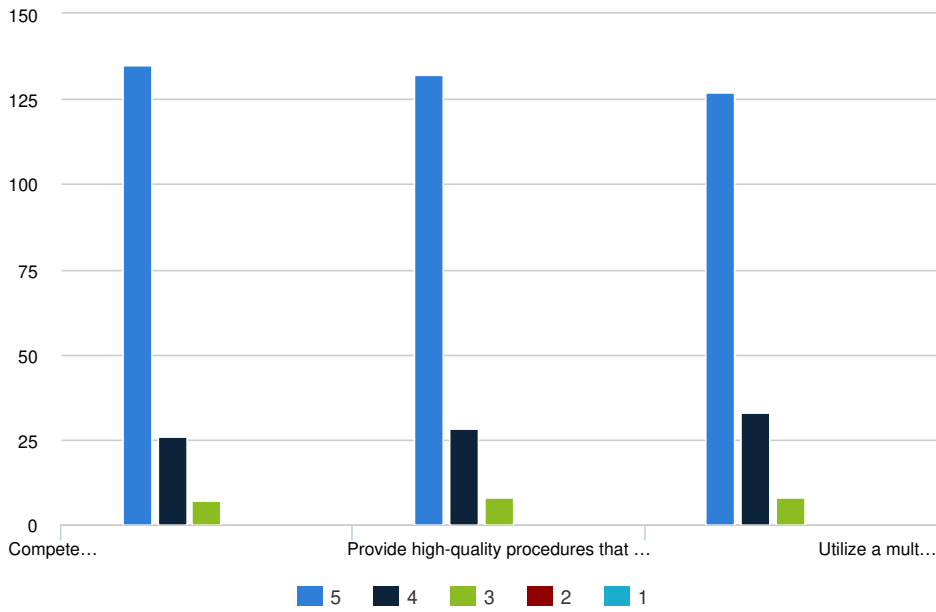
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



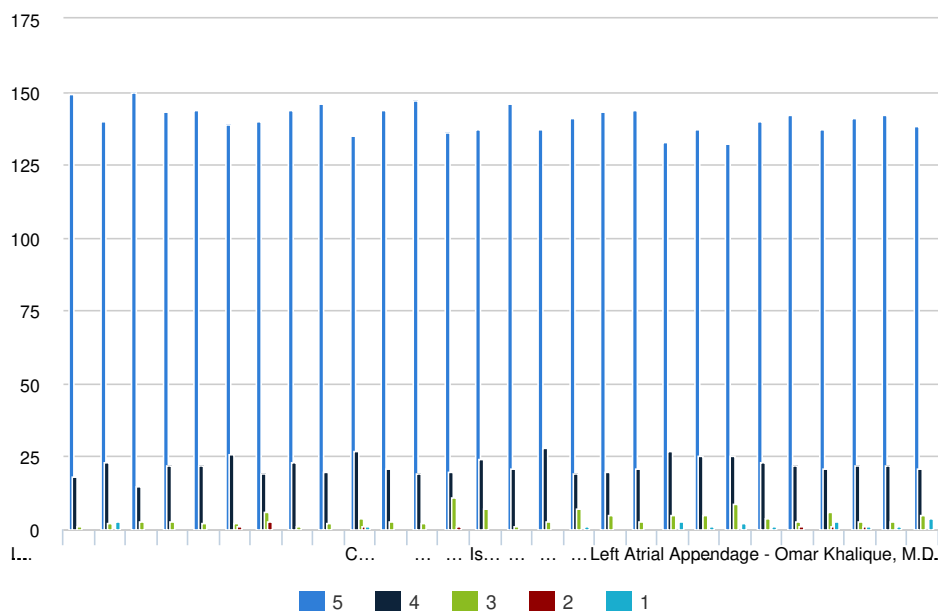
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	144	21	3	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	139	19	6	0	0	4

How confident are you in your ability to:



	5	4	3	2	1
Competently utilize state-of-the-art echocardiography in diagnosis and treatment of structural heart disease.	135	26	7	0	0
Provide high-quality procedures that are safer, faster, improve patient outcomes.	132	28	8	0	0
Utilize a multi-disciplinary heart team to treat the increasing complex group of patients.	127	33	8	0	0

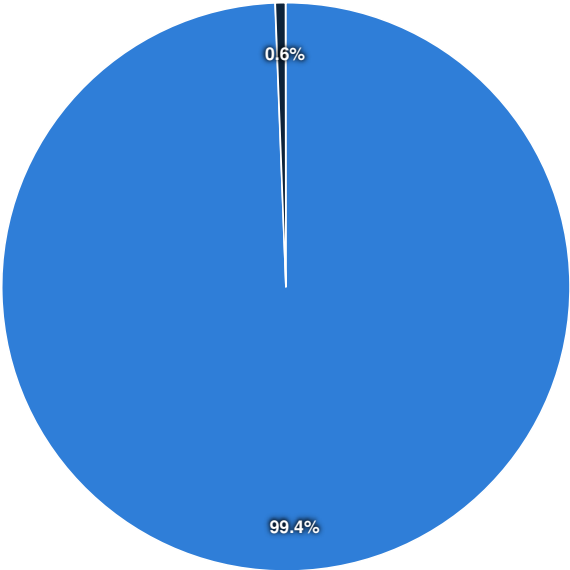
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



	5	4	3	2	1
Introduction to Valvular Heart Disease and Updates on the Guidelines - Patrick T. O'Gara, M.D.	149	18	1	0	0
Back to Basics for Aortic Stenosis and More - Stephen H. Little, M.D.	140	23	2	0	3
Evaluating Low-Gradient Aortic Stenosis and Outcomes for TAVR vs. SAVR - Philippe Pibarot, DMV, Ph.D.	150	15	3	0	0
What's Involved in the TAVR Workup? - Omar Khalique, M.D.	143	22	3	0	0
Imaging Post-TAVR - Philippe Pibarot, DMV, Ph.D.	144	22	2	0	0
Role of CMR Imaging in Aortic Stenosis - João L. Cavalcante, M.D.	139	26	2	1	0
Case Presentation: A Difficult Decision of TAVR vs SAVR for My Patient - Nish Patel, M.D.	140	19	6	3	0
Introduction to Prosthetic Heart Valves: Form, Function and Type - Patrick T. O'Gara, M.D.	144	23	1	0	0
Evaluation of Prosthetic Heart Valves: Form and Function - Philippe Pibarot, DMV, Ph.D.	146	20	2	0	0
Case Presentation: Aortic Valve-in-Valve - Ramon Quesada, M.D.	135	27	4	1	1
Clinical Conundrum: Is It Pathologic Obstruction vs. Patient Prosthesis Mismatch of the Aortic Valve? - Philippe Pibarot, DMV, Ph.D.	144	21	3	0	0
Should I Treat Asymptomatic Severe Valvular Heart Disease Stage C? - Patrick T. O'Gara, M.D.	147	19	2	0	0
Using Advanced Imaging (Strain/Stress) to Assess MR Pre-Conception in an Athlete - Eli Friedman, M.D.	136	20	11	1	0
Is Stress Echo Still Necessary? - Partho P. Sengupta, M.D., D.M.	137	24	7	0	0
Unlocking the Mystery of When to Treat Severe Aortic Regurgitation - Maurice Enriquez-Sarano, M.D.	146	21	1	0	0
Role of CMR in MR and Aortic Regurgitation - João L. Cavalcante, M.D.	137	28	3	0	0
What Is an Interventional Echocardiographer or a Structural Imager? - Elliott Elias, M.D.	141	19	7	0	1
Prosthetic Assessment for Mitral Stenosis and Mitral Regurgitation - Philippe Pibarot, DMV, Ph.D.	143	20	5	0	0
How Do I Quantify Valvular Heart Disease? (PISA, Continuity, Planimetry, Regurgitant Fraction, Percentage) - Maurice Enriquez-Sarano, M.D.	144	21	3	0	0
Strain Without Stress: A Challenging Case in Cardio-Oncology - Socrates Kakoulides, M.D.	133	27	5	0	3
Strain Imaging - Partho P. Sengupta, M.D., D.M.	137	25	5	0	1
An Interesting Case of Constrictive vs. Restrictive Heart Disease - Socrates Kakoulides, M.D.	132	25	9	0	2

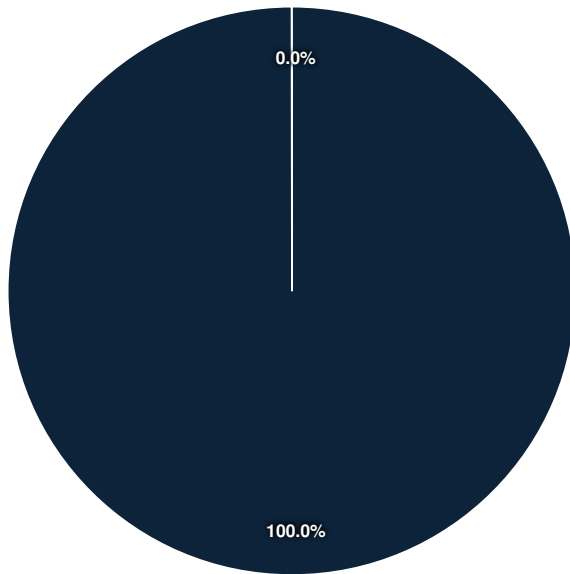
Imaging and Treatment of Cardiac Shunts (ASD/VSD/PFO) - Muhamed Saric, M.D., Ph.D.	5	140	4	3	2	1
Left Atrial Appendage - Omar Khalique, M.D.	142	22	3	1	0	
LVH and AS: Can I Tell If This Is Amyloidosis CMP? - João L. Cavalcante, M.D.	137	21	6	1	3	
Hypertrophic Cardiomyopathy and the Benefits of ETOH Ablations - Muhamed Saric, M.D., Ph.D.	141	22	3	1	1	
Assessing the Right Ventricle - João L. Cavalcante, M.D.	142	22	3	0	1	
The Role of Advanced Imaging (3D, MPR, Autoprocessing) in Echocardiography - Elliott Elias, M.D.	138	21	5	0	4	

Was this course fair, balanced and without commercial bias?



Yes	167
No	1

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



Left Blank	0
User entered value	168
Average submission length in words (ex blanks)	6.77
Using imaging like CMRI and CTA for valve disease assessment	
Will do more velocity measurements for valve replacement patients.	
Yes.	
Ai guidelines	
These include skills involving communication, relationship building, teamwork, leadership and motivation.	
AI evaluation	
N/A	
Academic curriculum	
Everything	
N/A	
N/A	
Measuring correctly the LVOT VTI in TAVR patients	
Earlier intervention of valvular heart disease	
Increase accuracy assessing AS.	
The ability to understand TAVR & SAVR in a way that will benefit my patients.	
Buiutty	
LVSD formula	
go with the guidelines	
I will be applying myself into working on getting better images and to learn how to recognize certain abnormalities	
Stress echo and dobutamine for LFLG AS	
A poorly misplaced caliper or inconsistent velocities will create unnecessarily severe or lack of treatment to patients.	
Good measurement and best imaging	
N/A	

AS assessment

Strain

Y

Earlier intervention

I will be able to perform post-procedural echoes better with the information I received today.

More 3D images with Tee cases, strain when suspecting amyloid.

Will implement MR

Ss

Incorporate Updated guidelines

Savr vs tavr

Consider early surgery for valvular disease even without symptoms since patients may develop irreversible issues while waiting for symptoms to develop

Valvular stenosis quantification

Valve evaluation to regurgitation

3D TEE evaluation , Strain

N/a

All

Better knowledge of quantification of valves diseases

Better evaluation of aortic valve

Quantify all Mitral Regurgitation

Awesome speaker's definitely will impact the diagnosis of the disease and the patient outcomes.

Utilize new echo information learned today to enhance echo studies.

Better quantifying valve disease

I can utilize a little from each talk.

Above has been always implemented

None

Strain assessment

AS measurement

there was a good balance of the educational material imparted directed to the Sonographer and the doctors that I will make a marked difference when assess the valves especially the aortic and in the way of reporting and action to be taken for the well-being of the patient

3D Echocardiography

N/A

All!

Not scanning as much

Add more views to the protocols

Improved AS measurements, AI

The aortic valve stenosis assessment strategy to get better and more reliable values.

In general to send the patients to surgery earlier when noted with aortic and mitral regurgitation

Measurements

Strain imaging.

Accurate measurements. And tips to quantify function.

Better technique

N/a

Technique

Multimodal approach to aortic stenosis , etc. we

Techniques to better assess AS

Using more MRI

Over all improvement of valvular evaluation..

I will be more rigorous and precise in measuring LVOT diameters when calculating aortic valve area. Measure LVOT velocities at the right level with PW. Consider aortic valve replacement before patient develops symptoms, specially when LV EF starts to decrease.

Use CMR more for assessment of regurgitating lesions

About echo's

Better measurements of valvular disease

Everything

Measuring LVOT in numerous views

As Evaluation

Specific placement of Doppler New guideline updates Earlier intervention on valve pathology before ventricular dysfunction

PISA

Yes

Will implement protocols to improve quantification of severity of valvular heart disease to identify patients who will benefit from earlier surgical intervention

Use latest on guidelines and echo study criteria for assessment and management of valvular heart disease

Understand better when the patient needs a TAVR

N/A

I will be careful to review Echocardiogram interpretations and actually see the recordings myself to evaluate the quality of the study and actually the interpretation. I have learned today the many different and modern techniques and equipment that is available at present. This has been the best Echocardiogram Symposium I have been at since its earlier days many years ago at the Biltmore Hotel.

Use of structural heart team

Better understanding of AS

Earlier surgical referral for asymptomatic Vascular disease

N/A

The TEE contrast skills

Valvular heart disease assessment LV strain and CMR

Knowing what's involved in a TAVR work up and the evaluation of it.

New strategies and tricks to improve my Doppler evaluation, like where to place to my sample volume.

Optimization of the PISA radius during regurgitation evaluations and better strain imaging

Apply all of the guidelines specified.

Determining severity of AS and AI as well as management techniques.

Increase the use of transesophageal Echo for diagnostic purpose

Will reinforce the use strain.

As a student being able to assist to this conference provides a perspective on what is expected from us as future sonographers. Explaining in detail what doctors will look for and how our imaging skills could help save a patient's life.

Definity

As the structural heart clinical coordinator, I have expanded my knowledge and recognition of valvular heart disease on Echocardiography and timelines for treatment

Amyloid screening with LVH

The same

Better determination for the use of echocardiography and cardiac MRI

Evaluate echocardiographic strain protocols.

I feel more confident evaluating prosthetic valves now .

Low flow as and role of ct

Use of advanced imaging for AI

Will be reevaluating rvo and strain protocols

Although very helpful I will not.

I would like to utilize fusion imaging in our Cath lab procedures and teach to other Cardiac Sonographers.

Prosthetic valve evaluation

Do more complete echos

Be more observant

Tavr echo eval

More strain

I am able to understand better the different concepts and apply what I learned in clinical practice

Better strain skills interpretation

I am currently applying all these concepts

Great help

More 3-D assessment

N/A

Strain imaging, use of 3D echo

Use of valvular calcium score

Lots of great info

NA

Skills learned in the assessment of Aortic Stenosis S/P TAVR TR, PISA, MR , mitral valve Clip

Better selection of cases for Valve therapies

N/A

Understanding and grading AI better. Assessing the RV better. Interest in implementing strain in our lab as it is very useful.

Na

VHD knowledge

Reading US

Assessing of right ventricle.

N/a

Better assessment and clinical care of VHD

Muscoskeleton exercises

Ensuring have a more comprehensive work-up with TAVR patients

Mitral and tricuspid Vance measurements

NA

Good quantitative applications

NA

echo interpretations

N/A

Make sure of image quality prior to Strain

The TV session was motivating and stimulating on the future and stratification of care.

3D Echo

Use of strain

.

Evaluation of AR

MANY

New strain tips and quantification techniques.

Peru valvular management

Avr

Early detection of valvular disease

Nice to refresh knowledge and learn new things.

Better quantification of AS

Use of advanced imaging

Oui IRM cardiaque +++

N/A

I think there is a wealth of good information as a whole and ofcourse another step in the learning curve. Thank You So Much

Right parasternal window for aortic stenosis, post Mitra clip echo, better assessment of right ventricular function, plainimity for mitral stenosis, utilizing sweep thru views for post TAVR echos.

Use advanced imaging in planning and performing structural interventions

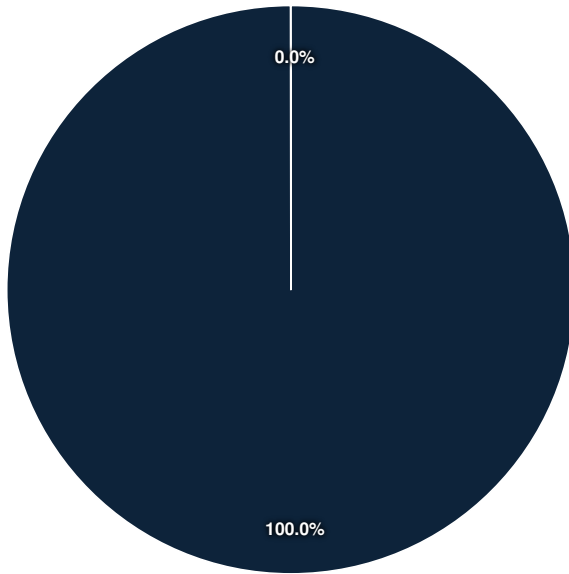
Better skill at assessing valvular heart disease.

Na

As many as possible

Better structural eval

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	168
Average submission length in words (ex blanks)	3.60
Cost and availability	
N/A	
There is nothing to prevents to implement new skills .	
None	
N/a	
None	
N/A	
Academic curriculum	
Nothing	
N/A	
N/A	
I do plan to implement new skills	
Combing patients to submit to an intervention in the absence of symptoms	
N/a	
I plan to.	
Jhvffuj	
PISA	
nothing	
N/A	
.	
Currently a student but I will keep on improving my skills for optimal care for my future patients.	
Try to use a better view to get images	
N/A	
I will always look forward to improving my skills and clinical practice	

I will always look forward to improving my skills and clinical practice

N/A

N

None

I do plan to implement these skills.

I perform echocardiograms, so i can use the skills learned to get better images on patients.

Not applicable

S

This was geared to a limited population. Only applicable to a few patients.

N/A

Na

N/A

Yes more resolution

Practice

N/A

Nothin

I will

I am going to implement the knowledge.

N/A

Definible I'll implement some new skill in my practice.

Nothing.

None

Nothing

None

None

As soon as possible

I plan to plement

I am planning to make changes to AoV assessment (AS) utilizing the software that the new US Unit provide

N/A

N/A

Great conference

Will review with other techs

Adding Right parasternal lax views

-

I'll try to implement all that apply to the practice.

Nothing to keep me

Everything was good

We have to be updated our knowledge and with the technology .

N/a

..

N/a

N/A

Nothing

N/A

Nothing

Truly no limitations in skills and strategies.

I am planning to implement everything I have learned on today's presentation to improve patient diagnostic and treatment outcome.

N/a

N/A

Not yet

Na

.

Do plan on implementing

Will use.

Some specific procedural insights shared won't be implemented by me as out of my scope of practice, but still useful to understand

I'm going to used new skill

I will

Na

No

Yes, I will implement new skills in my job

N/A

Nothing will keep me from evaluating my patients and refer to Top Echocardiographers at Baptist Hospital

N/A

Better patient management will be implemented

Practice regiment

N/A

-

N/A

I plan to implement new strategies and put them into practice.

There is nothing keeping me from doing so.

Some if not most of the topics discussed today cannot be done in the lab. I am in a clinical facility that does routine echos

I don't use MRI

N/A

Does not apply

No.

N/A

Nothing

N/a

.

As above

See above

As above.

N/A

None

Nothing

N/A

I will not be going to that modality.

N/a

I am going to apply

N/a

Be more observant

I do plan to

Staff engagement to to strain

N/A

N/a

I am currently applying all these principles

Will use

Ultrasound equipment

N/A

I plan to implement new skills

Not interventional

Nothing

NA

.

Not applicable

N/A

.

N/a

Not a dr

Yes

Nothing

Improve the knowledge

N/a

NA

N/A

None

We will do some improvement in providing more information

NA

NA

RETIREMENT

reports

N/A

Im applying new strategies

We have begun the implementation and qualification of TR.

N/A

N/a

.

Nothing

YES

Absolutely plan to as soon as Monday of next week gets here!

Absolutely plan to as soon as Monday of next week gets here:

Better imaging

Tavr

None

NA

N/A

N/a

Moyens techniques de la structure

N/a

N/A

N/A

I do plan to use the CME learning points during my own personal practice

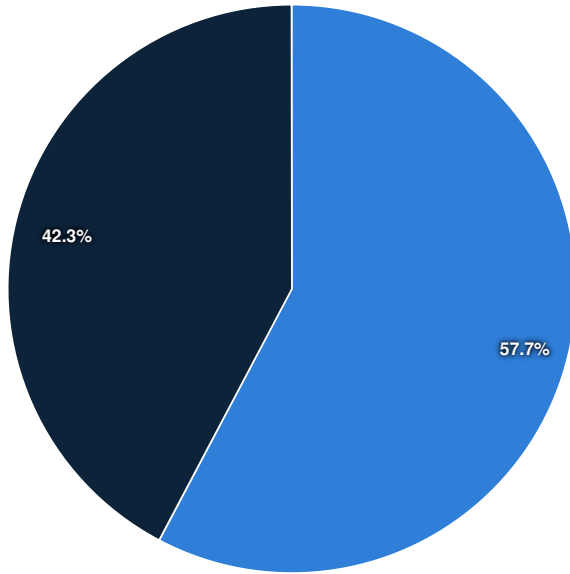
N/A

Na

Nothing

Na

Please provide any additional comments or suggestions.



Left Blank	97
User entered value	71
Average submission length in words (ex blanks)	6.72
N/A	
Everyone was amazing	
I would like to see more echo cases	
Fantastic presentation. Would have liked more hemodinámica emphasis and cross referenced data	
Great venue and glad to be back.	
Continuing with this symposium	
Awesome	
N	
Technical pitfalls in measuring valve function	
This was not a diverse panel. Female speakers should be incorporated	
Na	
A lot of topics speakers generally on Target	
Great organized presentation	
Great presentations	

Awesome symposium! Great speakers!

Thank you

Great seminar thus far

Excellent topics all around

None

Speakers make the educational activity very interesting with good cases and very good explanations

Excelente symposium

N/A

Excellent conference day

Very good presentation

Awesome symposium.

Excellent meeting

Great all around

1 due to No presentation

Excellent presentations by speakers! I particularly liked they talked about common echocardiography technical pitfalls, specifically in the setting of aortic stenosis. They also covered day to day echo practice/measurements , common errors and how to optimize quality and calculations. The presentations were excellent!

It was great!

Need more student participation. It seems like Dr are just talking to each other.

Course exceeding expectations

Need more student participation.

The best symposium

Hopefully there will not be another Pandemia and prey there will be an Echocardiogram Symposium in 2023

Improved time management.

Found the seminar tk be extremely helpful

Excellent course

The speakers were fantastic this year.

It would be great if a section about the use of Cardiac contrast is added to your CME classes and symposiums that includes all about contrasts.

N/A

Great lectures

None

Excellent presentations.

Would be good to be able to download slides

None

Terrific presentations. Enjoyed the variety of speakers

Great day!!! Loved the panel discussions. Appreciate the innovative ideas and insights

Great symposium

Great symposium!! Learned so much! Awesome speakers!

Great symposium

Great information

Great educational experience

Great lectures, very informative

Excellent

None

No

Excellent topics.

N/a

Great symposium

Was very informative meeting. Enjoyed the hospitality.

The door handles kept clicking every time someone walked in or left and the door handle could have been taped so it could just be open and close without making all that noise The sound system was very inadequate and it was oftentimes very difficult to hear the speakers. The lights could've been more dimmed in the room so we could see the screens.

NA

Ask all speakers to take some basic public speaking instruction and audio equipment skills so that a higher percentage of what they say can be heard and understood by the audience.

N/A

DAY ONE WAS GREAT. very INTERESTING AND QUALITY SPEAKERS. very NICE SURPRISE AFTER SUCH A LONG TIME ATTENDING THESE GREAT MEETINGS.

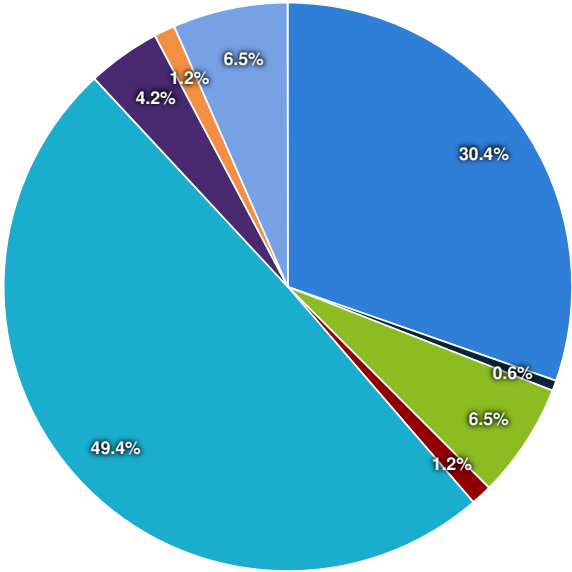
Great conference

Thank you for having me. Really well organised sessions.

It would be great to have a segment on optimizing echos . Knobology, overcoming suboptimal imaging, physics. Proper administration of definity for optimal results.

None

Please select one:

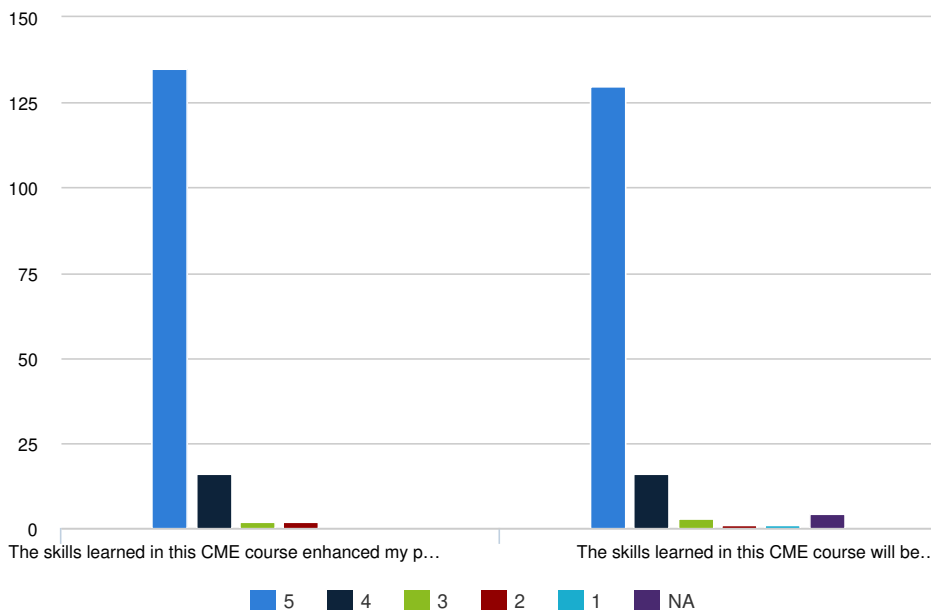


M.D., D.O.	51
Ph.D/Psy.D	1
ARNP/PA-C	11
R.N.	2
Sonographer	83
Ultrasound Tech	7
Pharmacist	2
Other...	11 (view)

Structural Heart and Imaging Symposium Evaluation - October 28, 2022

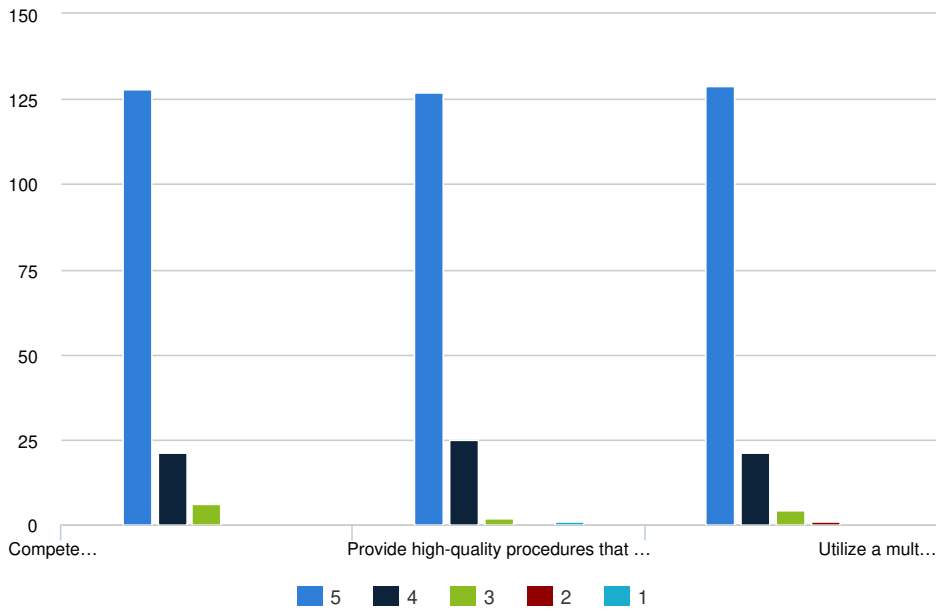
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.	135	16	2	2	0	0
The skills learned in this CME course will be applied in the treatment of my patients	130	16	3	1	1	4

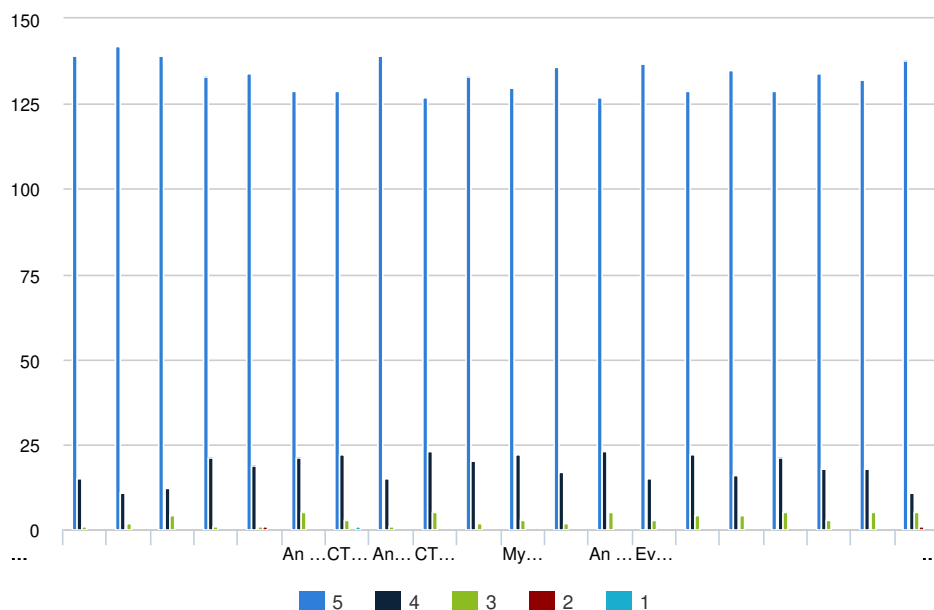
How confident are you in your ability to:



5 4 3 2 1

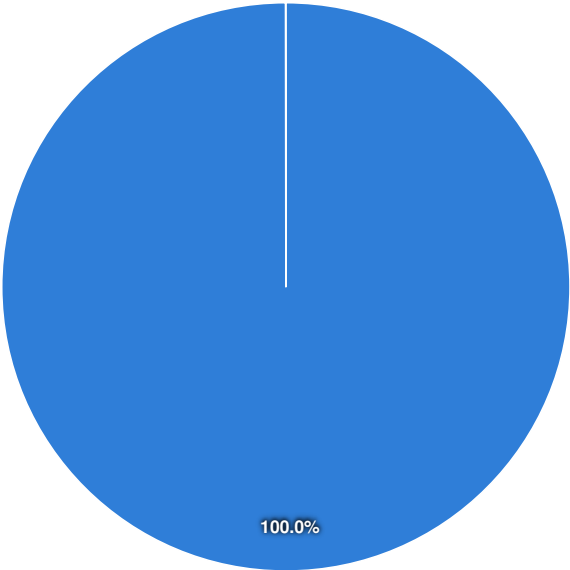
Competently utilize state-of-the-art echocardiography in diagnosis and treatment of structural heart disease.	128	21	6	0	0
Provide high-quality procedures that are safer, faster, improve patient outcomes.	127	25	2	0	1
Utilize a multi-disciplinary heart team to treat the increasing complex group of patients.	129	21	4	1	0

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



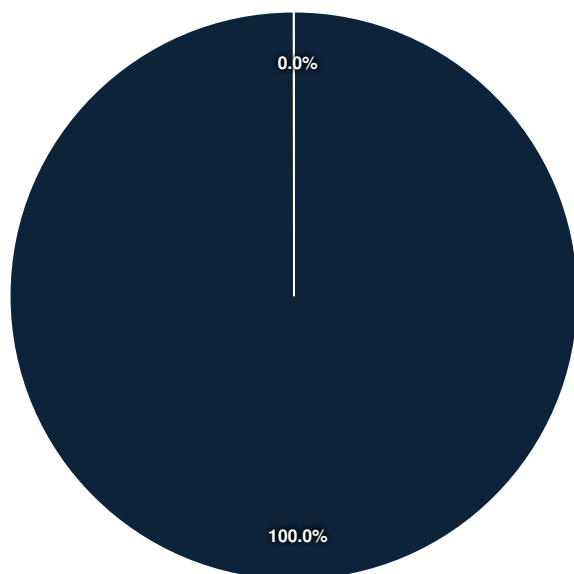
	5	4	3	2	1
Assessing Mitral Regurgitation - Nadira Hamid, M.D.	139	15	1	0	0
Imaging for MitraClip and Transcatheter Mitral Valve Replacement (TMVR)- Stephen H. Little, M.D.	142	11	2	0	0
Is MitraClip for Functional or Primary MR?- Maurice Enriquez-Sarano, M.D.	139	12	4	0	0
Aortic Regurgitation and Upcoming Transcatheter Treatment - Nadira Hamid, M.D.	133	21	1	0	0
My Toughest and Most Interesting Cases of TMVR - Bernardo Lopez Sanabria, M.D.	134	19	1	1	0
An Introduction to TMVR - Omar Khalique, M.D.	129	21	5	0	0
CT Planning for Mitral Valve Disease - Constantino S. Pena, M.D.	129	22	3	0	1
Anatomy and Echo Imaging of Tricuspid Valve - Nadira Hamid, M.D.	139	15	1	0	0
CT Planning for Tricuspid Valve Interventions - Omar Khalique, M.D.	127	23	5	0	0
How Do I Evaluate Treat and Think About Transcatheter Treatment for Tricuspid Regurgitation - Maurice Enriquez-Sarano, M.D.	133	20	2	0	0
My Toughest and Most Interesting Cases of Tricuspid Clip - Ramon Quesada, M.D.	130	22	3	0	0
TEER for TR and an Update on Transcatheter Therapy and Data for Tricuspid Regurgitation - Stephen H. Little, M.D.	136	17	2	0	0
An Update on Mental Health and Imaging - Orlando Santana	127	23	5	0	0
Evaluation of Mitral Stenosis - Elliot Elias, M.D.	137	15	3	0	0
An Interesting Case of Mitral Stenosis: How to Use Strain and Stress to Guide Treatment - Bernardo Lopez Sanabria, M.D.	129	22	4	0	0
Role of ICE in Transcatheter Therapy - Muhamed Saric, M.D., Ph.D.	135	16	4	0	0
Diastology: How Can New Technology Assist Us? - Partho P. Sengupta, M.D., D.M.	129	21	5	0	0
Endocarditis on the Native Valve and Prosthetic Valves and When to Send for Surgery - Muhamed Saric, M.D., Ph.D.	134	18	3	0	0
When and How to Use 3D/4D Imaging - Stephen H. Little, M.D.	132	18	5	0	0
Case Presentation: Paravalvular Leak Closure - Nish Patel, M.D.	138	11	5	1	0

Was this course fair, balanced and without commercial bias?



Yes	155
-----	-----

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



Left Blank	0
User entered value	155
Average submission length in words (ex blanks)	7.58
Early treatment for tricuspid regurgitation	
The use stress echo in severe AS	
This is an advance information that with time and I corriente I will apply to my Cardiology practice	
More evaluations for percutaneous interventions	
I learned a lot about TMVR which we don't use yet at our hospital , but I am sure we will be seeing it soon.	
advanced imaging	
none	
add information into academic curriculum	
New measurements to perform while doing echocardiograms	
WRSMD skills	
All techniques and concepts are been apt to our Practice	
Improve my scanning technique.	
Better understanding of anatomy	
Physical and mental tips.	
Everything	
Differentiating Vegetation from other pathologies based on location. Also learned technique and exercises to avoid work related injuries.	
Early intervention. Tricuspid valve intervention	
All	
Will need a frequent review of the more recent criteria for nitral and tricuspid regurgitation assesment and treatment	
M/A	
Mitral stenosis	
Valve assessment and use of other non echo diagnostic techniques	
Assessment of mitral and tricuspid valve disease	

Not rely on color Doppler for regurgitation. More views and measurements are required.

Provide a good image quality

Keep in mind proper scanning technique

Will try to have better posture while scanning and do additional measurements for MS and MR

To be more aware of all the signs and measurements to incorporate a thorough study

Na

I will be better at evaluating mitral and tricuspid valvular disease.

N/A

Musculoskeleton and 3D

Pay more attention to TR

Indication of mitral valvular stenosis modality Indication of 3D/4D imagine for evaluation of VHD

New approach to assess the right side of the heart

Wider options of clinical routes to treat in valvular heart disease

N/A

I loved that Orando Santana addressed Musculoskeletal injury of Sonographers and the optimal way to scan. I enjoyed the presentations on Endocarditis, 3D imaging, MS, AS, Diastolic Dysfunction

N/A

Improving imaging and technical skills.

Best postures, exercises to avoid injuries at work. Focus more on TV .

The skills learned in the course enhance my profesional competence.

Evaluation of mite clip patient

Assessment of MS using new technologies.

Multimodal evaluation and treatment options for patients with valve diseases.

LV volume measurements for Severe AR.

A more evidenced based approach to VHD and earlier intervention

Everything I learned and will apply when I can.

Knowledge on the valves

GIs explanation in athletics heart was very helpful. Diastology lecture was a little vague wish a more clear explanation on grading was given

More refined Echo studies

Tailor my views for TV TEE

Topics will be used to enhance curriculum

All related to echocardiogram performance

Greater attention to tricuspid regurgitation.

None

Strain improvements vena contracta techniques

3D TEE techniques

Yes

Great content all around

Mutral regurgitation

Not many since we don't do this sort of extensive imaging in our office

MVA BY PISA

3D TEE and ICE incorporation

Continue to follow guidelines base practice

As many as I can based on current availability

As many as I can based on current availability

As mentioned in my previous comments on yesterday's lectures, I have learned about new concepts, new technology which will definitely replace old and outdated learning which over the years I applied in my patient management.

Great info and presentations

Refer for timely intervention and monitoring to heart surgical team

All

Better understanding of spatial considerations of procedure planning Proper sonography posture

1. Increase the use of 3D echo on patients that will benefit from the technology. 2. Reduce echo evaluation pitfalls in the evaluation of valvular heart disease.

When and how to use 3D

Mitral stenosis evaluation

3D use.

Better screening

I will be prepared to implement any new skills to improve my performance

I will definitely apply what I have learned about structural heart disease.

All this information is very useful to help me grow as a sonographer

Structural heart disease

Good conference.

Better evaluation of valvular stenosis

I will apply and practice for my new skills

NA

Evaluation of valvular heart disease

N/A

Lvdd

How to assess the MR and pay more attention to the TR and future consequences

Recognizing the importance of early diagnosis and treatment of asymptomatic AR to prevent LV deterioration

Acting on severe TR faster

Yes

Interpretation of echos

Interpretation of echos

MORE KNOWLEDGE

Peri valvular leak management

None

.

Review Echocardiogram protocols.

All great information

all

Careful analysis of PISA radius in eccentric MR jets

Evaluating both insufficiency of valves as well as volume of ventricles and early intervention.

Better techniques for imaging in 2D and 3D

-

Importance of a sound structural heart team.

The team approach is the best approach

Use of savr or tavr earlier in patients with AS,AI,MR and ? TR

N/A

Yes

The course reminded me of short lectures I used to attend at ACC and AHA . Not much said for a general cardiologist and also the sonographers which were about 80%of the participants. I think we need to see more of real time echos and case presentations than slides .

Proper use of guidelines in the management of my patients with valvular heart disease

TR significance

The information acquired facilitated appropriate decision making for Tricuspid valve surgery.

Improvement of my knowledge

Admittedly after some time it seemed like we were discussing the exact same topics the first day as the second day. It all seemed to meld together made it difficult to stay engaged.

All

All

All

N/A

Use more Strain and Stress Echo to make a better diagnosis.

..

Y

Use of the tapes/pasp Gradient to guide timing of tv evaluation

Strain

.

Tee hands free intubation - great strategy Dr. Little!

Earlier monitoring of valvular heart disease before it becomes sympo

N/a

MANY

Giving better information to cardiologist.

all of it

Evaluating Aortic regurgitation and Mitral regurgitation.

Look into incorporating more AI into practice.

I learned a lot and especially enjoyed Dr. Little's presentation. I am eager to show our attendings and fellows his method for TEE intubation. I also would love to observe a structural case with ICE. Very interesting! Overall, great symposium with numerous takeaways. I hope to come back for future conferences. Thank you!

All presentations were helpful

-

Better management of valvular hear patients

Eval more carefully when looking at mcvclip

Was rapid fire but was able to keep up and thoroughly Enjoyed the program. please continue to have this program! very informative and the new technologies and technics are very interesting

TR evaluation

N/a

Guideline recommendation for evaluation and treatment of valvular heart disease

Better understanding of quantifying valvular disease

I will include all information in my practice

Great panel. Very satisfied with the information received. Great coordination with the program in general. Awesome Buffet. It was delicious and tasty. It was worth the money that I pay for it. My congratulations to the people that worked together and made this possible. Thanks

3D

n/a

Na

Use ICE during structural interventions

Better echo assessment of valvular heart disease.

Better echo assessment of valvular heart disease.

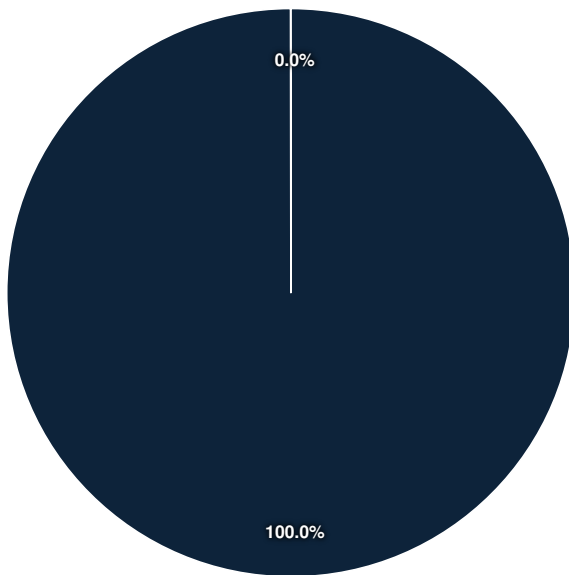
Na

Strain and more 3d

Further knowledge on valvular heart disease

Multi-imaging modality assessment fir mitral and tricuspid valve disease

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	155
Average submission length in words (ex blanks)	3.25
Time	
Not applicable	
This is an advance information that with time and I corriente I will apply to my Cardiology practice	
N/a	
I will be using this useful information with my students at MDC	
funds	
This conference was really meant for advanced imagers. I am a general cardiologist.	
add information into academic curriculum	
The machine used are not capable of RV strain or 3D for RV	
Will use all of them	
Yes	
We don't have the proper facility to perform some procedures	
Not enough opportunities to use skills	
N/A	
None	
N/A	
approval.	
N/A	
Nothing willprevent me	
N/A	
Will use	
Yes	
None	
Will plan to implement what I learned from this event in the future	

Will plan to implement what I learned from this event in the future:

Accurate measurement

N/a

N/A

NA

Na

I do plan to implement these new skills.

N/A

N/A

New equipment

No barrier

Limited ultrasound equipment

Patient patients comfortable in having procedures when they are asymptotic but structurally, it's eminent to be proactive on found an intervention before becoming clinically symptomatic

N/A

.

N/A

None...

N/A

Definitely what I learned gave me the opportunity to enhance my professionalism

Not aplicable

N/A

Nothing

N/A

Na

Nothing

N/A

N/a

N/A

.

..

I will

N/A

None

I am planing implement the MV formula and PHT

N/a

I will implement new strategies

N/a

Na

Basic preventative clinic setting We do routine echos

I'm going to used

NA

None

N/A

Nothing will keep me from changing to apply new concepts hoping to improve the way I treat my patients

Nothing will keep me from changing to apply new concepts hoping to improve the way I treat my patients

N/a. Great info and can't wait to add some practices to my everyday practice

Practice ability

None

NA

None.

I plan to use the knowledge from the Symposium.

Tricuspid valve

N/A

When to ref to specialist

To improve my performance

I will implement what I have learned.

N/a

N/a

Good conference

N/A

To improve my performance

NA

N/A

N/A

N/A

N/A

N/a

Nothing

Yes

Nothing

Nothing

YES

As anove

None

.

Review protocols with sonographer.

None

N/A

N/A

None.

N/a

-

Not directly involved with structural intervention.

N/A

NA

N/A

N/A

As above

I am not aware of the availability of the new techniques such as ICE in my area

N/a

N/A

Na

N/A

Na

Na

Na

N/A

No, I'm going to apply my new knowledge.

..

N

See above

N/a

.

N/a

Yes try to explain better in terms of normal vs abnormal function to asymptomatic patients

N/a

NOTHING

I will do.

NA

Use more 3D of the aortic and mitral valves

None

N/A

None

-

Na

I will look at my clip differently

N/A

N/A

N/a

n/a

n/a

N/A

N/A

I am applying everything!

n/a

NA

I will try to use the CME learnings in my practice

N/A

N/A

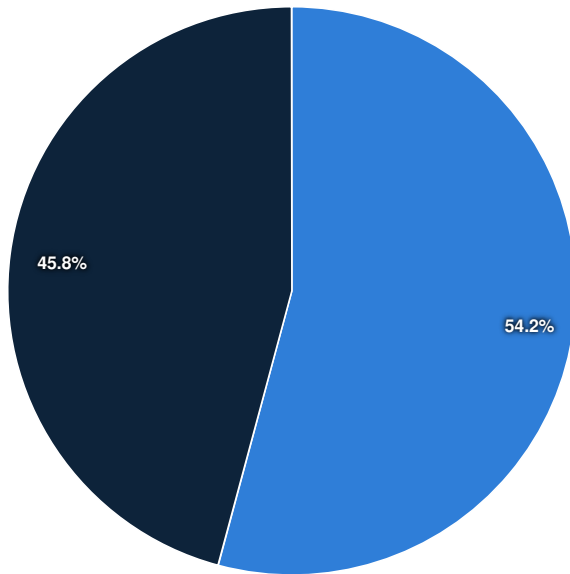
Na

N/A

N/A

See above

Please provide any additional comments or suggestions.



Left Blank	84
User entered value	71
Average submission length in words (ex blanks)	9.86
Great conference	
Thank you for bringing this event back we appreciate amazing work	
Excellent conference	
Great conference . Dr. Elias is amazing	
This was a very well put together conference. However, it was not right for a general cardiologist in private practice.	
Excelente	
Thank you	
Pericardial disease and constrictive heart disease	
It was great	
Great course much better than other years	
Awesome	
It would have been better to have this on a Friday and Saturday.	
Na	
N/A	
Future symposium on nouvelle pacing modes,state of the art Rx in ischemic cad and HF both HFpEF andHFfrEF and arrhythmias symptomatic vs asymptomatic This course was excellent! Thank uoi	

Great presentation from everyone

N/A

Enjoyed the seminar and the staff.

Syllabus should be available before the conference

Glad the echo symposium started back up. Look forward to attending next year!

Excellent conference ! Glad it is back !

It was a great course!!

Na

Schedule dealys

Overall great conference

Excelente symposium

Location was excellent and convenient, being very close to my office and home. The lecturers were top quality, the Hotel service was superb including breakfast and lunch. It has really been a most pleasant experience, learning and simultaneously obtaining Continuing Medical Education Credits

Excellent engaging speakers and topic distribution Both days ran considerably overtime... no need to militantly count down speaker time as you see at some conferences, but perhaps some signaling to wrap up would be helpful

The presentations were outstanding. I particularly liked that most presentations were straight forward, making it easy not only for doctors to understand, but for Sonographers as well. Tips on the day to day pitfalls and usage of echo was covered extensively and many tips were given to improve different techniques.

Excellent topics.

Excellent seminar, excellent speakers.

Happy it's back

I love this symposium, I was very happy with Dr Orlando Santana speaking

This was a very educational symposium. I'm looking forward to the next one.

Very helpful symposium to keep having it in a yearly basis

I love this symposium, I was very happy with Dr Orlando Santana speaking

NA

Excellent program

The echo pictures were great. Speakers were clear in their explanations and guided the sonographers on how to perform accurate measurements

None

Excellent program.

Great course

Great presentaton very well organized.

Some of the speakers did not provide with notes or material from their presentation, I wish all PowerPoint was available for us to review later with more time and also sharing with our teams at home.

Vey informative symposium. Great speakers!

Na

Well done

Please bring in more "big names" in echocardiography field to the next year symposium. I have attended about 37 of the echo symposiums held by Baptist Health in the last 40 years . Those courses had a different quality and were more educational for a practicing cardiologist .

Great speakers

Symposium was excellent and well organized and enjoyed both outside speakers and MCVI speakers

The tricuspid valve talks was a pleasant deviation from the other topics that seemed to repetitive.

Freda Arzadon

Freda Arzadon

Freda Arzadon

Perhaps 3 presentations in one hour would be best for faculty presenting and participants.

I enjoyed this symposium very much! It was definitely worth the trip from Dallas. I hope to come back next year. Thanks for everything!

I enjoyed thoroughly the program, speakers and overall organization

N/A

NA

Symposium should have been broken down to more than 2 days, 3-4 would have been great.

Enjoyed the hotel and accommodations

Just a suggestion for the next echo symposium or any baptist symposium moving forward, can the symposiums be transmitted via zoom and also recorded and sent to each person for future review post meeting? I think you will reach a much larger audience if transmitted via zoom. If recorded and sent to each person then it can be reviewed and used as a reference and as a better learning tool for everyone!

Enjoyed the symposium. Thanks

N/a

Time allowed for spearkers were not monitored the 1st da causing some other presentations to be excluded. The 2nd day was far better.

Breakout sessions, more interactive, less didactic.

Great event

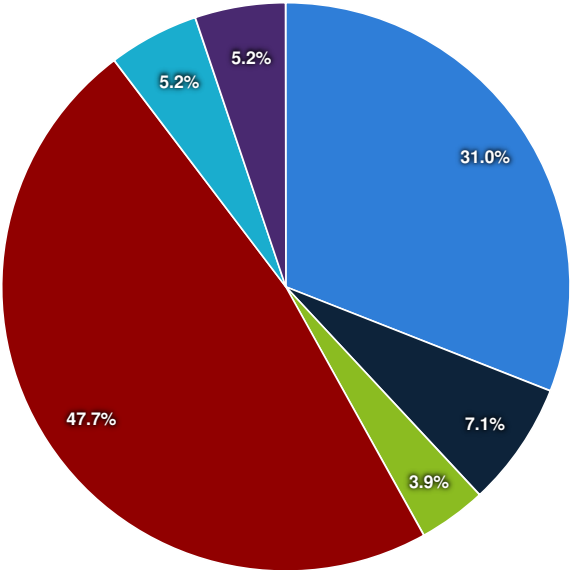
It was a great learning opportunity, information and food. Thank you

n/a

Na

None

Please select one:

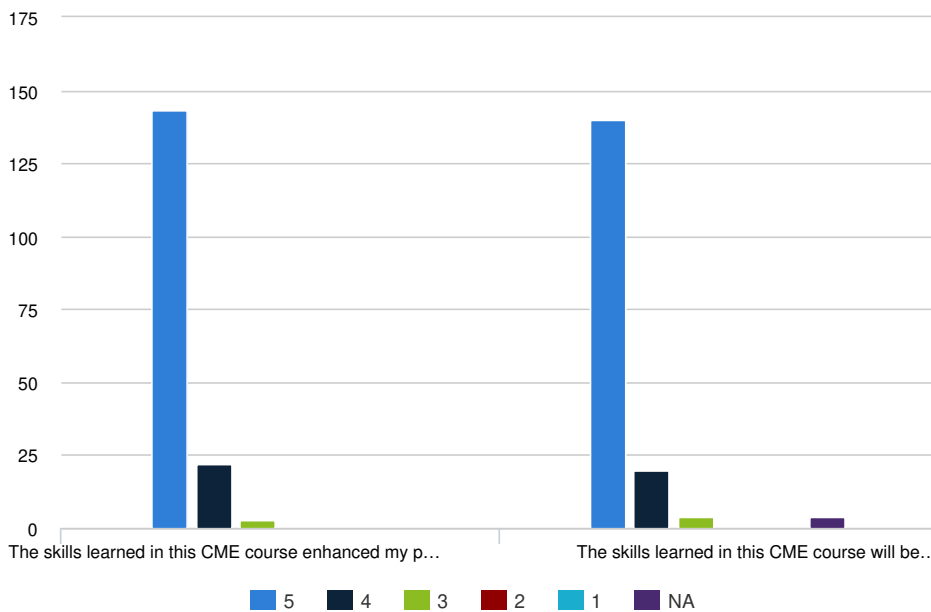


M.D., D.O.	48
ARNP/PA-C	11
R.N.	6
Sonographer	74
Ultrasound Tech	8
Other...	8 (view)

Miami Neuroscience Symposium Evaluation - Day 1 - November 3, 2022

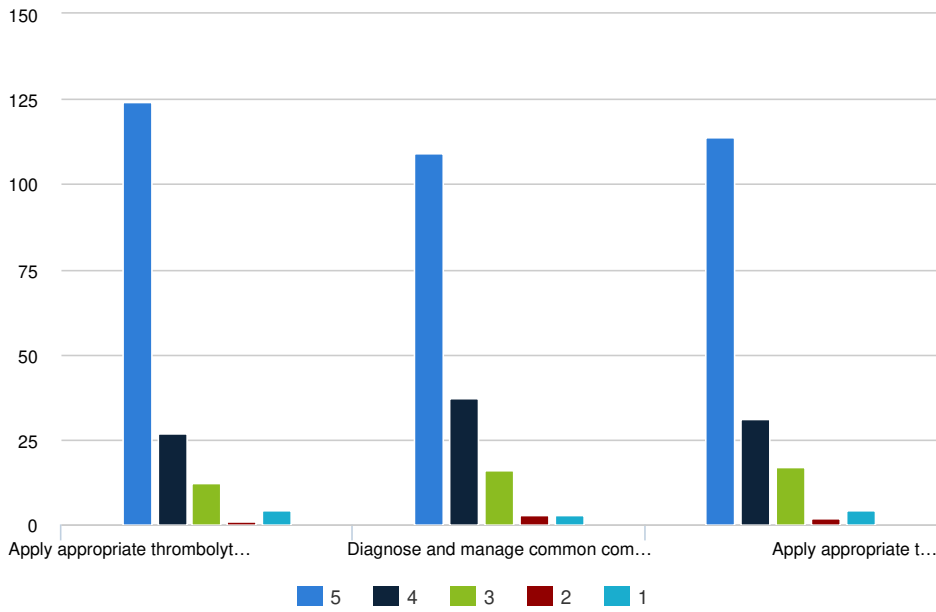
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



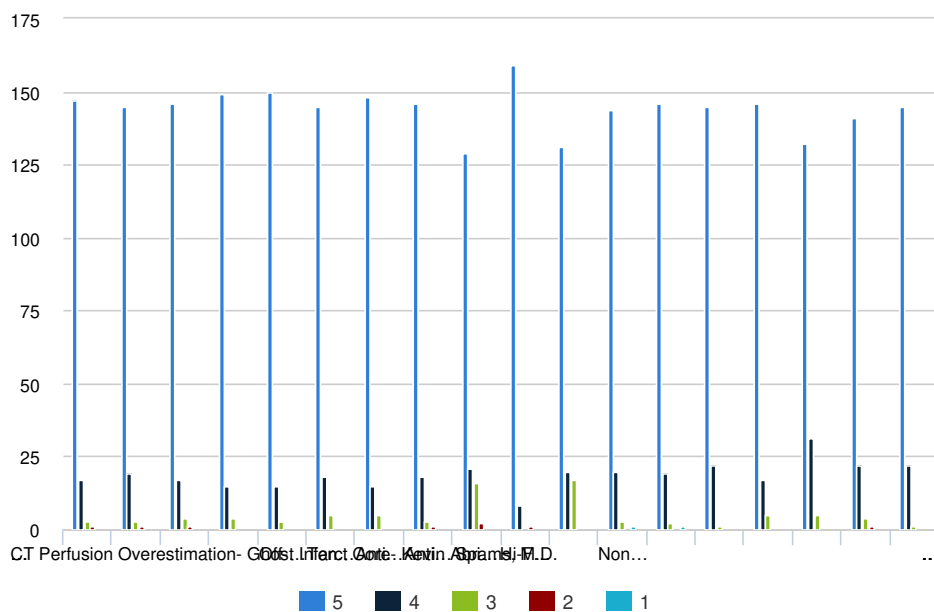
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	143	22	3	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	140	20	4	0	0	4

How confident are you in your ability to:



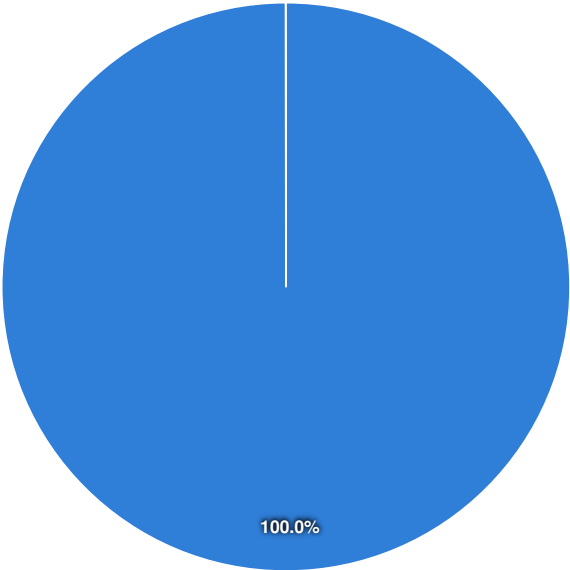
	5	4	3	2	1
Apply appropriate thrombolytic therapy in acute stroke management.	124	27	12	1	4
Diagnose and manage common complications encountered in the neuro ICU.	109	37	16	3	3
Apply appropriate thrombosis prevention and management in COVID-19.	114	31	17	2	4

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



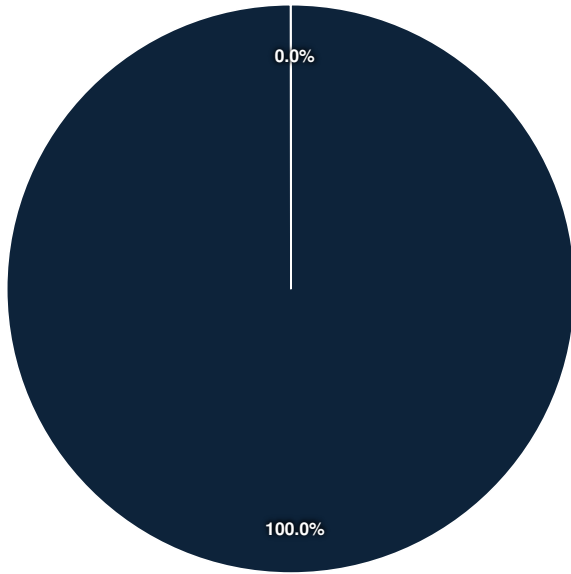
	5	4	3	2	1
Nursing Guidelines Update: Pre-hospital/ED - Nina Cruz, APRN	147	17	3	1	0
Nursing Guidelines Update: Endovascular/ICU- Jessilyn Pozo, R.N.	145	19	3	1	0
Nursing Guidelines Update: Post-acute/Discharge- Nina Cruz, APRN	146	17	4	1	0
CT Perfusion Overestimation- Ghost Infarct Core- Kevin Abrams, M.D.	149	15	4	0	0
Off-Label Alteplase- Felipe De Los Rios La Rosa, M.D.	150	15	3	0	0
Tenecteplase vs. Alteplase- Tom Wolfel, Pharm.D.	145	18	5	0	0
Anticoagulation: Current Status- Jonathan Kline, Pharm.D	148	15	5	0	0
Anticonvulsant Management in the Patient in Status Epilepticus- Jessica Greenwood, Pharm.D	146	18	3	1	0
Spine Certification- Sanya Arscott, R.N.	129	21	16	2	0
Hi-Fu Case Presentation-Justin Sporrer, M.D.	159	8	0	1	0
Pearls to the Lumbar Radiculopathy Exam Enhanced Recovery After Surgery -Ronald Tolchin, D.O. and Sanya Arscott, R.N.	131	20	17	0	0
Non-surgical Management of Intracranial Hypertension- Kendra Kent, MSN	144	20	3	0	1
Neurosurgical Management of Intracranial Hypertension- Robert Wicks, M.D.	146	19	2	0	1
Cardiovascular Complications in the Patient with Subarachnoid Hemorrhage- Kendra Kent, MSN	145	22	1	0	0
Sodium Management Stable in Critically Ill Neurologic Patients- Jamelah Morton, APRN	146	17	5	0	0
Evidence Based Physical Therapy Approaches to Lumbar and Cervical Spine Conditions- Cristina Parsons, PT, MS	132	31	5	0	0
Dorsal Root Ganglion Stimulation in the Treatment of Intractable Neuropathic Pain- Moises Lustgarten, M.D.	141	22	4	1	0
Surgical Management of Herniated Disks- Jason Liouakos, M.D.	145	22	1	0	0

Was this course fair, balanced and without commercial bias?



Yes	168
-----	-----

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



Left Blank	0
User entered value	168
Average submission length in words (ex blanks)	5.14
Na	
Diagnosing and treating aneurysms and stroke	
All will be used to provide better care to my specific patient population.	
New ideas for practice.	
Adding to my practice	
All	
Na	
Lumbar radiculopathy various assessments	
All of them	
NA	
Spine practice	
None	
Many	
I'll contemplating use new dose of anticoagulants.	
EEG	
The use of antiembolic drugs for stroke patients. Signs and symptoms of basal artery stroke.	
understand criteria for hi fu	
.	
Apply to my work	
Apply to my work	
Possible use of antithrombotics in acute CVA more often if available and patient qualifies.	
N/a	
Pre hospital collaboration with ems	
All very valid and informative	

CT imaging indications Anticoagulant and thrombolytic protocols

Management of ICP

Improve assessment and treatment of stroke patients

Always to the point without confusion

Management of AEDs, Sodium abnormalities, aneurysm repair, Subarachnoid hemorrhage

Stroke management

Implementing HIFU vs DBS

N/a

Subarachnoid and cardiac complications. trending qt c lengths

Plan to use PT interventions discussed by Cristina Parsons.

Will help me better evaluate patient symptoms

I do UR for SFBH@HH... this will help me identify issues related to neuroscience patients

Using new guidelines to care for ICU patients

Apply appropriate thrombolytic therapy in acute stroke management.

Network

Everything

The knowledge learned will help me improve my skills in the unit

.

Better understanding of Neuro ICU patients

Improved observation techniques

Improved lumbar assessment , status epilepticus treatment and intracranial hypertension management among others

All of the above

I will use all the skills learned today in my clinical practice

Stroke management and dysphasia screening.

Change in nursing practice with stroke guidelines

Improve assessment and monitoring of stroke patient

N/a

better management of stroke & spine patients

All skills learned

Thrombolytic therapy

Implementing Neuro interventions

Better understanding of new neurosurgery treatments

Neurological Assessment

Apply new learned knowledge

N/a

Hypertensive management will be very helpful in sodium management in my patients

NC

Improved knowledge of managing complications of ICH, treatment strategies after cervical and lumbar surgeries and being mindful of the ghost core infarct on CTP

NSX

Skip

Everything

Add clinical skills, expand differential diagnoses and treatment approach

N/a

CT perfusion estimation

Continued assessment for all Neuro patients in our ICU

Tremor conference extremely helpful

Dysphagia screening importance post stroke

I better understand how to estimate CT perfusion

All of it! Thank you!

.

Many

Tk in place of Alteplase

Everything learned.

Meds administration

Monitoring patient

Not applicable.

Stroke Dysphagia Screen awareness is heightened!

How to approach and treat hyponatremia

Share PT and clinical info with team

Everything

Dr Sporrer was amazing!!

Management of stroke

.

Implicating change based on new CPGs and presentations

N

All. Great symposium.

All. Great symposium.

Stroke management

N/A

Skip

I will apply and continue to apply it all as it pertains to my specialty.

N/A

Continue current practice

N/a

None

Applying all the best practices to achieve better patient outcomes.

All topics

None

More aggressive on Tenecteplase off label administration

Yes, everything i learnt

Yes, everything i learnt

Assessment on essential tremors Benefits of dysphasia screening, and placing pt on rectal ASA if failed screening

Better practice

—

I can provide better assessment and interventions to patients with neurological changes

None.

Thrombolytic therapy, therapies, anticoagulation, PFO

Several aspects each specific cases calls unique approach.

none

Better care in stroke patients

None

None

Better assessments

Pharmacy involvement with stroke treatment

Learned some additional maneuvers for patient spine evaluation.

N/A

Consider novel nonsurgical treatments for chronic pain Consider time of symptom onset for ghost infarct core
Perfusions images

Management of patients with herniated disc

Make specific pt referrals based on evidenced based therapy studies

I will review all PPT and apply the practices discussed.

The conferences have increased my knowledge but as a rehabilitation physician I don't manage directly those conditions or perform those procedures

Use of tenectapase in thrombotic. Strokes

Better understanding of off-label Med uses

Diagnostic tools

Lumbar radiculopathy exams

All knowledge learned will be of great help in my practice

None

Increased awareness of various disease processes/treatment

N/A

None- retired

ICU mgmt skills

More awareness of imaging and management of pt with common conditions seen on neuro floor

All discussions were excellent and helpful

same that I wrote for day 3

n'a

Yes

n/a

Better education for patients/families and more collaboration across our entities

identifying quality HIFU patients

all learned skills/strategies will be applied to my clinical practice

n/a

No

Dysphagia screening

N.A

Post surgery skills

Improved spine evaluation and documentation.

Na

As a Nurse Navigator improved ability to explain to patient/families' different treatments/modalities. Also, how Stroke Care has evolved through the years.

Use of anti coagulation in stroke.

It was a great refreshment knowledge.

.

n/a

Management of neurological and neurosurgical patients

all

Referral for patients with pain for Doesal root ganglia evaluation

Na

More referrals for painnintervention

Na

Referral to interventional pain specialist for basal ganglia stimulator

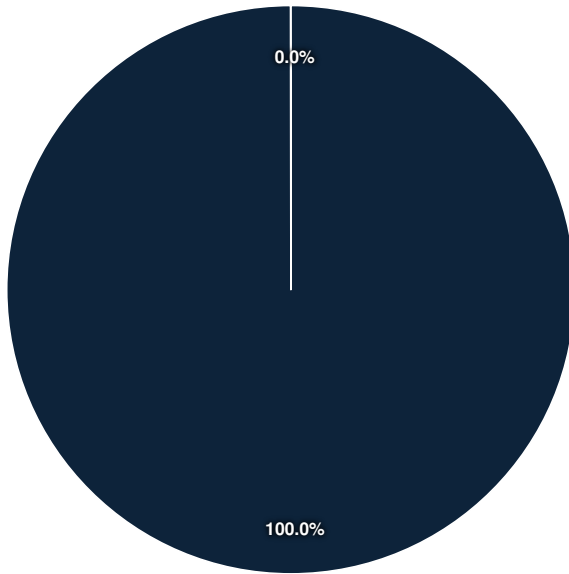
Better understanding of clinical judgement of when to replace disk vs microdiscectomy

Will monitor sodium replacement for Critically ill patient and ensure current practices aligns with what i have learned.

Learning about how cardiovascular complications can arise in neuro pts

ICU skills will remain in practice

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	168
Average submission length in words (ex blanks)	2.20
NA	
N/A	
N/a	
NA	
NA	
Nothing	
Na	
N/A	
N/A	
NA	
None	
NA	
None	
I'll planning to use new strategies for all my ICU neuro patients.	
NA	
N/A	
na	
.	
None	
None	
Not applicable	
N/a	
N/a	
Will implemet and research further skills learned	

Will implement and research related skills learned.

N/A

N/S

N/A

I will implement new skills

N/A

None

N/a

N/a

I do plan to thank u

I plan to use what I learned.

N/A

I don't have a clinical practice

None

N/A

None

Everything

N/A

.

I do plan

I will implement new strategies

Na

N/A

Na

NA

Change in nursing practice guidelines

N/A

N/a

N/a

Na

N/A

N/A

NA

Nurse Educator- Will use in theory and clinical training of BSN nursing students and orientation of new RN's on the neuro unit.

N/a

N/a

Yes

NC

Nothing, I plan on implementing

Testing

Skip

N/a

None

N/a

N/A

I do plan to implement CT perfusion

N/A

Nothing

N/A

Great CE course

Great presentations. Thank you!

.

N/a

Nothing

N/A

NA

None

Not applicable.

N/A

...

Share PT strategies with team

I will apply everything

Great

N/a

.

N/A

N

N/a

N/a

Nothing

N/A

Skip

N/a

N/A

N/A

N/a

NA to my practice

Applying all

Neurology support

None

Keeping up the way I'm doing

None

None

N/A

N/A

—

There are times when one department does not communicate with other departments

limited resources due to location.

N/a

None

none

N/A

None

N/A

Na

N/a

.

no barriers.

N/A

NA

Na

See above

n/a

Nothing

None

N/a

No barrier

n/a

N/a

Retired

N/A

N/A

See above

N/A

None

n/a

N/A

n/a

No

n/a

n/a

I'm not a clinician

N/A

n/a

Yes

Not applicable

N.A

I will

NA

Na

Not applicable

N/A

N/a

.

n/a

N/a

n/a

NA

Na

None

Na

NA

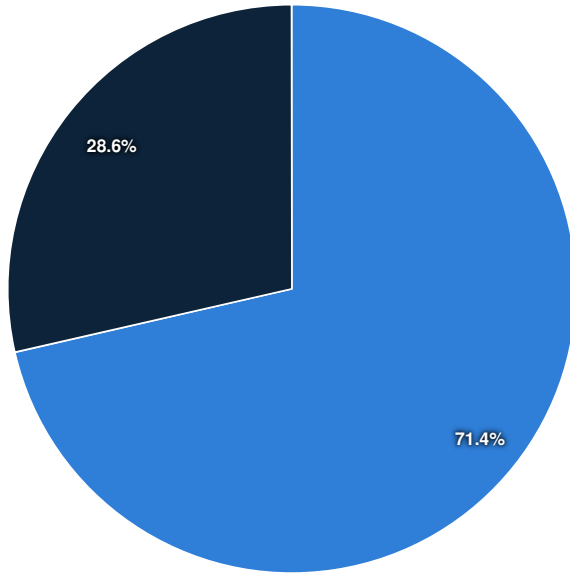
n/a

Additional education for the staff

N/A

New skills and learning will be implemented

Please provide any additional comments or suggestions.



Left Blank	120
User entered value	48
Average submission length in words (ex blanks)	3.75
Na	
Format of conference very well done	
None	
Na	
N/A	
CME department is incredible	
Excellent speakers with new treatments and plans.	
None	
None	
Great Symposium day.	
N/a	
Great information!!	
Keep it shorter	
All the speakers are very dynamic... the panels were very nice. Some slides very of a light color and a bit difficult to read...,the symposium is wonderful	

Thank you

N/a

It was very informative and interesting

Too many sessions in one day.

Excellent team on the symposium

NC

Great lectures

Skip

Thanks for a great day :)

Very informative!

Great

Excellent symposium

Excellent symposium

Skip

Great presentations! Very informative. Thank you!

N/a

N/a

Engaging, Organized, and educational tool with PowerPoint availability very helpful to follow speakers presentations

N/a

Room was cold.

Nine

N/A

Excellent presentations

N/a

None

N/A

n/a

n/a

n/a

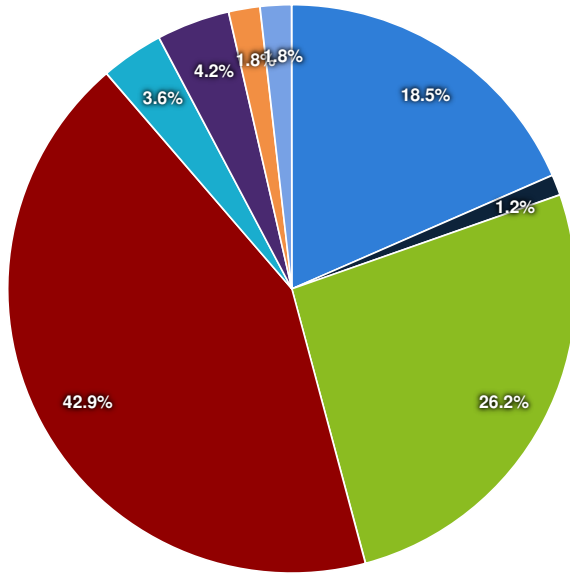
Valuable presentations. Well organized.

Interesting topics and presentations however some felt rushed, maybe extending to 20 - 30 minutes per presenter, alot of information in a short period of time.

Repeat this CME every year.

Great format

Please select one:

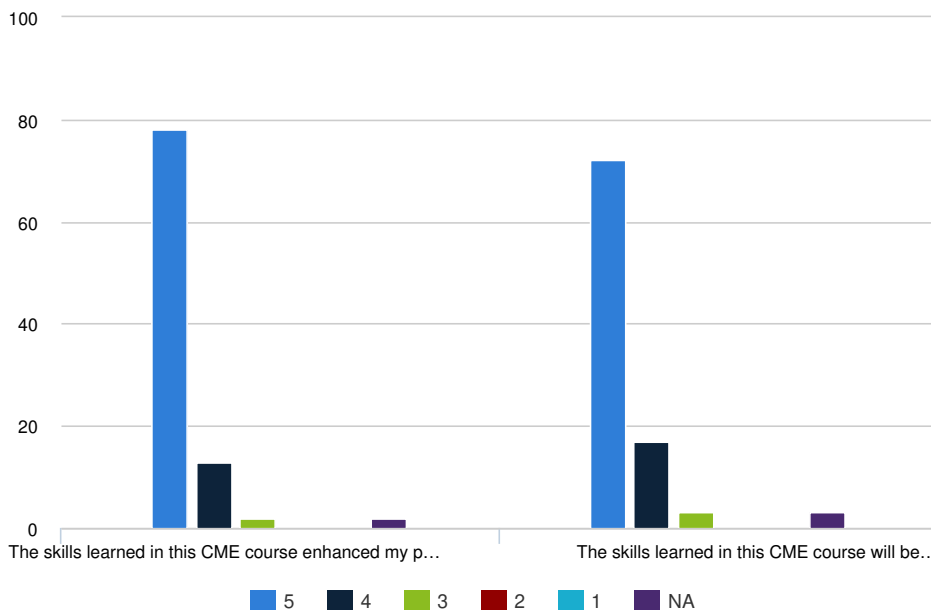


M.D., D.O.	31
Ph.D/Psy.D	2
ARNP/PA-C	44
R.N.	72
Physical Therapist	6
Occupational Therapist	7
Pharmacist	3
Other...	3 (view)

Miami Neuroscience Symposium Evaluation - Day 2 - November 4, 2022

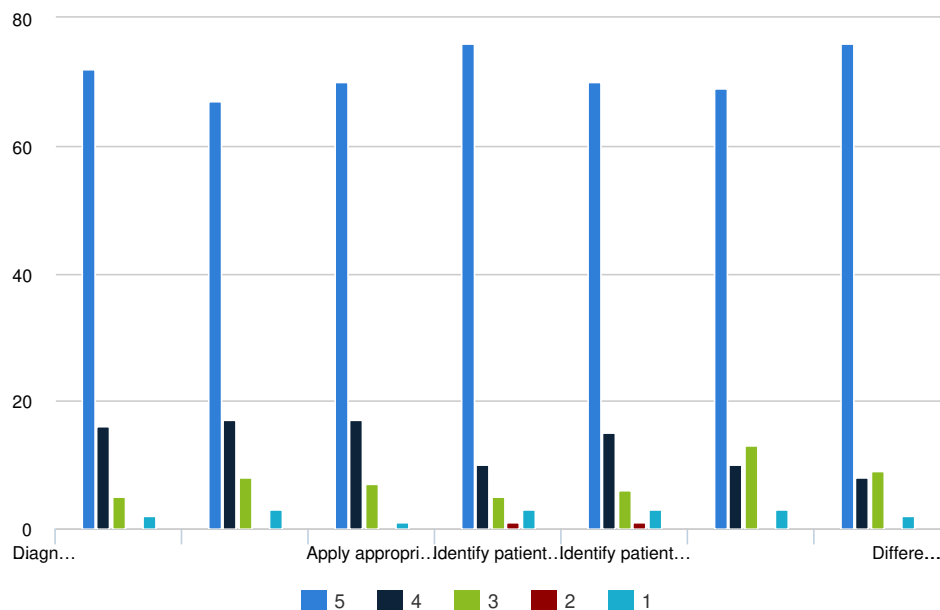
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



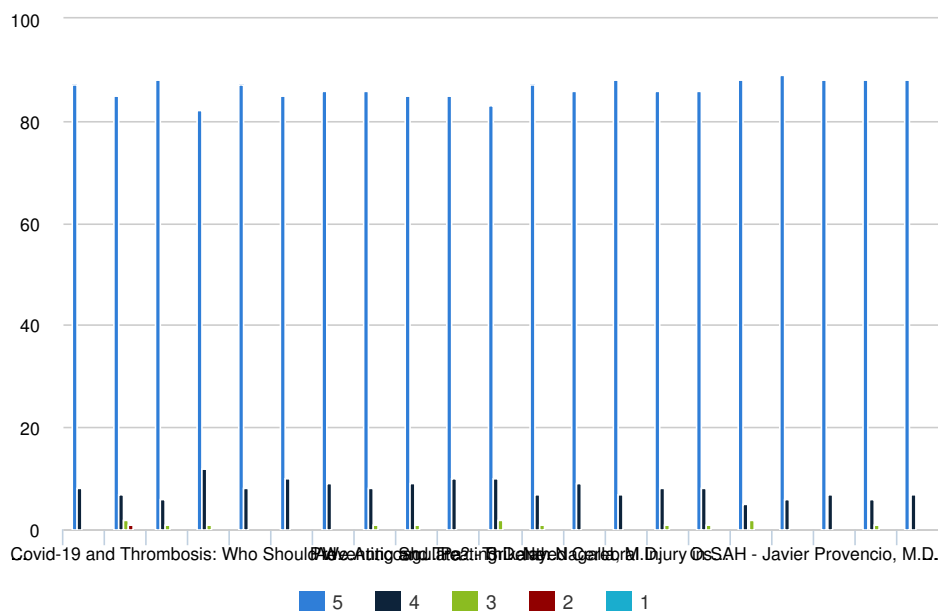
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	78	13	2	0	0	2
The skills learned in this CME course will be applied in the treatment of my patients	72	17	3	0	0	3

How confident are you in your ability to:



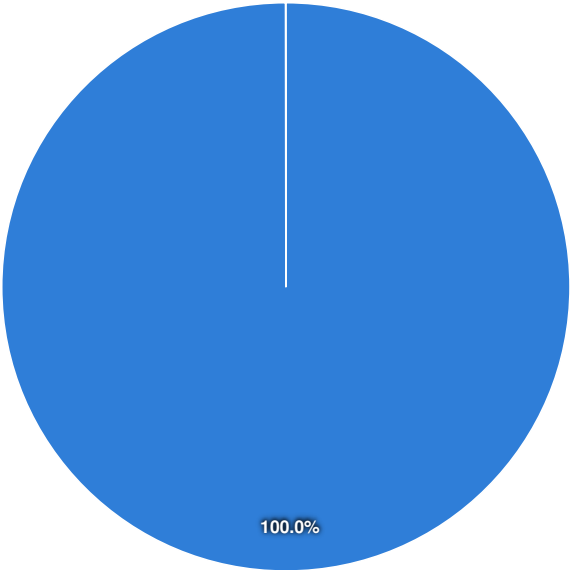
	5	4	3	2	1
Apply appropriate thrombolytic therapy in acute stroke management.	72	16	5	0	2
Diagnose and manage common complications encountered in the neuro ICU.	67	17	8	0	3
Apply appropriate thrombosis prevention and management in COVID-19.	70	17	7	0	1
Identify patients who would benefit from high intensity focused ultrasound.	76	10	5	1	3
Identify patients who would benefit from deep brain stimulation.	70	15	6	1	3
Differentiate epilepsy treatment options for children and adults.	69	10	13	0	3
Recommend outpatient services for spine treatment and track patient outcomes.	76	8	9	0	2

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



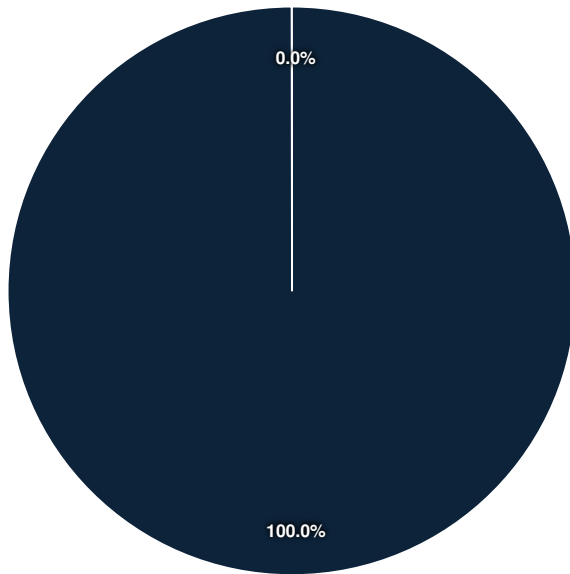
	5	4	3	2	1
Plenary Session: What You Need to Know: The 2021 AHA/ASA Updates for Secondary Prevention of Stroke - Dawn Kleindorfer, M.D.	87	8	0	0	0
Basilar Artery Occlusion – A treatable Stroke in Disguise - Ivan Matos, M.D.	85	7	2	1	0
Update on Cerebral Venous Sinus Thrombosis - Nerissa Ko, M.D.	88	6	1	0	0
The Present and Future of Telestroke & Teleneurology - Neeraj Singh, M.D.	82	12	1	0	0
Ghost Infarct Core and Perfusion Scotoma - Kevin Abrams, M.D.	87	8	0	0	0
Covid-19 and Thrombosis: Who Should We Anticoagulate? - Srikanth Nagalla, M.D.	85	10	0	0	0
Advances in Stroke Rehabilitation - Luis A. Orengo, MD	86	9	0	0	0
Combination Antithrombotic in Cardiovascular Disease - Ian Del Conde, M.D.	86	8	1	0	0
Should we Recommend Anticoagulation Therapy in the Elderly and Frail? - Tarak Rambhatla, M.D.	85	9	1	0	0
Patent Foramen Ovale: To Close or Not to Close? - Dawn Kleindorfer, M.D.	85	10	0	0	0
Thromboembolism Prevention in Cerebrovascular Diseases - Marisa Gilbert, M.D.	83	10	2	0	0
New Frontiers in Endovascular Treatment of Acute Stroke - Italo Linfante, M.D.	87	7	1	0	0
Advancements in the Endovascular Management of Subdural Hematomas - Robert Wicks, M.D.	86	9	0	0	0
Carotid and Vertebral Revascularization: Current Endovascular Management - Guilherme Dabus, M.D.	88	7	0	0	0
Preventing and Treating Delayed Cerebral Injury in SAH - Javier Provencio, M.D.	86	8	1	0	0
Osmotherapy in the Neuro ICU - Karel Fuentes, M.D.	86	8	1	0	0
Is Normothermia After Cardiac Arrest the New Cool? - Javier Provencio, M.D.	88	5	2	0	0
Key Considerations in Brain Death Determination - Mohammad Abou-El-Fadl, M.D.	89	6	0	0	0
Surgical Treatment of Cerebral Aneurysms - Vitaly Siomin, M.D.	88	7	0	0	0
Laser Interstitial Therapy for Medial Temporal Lobe Epilepsy - Vitaly Siomin, M.D.	88	6	1	0	0
Post Subarachnoid Hemorrhage Hydrocephalus - Robert Wicks, M.D.	88	7	0	0	0

Was this course fair, balanced and without commercial bias?



Yes	95
-----	----

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



Left Blank	0
User entered value	95
Average submission length in words (ex blanks)	6.59
Na	
Na	
All the skills learned can be used in my clinical practice	
CCB in SAH	
Better management of my pts	
All skills	
Great updates! My practice was reinforced but learned new concepts on vasospasm after aneurysmal sah.	
Yes	
Each presentation has its own tasks/skills to to apply to practice	
I wii be able to recognize issues arising in this population. All the speakers were very dynamic	
When completing consoles for patients with subdural hematomas I will consider the evidence and criteria for possible MMA embolization as treatment	
Assessment	
Thinking about Subarachnoid as an inflammatory response, using normothermia, CPP, humara trial interesting.	
None	
Realized that inflammatory changes in the brain after stroke damage might explain sequelae formerly attributed to pressure changes	
Skip	
Place all pts on TTM post cardiac arrest Loved learning about current new studies on TTM and on causes of Vasospasm which may not always be vascular in nature	
Applications of new pharmaceutical treatment to manage neurological and vascular diseases	
Recommend anticoagulation therapies after evaluation by cardiology for atrial fibrillation in the elderly	
Consider arterial embolism for pts with recurrent bleeding from subdural hematoma Applying AHA stroke guideline	
Treatment of epilepsy	
Refer my patient to specialist with experience to treat neurosurgical diseases.	

NA

Combination antithrombotic very helpful

Nc

Assessment

I plan to implement some of the strategies discussed by Dr. Orengo.

I'll consider in some cases with subdural hematoma evaluation for possible MMA embolization.

Will apply all skills learned into practice

Thank you!

N/A

Stroke rehabilitation

Endovascular treatment of cerebral aneurysm /intracranial stenosis.

—

Aneurysm post care

N/A

Manage DAPT patients

Management and Treatment of SAH/

Improvement in differential diagnoses

Initiate particular spine referral techniques

NA

.

Continue to follow protocols

Applying appropriate thrombolytic and anticoagulant therapy

As a rehabilitation physician I will understand better the diseases and available treatment option for my patients

N/A

Determination of shunts in SAH patients

The knowledge learnt

Acute stroke intervention

Anticoagulation with COVID, PFO, new guidelines

Spine treatments and outpatient followup

all

The new guidelines

N/A

Everything

Improved care

Nonr

Updated stroke prevention guidelines and the knowledge of a delayed time frame of cerebral tissue injury in SAH patients

Program reinforced my current practice patterns

N/A

Many

All

N/A

Verify appropriateness of continuing patient's current home med.

None

Look for ghost core infarction.

Anticoagulation recommendations from Cardiology for atrial fibrillation

I don't have a practice; however, I can utilize the information in current job

Na

Medical Management epilepsy and invasive procedures in neurosurgery

Medical Management epilepsy and invasive procedures in neurosurgery

Apply new knowledge

My knowledge has increased with this great conferences but most of them do not apply to my specialty as A Rehabilitation physician. An N/A would have been a very option for me, so I had to give a low level of confidence in my evaluations.

Thrombolytic therapy options

I found the osmotherapy lecture very complete and helpful in my ICU practice

I have a better understanding of antithrombotic options in complex patients populations which will facilitate appropriate order entry of medications.

Same that I wrote for day 3

The courses reinforced my current practice patterns.

None.

None

It was interesting learning about the rule for brain death

Great new knowledge obtained

The difference when to consult neuro IVR, and explanation for treatment of anurysm

All information will be applied

NA

Difficult to use for a hospitalist

Treatment with anticoagulation therapy.

Na

As Nurse Navigator at MNI-Dr. McDermott, Dr. Siomin, Dr. Wicks and NIR- Dr. Dabus, Dr. Linfante- point of contact for patient/families, ability to explain treatments available and better understand what is done for certain diagnosis.

Na

N/A

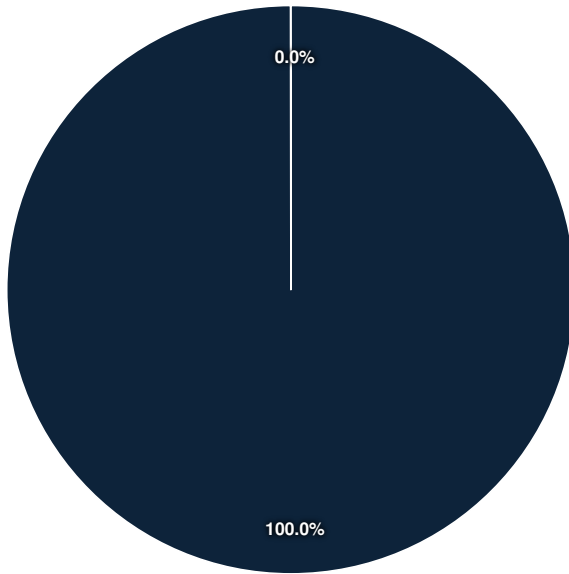
Thromboembolism prophylaxis after stroke.

Implement new treatment for stroke

Na

better understanding of advances in stroke rehab

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	95
Average submission length in words (ex blanks)	2.52
Na	
Na	
Na	
Same	
None	
I plan to use all strategies	
No barriers	
No barriers	
Nothing	
I don't have a practice	
When completing consoles for patients with subdural hematomas I will consider the evidence and criteria for possible MMA embolization as treatment	
NA	
N/a	
Stroke is not my area of practice	
N/A	
Skip	
None	
N/a	
None	
N/A	
Patient acuity	
N/A	
NA	

Nothing
Nc
N/A
I plan to use what I learned
Nothing because I would apply then
N/A
Thank you!
N/A
Will look into virtual reality for our rehab.
N/a
—
Nothing
N/A
Na
N/A
None
See above
NA
.
N/a
Applying appropriate thrombolytic and anticoagulant therapy
Nothing
N /A
None
None
I do plan to implement
N/a
n/a
none
System barriers
N/A
Nothing. I will implement all new skills
Na
Help refresh and support my current knowledge
Nothing, will implement
N/A
N/A
N/a
None
N/A
None
None
Na
Nc

no

I don't have a practice

Na

N/A

N/A

n/a

Nothing will prevent me from making referrals to the right NRS.

N/A

n/a

None

N/A

N/A

Small critical access hospital, does not have resource

None

not a Clinician

Yes For our pts going home

NA

.

NA

Difficult to use for a hospitalist

NA

Na

Not applicable

Na

N/A

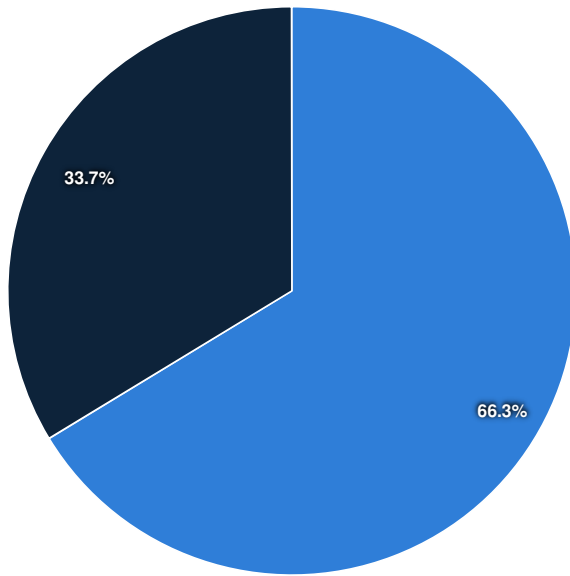
See above.

None

Na

n/a

Please provide any additional comments or suggestions.



Left Blank	63
User entered value	32
Average submission length in words (ex blanks)	6.03
Na	
Na	
In multiple sessions presenting faculty were not able to stay after for the panel discussion, ideally that would be minimized.	
Please place a menu near the buffet ... for people who have allergies	
The room was very cold today but excellent presentations and discussions. A very good comeback for in person learning	
N/A	
Skip	
Excellence presentations	
Always enjoy this conference	
Repeat this CME every year	
Bc	
New Frontiers Presentation, extremely rushed.	
The symposium was great.	
Excellent speakers	
Great presentations!	
N/A	

N/A

All the speakers have been outstanding in their short presentations they have delivered a significant amount of valuable information

N/A

None

N/A

please provide a menu at the beginning of the meals or near the serving area... to ensure allergy information may be recognized

Repeat this CME every year

Repeat this CME every year

Excellent conferences. Thank you

n/a

Each presentation today was informative and helpful for delivery of evidence based medical care.

Reduce the number of topics and increase duration of talks to create a more conducive learning environment

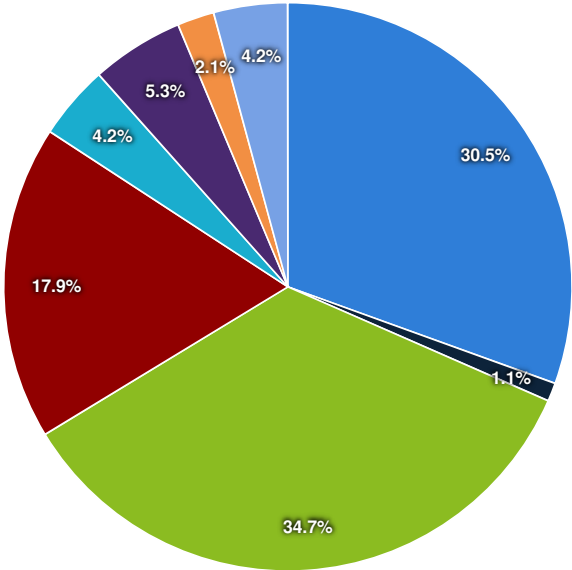
Excellent symposium!

Well organized and valuable presentations.

N/A

Keep reviewing up to date literature

Please select one:

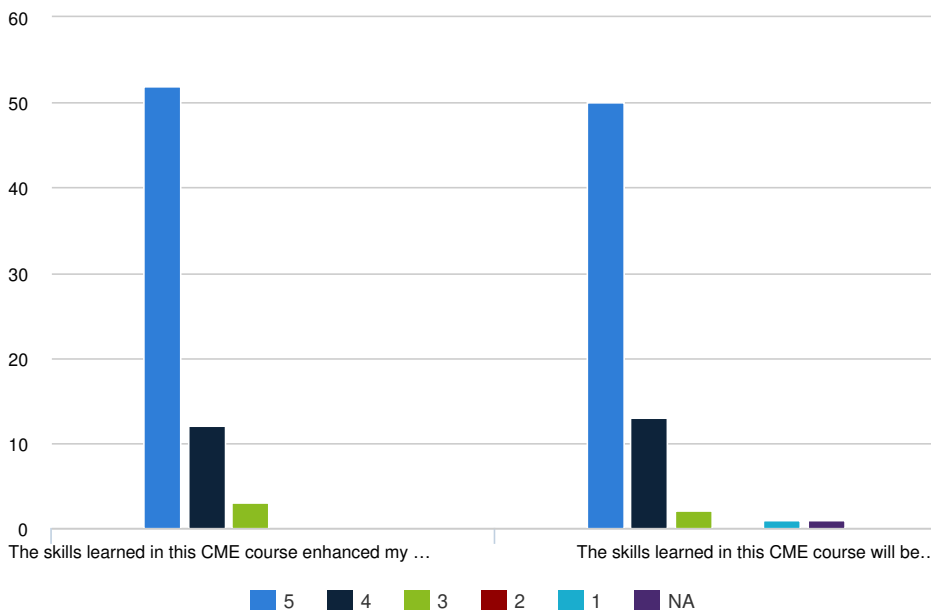


M.D., D.O.	29
Ph.D/Psy.D	1
ARNP/PA-C	33
R.N.	17
Physical Therapist	4
Occupational Therapist	5
Pharmacist	2
Other...	4 (view)

Miami Neuroscience Symposium Evaluation - Day 3 - November 5, 2022

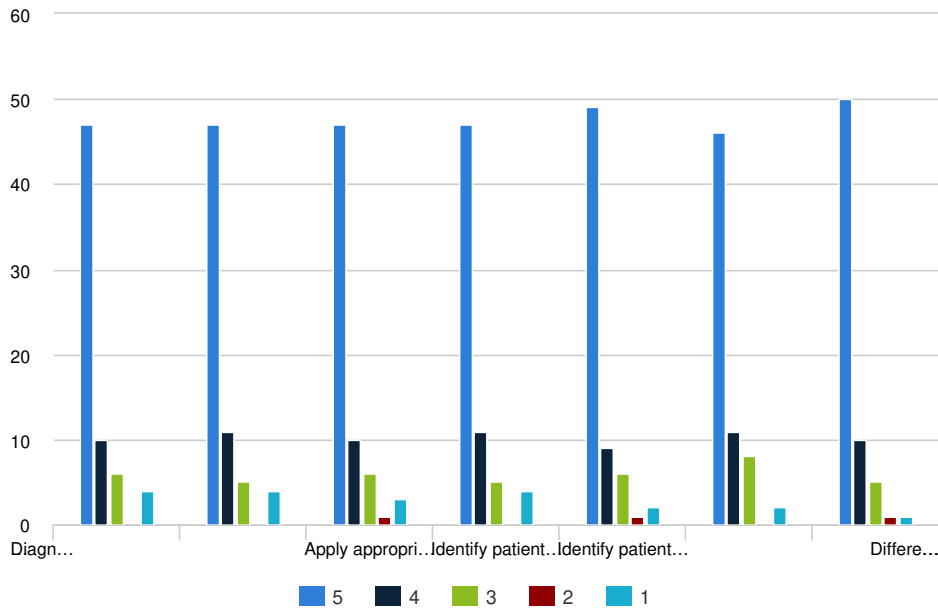
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



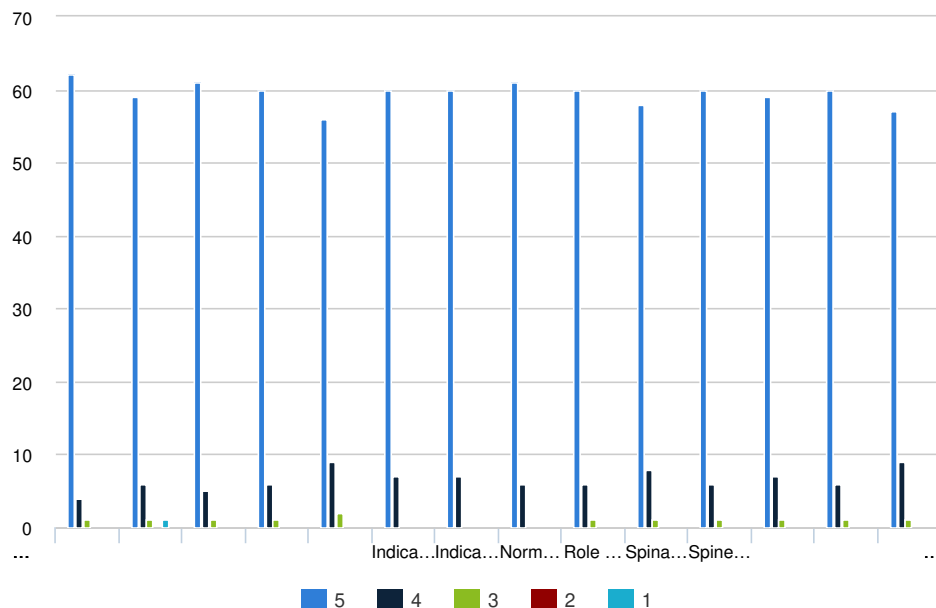
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	52	12	3	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	50	13	2	0	1	1

How confident are you in your ability to:



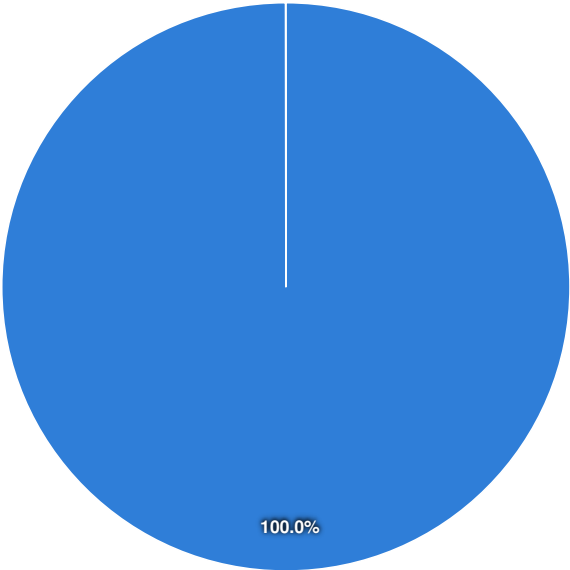
	5	4	3	2	1
Apply appropriate thrombolytic therapy in acute stroke management.	47	10	6	0	4
Diagnose and manage common complications encountered in the neuro ICU.	47	11	5	0	4
Apply appropriate thrombosis prevention and management in COVID-19.	47	10	6	1	3
Identify patients who would benefit from high intensity focused ultrasound.	47	11	5	0	4
Identify patients who would benefit from deep brain stimulation.	49	9	6	1	2
Differentiate epilepsy treatment options for children and adults.	46	11	8	0	2
Recommend outpatient services for spine treatment and track patient outcomes.	50	10	5	1	1

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



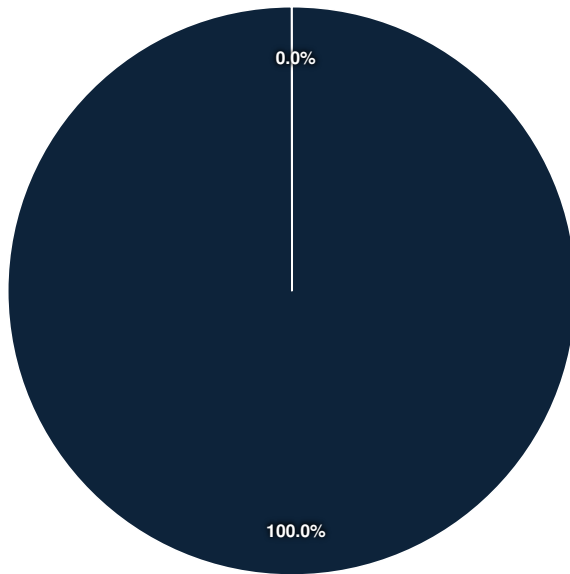
	5	4	3	2	1
Patient Selection for High Intensity Focused Ultrasound - Justin Sporrer, M.D.	62	4	1	0	0
Update on Deep Brain Stimulation for Tremor - Kelly Foote, M.D.	59	6	1	0	1
Emerging Surgical Based Therapies for Parkinson's Disease - Aviva Abosch, M.D.	61	5	1	0	0
Results of DBS for Rigidity and Bradykinesia - Diego Torres-Russotto, M.D.	60	6	1	0	0
Anti-epileptic Drug Utilization in Non-epilepsy Neuro Critical Care Patients - Alberto Pinzon-Ardila, M.D., PhD.	56	9	2	0	0
Indications for Surgery and Adult Epilepsy - Iahn Cajigas, MD PhD	60	7	0	0	0
Indications for Surgery and Childhood Epilepsy - John Ragheb, M.D.	60	7	0	0	0
Normal Pressure Hydrocephalus - Michael McDermott, M.D.	61	6	0	0	0
Role of Intraoperative Monitoring and Spine Surgery: Guidelines - Mark Hadley, M.D.	60	6	1	0	0
Spinal Radiosurgery - Robert J. Rothrock, M.D.	58	8	1	0	0
Spine Surgery - Michael Gomez, M.D.	60	6	1	0	0
Outpatient Spine Surgery: Rationale and Trends - Jason Liouakos, M.D.	59	7	1	0	0
Risk Profiles Stratification for Outpatient Cervical Spine Surgery - Jason Liouakos, M.D.	60	6	1	0	0
Complex Spine Surgery: Tracking Outcomes - Raul Vasquez, M.D.	57	9	1	0	0

Was this course fair, balanced and without commercial bias?



Yes	67
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What, if any, new skills/strategies will you apply in your clinical practice?



Left Blank	0
User entered value	67
Average submission length in words (ex blanks)	6.99
Na	
None	
Skip	
HIFU selection, AED choice	
N/A	
Epilepsy knowledge increased for clinical practice.	
Assessment and planning of care	
Interesting info about patient measurement of success of spinal surgery, maybe expectations should be better managed	
Importance of surgical management for epilepsy in children	
using surgical options	
Better understanding of different approach to care for patient with movement disorder. DBS and HIFU of specific interest. As this information will not be applied directly in my practice area, however having the basic knowledge of it will assist in caring for our patient with the these diagnoses.	
Spinal surgeries, new epilepsy meds, better treatments for cancer & surgical management of epilepsy	
I will use the information learned in my everyday practice	
NA	
SBRT to reduce and control metastatic spine mass	
Yes	
Hospital medicine practice	
Using PROMIS on patients	
The DBS and HIFU info	
Patient selection	
Applying Prophylactic antiseizure medications effectiveness pro and con.	
Consider more minimally invasive procedures.	
Good discussion on NPH	

GOOD DISCUSSION ON NPH

All

As a rehabilitation physician the conferences have increases my knowledge but I can't apply them to the scope of my practice in the surgical and neurological conditions.

all

Increased awareness of newer, available surgical techniques for commonly seen neurological problems.

Nc

Rely less on CSF flow to daignose NPH.

Assessment skills

Apply updated outcome analysis to my patients

HIFU for essential tremors

none. I am retired from patient care

Identify NPH patients

Na

All of this spinal skills

Critical thinking

Information regarding treatment of tremors

Better understand for epilepsy treatment

—

N/A

.

More aware of subspecialty offerings, optimize referral patterns

Intracerebral options for PR and outpt spine options

Specifically the course on guidelines for treatment of epilepsy will be very helpful in mu practice

consider novel treatments, like HIFU for treatment of advanced parkinsons Apply appropriate clinical evaluation for NPH

That marijuana is common cause of seizures

There is a lot of new trials that have come about that are great to try engaging MNI in.

Would consider more patients for surgery for various diagnoses, including epilepsy, NPH, essential tremor.

Better understanding of DBS and HIFU Improved diagnosis of HYDROCEPHALUS

None

Several - and I learned about many new modalities and options for our patients

N/A

Management of adult epilepsy

When to implement anti epileptic drugs, epilepsy precautions and treatment

NO

Difficult to use for a hospitalist

Na

Investigate ways to bring close looped DBS to our center

As Nurse Navigator for MNI provided teaching or information regarding intervention and treatments been performed by Neurosurgery and Neurology.

Very interested in closed looped DBS. Would like to peruse more studies with this technology.

.

N/A

Apply recommendations for Spine surgery, advise on outcomes. Understand treatment options for surgical and pharmacological treatment of childhood and adult epilepsy

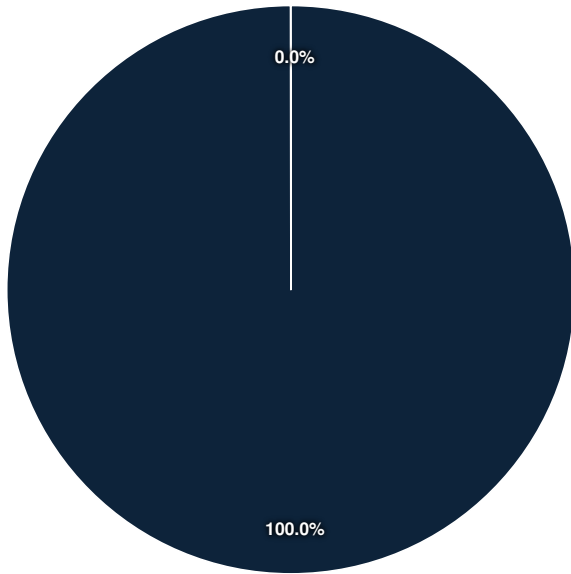
pharmacological treatment of childhood and adult epilepsy.

A few

Better understand rationale and trends of spine surgical procedures

,

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	67
Average submission length in words (ex blanks)	1.84
Na	
None	
Skip	
Nothing	
N/A	
No	
NA	
N/A	
-	
I do plan to educate my patients on oher options available	
N/A	
N/A	
Na	
NA	
...	
None	
Hospital medicine practice	
Nothing	
Yes	
Patient selection	
None	
N/A	
Nothing	
None	

None

Nothing

none

N/a

Nc

None

N/A

See above

None

NA

Na

Na

I plan to apply all.

N/A

I will implement new skills

Nothing

—

N/A

.

None

N/A

n/a

na

None

N/A

n/a

N/a

None

N/A

N/A

N/A

NA

Pediatric population

Difficult to use for a hospitalist

Na

Efforts focus research to improve clinical practice.

Not applicable

Department focus is on research

.

N/A

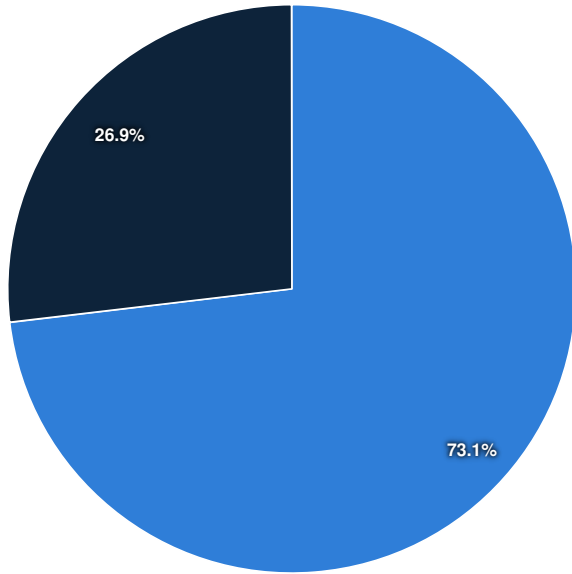
I plan to use skills.

No

n/a

.

Please provide any additional comments or suggestions.



Left Blank	49
User entered value	18
Average submission length in words (ex blanks)	6.61
Great symposium!!!!	
There needs to be more (additional) electrical outlets for charging computers, phones etc.	
Skip	
N/A	
Excellent presentations	
NA	
N/A	
Excellent conference	
Definitely a standardized patient selection for spinal ambulatory surgery is needed for better outcomes as recommended in the comments at the end of the presentations. Excellent Symposium, congratulations.	
Audio system could be improved considerably to improve voice communication. Needs much more treble gain and reduced base gain.	
Excellent	
N/A	

n/a

15 minute talks were excellent!

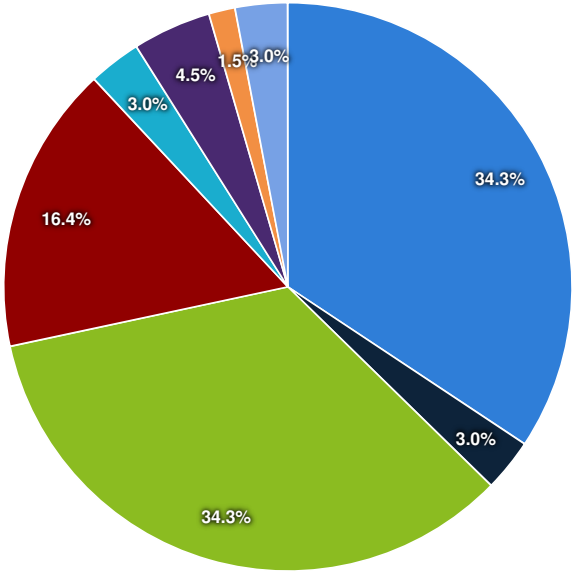
Add residents program

Loved this year's symposium. There were so many great topics and speakers. I think it may be one of the best we've had.

Na

Enjoyed all the speakers will be looking forward to attending again.

Please select one:

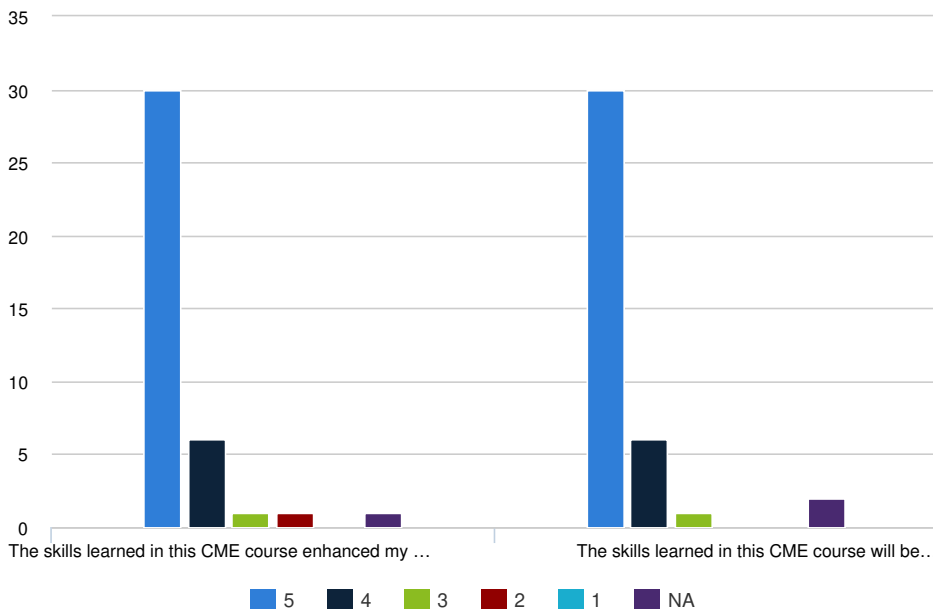


M.D., D.O.	23
Ph.D/Psy.D	2
ARNP/PA-C	23
R.N.	11
Physical Therapist	2
Occupational Therapist	3
Pharmacist	1
Other...	2 (view)

Mental Health Evaluation - November 15, 2022

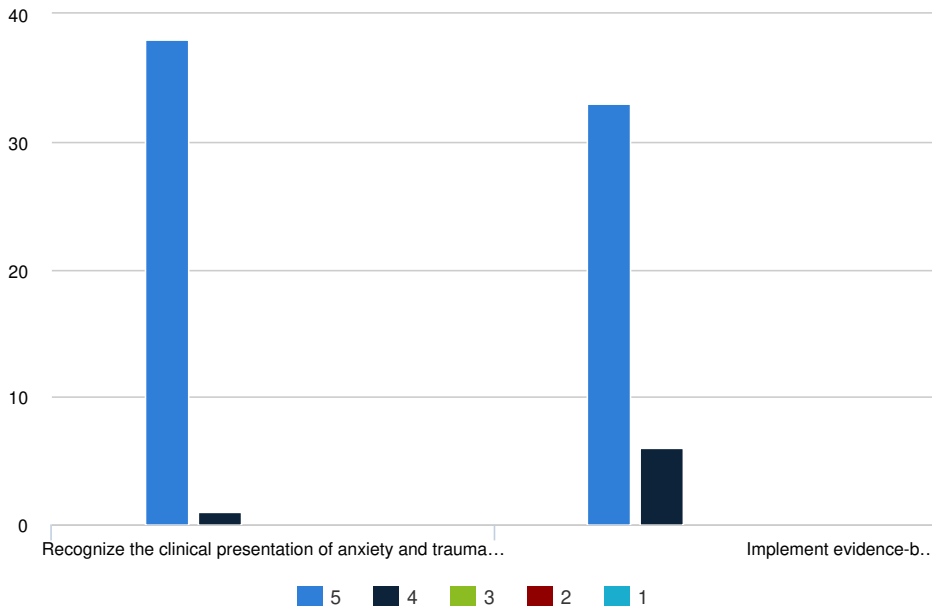
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.	30	6	1	1	0	1
The skills learned in this CME course will be applied in the treatment of my patients	30	6	1	0	0	2

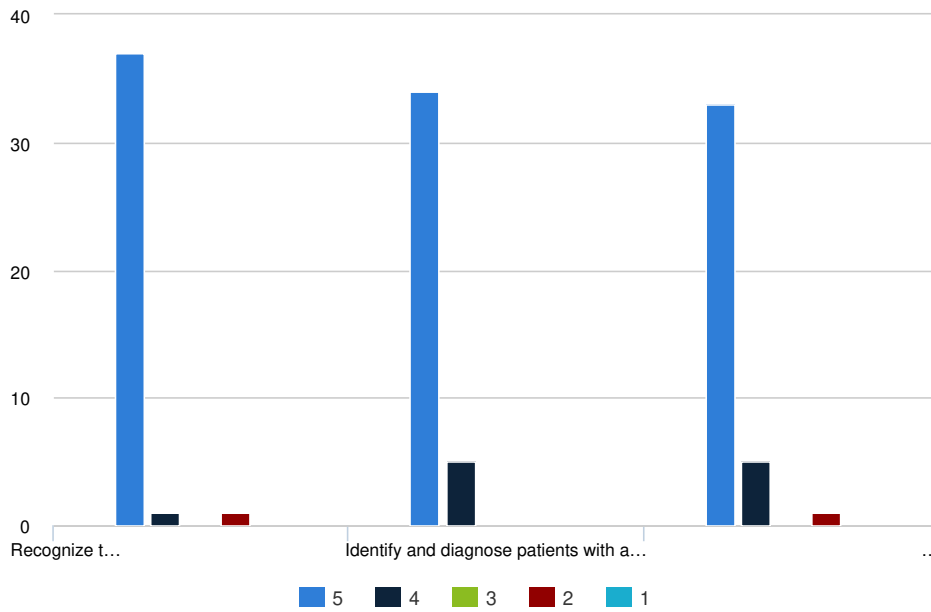
How confident are you in your ability to:



5 4 3 2 1

Recognize the clinical presentation of anxiety and trauma disorders.	38	1	0	0	0
Implement evidence-based pharmacologic and psychotherapeutic modalities for the treatment of anxiety and trauma disorders.	33	6	0	0	0

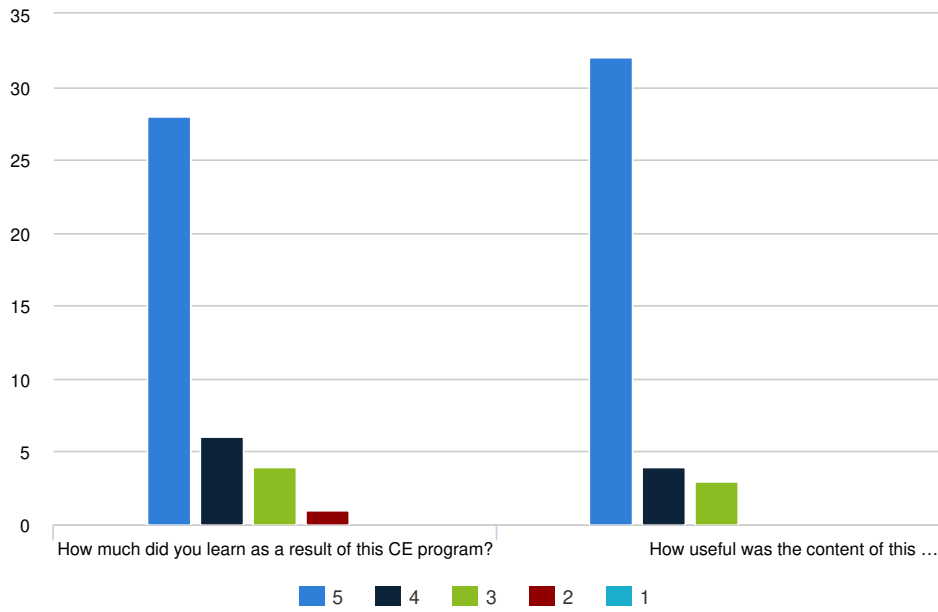
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



5 4 3 2 1

Recognize the common signs, symptoms and clinical presentation of anxiety and trauma disorders.	37	1	0	1	0
Identify and diagnose patients with anxiety and trauma disorders in the primary care setting.	34	5	0	0	0
Utilize appropriate pharmacologic and psychotherapeutic modalities for the treatment of anxiety and traumatic disorders.	33	5	0	1	0

Rate the Following



5 4 3 2 1

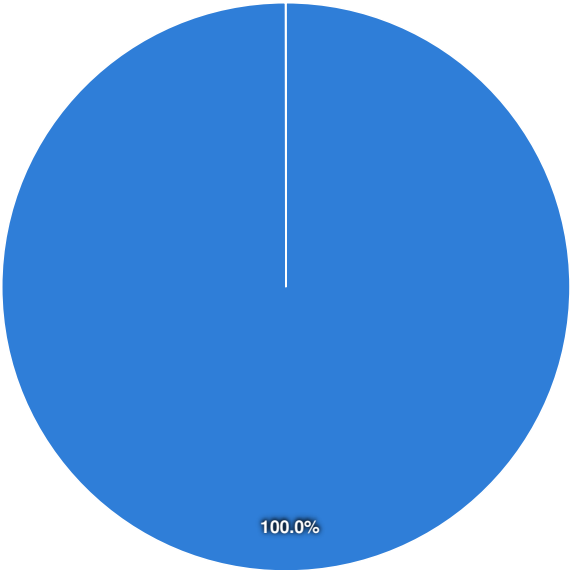
How much did you learn as a result of this CE program?

28 6 4 1 0

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

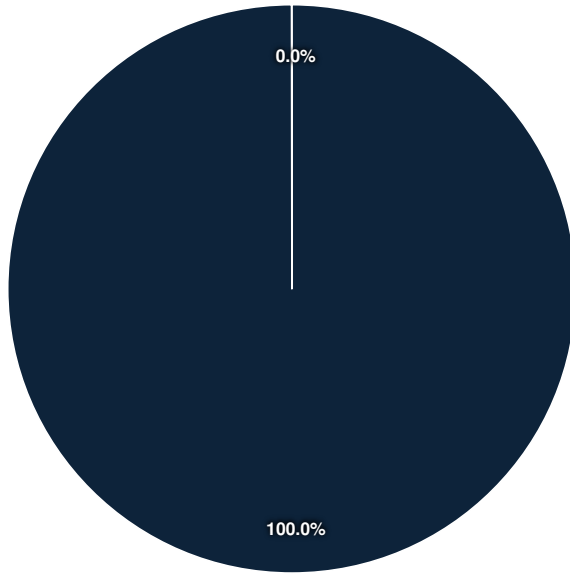
32 4 3 0 0

Was this course fair, balanced and without commercial bias?



Yes	39
-----	----

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



Left Blank	0
User entered value	36
Average submission length in words (ex blanks)	7.58
N/A	
Whole person approach.	
Being more creative with questions	
Better recognize casesd stree/anxiety	
ACEs questions	
More empathy with my customers in the pharmacy	
Addition of combination of psychotropic medications in the treatment of PTSD.	
recognize and diagnose patients with anxiety and trauma disorders.	
Just be more aware	
n/a	
n/a	
My usual skills	
Add mindfulness component	
n/a	
More appropriate medications	
-The Adverse Childhood Experiences (ACE) Test -Therapies: Insight-oriented, Cognitive Behavioral (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and virtual reality therapy	
Having an office-based practice, I see patients who present with somatic symptoms caused by emotional stress. The presenters advice to begin both pharmacologic and adjunctive therapies ... and referral to formal psychotherapy was very helpful. I am more sensitive to (and aware of) the signs and symptoms of stress and emotional trauma on the lives of our patients.	
.	
Learning about the ACE's and how experiencing adverse life experiences in your childhood can lead to increased health risks.	
Using a discussed ACE screening for possible trauma evaluation.	
more detailed patient questioning and observation will refer patients for treatment of PTSD good review of pharmacologic treatment options for anxiety disorder	

pharmacologic treatment options for anxiety disorder

N/A

trauma questioning added to visits

Use newer SSRIs to treat anxiety

..

None

Retired

being more aware

None

n/a

Discussing treatment options

Better understanding of anxiety disorders and apply to my patient care.

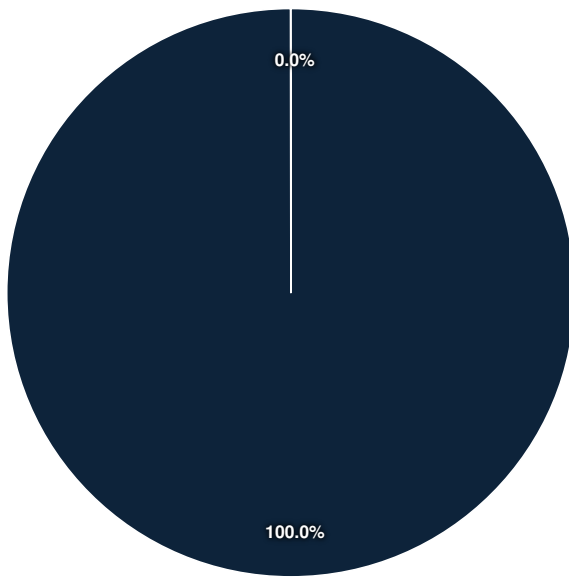
no new skills, but new ideas to help patients talk to me more.

better early diagnosis

N/A

I found the list of the 10 Ace Categories - "Stressors" to be helpful - going to be more mindful in applying that to my evaluation / history taking

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)	2.67
N/A	
Excellent presentation and covered a massive topic in a thorough and informative way.	
n/a	
N/A	
time constraints	
does not apply	
n/a	

Nothing	
n/a	
n/a	
Implementing	
N/A	
n/a	
N/a	
Nothing is keeping me from doing so, as I intend to implement new strategies in my clinical practice.	
n/a	
.	
N/A	
Time limit.	
nothing	
n/A	
n/a	
N/A	

N/A

.

None

Retired

being more aware

None

n/a

N/a

none

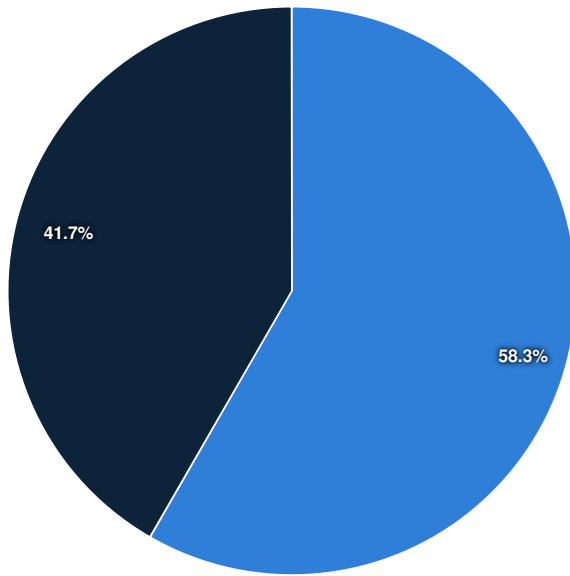
I plan to implement!

N/a

I no longer work in a pharmacy

N/A

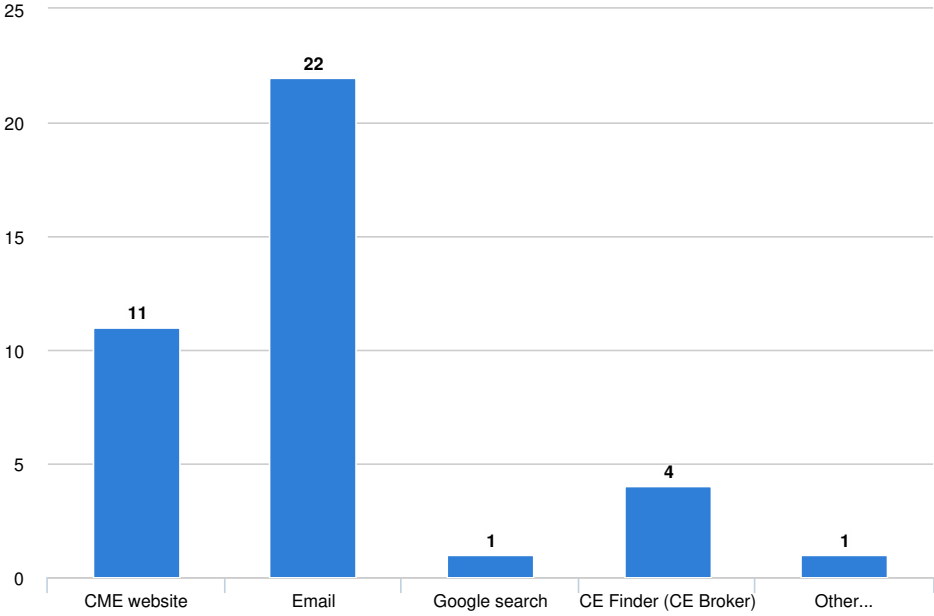
Please provide any additional comments or suggestions.



Left Blank	21
User entered value	15
Average submission length in words (ex blanks)	4.87
N/A	
Excellent presentation and education!	
none	
n/a	

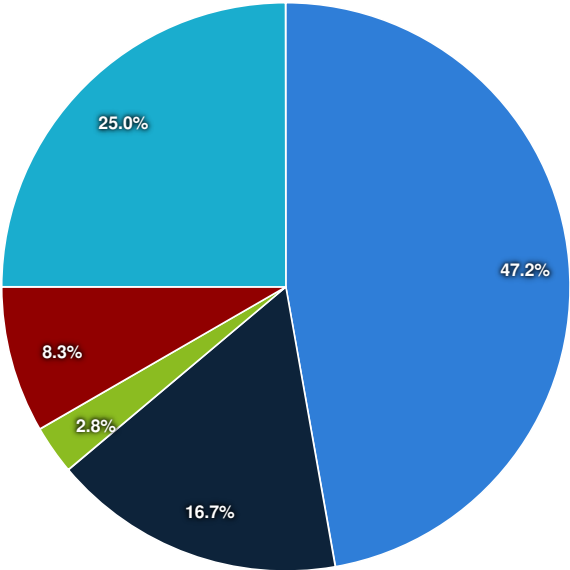
n/a	
Excellent compendium of information. Thank you for 'recruiting' Dr. Agharkar to teach us.	
.	
Great presentation	
excellent speaker	
.	
I would like to attend a presentation on transgender youth and issues surrounding puberty blocking drugs	
very good speaker. he seemed very competent and interested in helping us as primary care docs.	
Very good conference	
I found this speaker highly engaging - thank you!!	

How did you hear about this course?



CME website	11
Email	22
Google search	1
CE Finder (CE Broker)	4
Other...	1 (view)

Please select one:

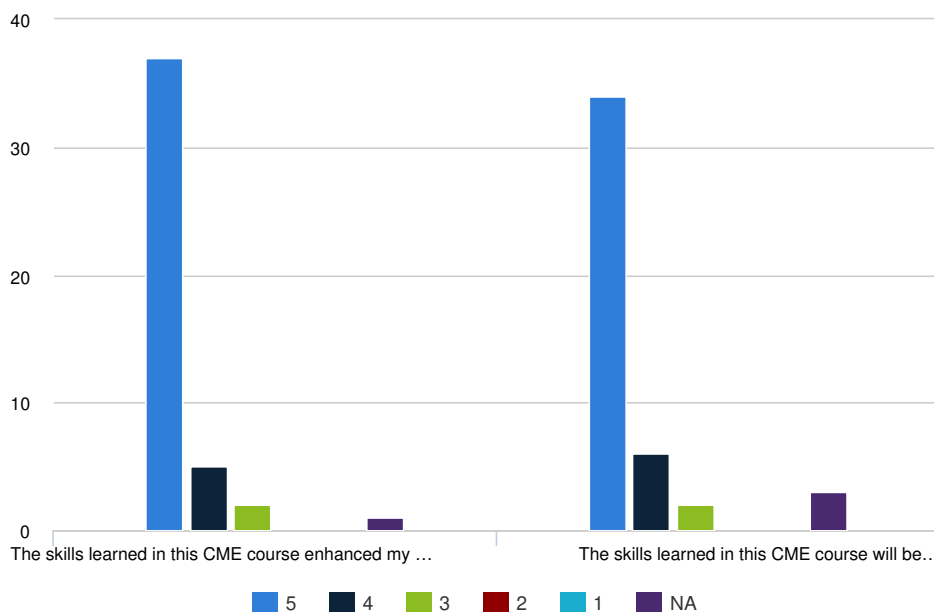


M.D., D.O.	17
Ph.D/Psy.D	6
ARNP/PA-C	1
R.N.	3
Other...	9 (view)

MCVI Grand Rounds Evaluation - November 16, 2022

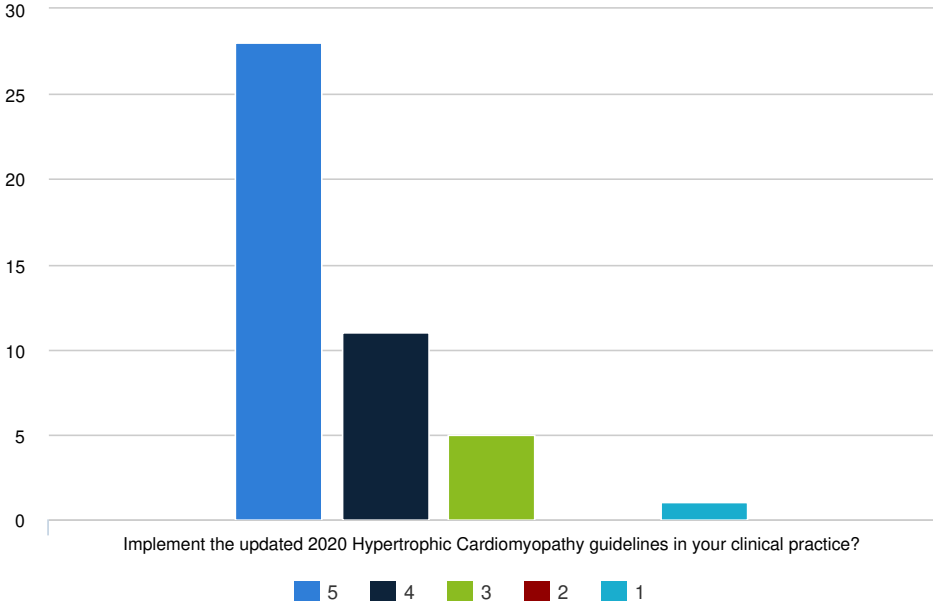
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



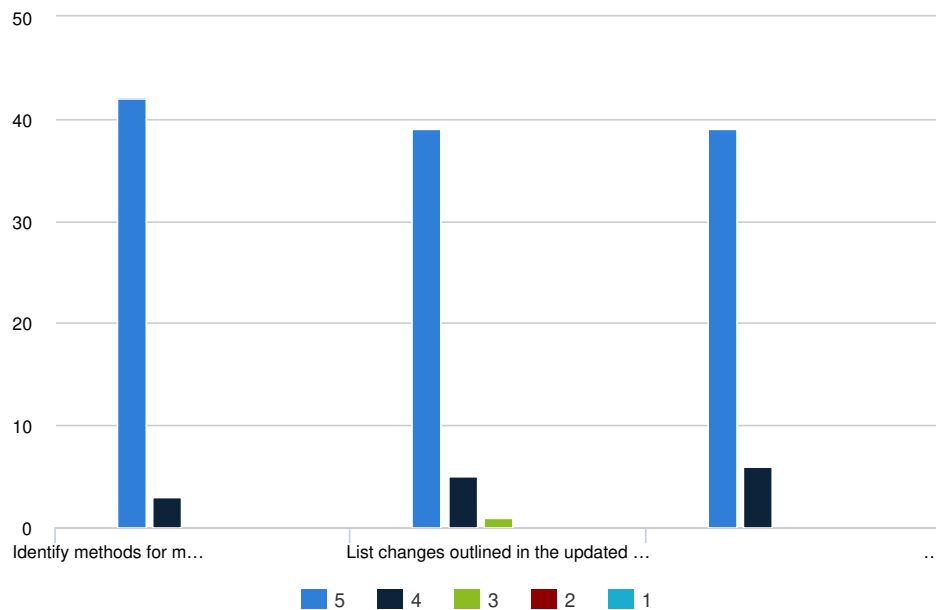
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	37	5	2	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	34	6	2	0	0	3

How confident are you in your ability to:



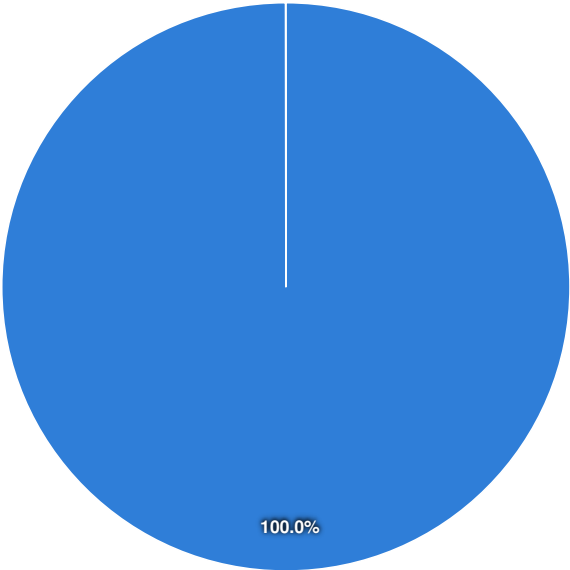
	5	4	3	2	1
Implement the updated 2020 Hypertrophic Cardiomyopathy guidelines in your clinical practice?	28	11	5	0	1

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



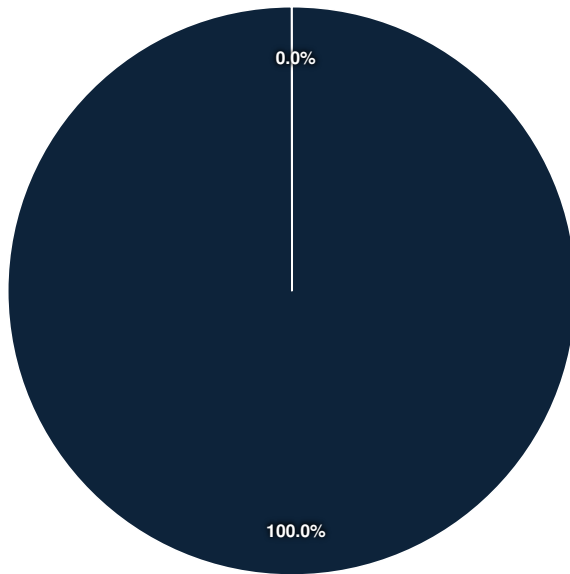
	5	4	3	2	1
Identify methods for making accurate hypertrophic cardiomyopathy diagnoses.	42	3	0	0	0
List changes outlined in the updated guideline for the management of hypertrophic cardiomyopathy symptoms.	39	5	1	0	0
Utilize current evidence-based guidelines for the diagnosis and treatment of patients with hypertrophic cardiomyopathy.	39	6	0	0	0

Was this course fair, balanced and without commercial bias?



Yes	45
-----	----

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



Left Blank	0
User entered value	45
Average submission length in words (ex blanks)	7.20
grading HOVM	
.	
Improved recognition of HCM	
Better understanding	
No additional skills for now	
Earlier screening for HCM with imaging multimodality, echo, MRI Thorough assessment of athletes with abnormal ECG	
Newer myosin inhibitors	
Use of novel therapies	
How to diagnose HCM, risk stratify and treat with new agents	
Yes	
Careful examination of routine EKGs	
N/a	
Improve ICD risk factor conversation	
N/A	
Early identification of cardiomyopathy symptoms	
Utilize mri more in evaluation	
learned about new medications used to treat HCM and indications for surgical intervention	
Aggressive evaluation of abnormal EKGs	
Be certain that if it's suspicious for HCM, obtain cardiac MRI as well as echo.	
-	
I will look more closely at T waves in EKGs and echo, patient symptoms , family history as well as physical exam in order to hopefully pick up undiagnosed cases.	
Better screening and diagnostic techniques for HOVM	
n/a	

The use of MRI to diagnose HCM

I will communicate bedside assessment information obtained to Intensivist so all healthcare team members are aware of patient findings

.

The course has greatly improved my knowledge on HCM.

None retired

The waveform of Hypertrophic cardiomyopathy and pulsing the Ivtot when in question

Have a lower threshold to get a cardiac mri

Recognize HCM may be missed on ECG. Be alert to symptoms.

Closer examination of EKG results ... and physical exam for signs of cardiac abnormality; Awareness (and happiness) that BHSF will have expertise re further evaluation of suspected cardiomyopathy patients.

N/A

I will be more vigilant now in trying to identify those who need screening for hypertrophic cardiomyopathy.

Early referrals for ECG, echocardiogram, Cardiac MRI , genetic testing

MORE ACCURATE INFORMATION FOR HCM DIAGNOSIS

individualized management and diagnosis of HOCM

....

Better early diagnosis and referral

Retired

N/a

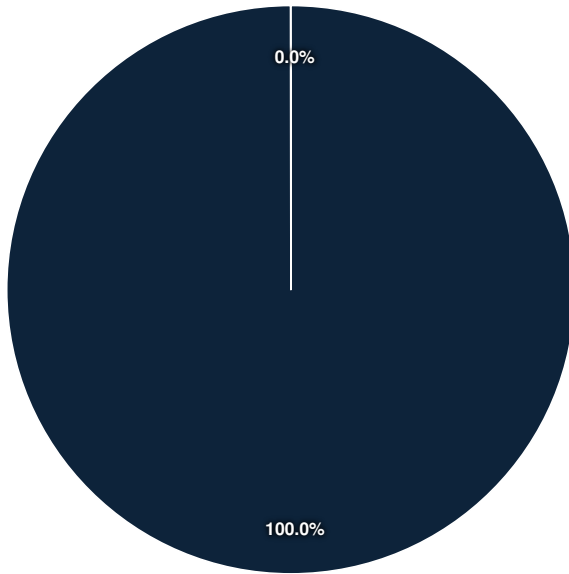
I am retired.

Early stratification and share multidisciplinary decision making. Avenues of Rx Great speaker on of the most enlightening lectures I've heard in a while!!

Increased use of MRI

Increased use of MRI

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	45
Average submission length in words (ex blanks)	2.82
n/a	
.	
N/A	
Good infirmation	
For my professional growth.	
N/A	
None	
Na	
N/A	
Nothing	
N/a	
N/a	
.	
N/A	
N/A	
Nothing	
nothing	
See above	
Tune is always a restraint or limitation to implementing things...not soon enough.	
-	
NA	
N/A	
n/a	
I plan to implement	

I plan to implement

There are no barriers, other than physician not deciding to accept my assessment

.

N/A

Retired

Yes I plan on dopplering the lvot in different spot

N/A

None.

n/a

N/A

Please see above.

Will implement guidelines

N/A

no issue

..

N/a

Retired

N/a to my practice, however I enjoy learning about different subjects in the medical arena

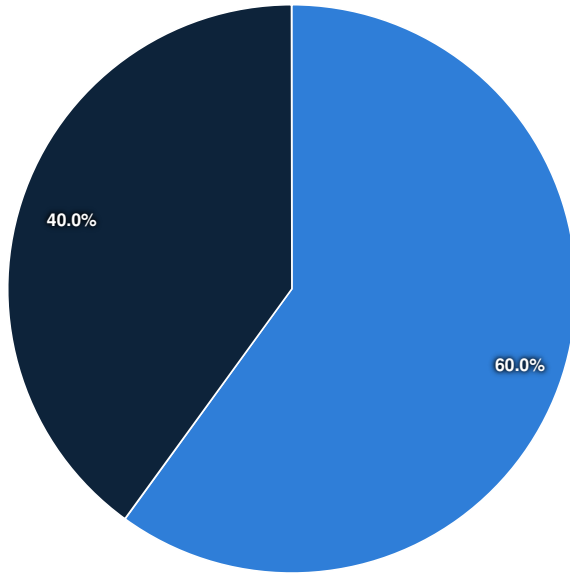
I am retired.

All skill learned on this lecture are applicable to my practice

.

.

Please provide any additional comments or suggestions.



Left Blank	27
User entered value	18
Average submission length in words (ex blanks)	6.61
.	
Excelkent	
Very interesting.	
Excellent Webinar	
Excellent speakers	
none	
Include education on NP level as well.	
I like to have more information on drugs to avoid	
Excellent presentation	
.	
Please bring Dr. Matthew Martinez back!	
Excellent presentation. Thank you and staff for "recruiting" Dr. Martinez and for orchestrating this CME re such an important topic.	
The Chat session messages from Micaela Correa at the end of the presentation (about obtaining CME for the presentation) were confusing. I texted the number right at the end (754-203-8885) and received a message back saying "this code is invalid". Please address this - and give me a call to clarify. Thanks -	
Excellent CME	

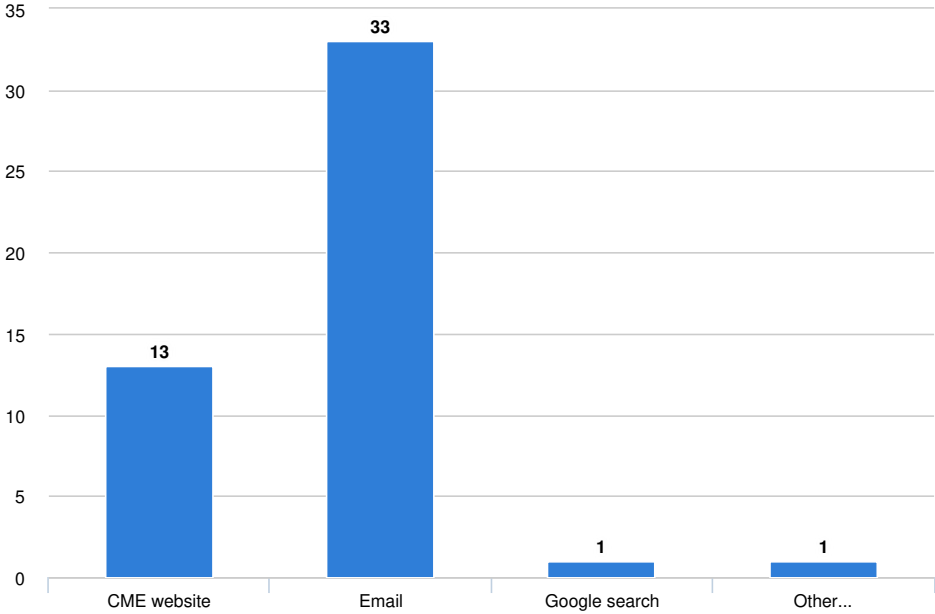
Very good discusión

NA

Thank you.

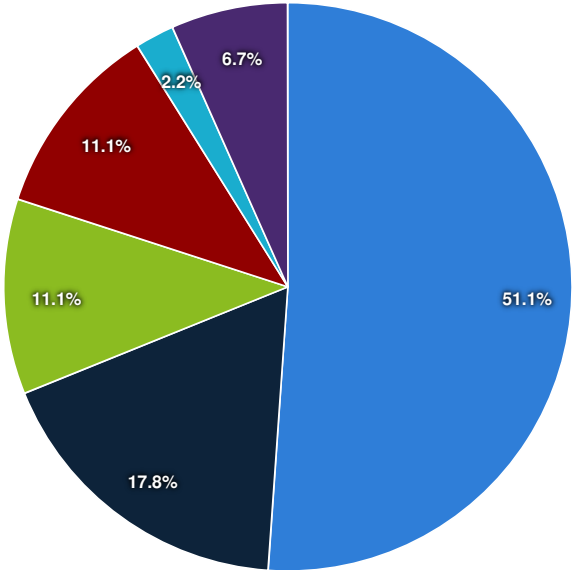
More speakers like him

How did you hear about this course?



CME website	13
Email	33
Google search	1
Other...	1 (view)

Please select one:

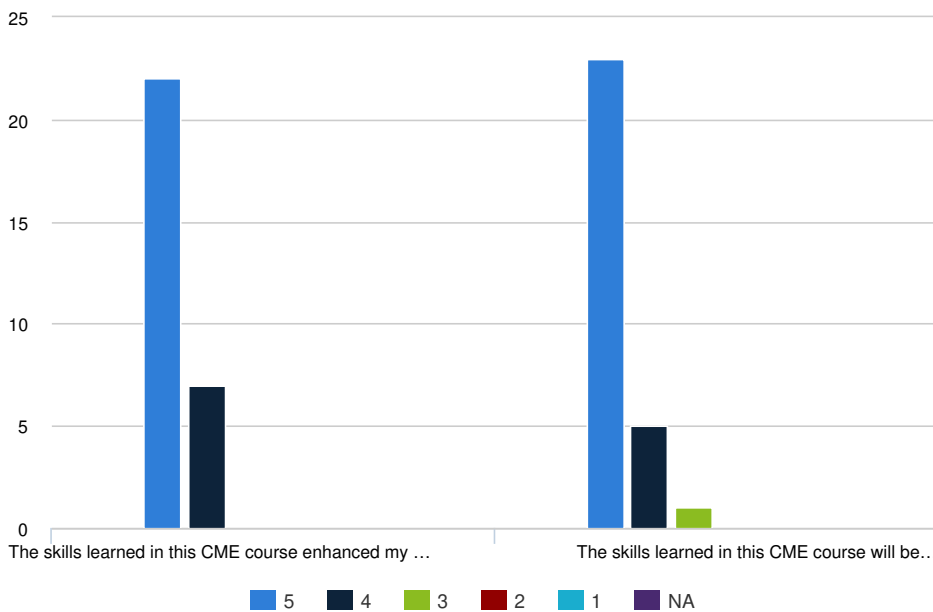


M.D., D.O.	23
ARNP/PA-C	8
R.N.	5
Sonographer	5
Pharmacist	1
Other...	3 (view)

Echocardiography and Noninvasive Vascular Testing Lecture Series: November 30, 2022

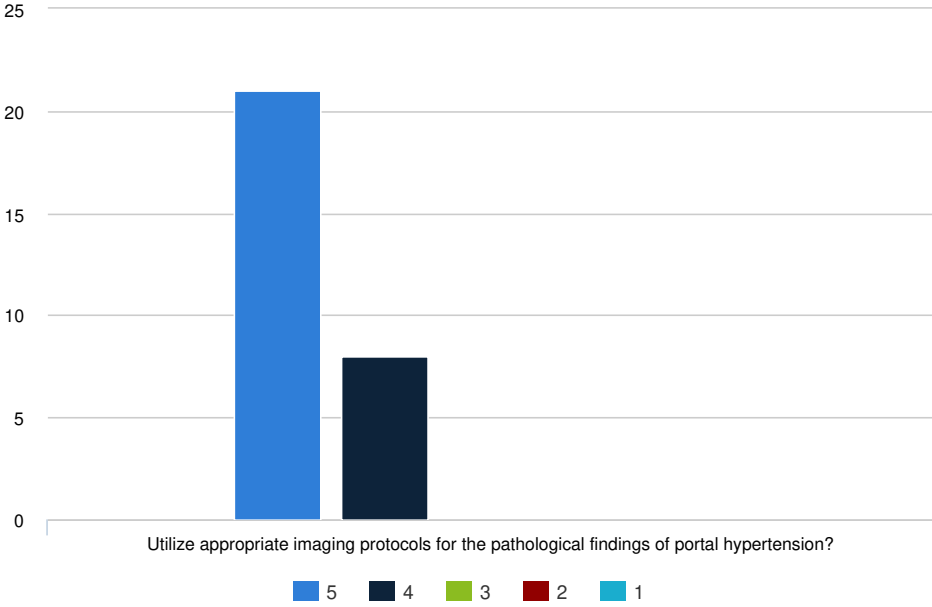
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



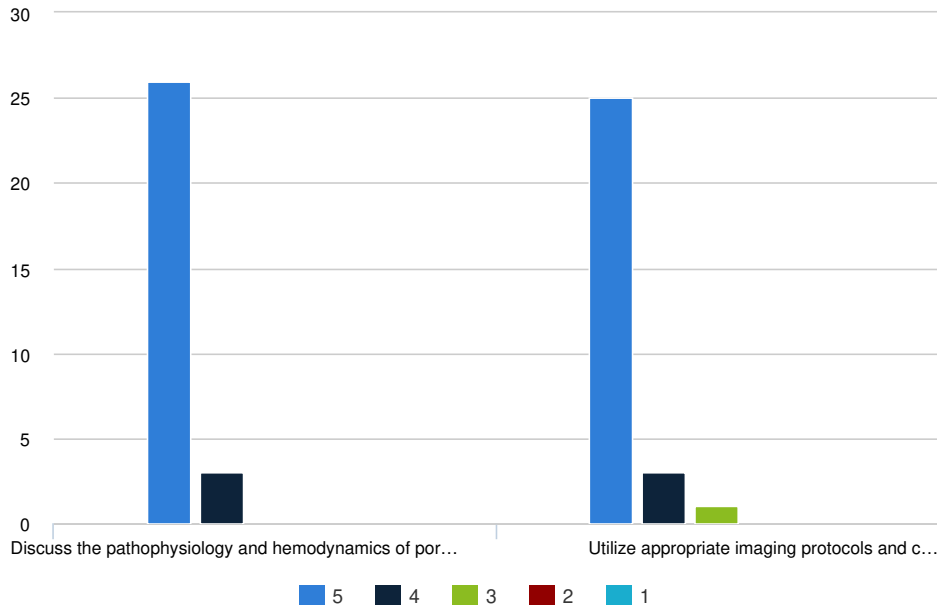
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	22	7	0	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	23	5	1	0	0	0

How confident are you in your ability to:



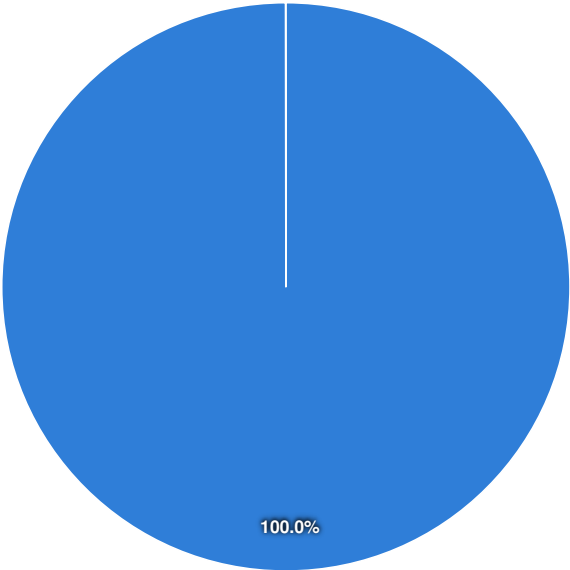
	5	4	3	2	1
Utilize appropriate imaging protocols for the pathological findings of portal hypertension?	21	8	0	0	0

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



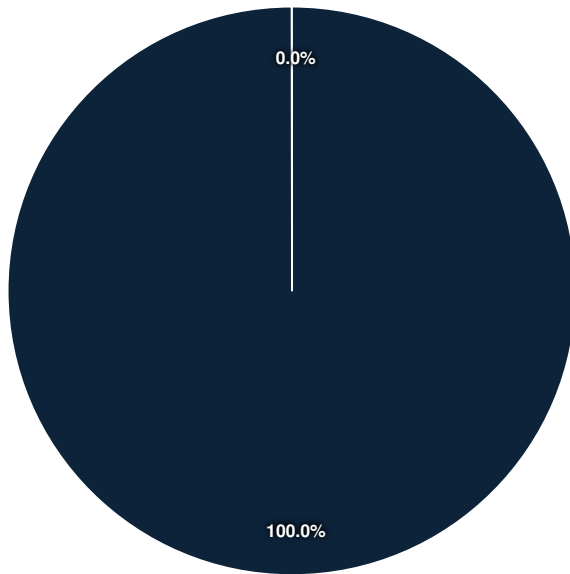
	5	4	3	2	1
Discuss the pathophysiology and hemodynamics of portal hypertension.	26	3	0	0	0
Utilize appropriate imaging protocols and criteria selection in the diagnosis of disease.	25	3	1	0	0

Was this course fair, balanced and without commercial bias?



Yes	29
-----	----

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



Left Blank	0
User entered value	29
Average submission length in words (ex blanks)	6.62
N/A	
n/a	
Na	
None, but new knowledge is always potentially beneficial to everybody	
Very interesting to visualize the portal vein and the different waveform according with the normal or pathology associated.	
-	
differentiation of etiology of portal hypertension	
n/a	
Learned a lot a bout the wave form of portal hypertension	
Better assess patients with portal htn	
Apply proper color flow scale and sample gate in the middle of the vein and correct wide sample gate relate to the lumen.	
Thank you	
I don't have a clinical practice.	
Hepatic and inferior vena cava vein Doppler.	
Imaging protocols for portal HTN.	
The Doppler interrogation of the hepatic artery as a new addition to the existing protocol.	
Discernment as to pre post and sinusoidal differences	
N/A	
Only scanning Breast at the moment	
Recognize the vessels with adequate technic for interpretation.	
none	
Adding imaging of the hepatic artery to the protocol	
Better understanding of waveforms in portal hypertension	

Hopefully, order the appropriate tests to correctly diagnose my patients

All

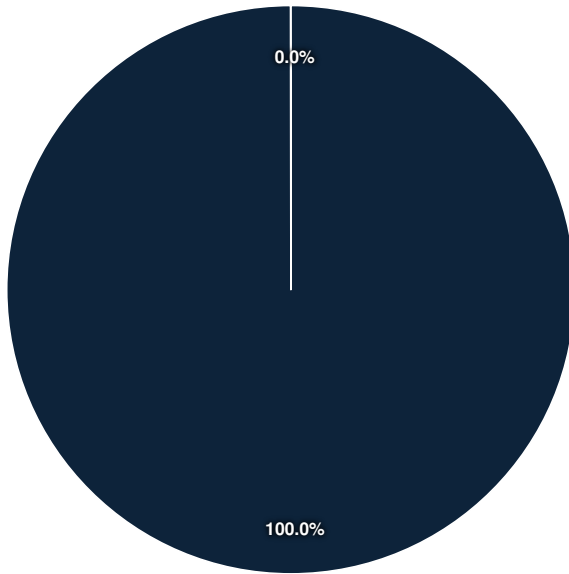
Better knowledge

Improve me skills following the new knowledge from this exposition.

Improve me skills with the new knowledge from this exposition.

better knowledge

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	29
Average submission length in words (ex blanks)	3.90
N/A	
n/a	
Na	
I have very little exposure to patients with portal, hypertension from a diagnostic standpoint	
Increasing the knowledge.	
-	
NA	
n/a	
I will implement these	
NA	
I plan to implement the strategic learn today	
I am occupational Health	
I don't have a clinical practice.	
I'm planning to implement new skills.	
n/a	
N/A	
N/A	
M/A	
Will when I am back to scanning Vascular, Echo	
Knowledge for improve our scanning.	
none	
N/A	
NA	
nothing	

nothing

N/A

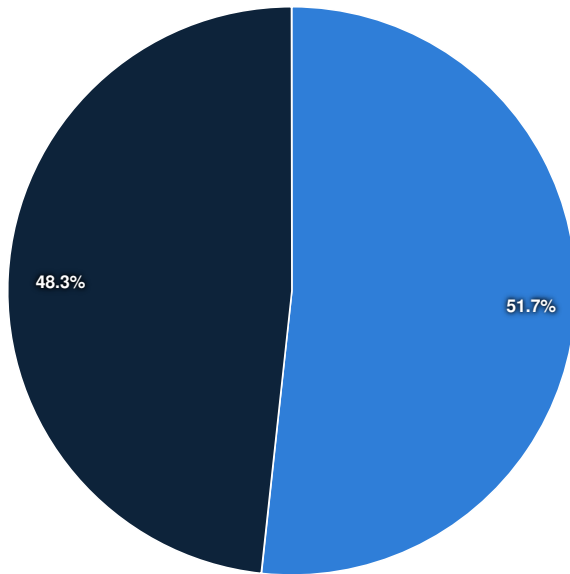
N/A

I am going to explain to the other coworkers some knowledge from this exposition.

I am going to explain to the new coworkers the new knowledge.

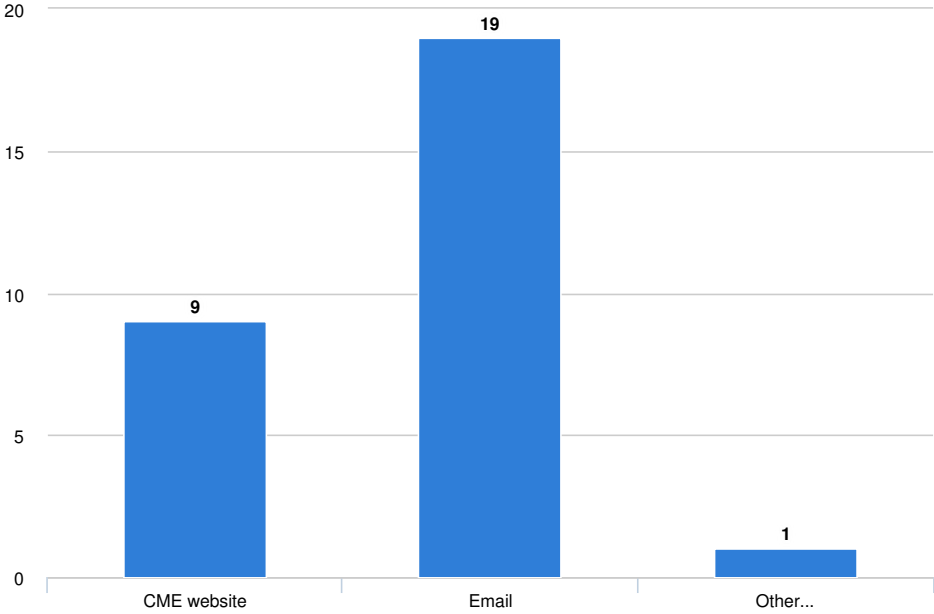
N/A

Please provide any additional comments or suggestions.



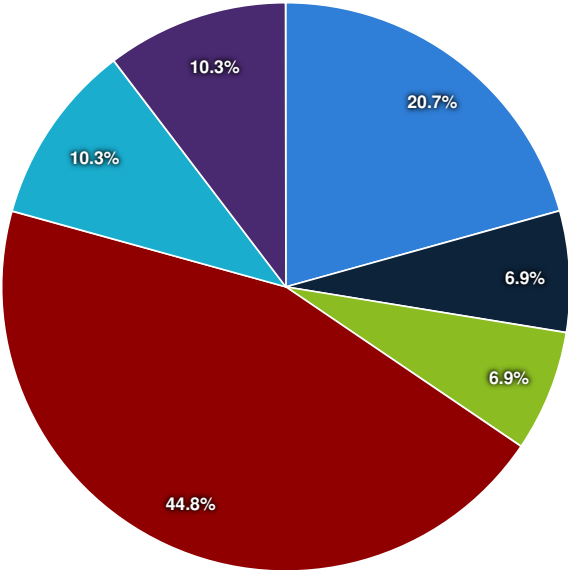
Left Blank	15
User entered value	14
Average submission length in words (ex blanks)	2.93
N/A	
Good lecture	
Excellent presentation.	
-	
Very informative and excellent presentation. Learned a lot	
Very informative. Thank you.	
n/a	
Excellent presentation	
If they can have Breast Lecture	
Excellent exposition.	
Excellent work, keep it up	
Great jib	
Excellent activity.	
Excellent activity.	

How did you hear about this course?



CME website	9
Email	19
Other...	1 (view)

Please select one:

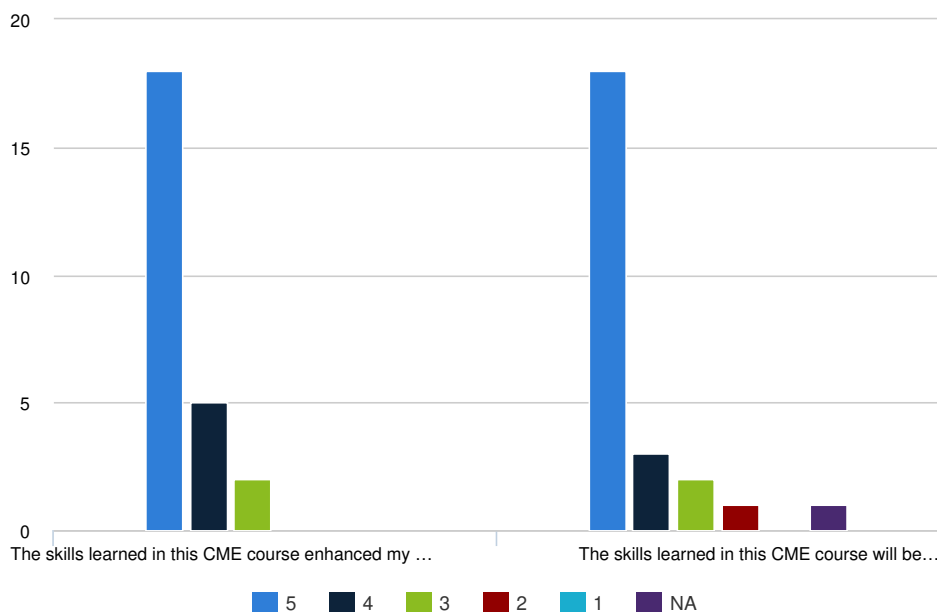


M.D., D.O.	6
ARNP/PA-C	2
R.N.	2
Sonographer	13
Untrasound Tech	3
Other...	3 (view)

Mental Health Evaluation - December 6, 2022

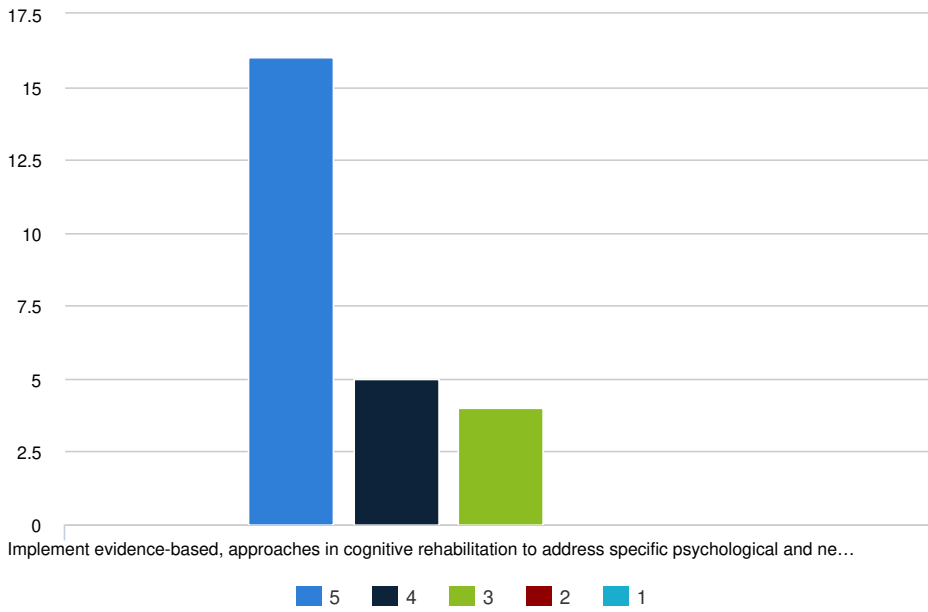
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



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

How confident are you in your ability to:

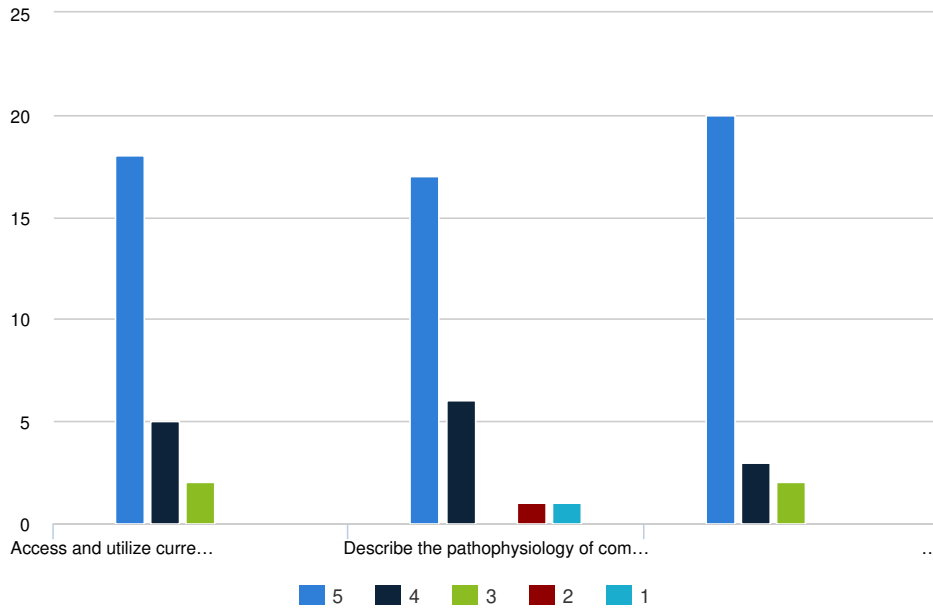


5 4 3 2 1

Implement evidence-based, approaches in cognitive rehabilitation to address specific psychological and neuropsychological effects of brain injuries.

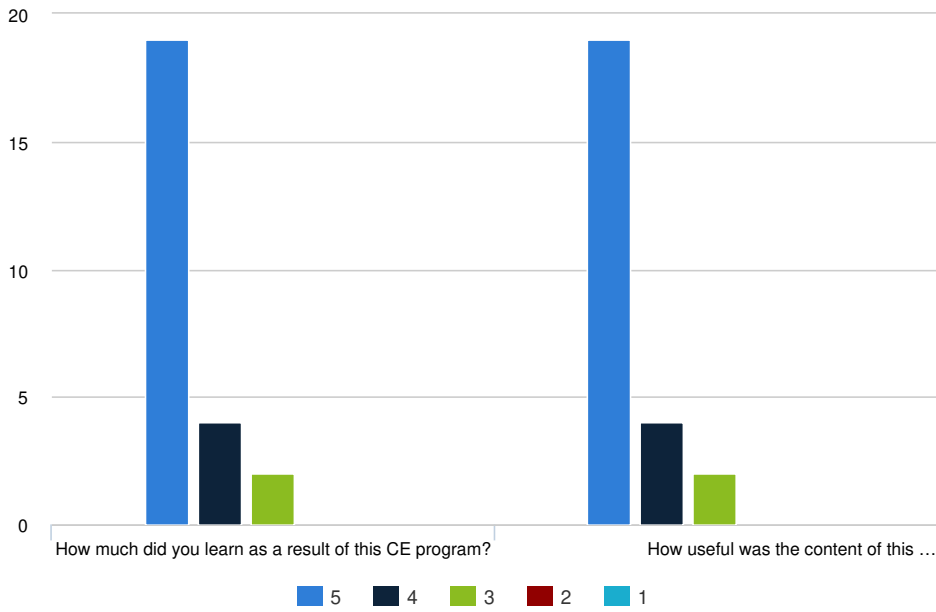
16 5 4 0 0

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



	5	4	3	2	1
Access and utilize current evidence-based data for cognitive rehabilitation.	18	5	2	0	0
Describe the pathophysiology of common psychological and neuropsychological impairments after brain injury.	17	6	0	1	1
Select and apply appropriate cognitive rehabilitation techniques to address specific psychological and neuropsychological effects of brain injuries.	20	3	2	0	0

Rate the Following



5 4 3 2 1

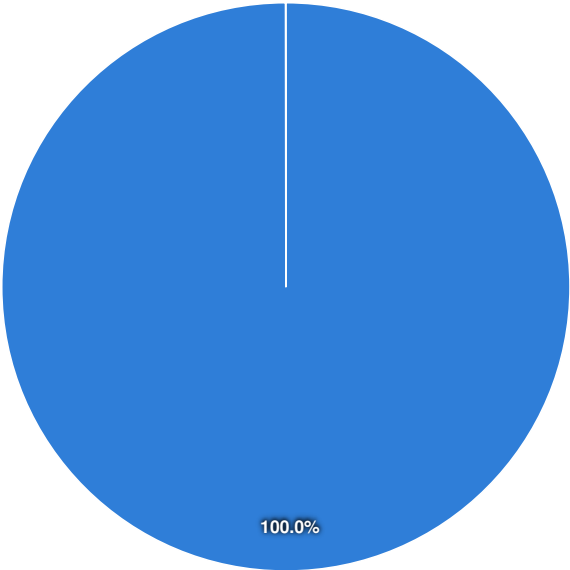
How much did you learn as a result of this CE program?

19 4 2 0 0

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

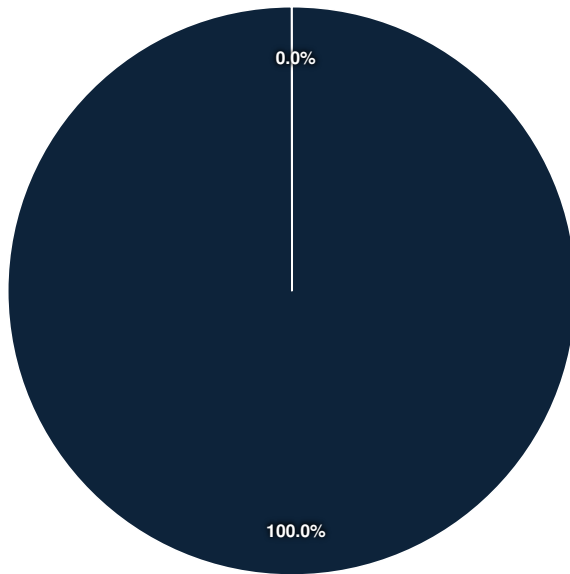
19 4 2 0 0

Was this course fair, balanced and without commercial bias?



Yes	25
-----	----

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



Left Blank	0
User entered value	25
Average submission length in words (ex blanks)	12.92
The practical examples of how the speaker himself talks to his patients about certain topics (e.g. clinical examples) were very helpful - thank you	
NA	
Overall multi mode approach	
The information that I learned in this clinical training will help me consider more evidence supported approaches in treatment of clients with TBIs as well as aid me in increasing my efficiency with ruling out the source of behavioral presentation.	
A downloadable /printable copy of this lecture would be helpful, to refer back to the most commonly seen responses /complaints during the recovery phases and between the 2 different models presented.	
n/a	
It reinforces my current practice.	
helping them accept where they are	
It was very helpful to be made aware of the commercial biases in published studies that have been supported by the cognitive rehabilitation equipment manufacturers. This presentation will enhance my practice in evaluating the psychological and neuropsychological effects of brain injuries.	
Restorative and compensatory techniques	
Very informative	
Remain aware of the availability of DR. Brooks and his staff for the referral of patients found to be in need of neurocognitive assessment and rehabilitation.	
Better manage our patients.	
How to implement real-world, relevant tasks for patients to practice (e.g., having a chef go through the required steps to cook a meal) as a cog. rehab task.	
It was excellent	
inclusion of family members and social support networks. Acknowledging level of insight and rule-out paranoid behaviors	
Refine my approach to patients and family of head injury cases	
Proper evaluation of patients	
How to make better referrals for cognitive rehabilitation.	

How to make better materials for cognitive rehabilitation.

More hands on interventions customized versus computer training

No at this time

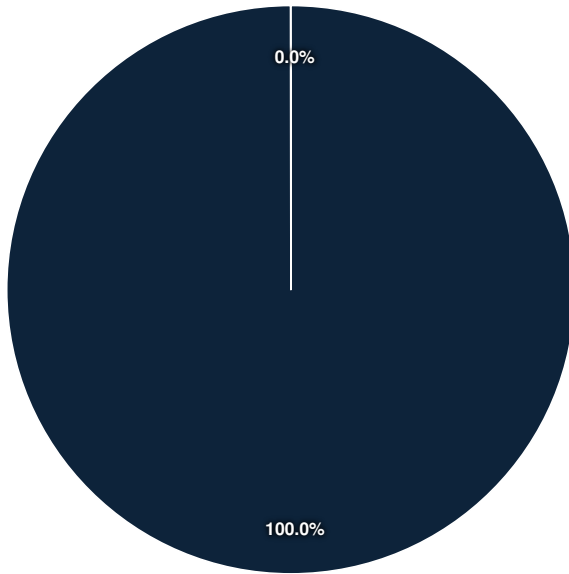
How the family support contributes to treatment success. Also, how functional improvement is obtained by establishing new patterns of cognitive activities.

The ability to implement cognitive therapy in this population.

A better understanding of cognitive rehabilitation.

I appreciated learning more about the pros and cons of computerized brain training programs.

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

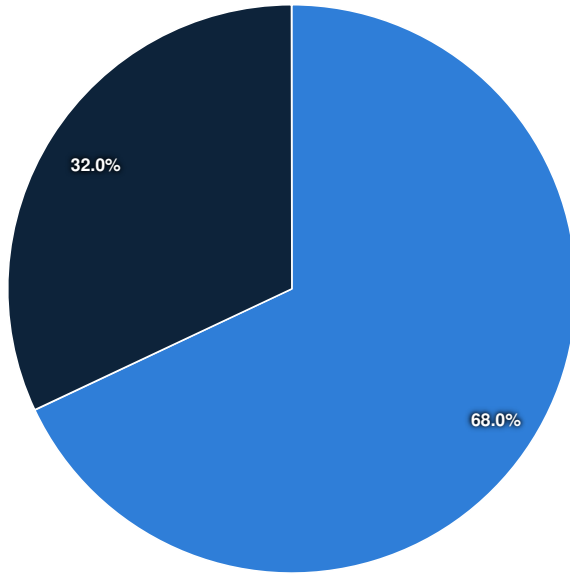


Left Blank	0
User entered value	25
Average submission length in words (ex blanks)	4.00
N/A	
NA	
NA	
I don't think there are any barriers to the components I plan to implement. Things beyond my scope of practice will be referred out to a qualified neuropsychologist or neurologist.	
NA	
n/a	
I am not currently seeing patients with brain injury.	
na	
N/A	
N/A	
Nothing	
n/a	
None	
N/A	
Perfect	
Would implement strategies learned	
N/a	
I will.	
N/A	
N/A	
To my professional growth	
I am a Clinical Psychologist and I don't treat patients with memory deficits or neurological disorders.	
I plan to implement them	

N/A

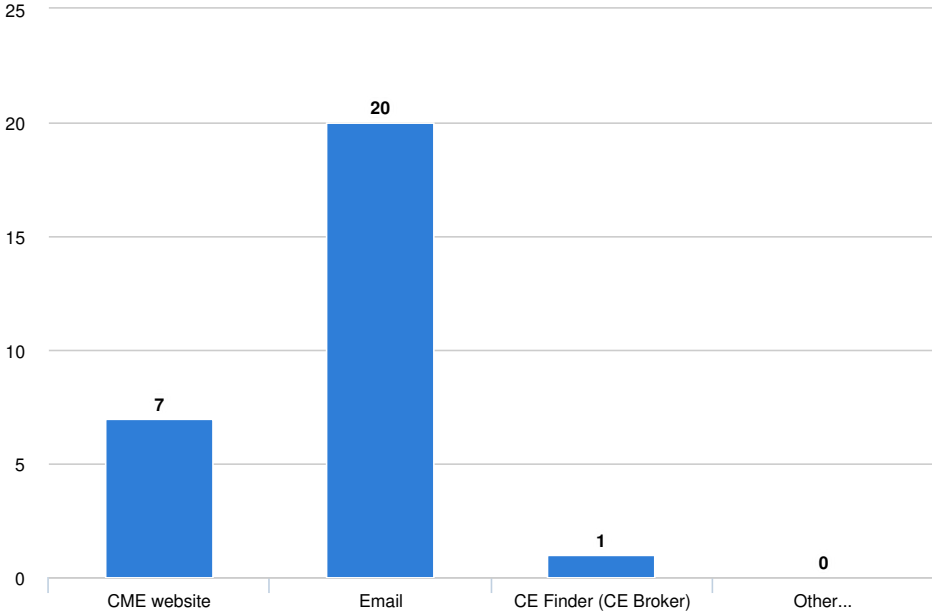
N/A

Please provide any additional comments or suggestions.



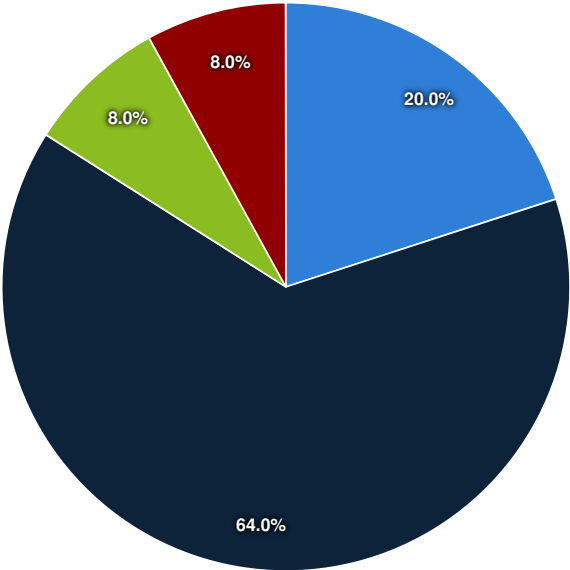
Left Blank	17
User entered value	8
Average submission length in words (ex blanks)	11.88
Excellent presentation!!	
Great topic of TBI....more CEU presentations please, and include credit for the therapists please: PT OT Speech .	
n/a	
Future presentations on follow up data will be beneficial.	
Excellent presentation	
Though I will not be a primary provider of assessments and treatments to patients who suffer concussions, strokes, and other traumatic brain injuries, I am very happy to learn of Dr. Brooks and staff as a vital referral for excellent care. Excellent and informative presentation.	
Thanks for the lecture.	
Dr. Brooks is a great presenter. The material was practical, interesting and well-researched.	

How did you hear about this course?



CME website	7
Email	20
CE Finder (CE Broker)	1
Other...	0

Please select one:

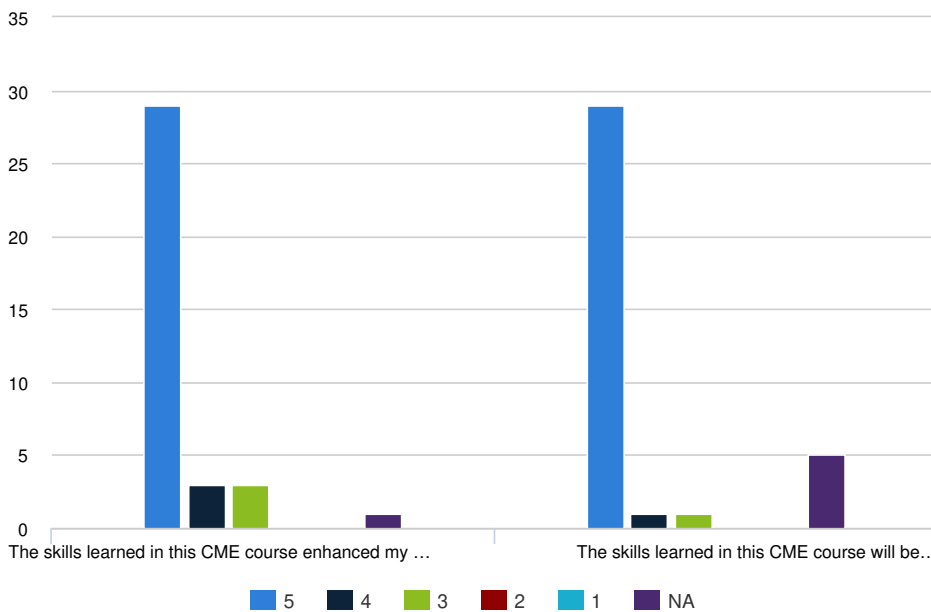


M.D., D.O.	5
Ph.D/Psy.D	16
ARNP/PA-C	2
Other...	2 (view)

MCVI Vascular and Endovascular Lecture Series Evaluation - December 7, 2022

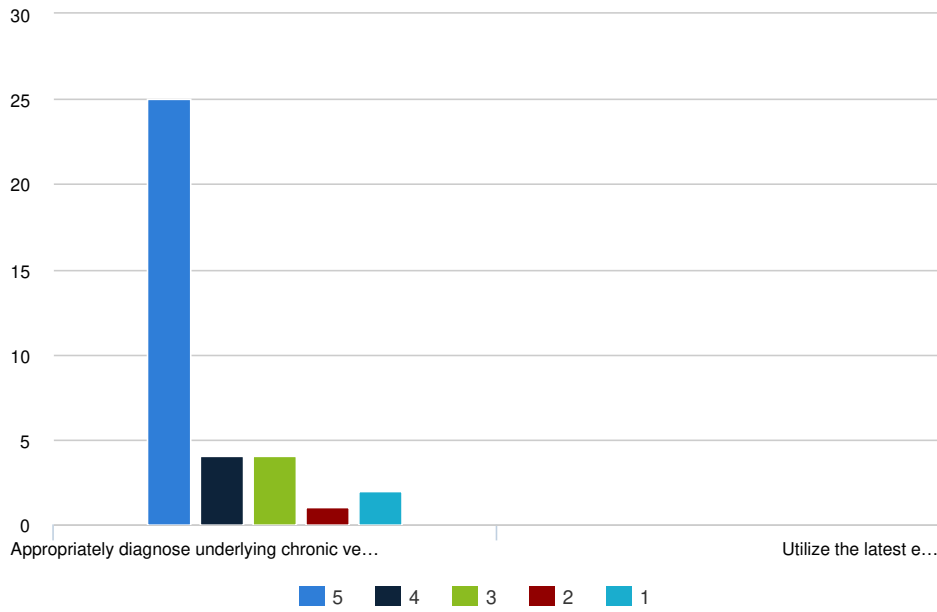
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



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

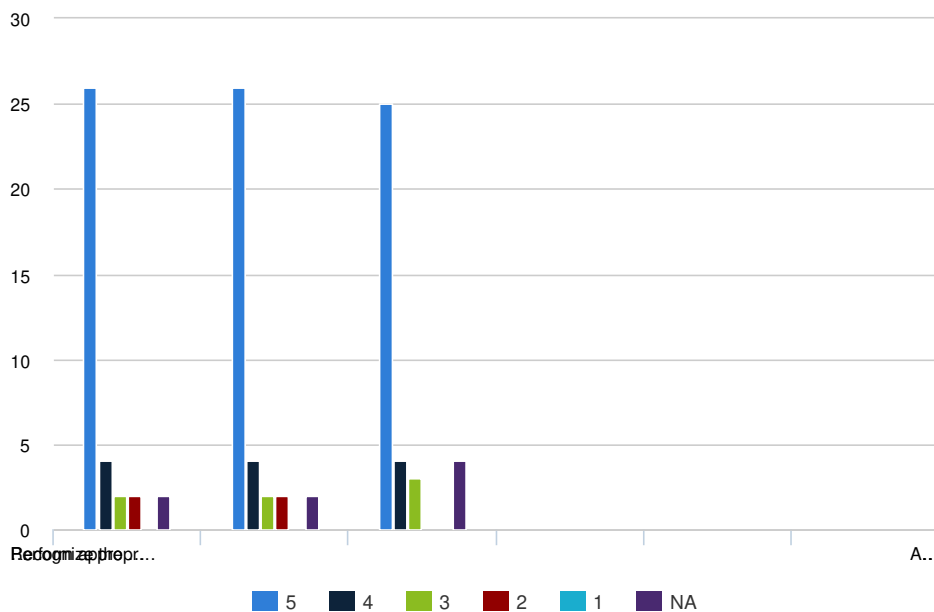
How confident are you in your ability to:



5 4 3 2 1

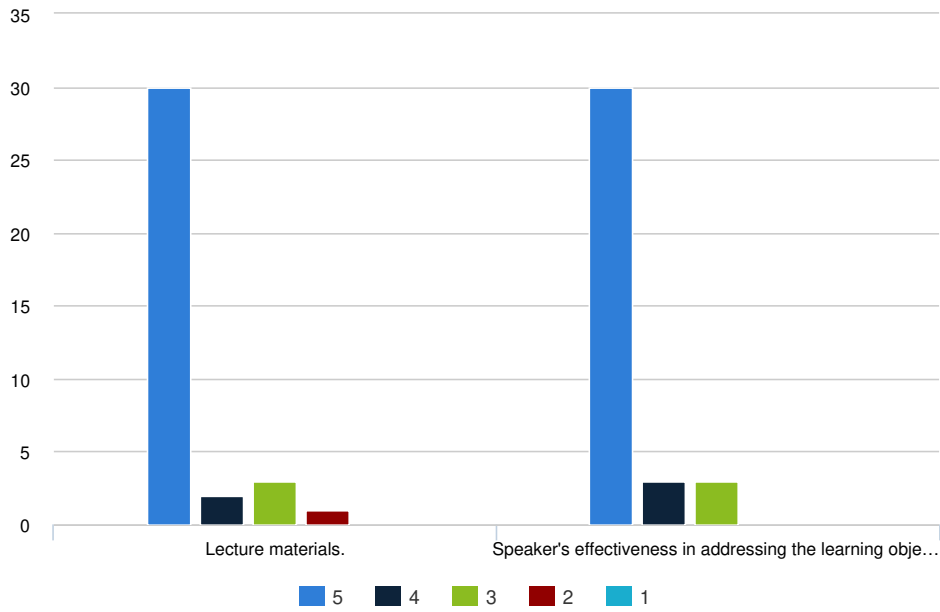
Appropriately diagnose underlying chronic venous insufficiency of the legs of your patients?	25	4	4	1	2
Utilize the latest evidence-based data to determine the most appropriate treatment option for patients with chronic venous insufficiency?	25	6	4	1	0

As a result of attending this course, to what extent do you agree that you will be better able to:



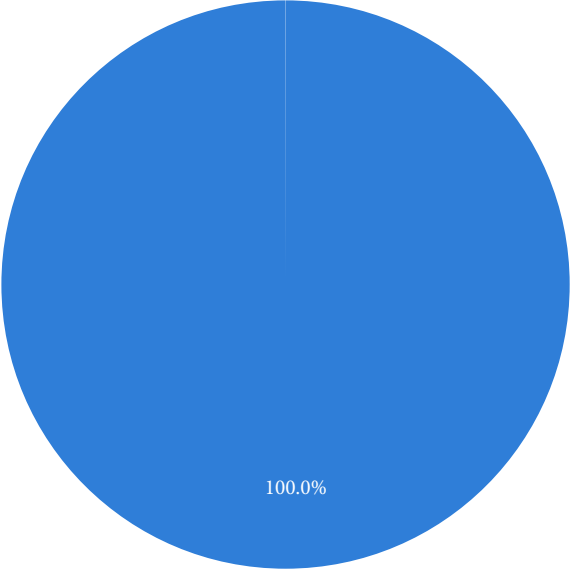
	5	4	3	2	1	NA
Describe the anatomy and pathophysiology of lower extremity chronic venous insufficiency.	26	4	2	2	0	2
Recognize the personal and systemic healthcare burden of this disease.	26	4	2	2	0	2
Perform appropriate diagnostic workups for patients presenting with underlying chronic venous insufficiency.	25	4	3	0	0	4
Analyze various treatment modalities to determine the best treatment options for superficial, deep and perforator venous reflux.	26	4	2	2	0	2
Access data from ongoing trials in the United States when considering treatment for patients with deep venous insufficiency.	26	4	2	2	0	2
Refer patients to vascular surgeons when indicated.	26	4	2	2	0	2

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



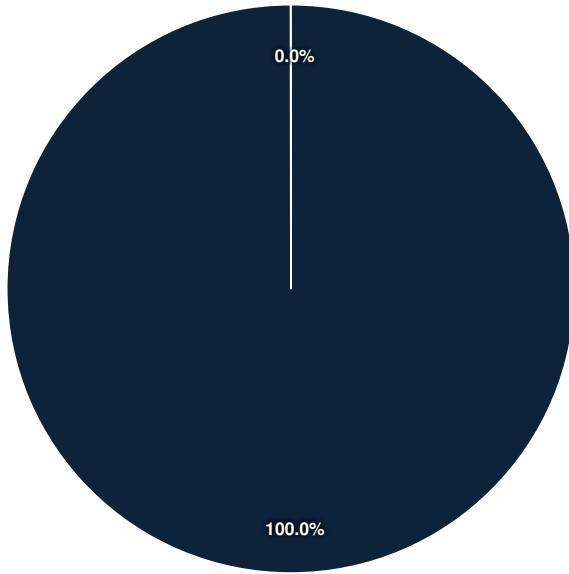
	5	4	3	2	1
Lecture materials.	30	2	3	1	0
Speaker's effectiveness in addressing the learning objectives	30	3	3	0	0

Was this course fair, balanced and without commercial bias?



Yes	36
-----	----

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



Left Blank	0
User entered value	36
Average submission length in words (ex blanks)	4.67
Very good presentation.	
NA	
Assessing venous insufficiency more frequently	
Excellent	
None	
None	
Thank you	
New surgical interventions and options for treatment of VI	
Variety of new techniques and procedures	
Ankle brachials will be done more frequently	
Na	
NA	
NA	
NA	
Stent and valve	
Better evaluation	
N/A	
Better able to differentiate vascular Insufficiencies, and available treatment options	
It is all applicable to my job.	
N/A	
All	
Use of mechanical valve for venous disease	
Use of venous valves	

Use of venous valves

Advising patients with various veins on treatment options

None

I work in cardiovascular prevention, this information is very important to me

Referral to vascular surgeon when finding a patient with the superficial or deep vein vascular issues

...

Earlier detection and screening

New modalities to assess my patients' needs.

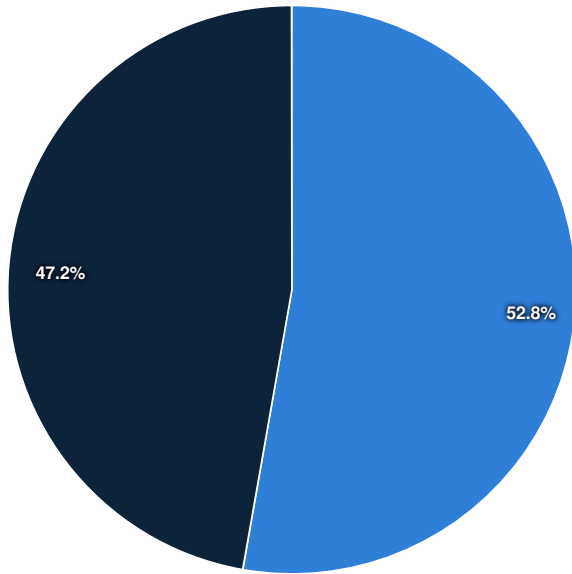
.

all

noone

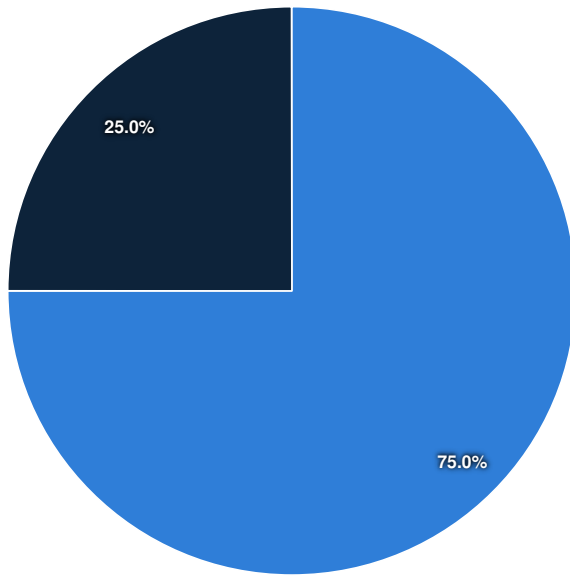
Great presentation and help to evaluate venous insufficiency.

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



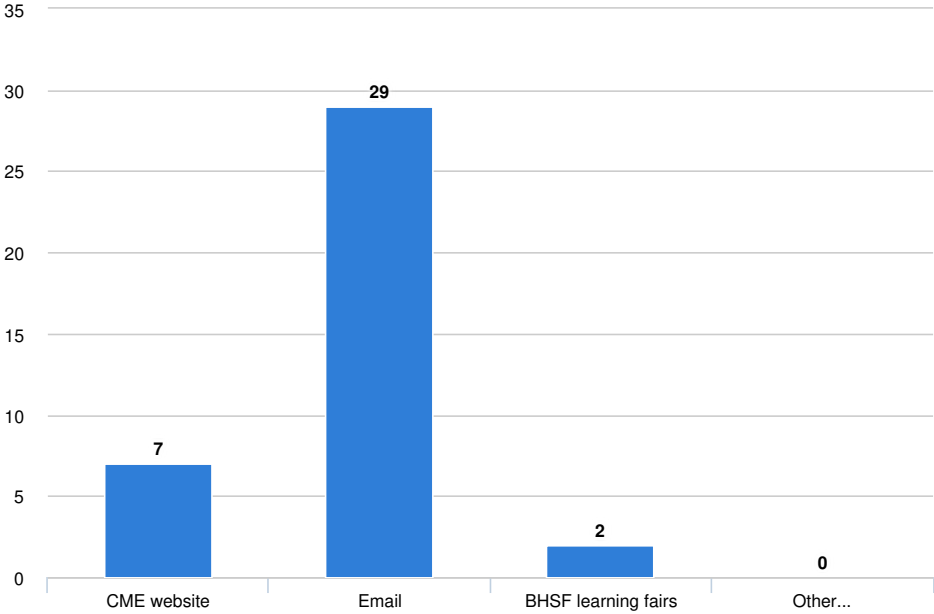
Left Blank	19
User entered value	17
Average submission length in words (ex blanks)	2.24
NA	
Not my practice	
I am not seeing oatients	
NA	
Nothing	
Retired	
Nothing I'm not a surgeon	
None	
N/A	
NA	
NA	
NA	
N/a	
Rarely see this type of patient	
n/a	
No onstackled	
N/A	

Please provide any additional comments or suggestions.



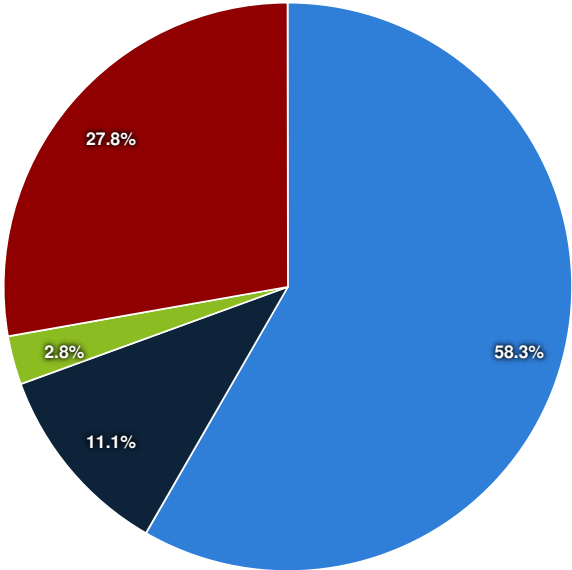
Left Blank	27
User entered value	9
Average submission length in words (ex blanks)	4.00
NA	
Speaker regarding chronic venous insufficiency and associated interventions was excellent.	
Excellent conference, great speaker and easy to understand and follow new approaches to presented problems	
Excellent soaker	
Amazing presentation	
None	
NA	
NA	
Excellent clinical presentation	

How did you hear about this course?



CME website	7
Email	29
BHSF learning fairs	2
Other...	0

Please select one:

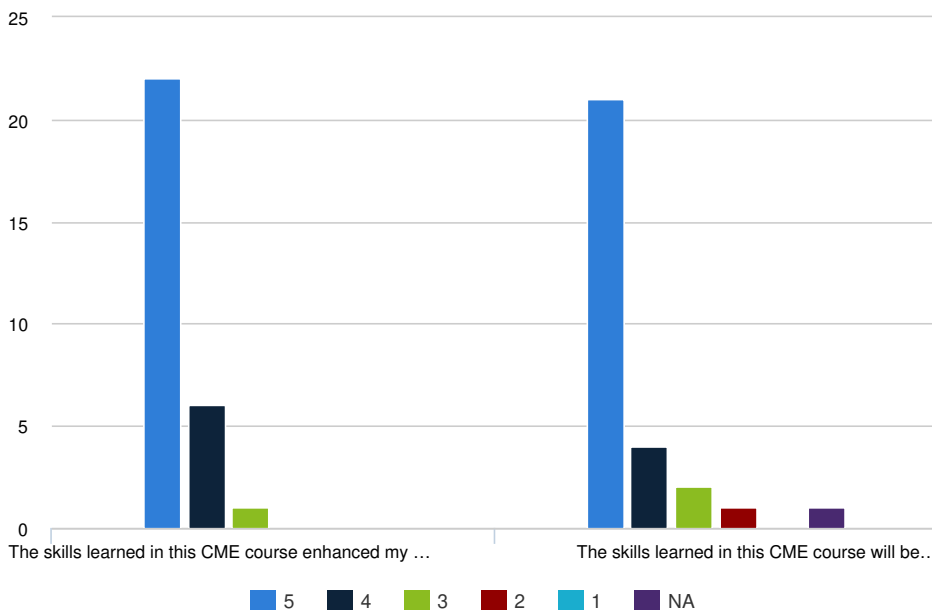


M.D., D.O.	21
ARNP/PA-C	4
Occupational Therapist	1
Other...	10 (view)

Echocardiography and Noninvasive Vascular Testing Lecture Series: December 15, 2022

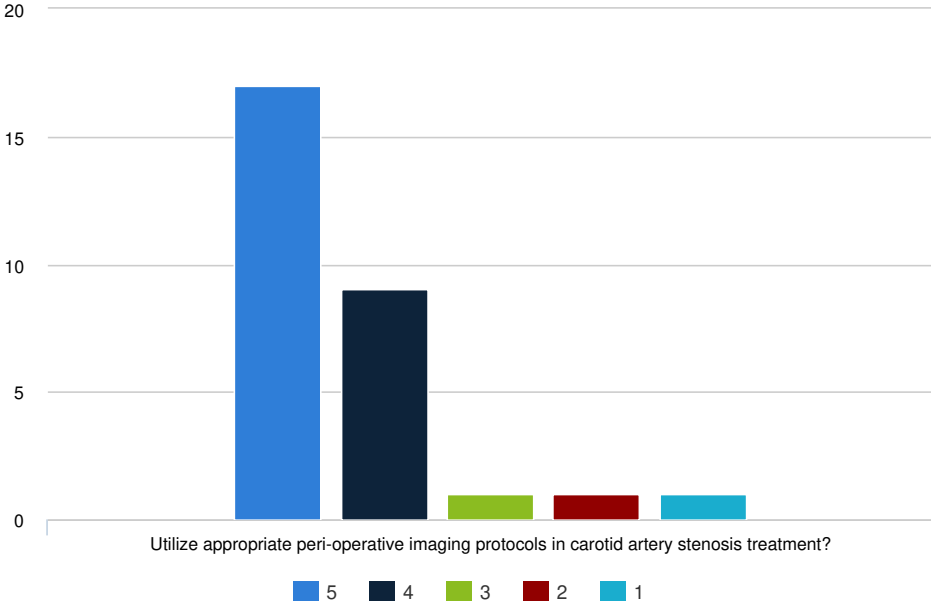
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



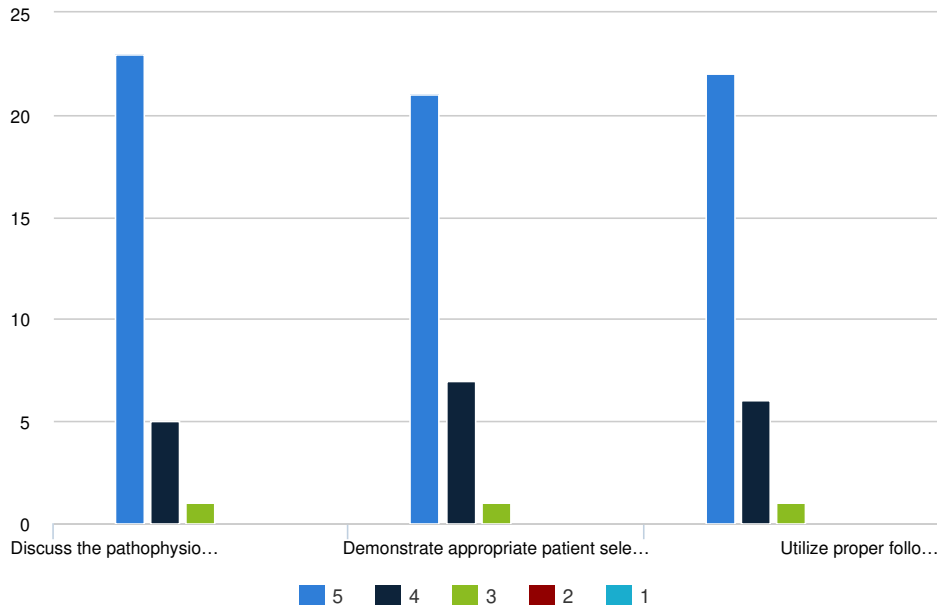
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	22	6	1	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	21	4	2	1	0	1

How confident are you in your ability to:



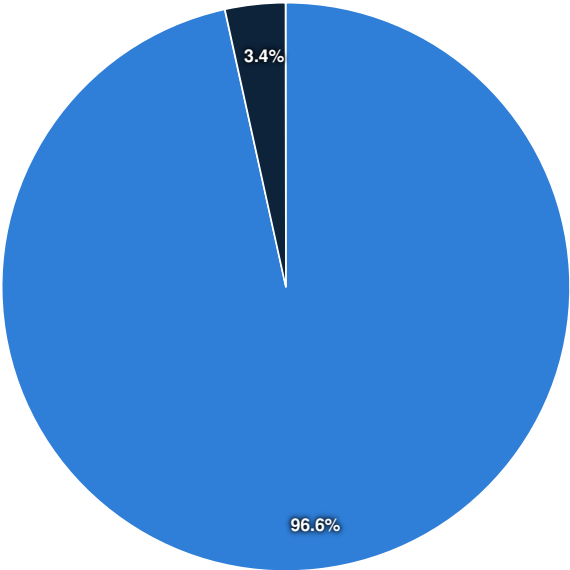
	5	4	3	2	1
Utilize appropriate peri-operative imaging protocols in carotid artery stenosis treatment?	17	9	1	1	1

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



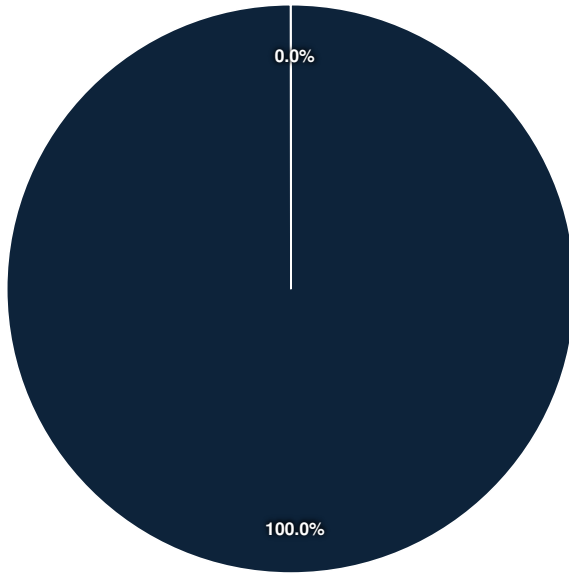
	5	4	3	2	1
Discuss the pathophysiology and hemodynamics of carotid artery stenosis.	23	5	1	0	0
Demonstrate appropriate patient selection and stent procedure for carotid artery stenosis.	21	7	1	0	0
Utilize proper follow-up diagnostic imaging and criteria of in-stent restenosis.	22	6	1	0	0

Was this course fair, balanced and without commercial bias?



Yes	28
No	1

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



Left Blank	0
User entered value	29
Average submission length in words (ex blanks)	5.00
N	
We always apply all of them...	
I'm a pharmacy tech	
None. I am retired	
NA	
I understood better the relationship between dopler velocities with stents	
beneficial to understand pre and post procedure imaging indications and findings	
Looking at US post atent	
-	
These strategies will be used on my practice with my patients.	
Carotid artery disease evaluation and treatment	
NA	
All	
Excellent course and choice of topic.	
NA	
I am not in clinical practice at this time.	
Place doppler gate on the highest velocity area	
none at the present moment.	
Evaluation and waveform characteristics	
All of them	
Reinforced learning	
More knowledgeable	
Pay more attention to carotid waveforms	
N/A	

all of them

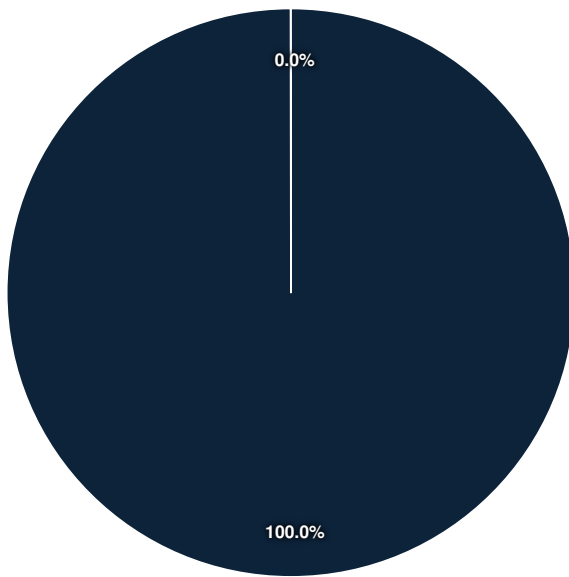
N/A

To improve the skills of evaluation stenosis of Carotid and the interpretation of future treatments.

To improve the skills of evaluation stenosis of Carotid and the interpretation of future treatments.

0

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	29
Average submission length in words (ex blanks)	2.72
N	
N/A	
I'm a pharmacy tech	
No. Retired	
NA	
N/A	
Lecture very interesting and informative but I do not perform ultrasounds	
Time Knowledge	
-	
N/A	
N/A	
NA	
N/A	
.	
NA	
I am not in clinical practice at this time.	
Not scanning vascular at the moment	
nothing at the present moment	
N/A	
N/A	
Will implement guidelines	
Nothing	
None	
N/A	

not apply

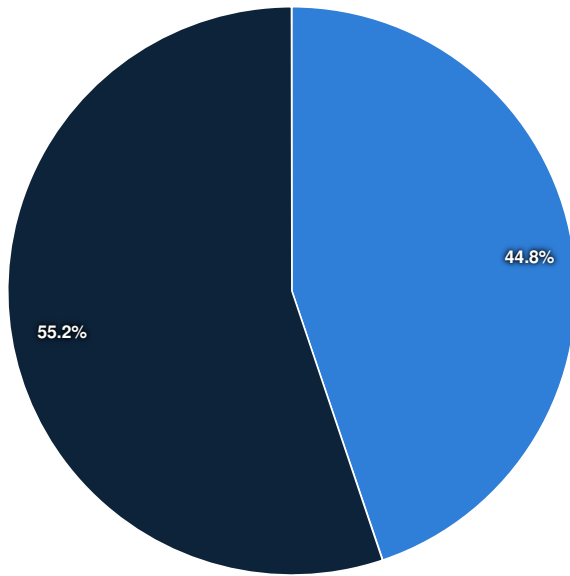
N/A

The knowledges are to implement.

The knowledges are to implement.

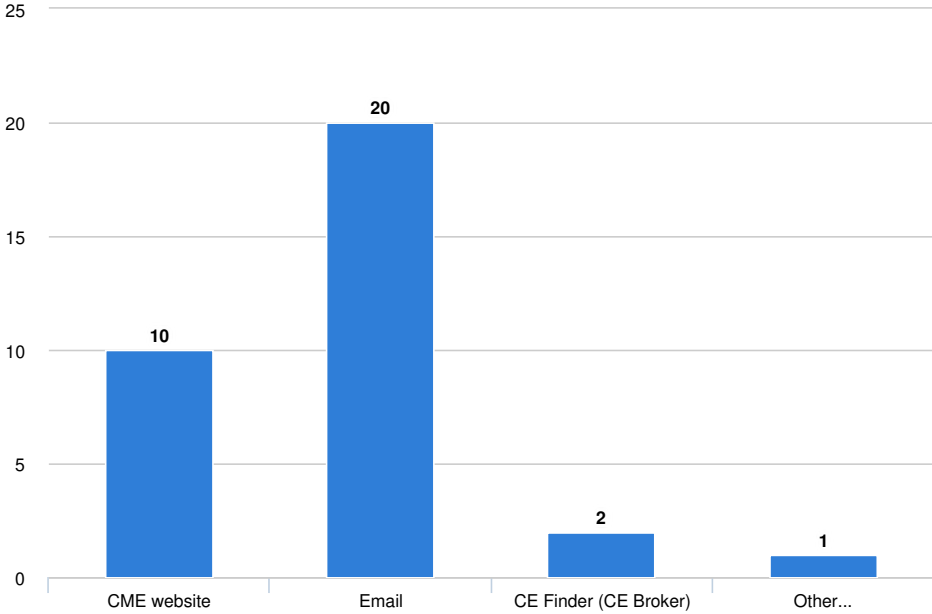
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Please provide any additional comments or suggestions.



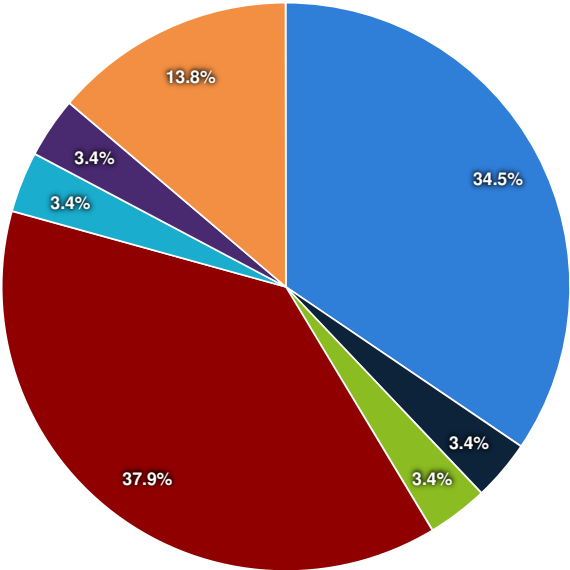
Left Blank	13
User entered value	16
Average submission length in words (ex blanks)	3.00
N	
Thanks	
NA	
Very nice conference	
why did you include questions about heat illness?	
Great session	
None	
Excellent presentation	
Great presentation	
Please do a series on Breast pathology	
excellent presentation.	
Excellent CME	
Hi. I answered the exertion heat illness questions in order to submit.	
Excellent presentation.	
Excellent presentation.	
0	

How did you hear about this course?



CME website	10
Email	20
CE Finder (CE Broker)	2
Other...	1 (view)

Please select one:



M.D., D.O.	10
ARNP/PA-C	1
R.N.	1
Sonographer	11
Untrasound Tech	1
Pharmacist	1
Other...	4 (view)