

BHSF CME Committee Review**Evaluation Scores**

January - April 2023

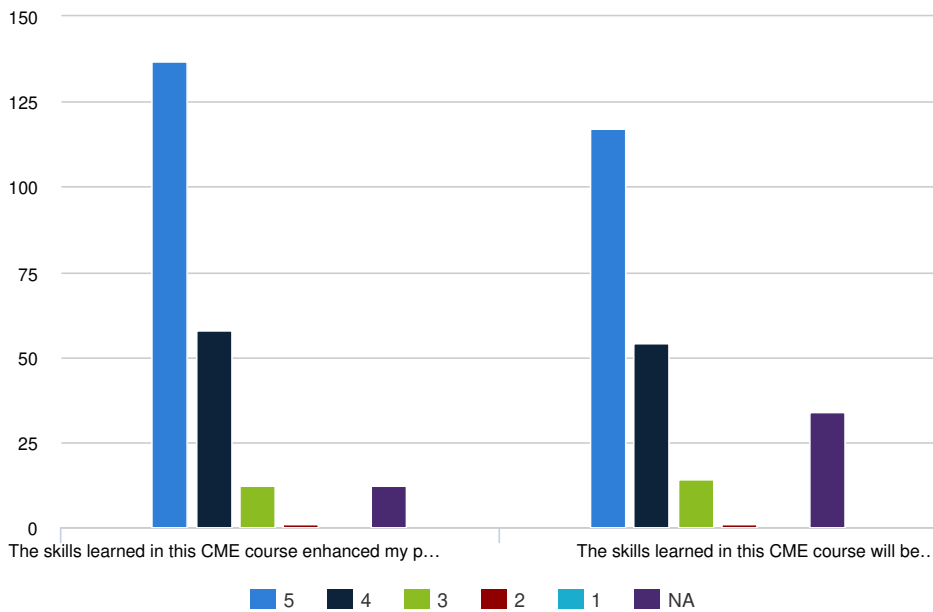
Lecture Date	Lecture Title	Speaker(s)	Total Attn	Skills learned enhanced my professional competence	Skills learned will be applied in my practice	Avrg. Score
1.28.23	2023 Baptist Health Spine Symposium	Directors - Robert J. Rothrock, M.D., Melissa M. Guanche, M.D.	288	4.7	4.7	4.7
2.4.23	Inaugural Miami Cancer Institute Precision Oncology Symposium	Director - Manmeet Ahluwalia, M.D., MBA	129	4.9	4.9	4.8
2.28.23	GME- Faculty Development – Clinical Teaching Foundations	Suzanne Minor, M.D.	20	5	5	4.9
3.1.23	Echocardiography and Noninvasive Vascular Testing Lecture Series: Assessment of Diastolic Function: "What the General Cardiologist Needs to Know"	Socrates V. Kakoulides, M.D.	86	4.8	4.8	4.9
3.11-3.12.23	Miami Cancer Institute Global Summit on Immunotherapies for Hematologic Malignancies, Fourth Annual	Director - Guenther Koehne M.D., Ph.D.	148	4.9	4.9	4.8
3.13.23	Miami Cancer Institute Multispecialty Grand Rounds: Proton Craniospinal Irradiation for Leptomeningeal Metastasis – Where are we	Jonathan Yang, M.D.	36	4.9	4.9	4.9
3.14.23	Boca Raton Regional Hospital Internal Medicine Grand Rounds: Dysphagia Management: Role of Speech Pathology	Marya Gill, M.S., CCC-SLP	77	4.8	4.8	4.8
3.21.23	Boca Raton Regional Hospital Internal Medicine Grand Rounds: Healthy Aging for Your Patients and for You	Joseph G. Ouslander, M.D.	88	4.8	4.9	4.9
3.28.23	Boca Raton Regional Hospital Internal Medicine Grand Rounds: Overview of Adult Vaccines and Updates	Lisa C. Martinez, M.D.	114	4.7	4.7	4.7
3.24 - 3.26.23	Boca Raton Regional Hospital Internal Medicine Symposium	Directors - John F. Rubin, M.D., FACP, Kenneth R. Rosenthal, M.D., FACP, FACG, AGAF, Michael B. Phillips, M.D., FACP	250	4.8	4.8	4.6
4.5.23	Echocardiography and Noninvasive Vascular Testing Lecture Series: Assessment of Aortoiliac and Lower Extremity Arterial Aneurysms	Alex Powell, M.D.	76	4.8	4.8	4.8
4.13.23	Tenth Annual Omar Pasalodos, M.D., Memorial Lecture: Giving Birth in Florida	Sharmila K. Makhija, M.D., MBA	20	4.9	4.9	4.8

Lecture Date	Lecture Title	Speaker(s)	Total Attnd	Skills learned enhanced my professional competence	Skills learned will be applied in my practice	Avg. Score
4.18.23	MCVI Grand Rounds: A Comprehensive Approach to the Diagnosis and Management of Acute Pulmonary Embolism	Ian Del Conde Pozzi, M.D., FACC, Ripal Gandhi, M.D., Marc Gibber, M.D.	106	4.8	4.8	4.8
	Baptist Health Academic Week					
4/17/2023	Using Antibiotics Wisely: Insights on Antimicrobial Stewardship for Everyday Practice	Alice Landayan, Lydie Fontana, Marina Zwisler, Wilbert Fuerte and Corey Frederick	99	4.9	4.9	4.9
4/17/2023	Graduate Medical Education Grand Rounds	Ami B. Bhatt, M.D., FACC	68	4.8	4.8	4.8
4/18/2023	Center for Advanced Analytics - Café with CAA	Anshul Saxena, Don Parris and William Arguelles	10	4.8	4.8	4.8
4/18/2023	Baptist Health Center for Research: Elevating Care Through Discovery	Paul Papagni, Lara Arias, Amanda Coltes-Rojas, Draco Forte, Devica Samsundar and Deborah Suarez	39	4.9	4.9	4.9
4/19/2023	Inaugural Baptist Health Academic Conference: Forging Paths to Achieve Health Equity	Manmeet Ahluwalia, M.D., MBA, Margarita Alegria, Ph.D., Garth Graham, M.D., MPH, FACC and Don Parris, Ph.D., MPH	184	4.8	4.8	4.8
4/20/2023	Exploring Allied Health - Understanding Allied Health Professions and Their Critical Role in Delivering Patient Care	Moderator: Carolina Peticari, M.Ed., CDP	28	5	5	5
4/21/2023	Health Equity in Nursing	Tony Umadhay, Ph.D., CRNA, APRN	118	4.8	4.8	4.8

2023 Baptist Health Spine Symposium Evaluation

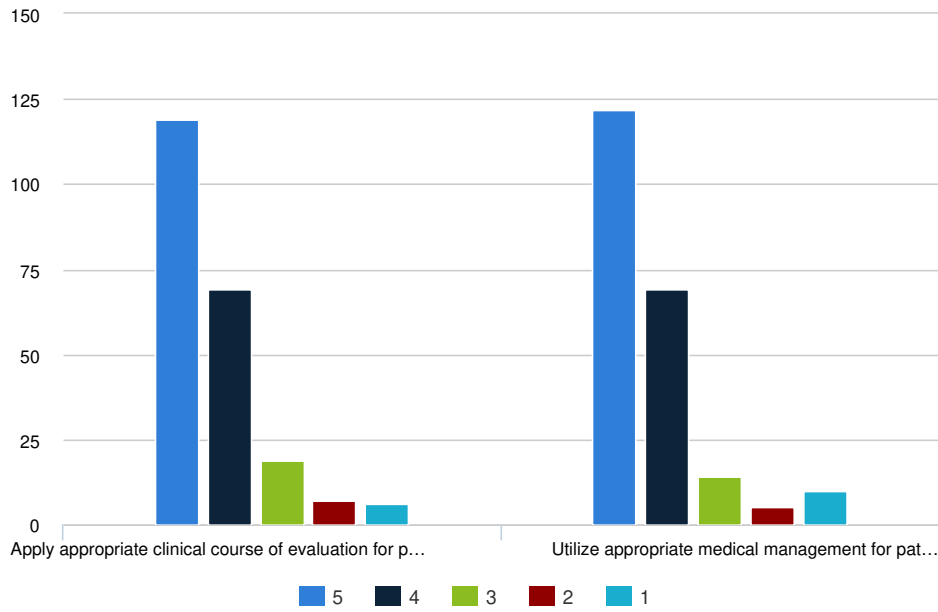
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



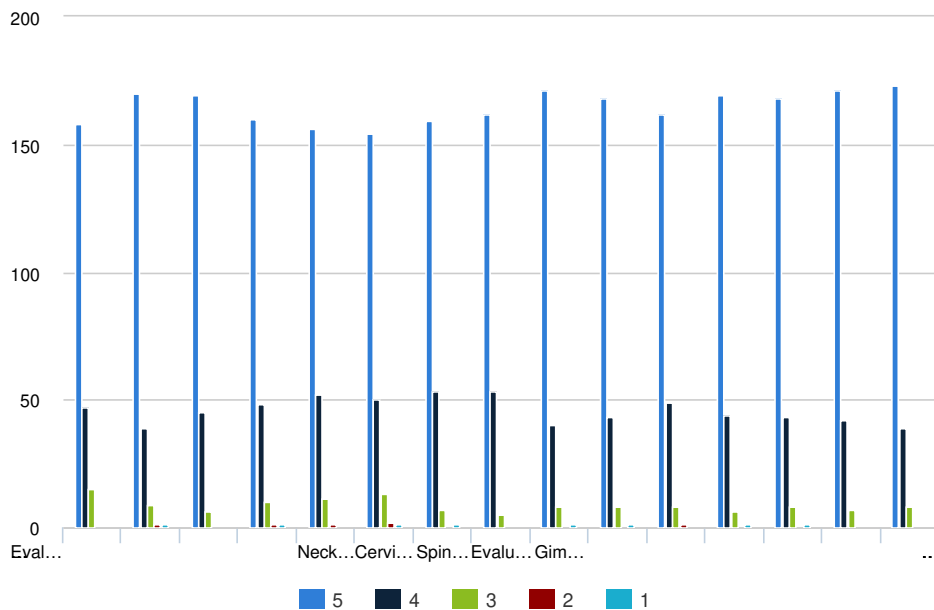
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	137	58	12	1	0	12
The skills learned in this CME course will be applied in the treatment of my patients	117	54	14	1	0	34

How confident are you in your ability to:



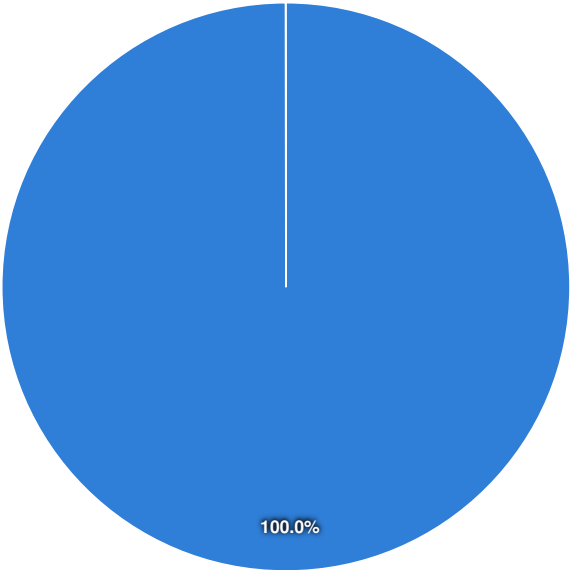
	5	4	3	2	1
Apply appropriate clinical course of evaluation for patients with spine complaints?	119	69	19	7	6
Utilize appropriate medical management for patients with spine complaints?	122	69	14	5	10

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



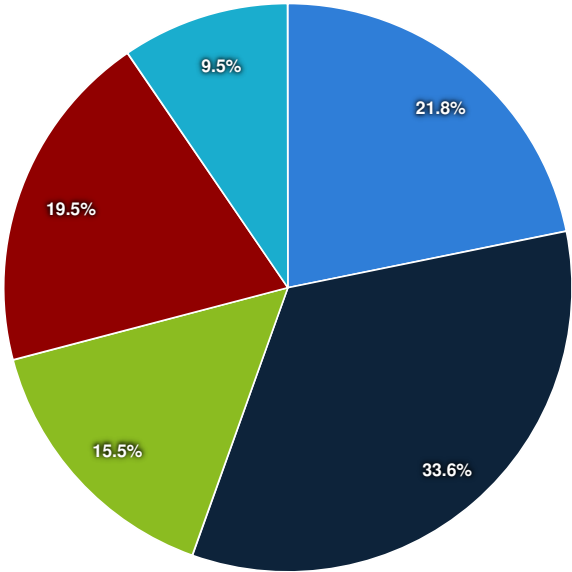
	5	4	3	2	1
Evaluation of Acute Neck Pain - Christine M. Villoch, M.D., FAAPMR	158	47	15	0	0
Whiplash: What Is It? - Ronald B. Tolchin, D.O.	170	39	9	1	1
Diagnosis of Cervical Facet Pain - Melissa M. Guanche, M.D.	169	45	6	0	0
Evaluation of Cervical Radiculopathy - German Ojeda-Correal, M.D.	160	48	10	1	1
Neck Pain in the Postsurgical Patient - Justin M. Thottam D.O.	156	52	11	1	0
Cervical Radiculopathy and EMG - Jose Andres Restrepo, M.D., FAAPMR	154	50	13	2	1
Spinal Cord Stimulation for the Cervical Spine - Akshay Goyal, M.D.	159	53	7	0	1
Evaluation of Thoracic Pain - Eduardo Icaza, M.D.	162	53	5	0	0
Gimme or Gimmick? Endoscopic-assisted Transforaminal Discectomy - Robert J. Rothrock, M.D.	171	40	8	0	1
Lateral Lumbar Fusion as a Minimally Invasive Treatment for Adjacent Segment Disease - Michael E. Gomez, M.D., FAANS	168	43	8	0	1
Understanding Proximal Junctional Kyphosis in Adult Spinal Deformity - Raul A. Vasquez-Castellanos, M.D.	162	49	8	1	0
Lumbar Fusion vs Redo Discectomy for Recurrent Disc Herniation - Jobyna Whiting, M.D.	169	44	6	0	1
Cervical Laminoplasty – Alternative to Fusion for Cervical Myelopathy? - Jason Liounakas, M.D.	168	43	8	0	1
Kyphoplasty at High Risk Levels and Adjacent Segments - Justin M. Sporrer, M.D.	171	42	7	0	0
Intramedullary Spinal Cord Tumors - Vitaly Siomin, M.D.	173	39	8	0	0

Was this course fair, balanced and without commercial bias?



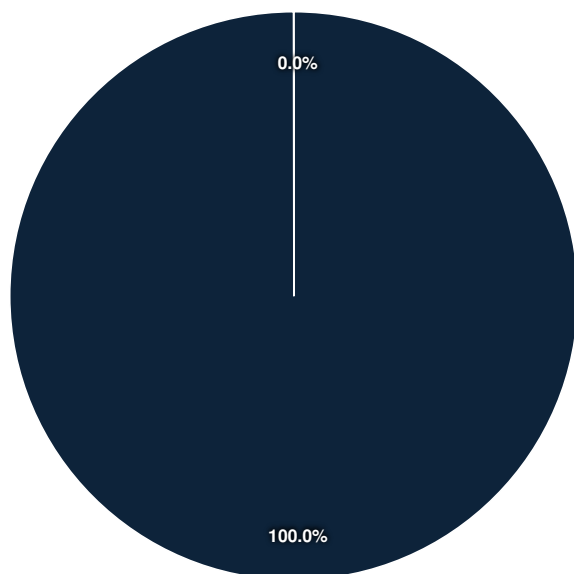
Yes	220
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As a result of my participation in this Symposium, I commit to make the following changes to my clinical practice:



I will utilize evidence-based, peer-reviewed publications from the last 18 months in the diagnosis of common spinal conditions.	48
I will implement strategies to guide evaluation and medical management for patients with spine complaints.	74
I will implement strategies to improve neurological outcomes in the treatment of spinal pathology.	34
Not applicable to my practice.	43
I am retired.	21

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



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Average submission length in words (ex blanks)	6.16
Medical management of patients with spine complaints	
Evidence based medicine	
All of it	
.	
Increased knowledge and outcomes of non surgical treatment options	
Improved assessment skills	
na retired	
When to order EMG. When to refer to specialist. What can be done in my sports clinic.	
Consider requesting adjacent segment kyphoplasty for thoracolumbar fractures.	
Need to give it some thought	
.	
.....	
I attended to broaden my general knowledge. I am not a practicing clinician	
Better understanding of etiology and dx imaging	
More in depth history and physical	
N/A	
N/A	
NA	
N/a	
.	
Advise less invasive methods	
Evaluating my patients and refer them for an evaluation.	
Medical management of my spine patients	
.	

N/A to my practice

I am a pharmacist and my focus is medications

Earlier recognition of issues on my patients

Referral for laminoplasty

Possibly refer patients for cervical Laminoplasty for cervical myelopathy and endoscopic surgery and vertebral augmentation of vertebra adjacent to acute VCF

No change

Better understanding of the patient we have in rehab

n/a

None

Stratify patients presenting with spinal complaints/

Enormous boost in my knowledge base. Thanks.

Practice referring faster

None

The evaluation components.

More awareness

n/a

Better understanding of anatomical pain management

better care

Learn more about endoscopic procedures

Understanding the treatment as it relates to the medications prescribed

n/a

N/A

-

new evidence based studies

In my practice I see few case but this review teach me a lot practical clinical sx that I (we)as primary doctor need to be aware

More thorough neuro exam relating to gait abnormalities

Dual medialbranch blocks with diff LA

na

New skills on what to look out on my physical exams

N/a

I am retired

no change

consult with neurologist

Better referrals

Better understanding leading to better pateint management.

Continue being thorough in history and exam with spinal complaints and treat and refer as appropriate

Na

None

Was actually more hopeful on newer insights for the assessment of cervical pain.

Better evaluation of xrays

Mobility of spinal patients

Better correlation of evaluation of patient's complaints and physical findinas with neurodianostic studies

I am retired.

Diagnosis modalities, proper utilization of diagnostic studies. Understanding the choices patients have

Consider prophylactic kyphoplasty

It was wonderful to have a more thorough explanation of back pain and it's many layers

.

Cervical blocks for dx radicular pain

EMG FOR CERVICAL RADICULOPATHY

Consultation with the neurologist

EMG, NCV results explaining different pathologies

Neurological testing Syndrome recognition

Treating recurrent disc herniations differently

Referral for other options

I mean Interventional Pain Physicians Of South Florida, familiar with all of the conservative material.

Advances are amazing.

Knowing when to refer for spine surgery

Applying a more thorough examination of the thoracic spine. Always being mindful of red flags if patient's complaints are not consistent with an orthopedic diagnosis.

evidence -based information

better assessment skills

Awareness of the current treatments to share with my patients.

Whip lash management

Better data utilization for spine patient management

none

Refer for evaluation

N/A

I will be better able to treat my patients and guide them in the treatment process and with evidence based recommendations

Better patient evaluation

I attended for my own knowledge as I have some issues with neck and spine

All

This was a beneficial refocus on neuro evaluation, addressing aging, ADL positioning and pre/post surgical intervention/exercises.

0 . I am Occ Health

Increased ability to determine best referral. Increased ability to differentiate source of symptoms

better evaluation of patients

None

Evaluating and treating spine elsilns

Becoming more aware of the different procederes that my patients have gone through. Understanding the physical/structural things that occurs during surgery.

Assessment

overall current best practices

All of this info will be applied to my practice.

New information of adjacent level compression fractures

N/a

N/A Retired

Info regarding laminoplasty

None, I am retired.

Good material, very important to understand

n/a

Not applicable

Every skill spoke about in this symposium will assist me to l'm prove my diagnosis and plan of care for our patients

Up to date

Physical exam based on each type

Y

Diagnosing skills

Highten selection

Better management for the adjacent segment disease

-

N/A

Better understanding of the new procedures to reduce neck & back pain.

Increase us of PT involvement

Treat patient with encephalopathy and proper management.

new surgical options

Understand the procedure will guide me well in post op care of pts

As a Worker Compensation Case Manager RN the clinical knowledge of current Neuroscience as it relates to diagnostic and treatment modalities for our clients diagnosed with the various Spinal conditions mentioned in today's symposium helps me to guide and manage their medical services as well as support and educate our clients. I will be applying all info discussed to my practice with the exception of spinal carcinomas as I do not practice nursing within this population, however the knowledge is professionally valuable.

All.

I will be able to discuss management with peers more knowledgeably

n/a

None

Care of patient

More in clinic testing and providing pt with appropriate referrals

I will apply the recommendations made about the different modalities of treatment to patients who present with

N/A

Na

Discuss in greater detail of the consequences of spinal surgery.

I am retired.

new information learned

Better understanding of surgical options

Referral for specific injection strategies

Information pertaining that 'Acceleration deceleration' injury has a wider effect on the body & spine

NA

Will apply evidenced based on deciding treatment

I will use more physiological diagnosrics before jumping to radiographs

na

I have learned when and where to refer patients with these diseases

approach neck pain differently

N/A

xx

N/A

More info on thoracic eval

Better understanding of spine pathology.

Cervical radiculopathy h&p

Better educating my patients as to the options

New to practice - so will implement all.

N/A

Understand spinal pathology Better

Educate patient and family

N/A

I had a better understanding of the complexity of back pain and how different therapies for the different types presented.

utilization of spine specialists.

Na

Na

-

Better understanding of CMBB injection, PJK and whiplash injury

The course provided me with updated EBR and interventions being offered to our rehab patients by the Center for Spine Care

n/a

N/A

I will better assess my patients for any spinal issues that may arise and notify the physician of any relevant findings.

Update Eval of whiplash

All above

N/a

Medical management of spine pain

Evaluation

All

Improve management and referral

many

I will use when caring for my patients by sharing the information I know

N/A

Reinforced learning

Reinforced learning

Na

None

I treat patients conservatively but I now am aware of the most current methodologies for treatment of surgical cases.

Able to enhance case review knowledge.

New and updated Knowledge

I will utilize Evidence-Based, Peer-Reviewed publications in the diagnosis and medical management of common spinal conditions.

Common spinal conditions:

Diagnosis

I will read more new publications and watch webinars about spine

*

I'm not a physician

I will utilize evidence-based, peer-reviewed publications from the last 18 months in the diagnosis of common spinal conditions.

.....

Evaluation and PT

more on medical management of the failed back

None

Exam pearls I saw in symposia

Not applicable to my practice

I will pay more attention to facet joint pain and earlier referral for diagnostic block. I will also implement more manual treatment for Whiplash injuries.

Asistencia endoscopia

EMG evaluation for lumbar radiculopathy

EMG evaluation for lumbar radiculopathy

Better strategies for proper referral for treatment

Appropriate surgical intervention

.

Adequately assess patients to indicate the most effective therapy

Thank you, this is more fro my general knowledge

.

Best practice medicine

Diagnosis of Cervical Facet Pain

identify spinal concerns and implement work up

implementing the stepwise approach when treating my patient with particular spine pathologies and complaints

I will look at neck and back pain differently.

I now understand the clinicopathologic basis of spinal pain, and know better when to refer

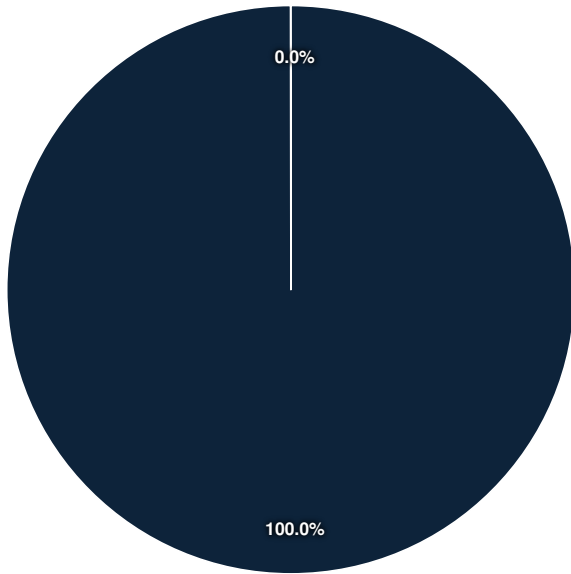
It confirm what I have been applying at mi practice

complete evaluation

Not applicable to my practice

Updated my knowledge in this medical area

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)	3.25
NA	
None	
N/a	
.	
Not applicable	
Great presentation	
na retired	
.	
N/A	
Need to think it over.	
.	
.....	
NA	
Na	
N/a	
N/A	
N/A	
NA	
N/a	
N/a	
NA	
N/a	
N/A	
Yes	

Yes

Yes

N/A to my practice

I am a pharmacist

I plan to apply

N/A

Surgeons in my area do not perform endoscopic spine surgery or laminoplasty

Currently ok

N/a

retired

Not in my specialty

N/A

I do plan

None

Rarely treat these problems

N/A

Not my direct field as an RRT but now I am more aware & educated on spinal care & diseases.

n/a

Na

nothing

N/A

N/A

n/a

N/A

Not applicable to my practice

N/A

Just as above , I will no implement any specific strategies

I do plan to utilize

N/A

na

N/a

N/a

I am retired

currebtly ok

I will implement the strategies learned from the course if I have the chance any patient with spinal problems

Continue same high level care for my patients

None

N/a

Na

As a Technologist this was informative but won't change what I do

None

N/A

Limited scope of practice

not applicable, see above

I am retired.

I'm a Family Medicine do not do interventions, however what I'm applying is general knowledge, how and what to do initially when to refer. Explain patients what to expect, where to properly refer.

NA

This is not within my practice I do suffer from back pain and now have a better understanding of what is out there,

.

na

NO BARRIER

I will implement what I learned from the course

N/a

N/A

Not in surgical practice

N/A

N/A

Retired

NA

N/A

n/a

better assessment of patients with spinal pain

I do plan.

Nothing than confirming what we do with more knowledge and comfort

N/a

doing it

Better evaluations

I'm retired

N/a

This is not part of my practice

I attended for my own knowledge as I have some issues with neck and spine

Nothing

none

I am Occ Health. Thank you

N/A

not part of my practice

None

Na

I can implement some of the knowledge that I have learned.

None

nothing

.

Nothing. I already do all these things.

N/a

Retired

N/A

Retirement

Retirement.

Not in my field of practice

n/a

Not applicable

.

Retired

Na

N

Improve imaging ordering

NA

n/a

-

N/A

Lack of knowledge.

Na

Increase my knowledge about new guidelines for neuro patients.

none

N/a

See above.

None.

N/a

n/a

Already do this

NA

See above

My practice is limited children, adolescents & young adults. We get more complaints for evaluation of head injuries such as concussion.

N/A

Na

I plan on doing so.

I am retired.

n/a

Na

I am implementing many of these strategies already

N/a

NA

Time

N/A

na

Actually for many of these entities I will immobilize the patient and call paramedics to transport to hospital

nothing

Not currently seeing patients.

xxxxxxxxxx

N/A

Na

na

None

N/A

NA

Na

N/A

Retired

n.a

N/A

I am a registered nurse and knowledge is important to me.

na

Na

Na

Not applicable to my practice

N/A

n/a

n/a

N/A

n/a

N/A

Nothing

I don't treat patients

Nothing

Not applicable to my practice

Na

Nothing

many

n/a

N/A

Not applicable

Not applicable

Na

No barriers

Nothing

No

n/a

I will plan to implement new skills/strategies.

N/a

Health system

*

N/A

see above

Can no be utilized in my office however, recommend more EMG testing in patients with any kind of numbness.

NA

will adapt to new ideas

N/A

N/a

Not applicable to my practice

Not applicable.

Implementación de la asistencia endoscópica

Insurance

Insurance

I prefer to refer than treat on this type of diseases

N/a

.

yes, i will plan implement it

Again, this course was more for my general knowledge

.

None

Evaluation of Cervical Radiculopathy

N/A

N/A

n/a

I do not treat neurologic disorders such as these

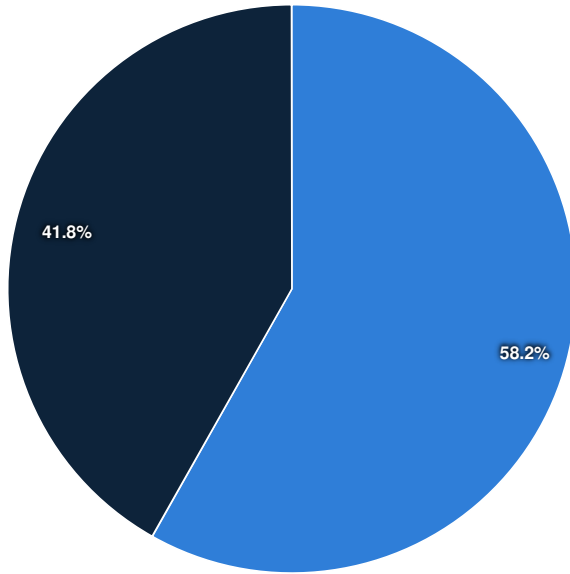
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Insurance

I am an educator, not a clinician- no longer practicing

The type of medicine I practice

Please provide any additional comments or suggestions.



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Average submission length in words (ex blanks)	13.04

Appreciated the significant amount of information and topics covered in 3 hours, liked the 10 min presentation format

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N/A

N/A

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Great lectures

Great webinar. Thanks

Yes

Yes

Excellent speakers

Excellent presentations

N/A

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n/a

Very little information on conservative and surgical treatment of lumbar disease.

It was quite fast presentations but covered general aspects of spinal pathology and diagnostic/management aspects.

Awesome symposium today with great speakers. We'll appreciate.

Excellent rapid fire presentations.

none

N/A

Excellent spine review

na

Great symposium

I wish if it were complete didactic course from A-to-Z, by one or two speakers concentrating on the basics

Nicely done. Website did not have link. I registered a week ago, but it was confusing and asked me to register again. Wanted to use my laptop to view program and see better detail of x-rays etc. Not user friendly. Missed some of the presentations.

None

I actually favored the zoom activity, gave me the opportunity to attend otherwise I would have missed it. I'm sick today. I wish we could attend in person. I did experienced technical glitches.

It was a great Symposium with great speakers. They are all very knowledgeable and I've learned a great deal,

I would love to get in touch with the person that organizes this symposium. It was wonderful !!! My name is Dr. Jennifer Illes ...I'm a chiropractor and registered nurse in the state of Florida (WPB). Also the VP of Keiser universitys college of chiropractic medicine. Would love to collaborate with evidence based spine care on the chiropractic end. Thank you. Jilles@keiseruniversity.edu.

I wish if it were a didactic course from A-to-Z on the subject basics by one or two providers

Presentations were rushed. 15 minutes per speaker would be better.

N/A

Timely topic and well presented.

Keep abreast with all the advances

Good and brief conference

Very good symposium. Only issue was some technical glitches in several of the presentations

Thank you for an excellent presentation!

I appreciated the visuals and if the presenter could use a POINTER that would be beneficial.

Thank you

A very concentrated symposium of high quality. I felt that the speakers felt rushed in their presentations. Maybe allow them a bit more time next year?

None

I am an Oncology Massage Therapist at MCI. I am also a Registered Respiratory Therapist. The symposium was very interesting, although it was very rapid. The ten minute limitation was difficult to keep up with all the great data being presented. Still I did pick up some diagnostic information and it did give me information in the different procedure some of my patients have gone through. On a different point, Baptist Health has six very knowledgeable and experienced Massage Therapist who do great work helping patient deal with their back and neck pain. I would like to see CEU be available for us as well. I think it would help us to be better therapist and there would be a lot of interest in taking these course. I also think it would let other practitioners and staff know that we are available to help their patient with pain management. Weather they have surgery, PT or other interventions we can also be part of the patient's recovery process. Many patient tell us they use less pain medication when they have manual treatments on a regular basis. Most patient are very compliant with their treatments. Whether it be Oncology massage, Medical massage, Cranial Sacral Therapy or Oncology Acupuncture. These are available within Baptist Health. I would like to thank Dr. Tolchin for supporting these modalities at both South Miami Hospital and Miami Cancer Institute. Thank you all for putting this presentation together and to all the Physicians who participated. Thank you for your time on a Saturday morning.

Some of the early lectures would be better given for medical students not practicing physicians

Great speakers and subject material

Some speakers spoke very quickly to get all their lectures done in the allotted time and were difficult to understand unless you read the recording simultaneously

Interesting subject covered well, giving both conservative as well as more invasive therapeutic modalities.

Material: Excellent. Presentation: TERRIBLE, and I am being kind when I use that term. Several, were excellent, particularly Rothrock, Liounakas, & Whiting. The majority of speakers just read the powerpoint presentation to me in a mumbling unintelligible monotone, without any meaningful speech. At first I turned off the volume, but with time, I started reading the newspaper, occasionally looking at the monitor; someone needs to screen the speakers, make them do a mock presentation, have someone in the PR department of Baptist help, if necessary. Due to the presentation deficiencies of the speakers, it lost some of the credibility that it deserved. If someone on the faculty really can't give a decent presentation (and some people just can't), just leave them off the list. Hopefully, someone will read this and make adjustments. Overall, I love Baptist, and the CME department, thanks for listening and keep striving to improve the product.

n/a

I am a RN. I don't currently practice with these type of patients but have multiple spinal issues myself post 2 cervical spine surgeries and currently am suffering from intractable lumbar pain. Was hoping to learn about new treatments that may help.

Excelent presentation thank you

Na

Great job

Speakers to rushed should give at least 15 min

Excellent program.

Would like to have more physical exam eval, findings and discussion. Loved the C-spine diagram depicting pain sections

Excellent presentation.

Thank you.

None

These talks were quite good: Cervical laminoplasty, endo assisted disc and cervical laminoplasty

I would recommend that speakers be given at least 15-30 minutes for their presentations. There was a presentation terminated abruptly and others presentations where the information was delivered too quickly.

N/A

Lumbar spinal stenosis and cauda equina syndrome coverage in another session would be helpful. Specific medications could be discussed in greater detail as well. Specifics of physical therapy measures would be another topic too.

Excellent on line experience it worked 100%

good time management and appropriate topics

I felt that this symposium was state of the art, an excellent group of lectures

This was just excellent. So glad to have had the opportunity to attend.

xxxxxxxxxxxxxxxx

Great information was received. learned a lot of new information.

None

There were a few technical errors, otherwise a great symposium.

na

Dr. Restrepo did nothing but read his slides Dr, Goyal gave a bit of very interesting information on excitatory and inhibitory pain pathways. I would have liked to hear more about that.

Excellent conference. Thank you very much

I feel that topics would be further developed in 20 minute lectures as apposed to the 10 minutes allotted

great information.

Very technical but well articulated

excellent

Excellent CME

Excellent CME

Sessions too short

Great lecture

Thank you

I'm not a physician

wish there was more on lumbar spine problems and solutions

more on medical management

None

I thank you

.

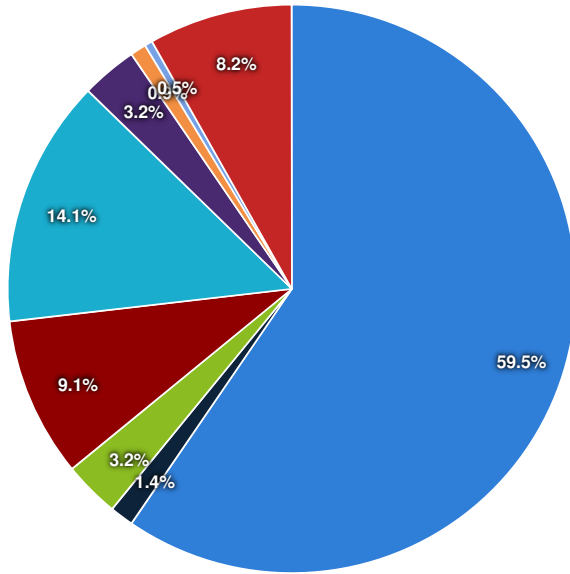
It was excellent, congratulations

good webinar. Thanks

I appreciate the handouts especially with a lot of information given in a short period of time. I thought all the speakers did a great presentation.

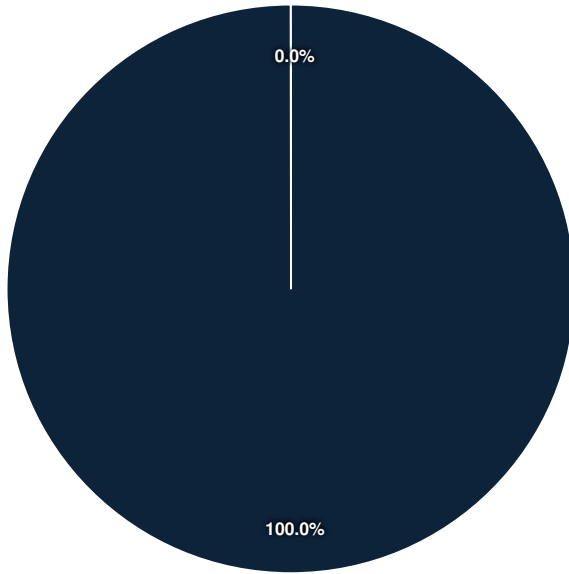
Great symposium

Please select one:



M.D., D.O.	131
Ph.D/Psy.D	3
PA-C	7
APRN	20
RN	31
Pharmacist	7
Occupational Therapist	2
Dietitian	1
Other...	18 (view)

Name



Left Blank	0
User entered value	220
Average submission length in words (ex blanks)	2.55
Victoria Rodriguez	
Raul A Vasquez Castellanos	
Jasmine Brechtefeld	
Julia Kilgore	
Jason Virelli	
Nicole Jennings	
michael spital md	
Joe Bhagratie	
Ronald Tolchin	
Lata Sonpal	
todd alea	
Jessica Saavedra	
Simone Cheong	
Jessica roldan	
Veronica Spinelli	
Sondra Tunney	
Beatrice Heckrr	
Klara Gershman	
Wanda Fontanez	
May Ling Taylor	
Robin Roden	
Blanca C Chavez	
Sergio Chacin Romero	
Maria Ada Flores	

Maria Ada Flores

Maria Cuellar

Mercedes L Gonzalez PharmD

Jorge Marcos MD

Howard Popp

Angelie Mascarinas

Jack cooper MD

Caroline Godinez

Lorne Katz MD

Lawrence Goldman

Diego Fallon, MD

Paulette Smart-Mackey

William Torres

Edward Neff MD

Meliza Perea

Alexander Waller

Anna Dynowska

Roman Kesler

Garrett Saikley, M.D.

William F Young, MD

Angela Adams

JJI GEORGE

SN Misra MD

Edward Michael Czop

Yevsey Goldberg

Leon Poveda

Stephen Petrofsky

James Worden

Kira

Cody Yee

Lianet Florea

Dr . S Murthy. Tadavarthy

jack cooper MD

Mohamed, Abdelaziz

Anthony Perszyk

Kanaga N Sena

Rachel Harris

Maygret Ramirez

Claudia Tavares

Martin Gomez Escobar

Steven Deutch

Vanessa Lennon

Barbara T. Wizer, MD

Phillip Hoffman

María M Peralta MD

George Ibars

Maggy Pierre Louis-Berge

German Ojeda-Correal, MD

Dr. Jennifer Illes

NGOC AN PHAN,MD

Mohamed, abdelaziz

Mario A Mosquera Aliaga

Bruce Rorem, MD

Courtney Stensland, PA-C

Vivian Hernandez Popp

Miguel Figueroa

Frank DeGennaro DO

Adrian Cristian

Zamiriis Eustaquio

Yevsey Goldberg

Sonia Smith, MD

Marietta Waller

Bhuvana mandalapu.MD

Scott Shepard

Clarence Crooms

John R Landis

Lenore T. Noel

Kelli Griffiths

Frida Abrahamian

Nathalie M. Fleureau

Jamelah Morton

Katja Flor

Karen Lyn APRN. Thank you.

Andres L Jimenez MD

Frida Abrahamian

Dieudonne Mitial

David Cowin MD

Josephine "Josie" Galasso

Ivette Rojas

jacquelyn lamb D.O.

Jamie Rhatigan

Dr. Robert Kazan

Dwight Guido Ayala, MD

David E. Freedman

Steven A Kobetz M D

Aftab Khan

Richard Simon, MD

a corella

a corona

Bonita talsma

Sharlym kline

Enrique A Arana,MD

Stephanie sowa

Richard McMurtrey

Mariana De Michele

Dr. Raul Rodas, Neurosurgeon

Ricardo Leano, MD

Doug cordier

Woodburne Levy

Gloria Kelly

Peter DiPiazza

Orlando Bourzac.

karen dudich

Grace Guanzon

Dorothy Waweru

Lydia Masud, M D

Sheryl Strasser

Brandon Goldenberg

Theodore Zaleski

Jaclyn Mackinnon

Elise Mossallati

Margie A. Morales. M.D.

Jeanette Menezes

Charles Kellerman MD

Hrair Darakjian. M D

Phillip Hoffman

tie qian

Eduardo Icaza

Robert L Knobler, MD, PhD

Nevenka Metikos

Jo Ann Smith

Marcus Struller MD

Peter Geleskie

sangili chandran

Leonard Slazinski MD

edward neff md

Jerilynn Campbell

SANDRA L HIRSCH MD

Delphena Madden

Mary Bilthuis

Jacqueline Perez

Catherine Linton

Randal H. Silbiger MD

Michelle Sirman-Wells

Matias Pizzini

Roger Levy

Stephanie Nunez

Ana Torres

Maggy Pierre Louis-Berge

DR PENELOPE EDWARDS CONRAD

Virginia Ramos

Susan Kathleen Hirtz

Edward Michael Czop

Melanie Yang

Cristina Parsons

Nikolas Crocker

Delphena Madden

Bobbie wich

Dominik Chrzan

Robin silverman

Star Belnap

Arthur M Sltbuch MD

Francesca B Sabia

Jenelle Torres

Danielle Desvallons MD

Albert Matos MD

Jennifer Posada

Lane Deyoe

Dr Vibha Honkan MD

Dr Vibha Honkan MD

David Goldstein

Sanya

Janice Stone

Marianne Issa

Yvonne Maxwell

Fidel R Diaz

Carlene campbell Diaz

Elias Saidy

Ann Hernandez, DO

Janet Acosta

anita I. belman MD

Margie Brown

Danni Driscoll MD

Bruce Gottlieb MD

Sergio Jaramillo

Dalia Lorenzo

Randall Yessenow, MD

Kauroon M. Darya

Enrique Vega González

Bakul Patel

Bakul Patel

Carlos M Gadea

Lisette Jimenez

Pavlos katsoulis

victor javier vazquez zamora

James R Rohrbaugh

May Ling Taylor

Lady Lozano Cari

Oleg Robak

Diego Fallon, MD

Megan Valledor

Juliana Garcia DO

Leonard Slazinski

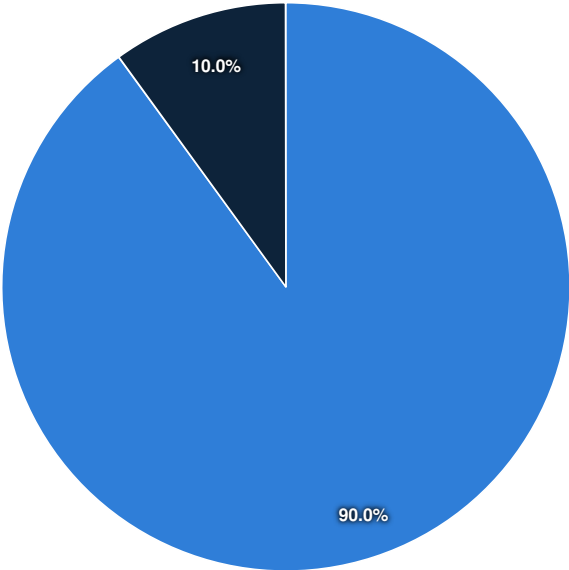
Joaquin Maury Ochoa

Baljeet s sethi

Juliana Rodrigues

Jasmina Marinova

Attestation



I attest that I have participated in this live virtual symposium in its entirety.	198
I attest that I have participated in _____ hours of instruction during this live webinar.	22

1.75

3 hours

3 hrs

Two hours

3

3.0

3

3

2.5

2

4

2

2.5 hours

3

2

3

1.5 hours

1.5 hours

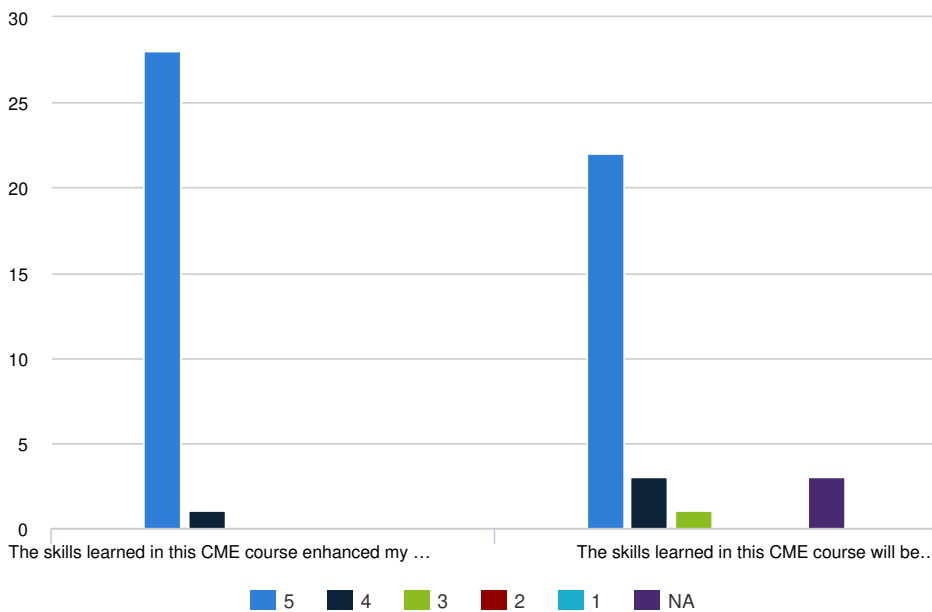
3

2

Baptist Health South Florida Internal Medicine Residency Faculty Development Series Evaluation

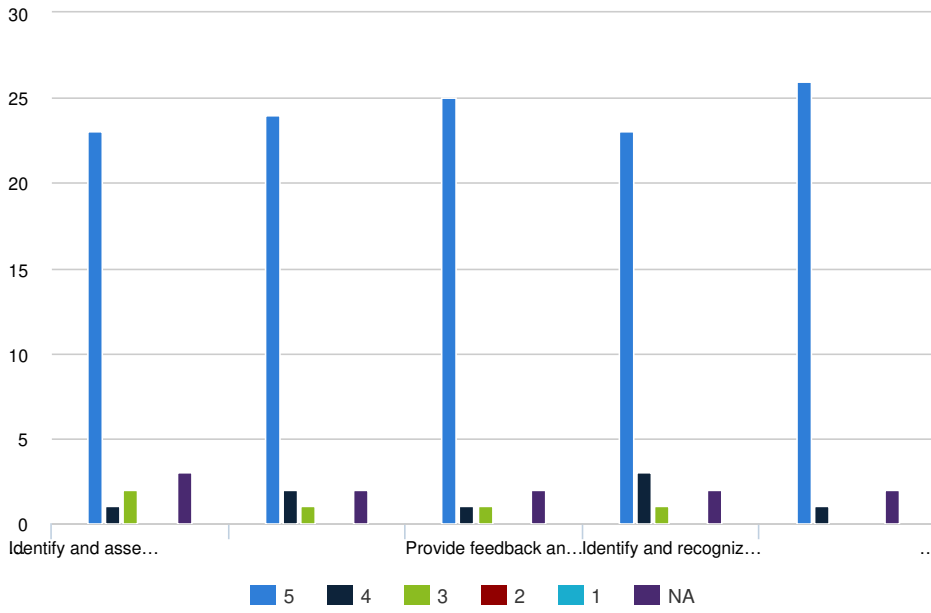
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



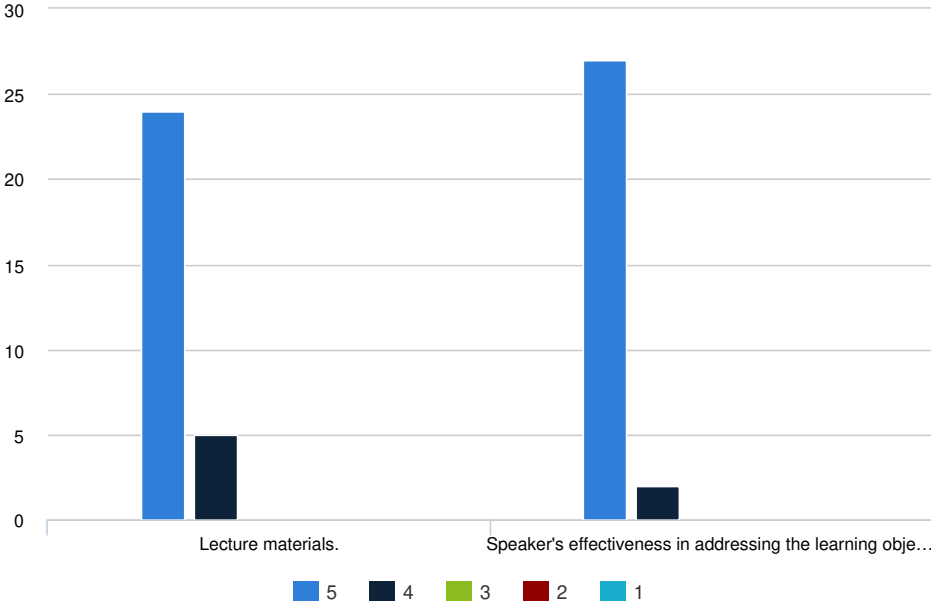
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	28	1	0	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients.	22	3	1	0	0	3

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



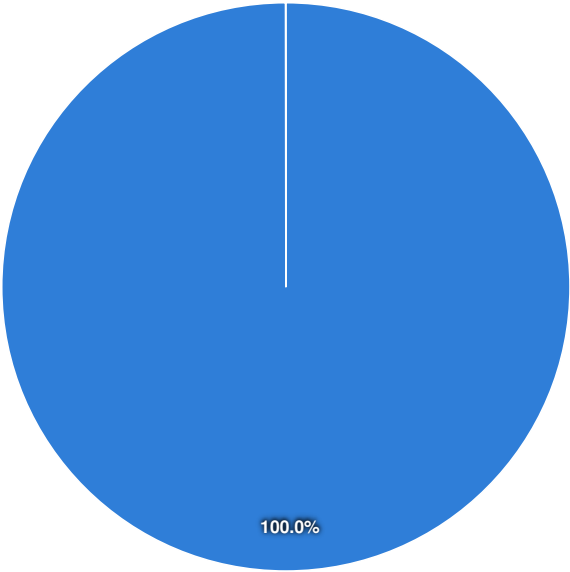
	5	4	3	2	1	NA
Recognize signs and symptoms of physician burnout and effective means to promote physician well-being.	23	1	2	0	0	3
Identify and assess resident competencies and milestones as identified by the ACGME.	24	2	1	0	0	2
Provide feedback and mentorship to residents based on evaluations.	25	1	1	0	0	2
Identify and recognize health disparities in medicine.	23	3	1	0	0	2
Learn and demonstrate evidence-based teaching practices to promote excellence in clinical care.	26	1	0	0	0	2

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



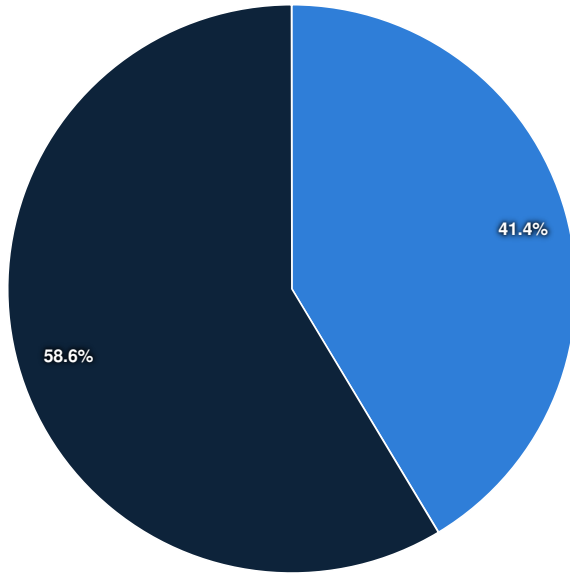
	5	4	3	2	1
Lecture materials.	24	5	0	0	0
Speaker's effectiveness in addressing the learning objectives	27	2	0	0	0

Was this course fair, balanced and without commercial bias?



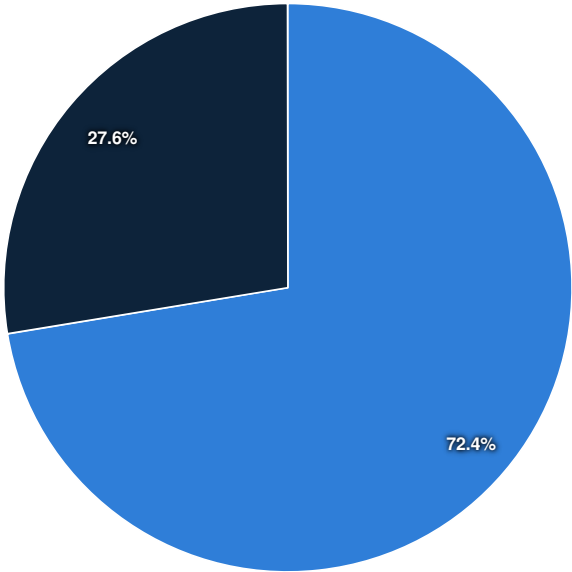
Yes	29
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What, if any, new skills/strategies will you apply in your clinical practice?



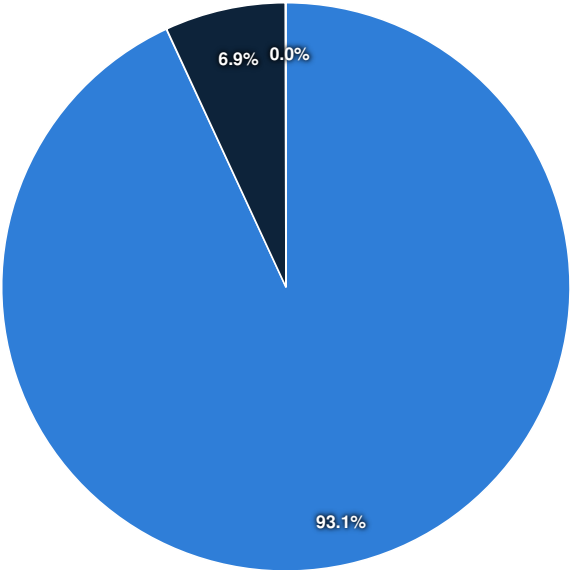
Left Blank	12
User entered value	17
Average submission length in words (ex blanks)	6.53
Be more intentional in the feedback to residents and students/ create a good learning enviroment	
setting better learning environment and a psychologically safe space	
Update	
Better strategies to attract candidates	
Better conduct holistic application review.	
All	
It's a reminder that patients need a culturally competent physician who can build trust in the physician and patient relationship.	
Holistic applicant selection	
understanding the role of holistic review	
Gamification	
great framework for teaching	
TIPP technique and wave scheduling when working with students in office	
Watching the approach residents and fellows take when addressing or even standing by the patient will help with training	
Na	
All	
better ways of providing feedback and evaluating learners	

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



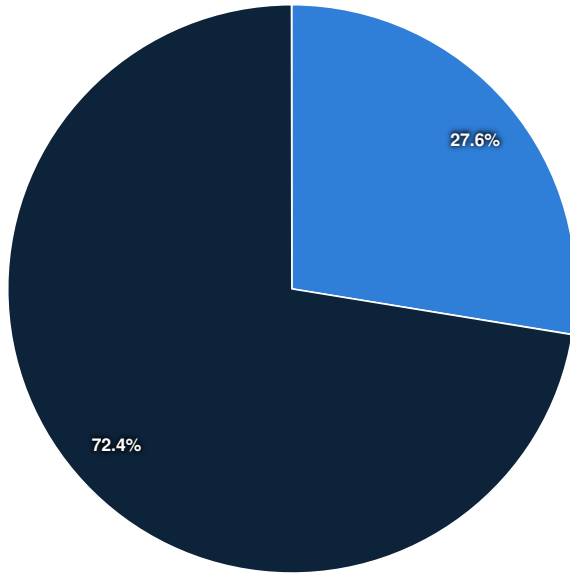
Left Blank	21
User entered value	8
Average submission length in words (ex blanks)	2.75
N/A	
Effective feedback and creat an environment of safety for learning	
N/A	
n/a	
n/a	
Not applicable	
NA	
Na	

Please select one:



M.D., D.O.	27
Athletic Trainor	2
Other...	0

Name

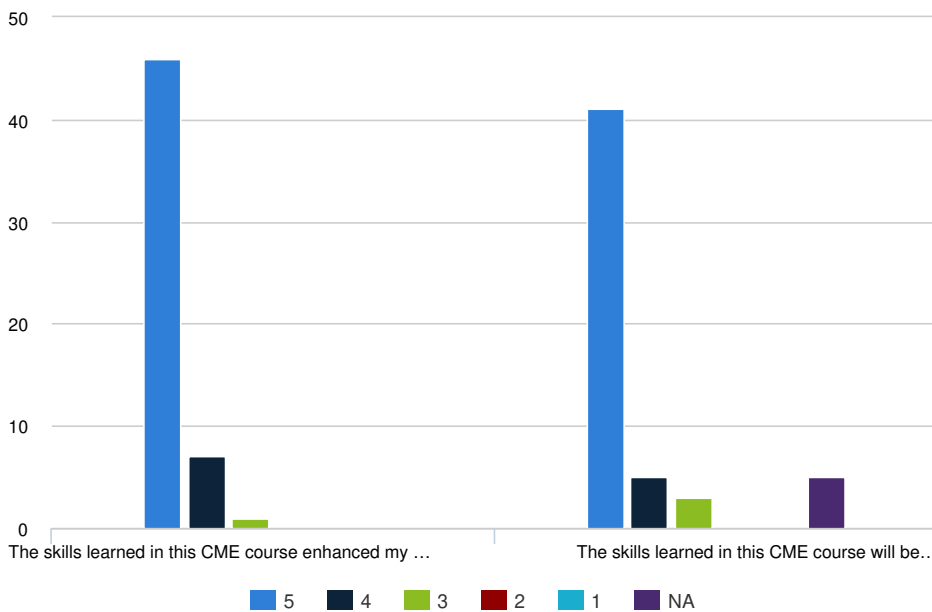


Left Blank	8
User entered value	21
Average submission length in words (ex blanks)	2.43
Ricardo Cury	
Rupa Seetharamaiah	
Javier Hiriart, M.D.	
Deepa Sharma	
Ricardo Cury	
Marcus St John	
Charif Sidani	
Lorena Bonilla MD	
Rupa Seetharamaiah	
Seema Chandra	
alejandra isabel gutierrez	
Aldo Manresa	
Rupa Seetharamaiah	
Marcus St John	
Bernardo B. Fernandez MD	
Cary Chapman, MD	
Kevin Abrams	
Deepa Sharma	
Rupa Seetharamaiah	
charif sidani	
Javier Hiriart	

Echocardiography and Noninvasive Vascular Testing Lecture Series: March 1, 2023

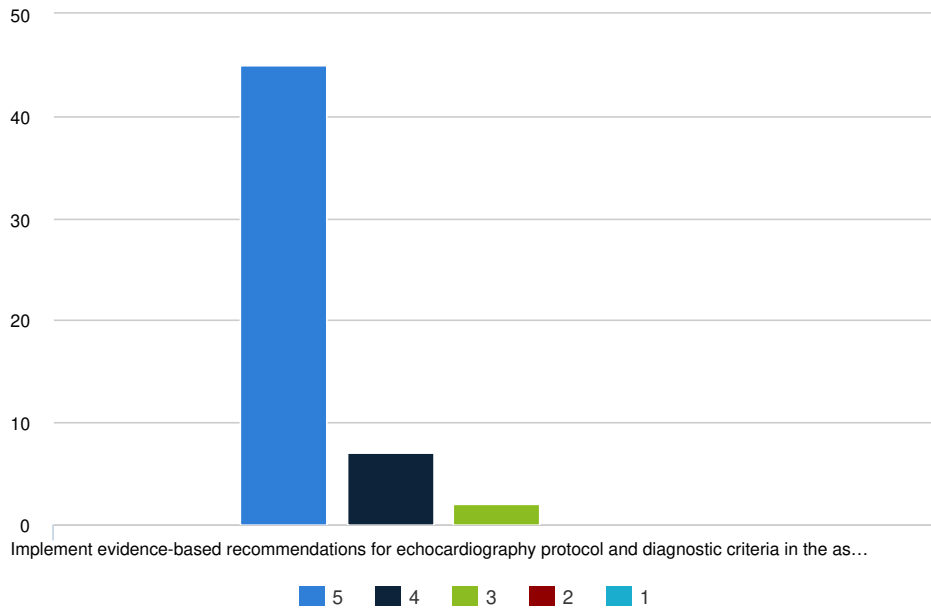
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.	46	7	1	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	41	5	3	0	0	5

How confident are you in your ability to:

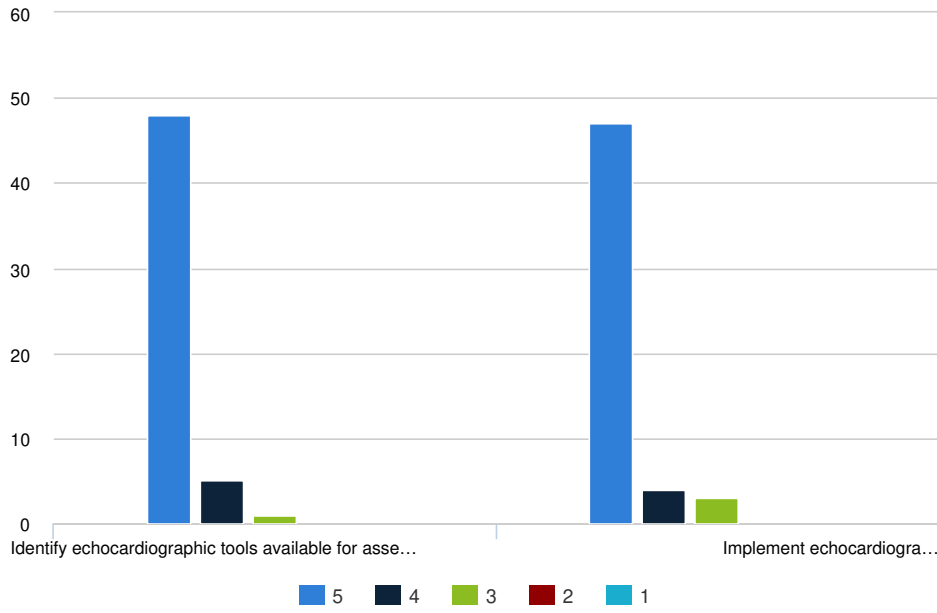


5 4 3 2 1

Implement evidence-based recommendations for echocardiography protocol and diagnostic criteria in the assessment of LV diastolic function?

45 7 2 0 0

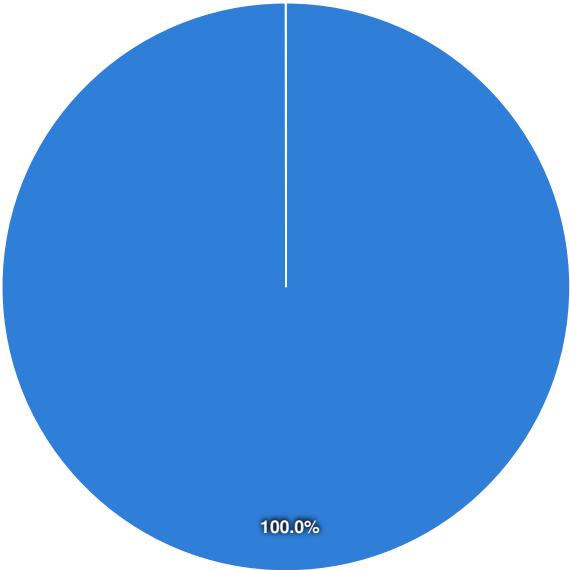
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



5 4 3 2 1

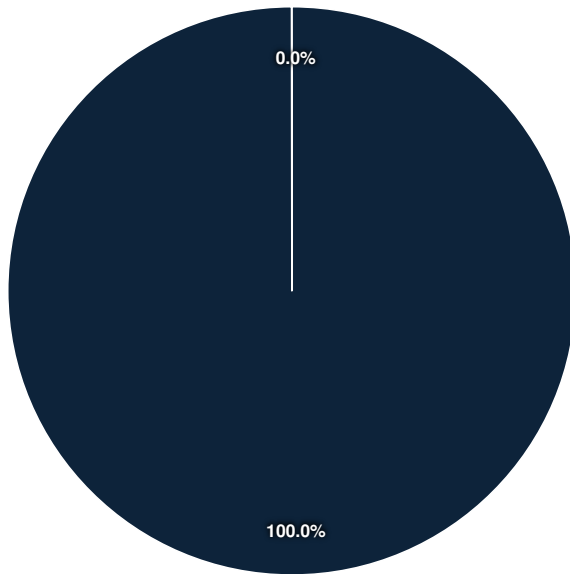
Identify echocardiographic tools available for assessment of LV diastolic function.	48	5	1	0	0
Implement echocardiography step-by-step protocol and diagnostic criteria used for assessment of LV diastolic function.	47	4	3	0	0

Was this course fair, balanced and without commercial bias?



Yes	54
-----	----

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



Left Blank	0
User entered value	54
Average submission length in words (ex blanks)	5.69
N/a	
Most how to diagnose diastolic dysfunction	
Look closer at pulmonary veins for diastolic dysfunction	
N/A	
N/a	
Use special criteria for diagnosis for diastolic dysfunction in patients with afib.	
ASSESSMENT DESCRIBED	
1. Knowledge of different criteria 2. How to measure each criteria 3. How to determine the grade of diastolic dysfunction	
The skills learned in this CME course will be applied in the treatment of my patients	
Already in practice	
Diastolic dysfunction	
Na	
All	
Chart	
all new skills	
improved understanding of echocardiographic findings and interpretation in patients with diastolic dysfunction	
Diastolic parameters evaluate and apply to diagnose diastolic abnormalities	
learned about pulmonary vein evaluation. good review of diastolic function evaluation	
N/A	
understanding of diastolic measurements	
Valsalva , measure pulmonary veins	
Great tips	
I have no clinical practice	
better assessment of diastolic function	

Exceptions

N/A

N/A

Na

Better understanding of diastolic function parameters such as e/a ratio, using valsalva to confirm e/a waveforms.

Not performing TDI when MAC is present.

n/a

..

Refer patient to specialist.

I will read more new publications and watch new webinars about noninvasive vascular testing

I will read more new publications and watch new webinars about noninvasive vascular testing

NA

E prime

NA

None

All of them

Educational CE for myself. Pharmacist

Reinforced learning

Criteria for Dx of different grades of left ventricular dysfunction

How to estimate left atrial pressure

I plan to use the step by step charts to accurately place the patients in the correct grade of dysfunction Also remember that patients that have systolic dysfunction can not have normal diastolic function

Recognizing importance of diastolic dysfunction

Be more mindful of over reads on echo G1DD

All of them

yes, I'll apply the valsalva maneuver.

Careful attention to methods of data attainment

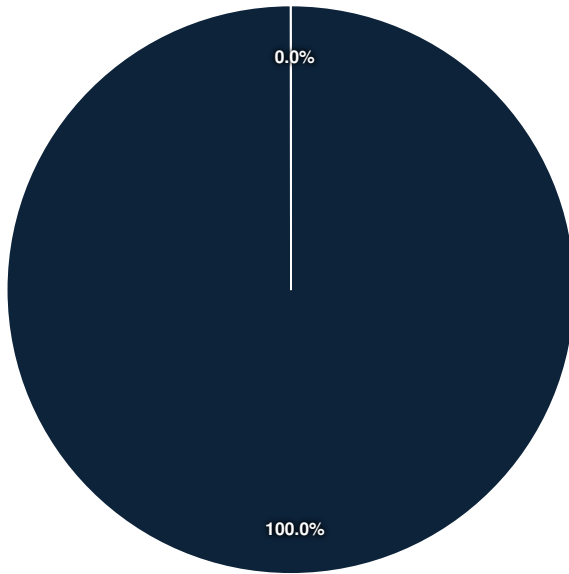
LA volume measurements

All

Reinforced learning

I recognize the importance of this recommendation

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	54
Average submission length in words (ex blanks)	3.07
N/a	
None	
I will be implementing	
N/A	
N/a	
Not applicable	
N/A	
None	
The skills learned in this CME course will be applied in the treatment of my patients	
nothing	
N/a	
Na	
N/a	
N/A	
n/a	
I'm not an echocardiogram reader	
N/A	
I plan to use these skills	
N/A	
plan to use this knowledge in interpreting echos	
N/a	
N/a	
I am a retired physician	
n/a	

n/a

Na

N/A

N/A

Na

N/A

Nothing. I'll practice all the knowledge received in this course if I need it.

n/a

..

N/A

I plan new learnings in my future practice

I plan new learnings in my future practice

NA

.

Complexity and time required for study, but little change in therapy beyond clinical judgement

Job scope

N/A

My current position does not evaluate echocardiographs

Reinforced earning

N/A

Nothing

Not applicable

Not the case

Nothing.

N/A

Nothing

Na

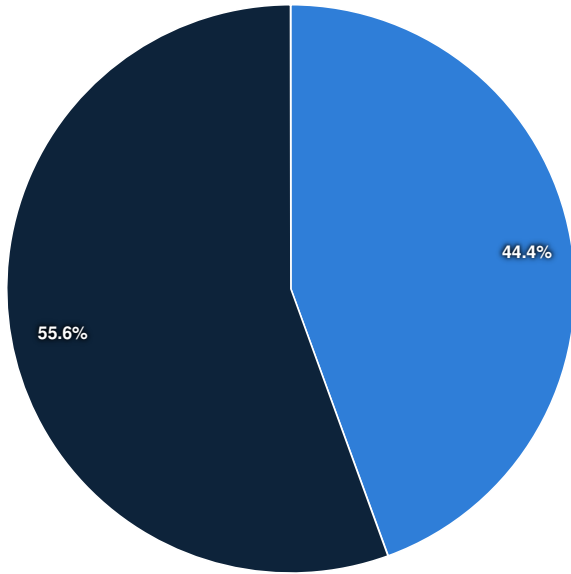
Nothing

N/a

reinforced learning

n/a

Please provide any additional comments or suggestions.



Left Blank	24
User entered value	30
Average submission length in words (ex blanks)	2.57
N/a	
N/A	
GREAT LECTURE	
Great speaker and topic	
Na	
Excellent meeting! Great speaker	
none	
Excellent presentation	
I	
N/a	
Dr. Kakoulides and the CME team were all great	
Excellent information	
Vete interesting course.	
n/a	
Thank you	
Thank you	
NA	

Very balanced

n/a

Excellent CME

Excellent presentation

Really a very good presentation. Well laid out. Thank you very much.

None

None.

Good review of diastology

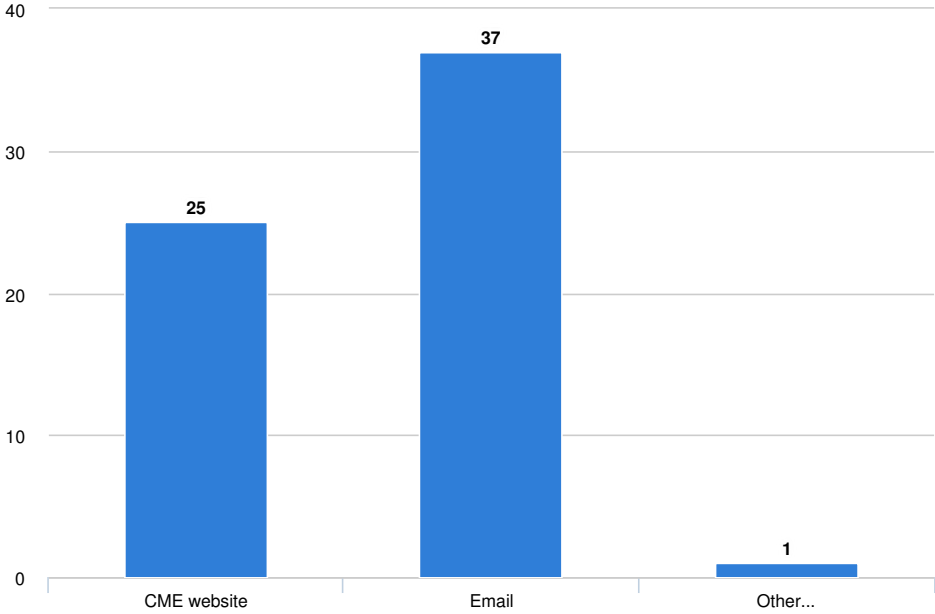
Na

Great class. Thank you

excellent CME

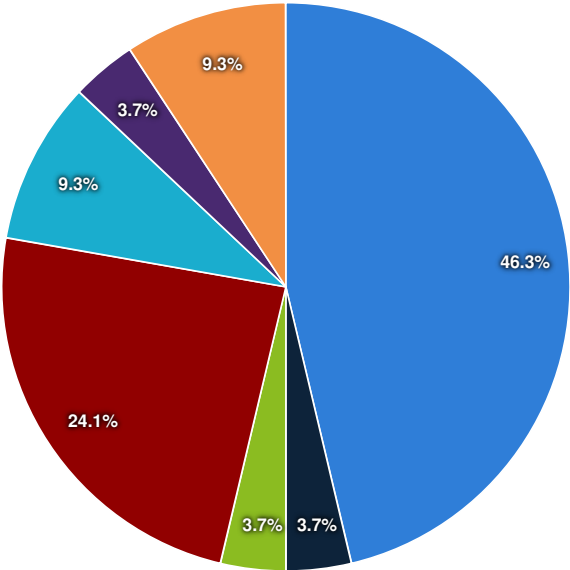
n/a

How did you hear about this course?



CME website	25
Email	37
Other...	1 (view)

Please select one:

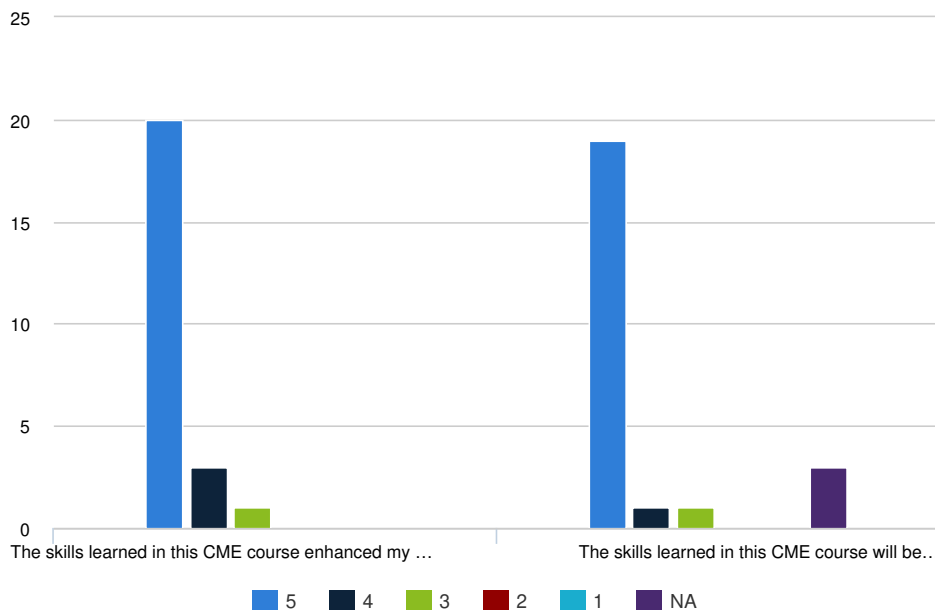


M.D., D.O.	25
ARNP/PA-C	2
R.N.	2
Sonographer	13
Untrasound Tech	5
Pharmacist	2
Other...	5 (view)

Miami Cancer Institute – Multispecialty Grand Rounds Evaluation - March 13, 2023

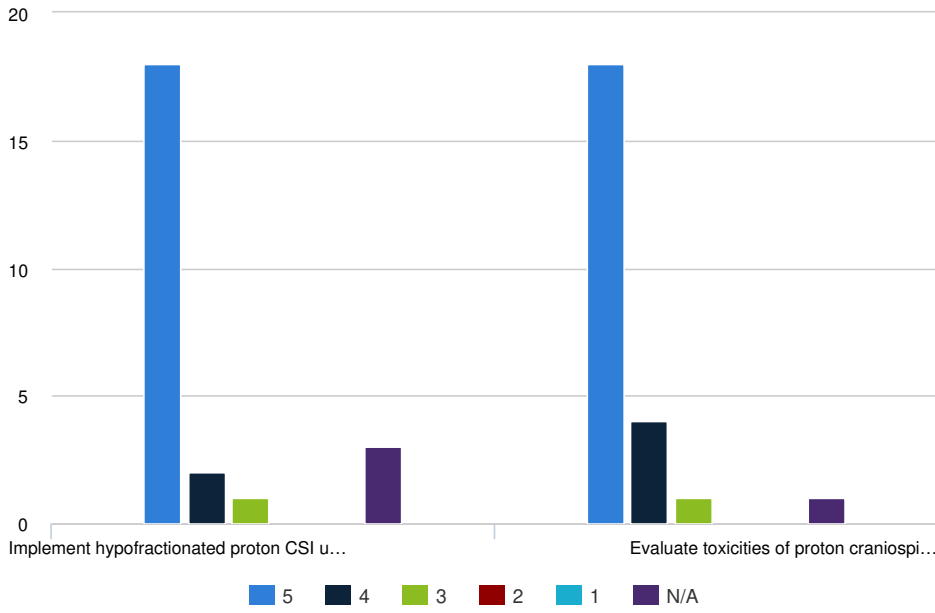
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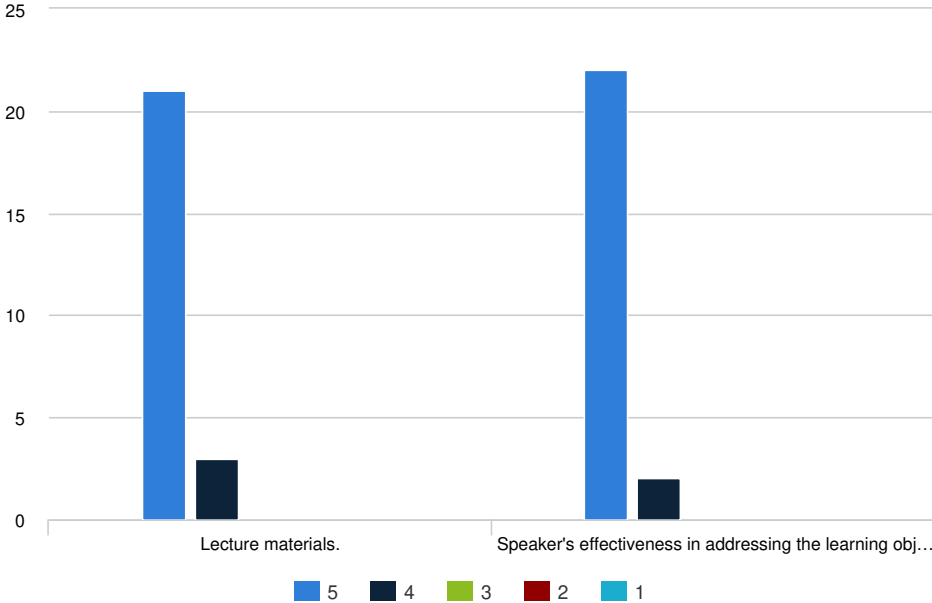
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	20	3	1	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	19	1	1	0	0	3

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



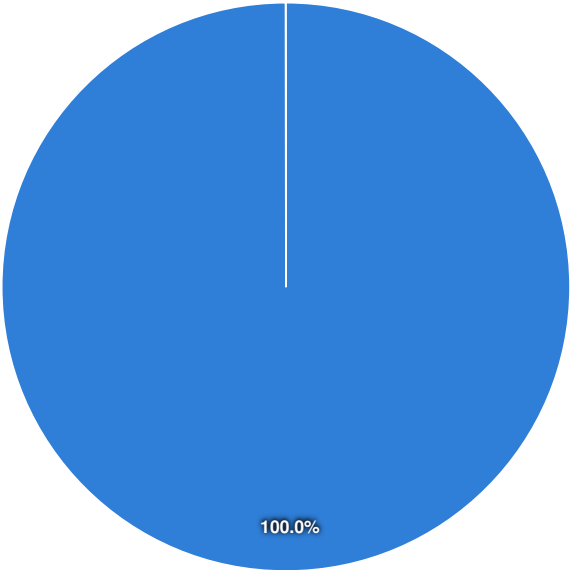
	5	4	3	2	1	N/A
Implement hypofractionated proton CSI using proton therapy for patients with LM from solid tumors.	18	2	1	0	0	3
Evaluate toxicities of proton craniospinal irradiation (CSI) for patients with LM from solid tumors.	18	4	1	0	0	1

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



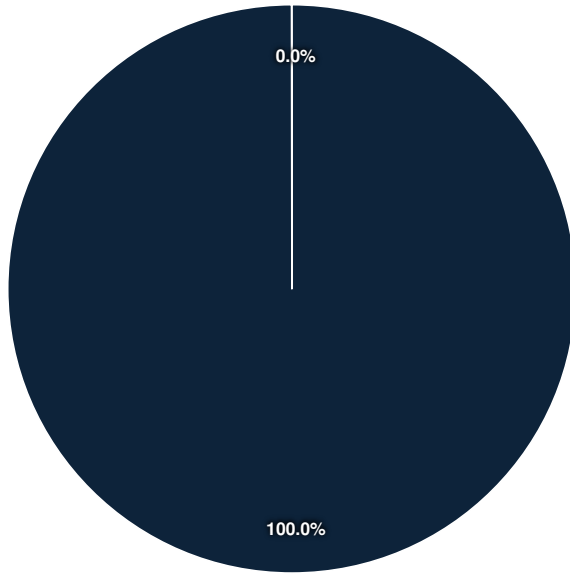
	5	4	3	2	1
Lecture materials.	21	3	0	0	0
Speaker's effectiveness in addressing the learning objectives.	22	2	0	0	0

Was this course fair, balanced and without commercial bias?



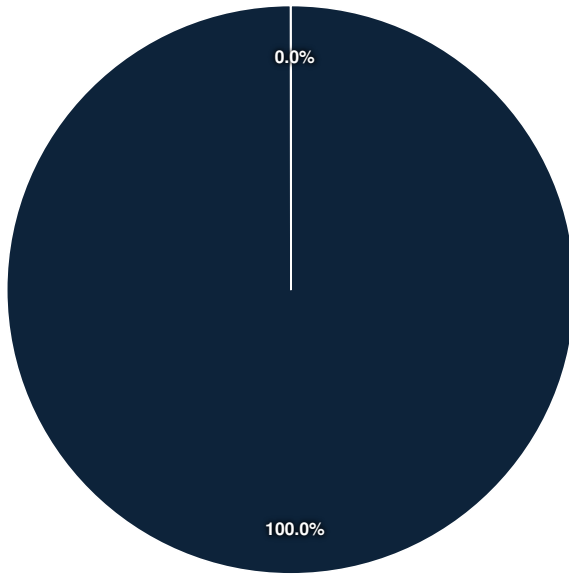
Yes	24
-----	----

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



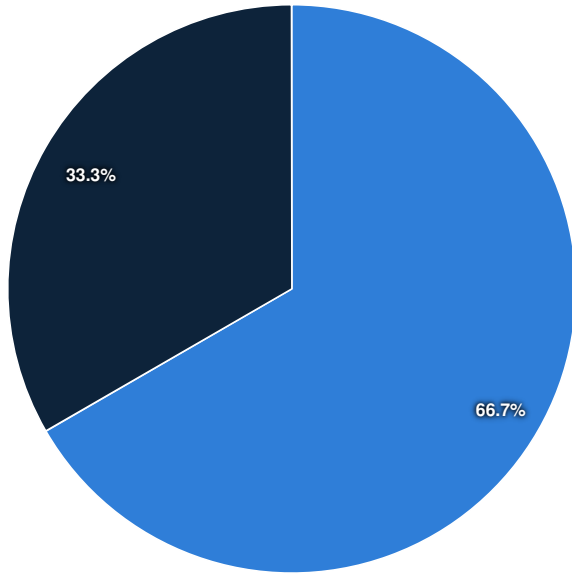
Left Blank	0
User entered value	24
Average submission length in words (ex blanks)	4.71
Knowledge	
I will better understand oncology medical records, and the treatments administered.	
knowledge on survival stats	
Learn about new options for pts	
Different discipline	
none i am retired	
Proton Therapy	
analyze the CSF for NGS	
help on radiation treatment selection and complication monitoring: pCSI vs photon RT for brain mets	
XRT consult	
All of them	
Educate family and staff	
N/a	
use of Protons for LM	
I learned about the benefits and drawbacks associated with the RT for brain mets.	
na	
Na	
A lot of updated information about latest treatment options for leptomeningeal metastasis.	
Better understanding of lepto disease in cancer patients	
N/a	
Any	
Any	
Implementation of proton csi	
Evaluation of toxicities	

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



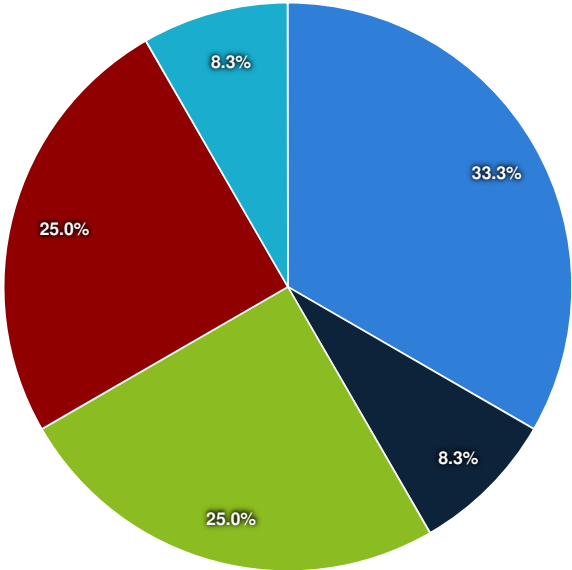
Left Blank	0
User entered value	24
Average submission length in words (ex blanks)	1.88
N/A	
Nurse Auditor.	
na	
Do not treat patients	
Different discipline	
retirement	
Photon therapy	
technical difficult	
n/a	
I don't see these patients	
Fear	
Implement strategies outside of work	
N/a	
NA	
Nothing	
na	
Na	
Nothing	
None	
N/a	
Na	
Na	
None	
N/a	

Please provide any additional comments or suggestions.



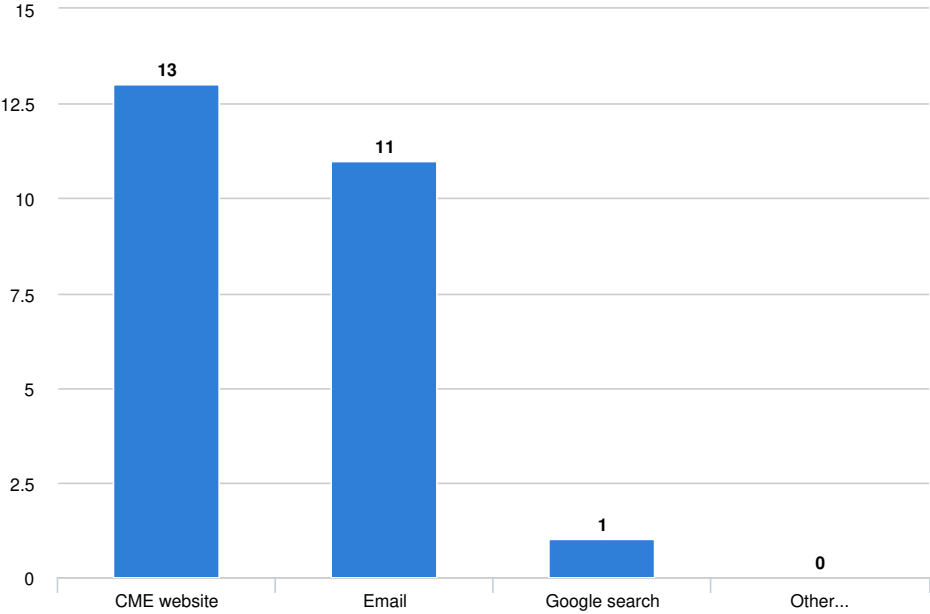
Left Blank	16
User entered value	8
Average submission length in words (ex blanks)	2.00
Good presentation	
Excellent grand rounds	
Excellent presentation.	
Any	
Excellent conference!!!	
Great speaker and topic!	
Na	
Na	

Please select one:



M.D., D.O.	8
Ph.D/Psy.D	2
ARNP/PA-C	6
R.N.	6
Other...	2 (view)

How did you hear about this course?

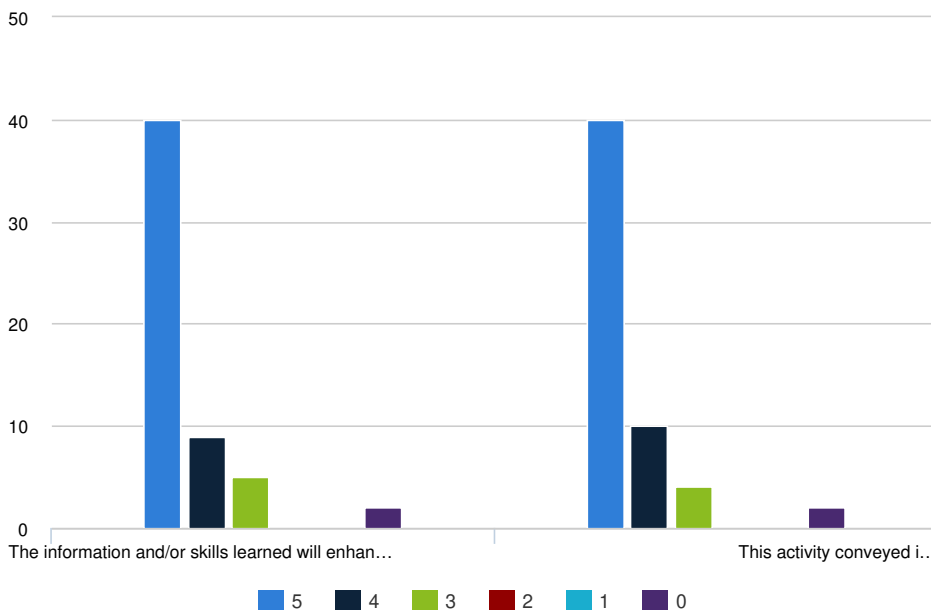


CME website	13
Email	11
Google search	1
Other...	0

Boca Raton Regional Hospital Internal Medicine Grand Rounds Evaluation Form - March 14, 2023

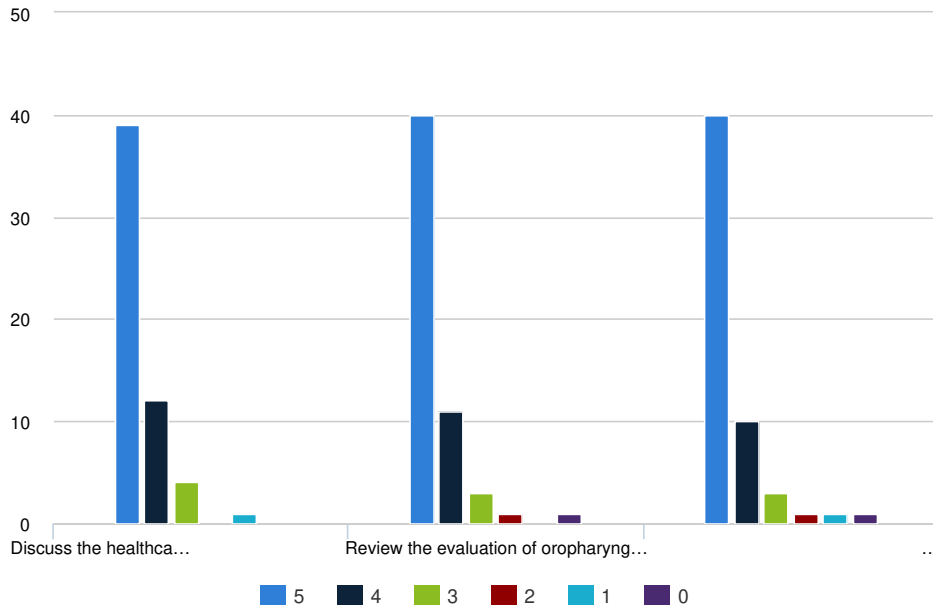
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



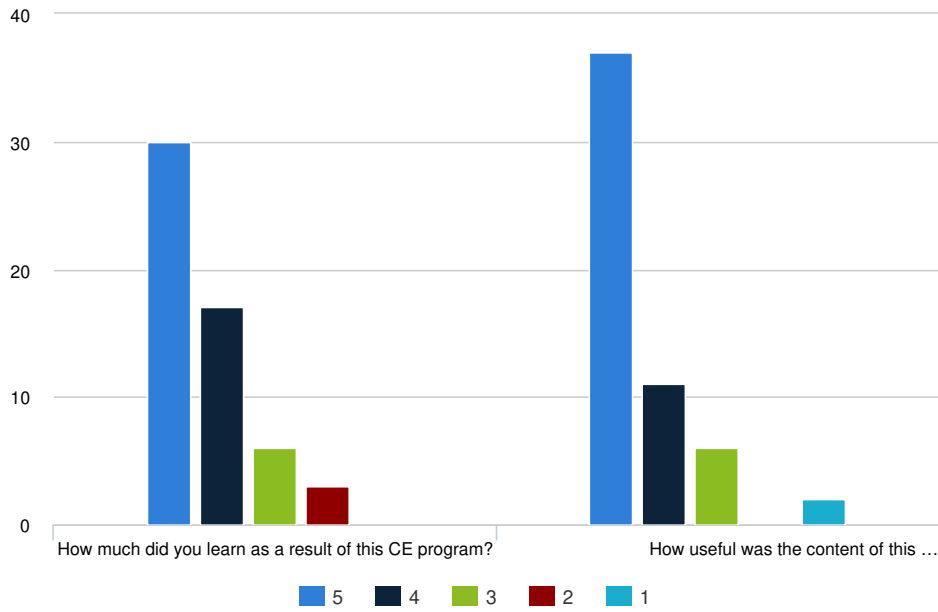
	5	4	3	2	1	0
The information and/or skills learned will enhance my professional competence or ability.	40	9	5	0	0	2
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.	40	10	4	0	0	2

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 the healthcare implications of oropharyngeal and esophageal dysphagia.	39	12	4	0	1	0
Review the evaluation of oropharyngeal dysphagia, including the utility of the modified barium swallow study.	40	11	3	1	0	1
Discuss the evidence in recent literature regarding prognostication and management of oropharyngeal dysphagia.	40	10	3	1	1	1

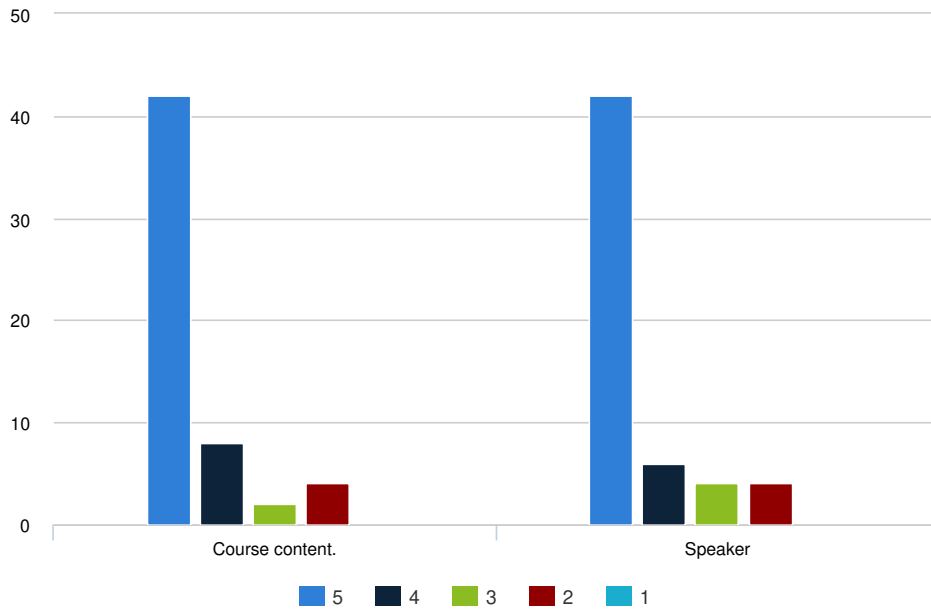
Rate the Following



5 4 3 2 1

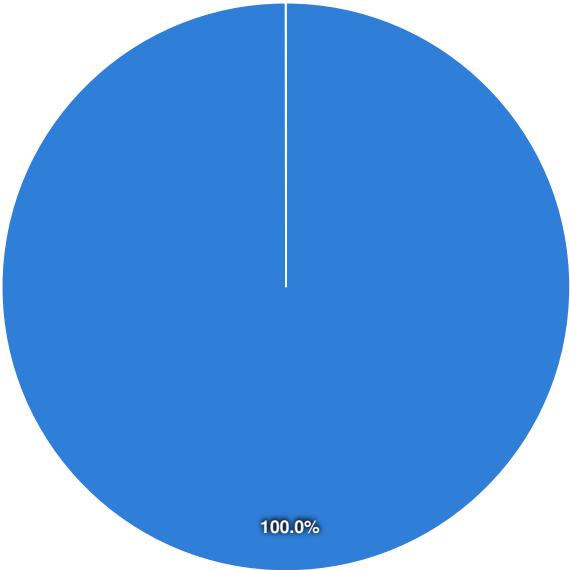
How much did you learn as a result of this CE program?	30	17	6	3	0
How useful was the content of this CE program for your practice or other professional development?	37	11	6	0	2

Rate the following



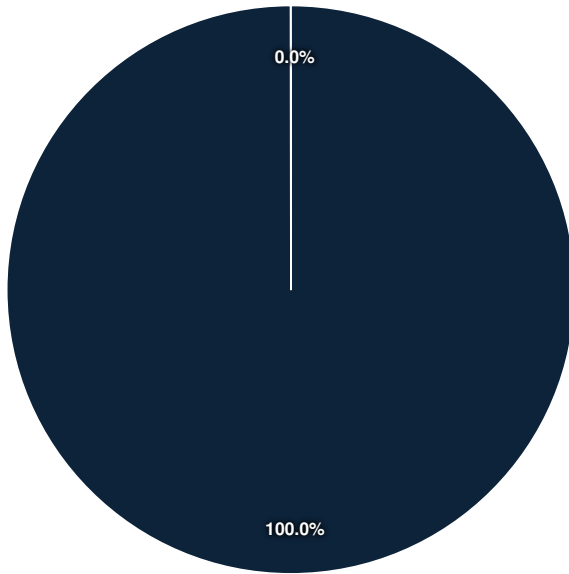
	5	4	3	2	1
Course content.	42	8	2	4	0
Speaker	42	6	4	4	0

Was this course fair, balanced and without commercial bias?



Yes	56
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**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	56
Average submission length in words (ex blanks)	8.91
Na	
pneumonia vs dysphagia use of SP , help with night cough	
I intend do nothing differently because I don't see patients I'm a Pharmacy Technician.	
I'm a Pharmacy Technician	
NA	
Incorporate more readings and trainings of dysphasia into my learning and also those of my staff.	
Incorporate more readings and trainings of dysphasia into my learning and also those of my staff.	
Better approach to patients with dysphagia	
Identify signs of possible dysphasia based on patient eating patterns. Use Xanthan gum instead of corn starch..	
I sat in this meeting because I am studying to be a SLP and I wanted to obtain as much information as possible. It was extremely interesting to see what SLP's do in their everyday jobs.	
Ask more detailed oral health and intake.	
Will help to make sure not only food but also medication delivered completely.	
Educated on newest recommendation on diet modification and examinations.	
I will be able to assess and evaluate my patients during their swallowing process. I will be able to recognized a sign and symptom of patients having trouble swallowing.	
good	
Extremely applicable in the ICU setting. Many of our patients have this condition.	
-	
Discussion on thickener was helpful and reinforced evaluating underlying causes of dysphagia	
Discussion on thickener was helpful and reinforced evaluating underlying causes of dysphagia	
great topic, good knowledge base	
include speech pathology in our team of care	
continue doing what I am doing	

Better do & txmt

N/A retired

Nothing

Retired

NA

Consult a speech pathologist for dysphagia Don't recommend liquid thickening diets

Assessing patients for dysphagia and education of patients

Improved perioperative management of patients with dysphagia.

Na

Consider ongoing assessment of the monitoring swallowing difficulty

na

I'll rethink the benefit of ordering thickened liquids since, as I've noticed, it doesn't necessarily prevent aspiration.

be careful of how many patients I send for these tests (i.e. "be careful what you look for because you might find something...")

When to employ FEES in workup of dysphagia

When to employ FEES in workup of dysphagia

use of thicket

* improved clarification of SLP referrals/ scope of care * aware of swallow studies in addition to barium * knowledge of muscle strengthening exercises as part of whole body strength

Dysphagia screening and check for weak ineffective cough.

Apply my knowledge at bedside

No thickened liquids

na

1- More aware of dysphasia 2-Methods of caring for dysphasic patients

N/A Retired

Early detection and proper identification

Reinforced my practice

Better understanding of evaluation of oropharyngeal dysphagia and various management opportunities

Dysphagia affects medication administration and availability, which is great information to be aware from a pharmacy perspective.

I will be more aware to think of dysphasia when patients report coughing after meals/with meals. I will think more about aspiration pneumonia as well.

screening for patients with swallowing difficulties post admit date

This was helpful and will impact my care of Neurosurgery patients.

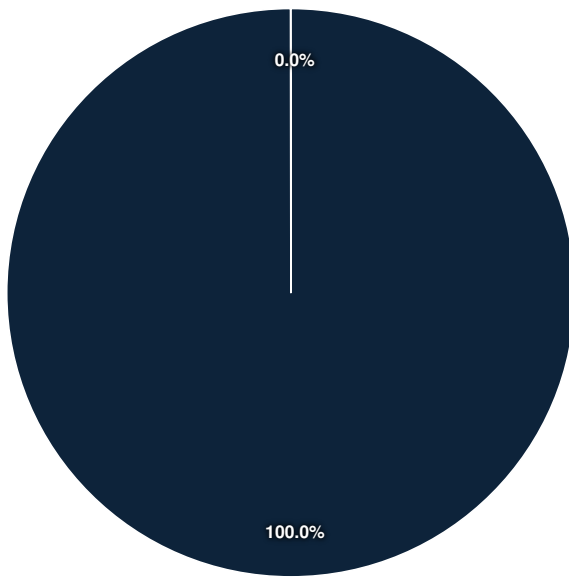
Better understand speech therapy evaluation of dysphasia

Earlier consideration of this problem.

No

Keep up with latest information

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	56
Average submission length in words (ex blanks)	2.46
Na	
insurance	
None	
None	
NA	
Time management	
Time management	
None	
Lack of support	
N/A	
Pt's compliance	
Language.	
None	
No barriers	
no	
None	
-	
None	
None	
not at bedside	
none	
none	
Cost	
None	

None

None

Retired

NA

None

Health literacy of patients, limited time with patients and family

None

Na

None

na

Nursing home rules prevent ordering thin liquids for a patient known to aspirated.

the dysphagia screens are done by nursing before I can stop them so sometimes you can't stop that train.

Being retired

Being retired

availability of speech pathologists

None

Family

Nothing

Others insisting on it.

na

none

Retired

None

NA

Patient acceptance and insurance

Documentation

I work as an outpatient provider and this limits my ability to work up and evaluate dysphasia in the office.

Time delay for testing

None

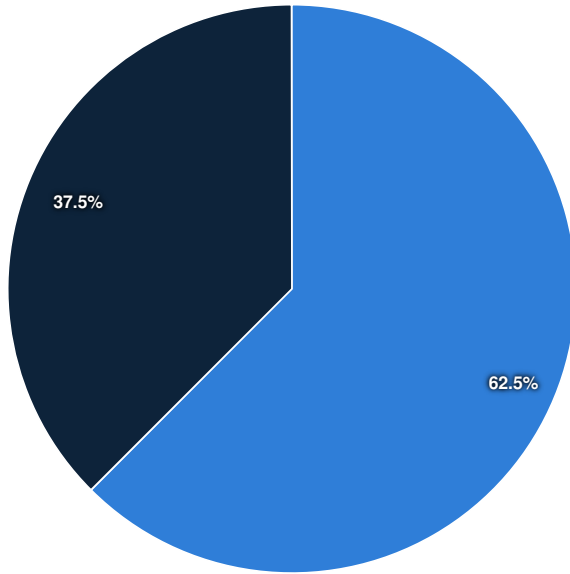
N/a

None

No

Insurance/cost

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



Left Blank	35
User entered value	21
Average submission length in words (ex blanks)	5.10
Medication	
Not sure at the present time	
Not sure	
NA	
N/A	
Chemo induced Neuropathy..	
-	
reinvite Ms Gill	
NA	
Bring back Dr Larry Bush to talk on issues new approaches to multi drug resistant gram negative bacterial infections in the lungs in patients with chronic diseases like CK, Chronic Rebal insufficiency, DB, immuno deficiency situations due to biological used in Crohn's, RA, Psoriasis etc. Thanks. Fantastic job Dr Rubin and Rosenthal as well as your very competent tech support team	
Your choice	
Na	
Epilepsy	
na	

Have SLP elaborate on the communication and cognition

Cabg

Any

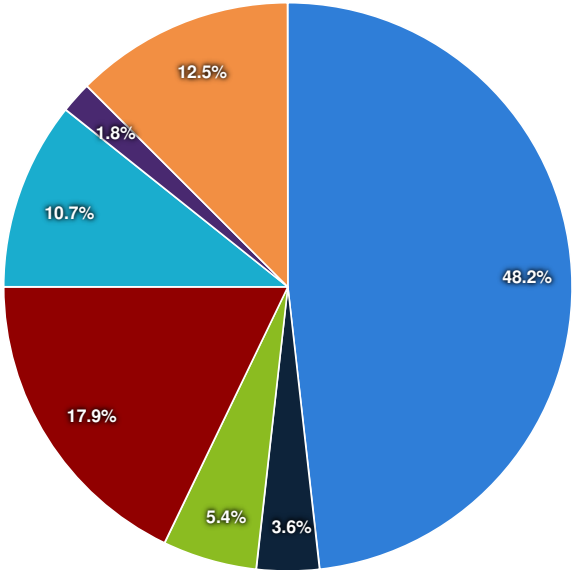
na

Ventilation

decreasing diabetic health disparity in the underserved community

Ni

Please select one:

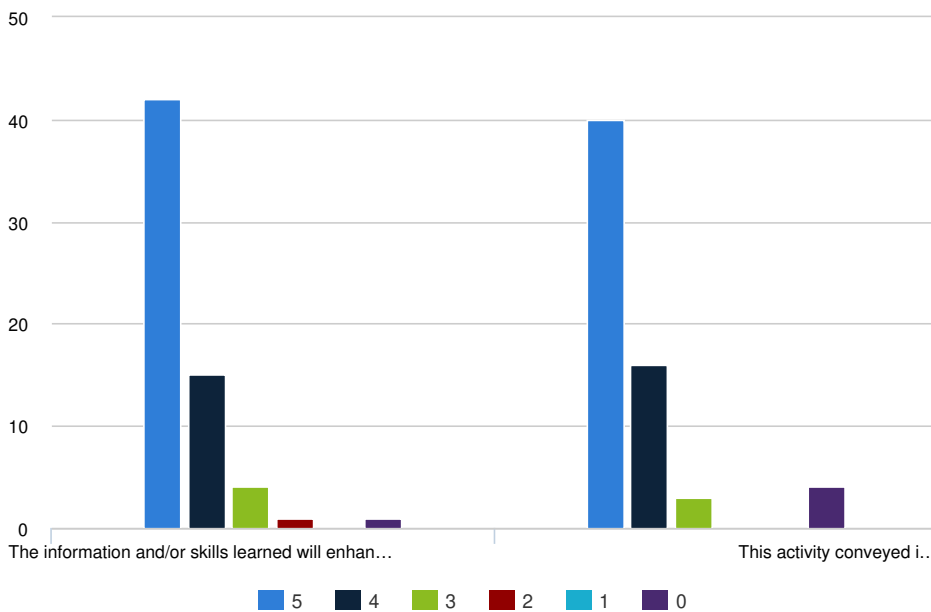


M.D., D.O.	27
PA-C	2
ARNP	3
R.N.	10
Pharmacist	6
Occupational Therapist	1
Other...	7 (view)

Boca Raton Regional Hospital Internal Medicine Grand Rounds Evaluation Form - March 21, 2023

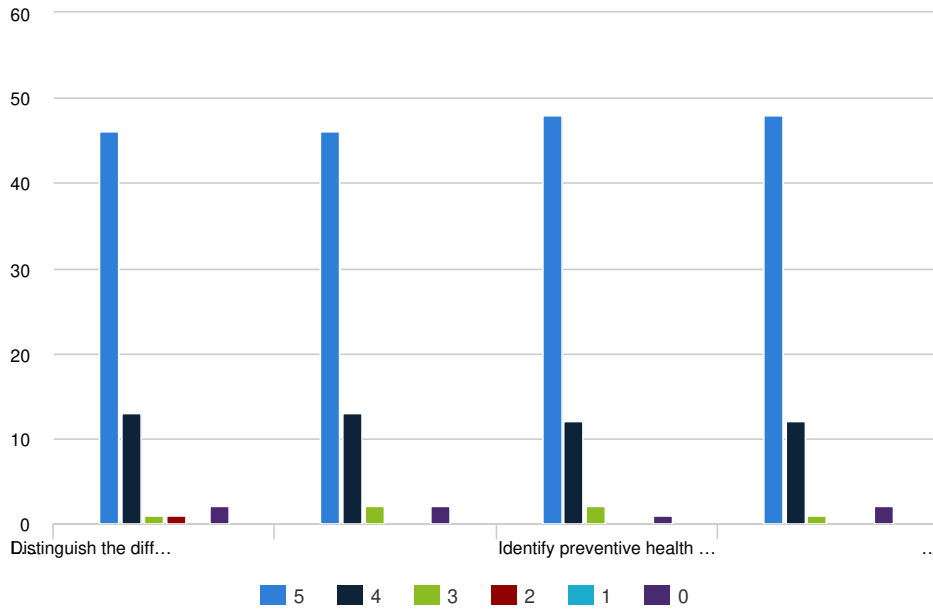
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



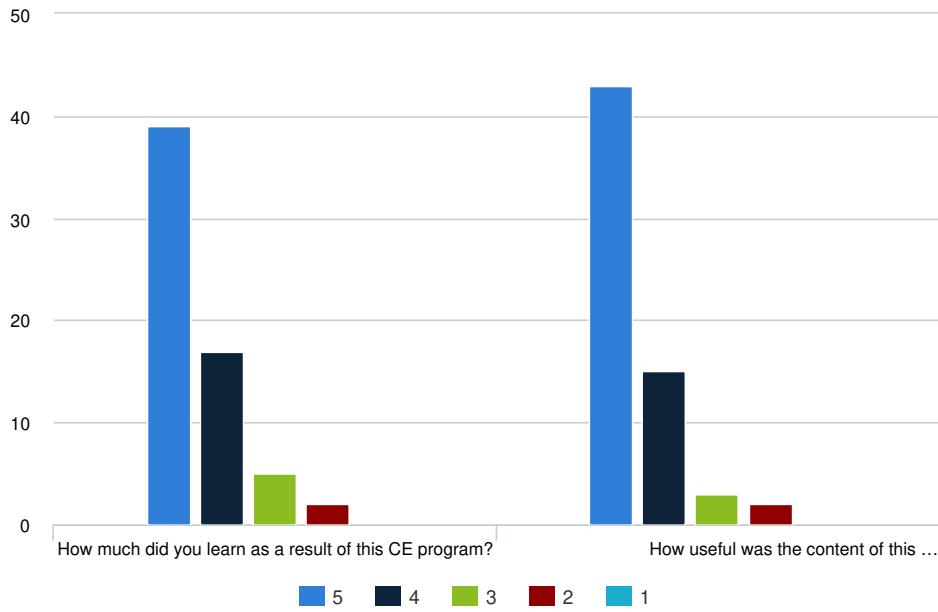
	5	4	3	2	1	0
The information and/or skills learned will enhance my professional competence or ability.	42	15	4	1	0	1
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.	40	16	3	0	0	4

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
List the keys to successful aging that are important for your patients and you to understand.	46	13	1	1	0	2
Distinguish the difference between evidence-based and non-evidence-based recommendations for healthy aging.	46	13	2	0	0	2
Identify preventive health measures relevant to the older population.	48	12	2	0	0	1
Discuss strategies to improve the quality of care and quality of life for older people.	48	12	1	0	0	2

Rate the Following



5 4 3 2 1

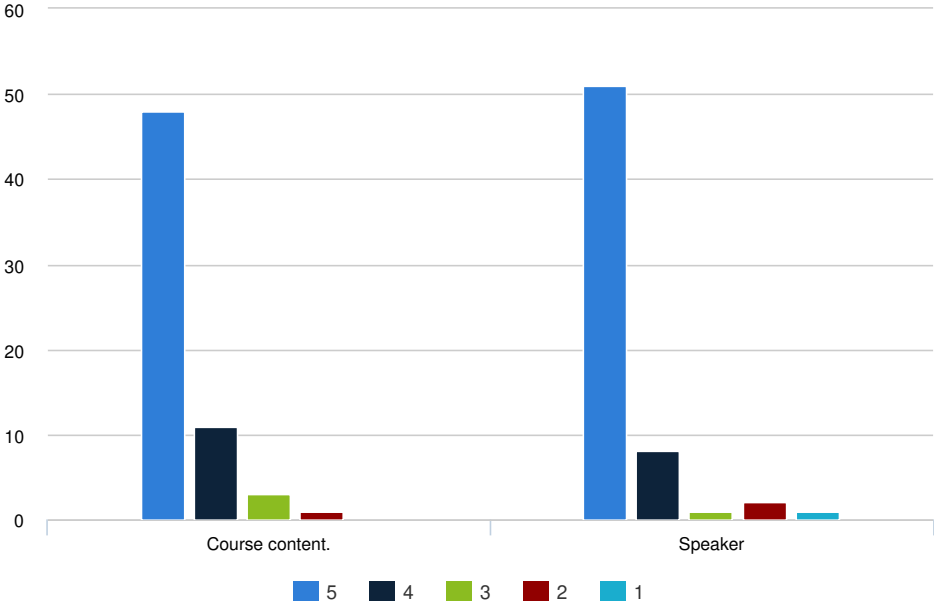
How much did you learn as a result of this CE program?

39 17 5 2 0

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

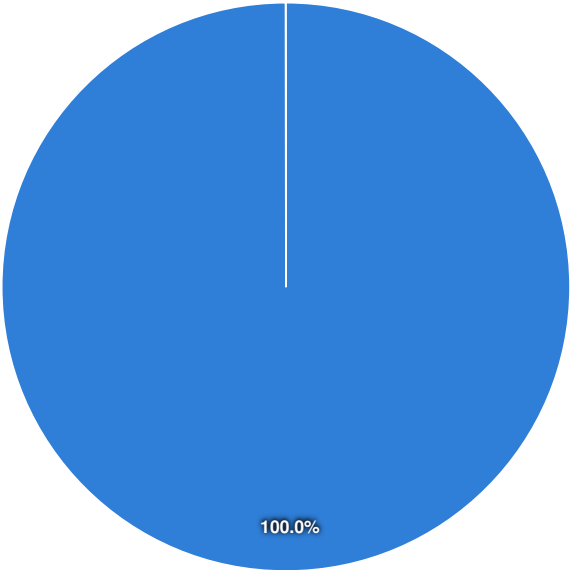
43 15 3 2 0

Rate the following



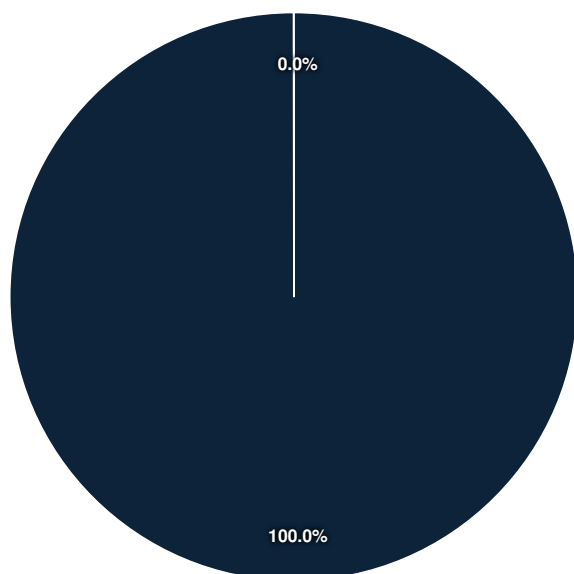
	5	4	3	2	1
Course content.	48	11	3	1	0
Speaker	51	8	1	2	1

Was this course fair, balanced and without commercial bias?



Yes	63
-----	----

**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	63
Average submission length in words (ex blanks)	8.22
Na	
look for genetic predisposition early to avoid further damage Help develop more balance life because of longevity	
1. Successful aging starts young. 2. Knowledge is power, and educating patients regarding aging empowers them to make good decisions when it comes to lifestyle and health.	
Very interesting	
..	
Reality and humor	
To be more careful with diet and add more movements	
N/a	
Follow-up on recommended reading	
1. Eat right, 2. Exercise moderately 3. drink small amts alcohol 4. Meditate	
na	
Healthy living and sleep	
Recommend exercise and diet	
Making sure as a professional caregiver working on goals that are of utmost importance to the patient.	
Continue to Apply techniques demonstrated in my daily practice	
Retired	
May de prescribe statins	
Address evidence based approach	
Speaker gave some practical tips useful for my geriatric patient I will use them	
Na	
I feel like my practice incorporates what was said.	
Lot of points	

Better assessments.

Nothing

Follow Mediterranean diet and get adequate sleep.

Encourage pts to do exercise daily. Keep a positive outlook

I learned more about keys to successful aging and strategies to improve the quality of care and quantity of life

Managing the elderly

I am an internist geriatrician so to hear an experienced academic researcher and clinician practicing geriatrics reinforce the way we approach healthy aging with our patients was a joy. I am looking forward to learning more about precision medicine which is evidence based as we move forward. Too much unregulated snake oil sales locally

be less age-ist

Retired

Improved perioperative management of elderly patients.

Great frame work to advised patients about healthy aging

I have many older people that I see, so emphasizing the importance and keys of healthy aging will become a part of my visit!

Be aware of age Review medications

Focus more on nutrition and exercise

Consider quality of life for preventative measures in the elderly and frail.

Consider quality of life for preventative measures in the elderly and frail.

Discuss diet, exercise, and cognitive exercises with patients.

N/A Retired

1) Help patients identify healthy alternatives 2)Point out preventative measures to aid in a healthier lifestyle

Reinforced my practice on person-centered care

being aware of the polypharmacy patients

As an 88 year old retired physician try to incorporate the principles discussed.

Na

Identify importance of reducing poly pharmacy in aging population and learn strategies to improve quality of life and care for this population.

Na

Take a patient centered approach to pt care of the geriatric population

I already quoted Dr Oslander 3 times today to Patients. One quote I really liked is that women who carry extra weight live longer than the men who mention it.

Ask questions

Exercise Program Avoid poly-pharmacy

Better understanding of aging process

Be mindful of medications and supplements taken. Stay active physically and mentally.

Encourage to do more of the same recommendations.

NA

Good review

EVERYTHING

attempt to limit polypharmacy

diagnosis and management

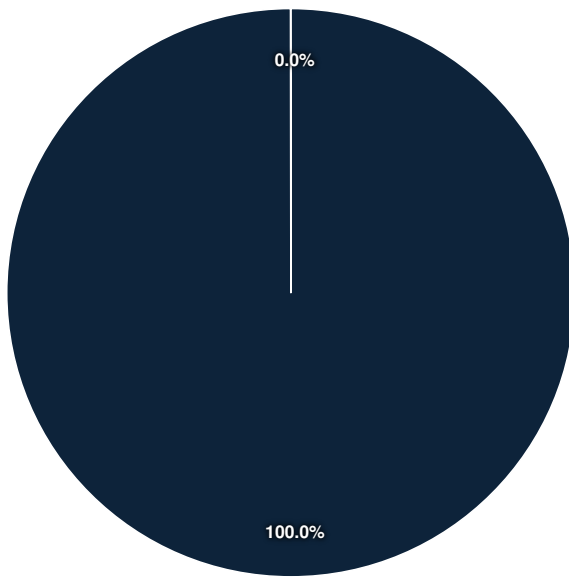
I'm a physicist, not a doctor, so I don't really have patients assigned to me. However I am getting older & this talk was beneficial to helping me stay healthier personally & as an employee.

Listen better

Listen better

Ask more questions

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	63
Average submission length in words (ex blanks)	4.21
Na	
home health & insurance	
It's not an obstacle but a lot has to be learned about the aging process, and information dissemination would be a challenge, but not impossible. In relation to above, Grand Rounds on Geriatric topics is always a great idea! =>	
Time	
..	
None	
None	
N/a	
N/A	
laziness	
na	
None	
None	
None	
None	
None	
Blah blah blah	
Time	
None	
Na	
None	
None	

Frequently seen in the ICU are patients who were fully functioning and suddenly faced with devastating complications.

Nothing

Societal temptations to break away from a healthy lifestyle.

None

Some recommendations are not evidence based. For example, the Cholesterol Lowering Trialist Collaboration at Oxford has published numerous meta analyses of statins in treatment and prevention. The randomized evidence suggests that the benefit to risk ratio in elderly with risk factors is the same in those with and without many risk factors. This, in turn, suggests, that the absolute benefits are greater.

None

none

difficult to motivate patients

Retired

none

The frustration that people in general are unable or unwilling to change

I can't think of any because I see plenty of older adults in my office everyday.

Corporate hospital policies Time constraints

None

Patient compliance

Reliability of patients reports and time.

Reliability of patients reports and time.

Time

Retired

none

None

no barriers

none

Time constraints High nurse patient ratio Fast paced unit / rapid patient turnover rate

N/a

Na

None

None

Pts willingness to participate

N/A

None

none

None

NA

None

TIME

applicability

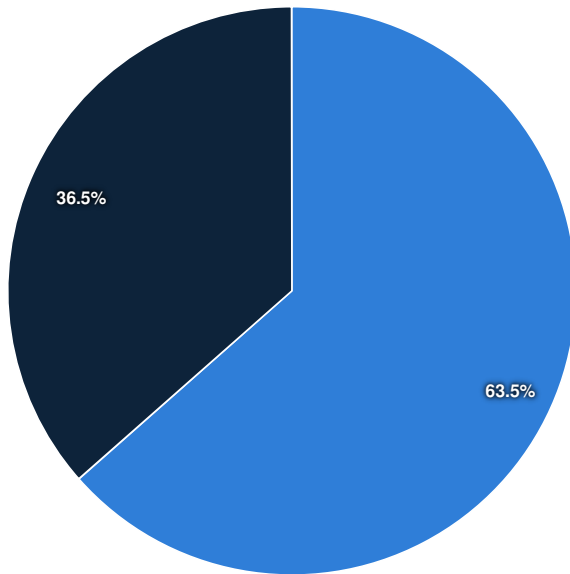
none

The time my job demands sitting at my desk.

Time

Lack of insurance

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



Left Blank	40
User entered value	23
Average submission length in words (ex blanks)	4.57
MAT assisted opioid treatment	
CAD	
Delirium and dementia (including the behavioral and psychological problems related to dementia). I think these will be helpful also for medical students, residents and fellows.	
Adding life to years, not years to life	
Not sure	
reinvite Dr Ouslander,	
na	
COVID 18 vaccines	
Epilepsy	
Diabetes mellitus	
Any	
Your Choice	
Medication in elderly	
Polypharmacy and deprescribing. Dementia / ADRD.	
Crohns and uc	
End of life and preventative measures leading up to this point	

End of life and preventative measures leading up to this point

End of life and preventative measures leading up to this point

elderly and beers list criteria and order verification

advances in interventional radiology

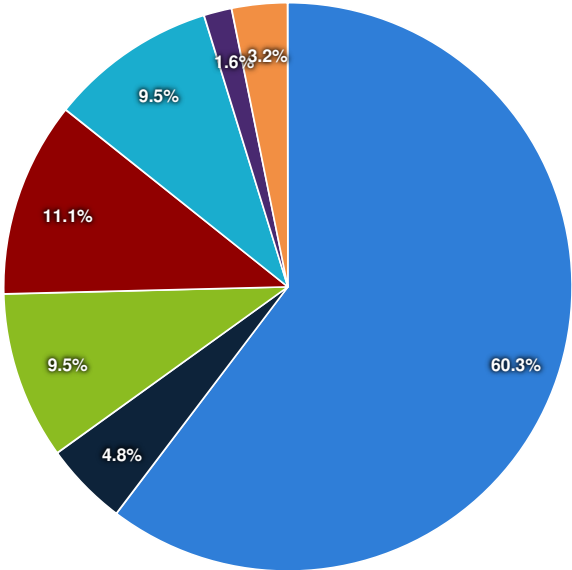
Wound

MS

ANY

Advances in immunotherapy for cancer

Please select one:

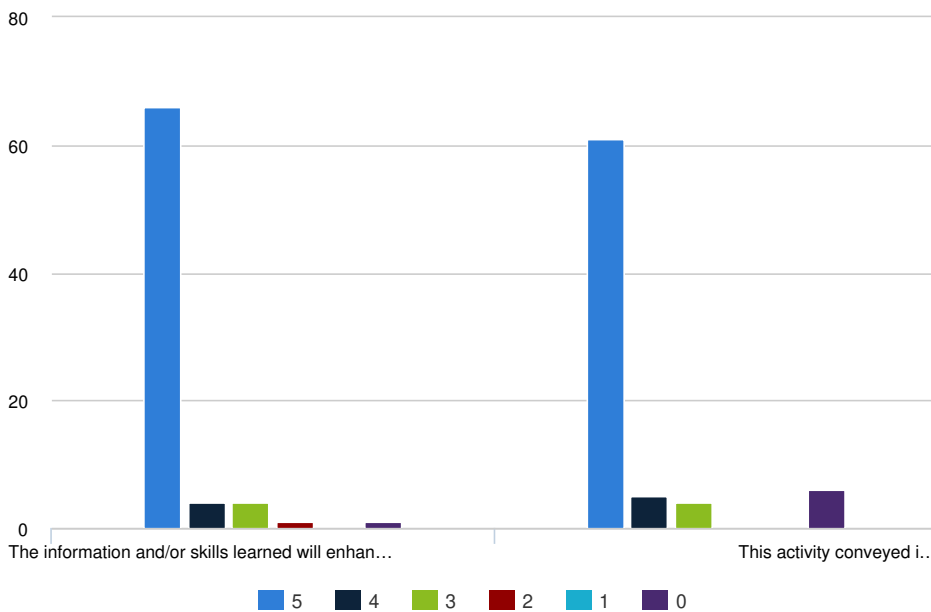


M.D., D.O.	38
PA-C	3
ARNP	6
R.N.	7
Pharmacist	6
Occupational Therapist	1
Other...	2 (view)

Boca Raton Regional Hospital Internal Medicine Grand Rounds Evaluation Form - March 28, 2023

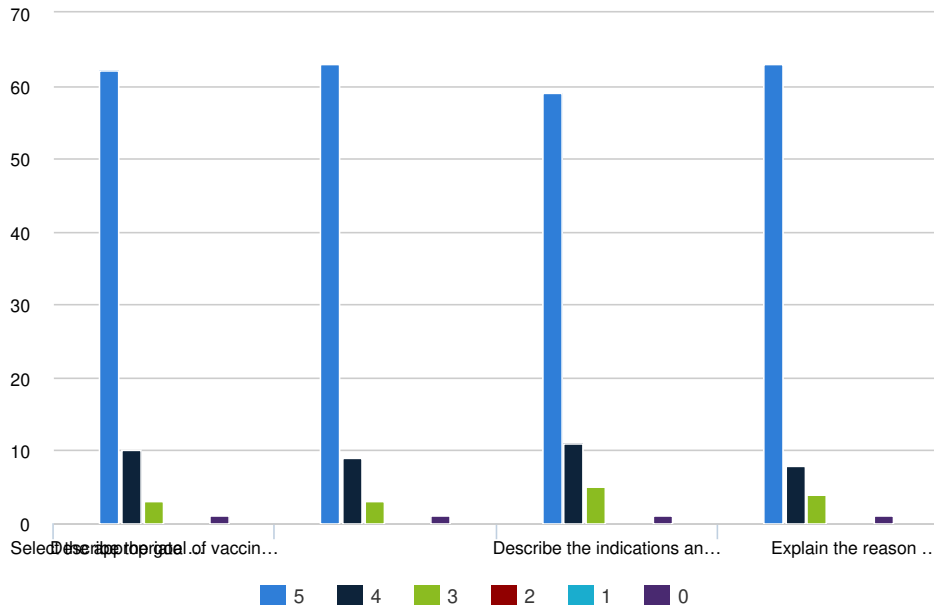
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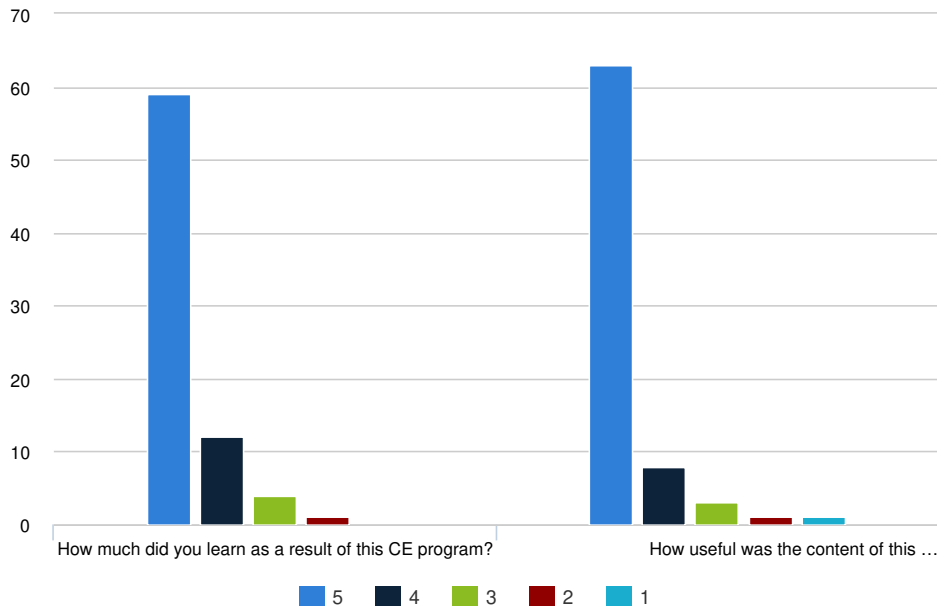
	5	4	3	2	1	0
The information and/or skills learned will enhance my professional competence or ability.	66	4	4	1	0	1
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.	61	5	4	0	0	6

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
Describe the goal of vaccinations.	62	10	3	0	0	1
Select the appropriate patient for pneumococcal, shingles, COVID-19, MMR, HPV and Td/Tdap vaccines.	63	9	3	0	0	1
Describe the indications and contraindications of major vaccinations.	59	11	5	0	0	1
Explain the reason for vaccination hesitancy.	63	8	4	0	0	1

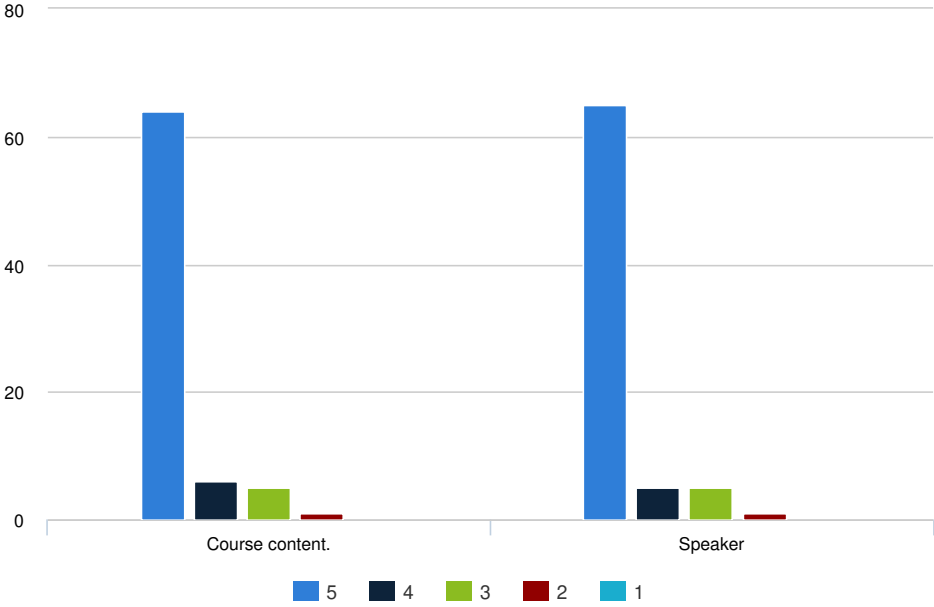
Rate the Following



5 4 3 2 1

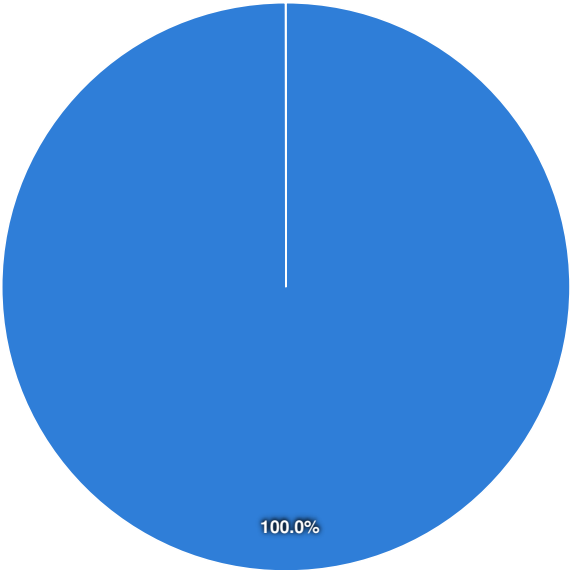
How much did you learn as a result of this CE program?	59	12	4	1	0
How useful was the content of this CE program for your practice or other professional development?	63	8	3	1	1

Rate the following



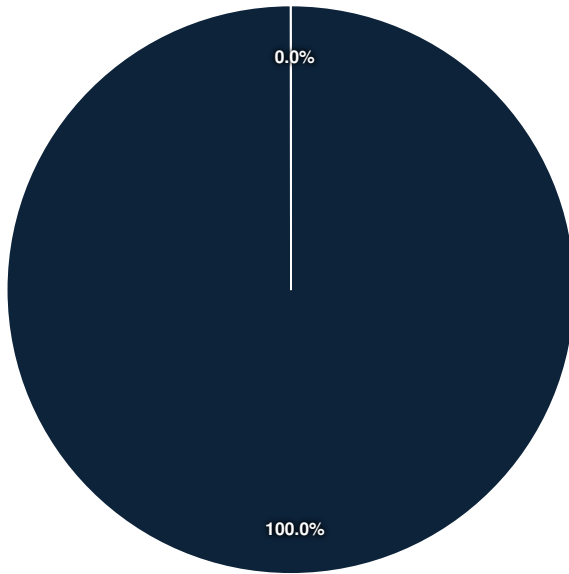
	5	4	3	2	1
Course content.	64	6	5	1	0
Speaker	65	5	5	1	0

Was this course fair, balanced and without commercial bias?



Yes	76
-----	----

**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	76
Average submission length in words (ex blanks)	7.87
Important information that can be shared with patients.	
N/A	
None	
excellent program	
Educate on vaccines to alleviate any misunderstanding and increase knowledge.	
N/A	
yes	
General knowledge update, don't use directly	
Continue to encourage vaccines	
Expand my clinical learning.	
N/A	
NOTHING	
Better recommendations for pneumococcal vaccination in adults	
great review for vaccines, useful for our occ health practice	
Pharmacy Technician	
.	
None	
N/A - not a clinician	
Extend target age group for HPV vacc Offer HepB vaccine to all people <60	
clarified use of vaccines	
Better understanding of vaccines	
Suggest vaccines/screen better	
Encouraged patient to seek PMD for vaccine Made community aware the importance of vaccine.	
Update TdaP every 10 years and to patients exposed to neonates. The differences between the pneumococcal	

Update that every 10 years and to patients exposed to needles. The differences between the pneumococcal vaccines

keep in advisement, be aware

Advise patients importance of immunity/vaccines. Clarify any hesitation they may have.

Stats for vaccine effectiveness, stats for percentage affected with illness

Stats for vaccine effectiveness, stats for percentage affected with illness

Unfortunately, way too much history and not enough current recommendations. Disappointing.

Able to assist my patients in making vaccine decisions. Help those compromised or over 65 get their vaccines

Better knowledge about pneumococcal vaccine Offer HPV to more of my adult population

I am much more aware of contraindications for vaccines and will help me make better decisions in the future

Encourage vaccines more

more aware of current guidelines, also more aware of side effects

Keep in mind recommended immunizations for immunocompromised patients

Recommend vaccines Sensitivity to vaccine hesitancy

Recommend vaccines Sensitivity to vaccine hesitancy

Inform patients of the need to vaccinate. Review the adverse effects of vaccinations.

Not applicable in the ICU, but wonderful personal knowledge.

Appropriate usage of PCV More aggressive hep b vaccinations.

Nasopharyngeal ca relation with Hpv

better selection of patient

More PCV20! Screen more for HPV vaccination in adults

1) More aware of the goals of vaccines 2) Aware of contraindications of vaccines

Educate my patients, increase my understanding on vaccine administration.

Encourage more patients to get vaccinated Specifically shingrix and hpv

Not applicable to ICU, but very great personal information.

Not applicable to ICU, but very great personal information.

yes

shingrix at 50. HPV discussion even beyond 26yo. PCV clarifications.

Educate patients on HPV and Hepatitis B vaccines

As an RN it is important to know this updated information for patients and family. Good to know that one can get the zoster vaccine s/p Shingles. Good to know PN vaccine changes that have been confusing.

Discuss vaccine recommendations Be more understanding of vaccine hesitancy

Na

Advice patients and family on the importance of vaccines.

Retired

Retired Can advise friends and relatives

Bear in mind vaccine hesitancy has been around and be empathetic in educating clients affected.

Discuss vaccine recommendations Understand vaccine hesitancy

Everyone who is appropriate get vaxed

pt selection for vaccine

Everyone is getting vaxed

N/A Retired

I learned more about goals, selection of appropriate patients, indications and contraindications to various vaccinations.

Application Referral.

Disseminate information to all I contact

Promote the use of pneumococcal vaccine and many other vaccines that was discussed.

Vacc recommendation Side effects

Display a higher level of understanding. Use of catch-up vaccines in appropriate age groups.

Update all contacts social and professional when encountered during typical day

Change from recommending Pneumovax 23 to Prevnar 20.

Need for vaccines and highest risk populations

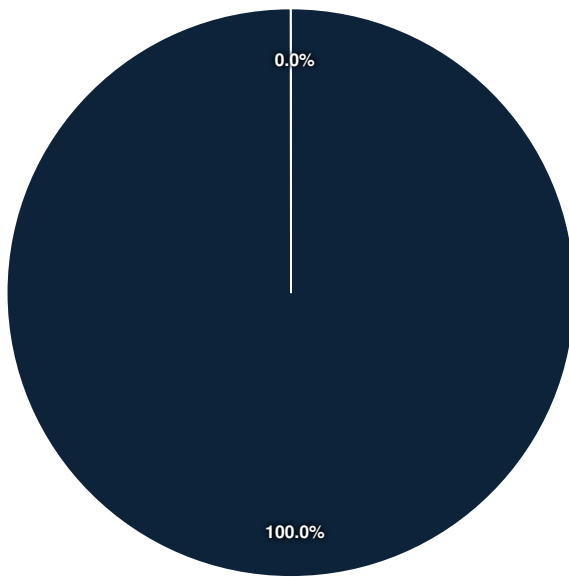
As a PCP, I am making sure that all of my patients are up to date with their vaccines, so this refresher was really great for me!

Discuss with colleagues clinical updates. Able to inform my patients of current standards

pneumonia protocol

Screen patients and offer vaccination

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	76
Average submission length in words (ex blanks)	2.68
None	
Nothing	
None	
none	
Vaccine reluctance from patients	
N/A	
yes	
I don't rx vaccines	
Patient mindset	
Indirect patient care	
N/A	
NOTHING	
None	
none	
No barriers	
Time	
None	
N/A - not a clinician	
Patients' political beliefs	
none	
Cost	
Time	
Job description	
N/A	

n/a

none

No barriers.

Insurance

Insurance

Did not learn much

I'm not an internist and don't vaccinate patients

Insurance coverage

no barriers

Pts being anti vaccine

none

I work inpatient

None

None

There are none.

ICU limitations

Patient finances ie insurance.

Na

insurance

cost of vaccines, uninsured pts

none

Employees resistance to information.

Patient compliance and misinformation about vaccines

ICU practice

ICU practice

n/a

insurance coverage and hoops to jump thru (part B vs D)

Racial bias

RN

None

Na

Cultural experiences from patients differ and can therefore hinder their reasoning

Retired

None

Patients choice

None

I'm not primary

stigma

Hello

Retired

Vaccine hesitancy of patients and insurance coverage

none

None

Lack of understanding and up to date practices.

Patient hesitancy Politics

Vaccine hesitancy which has increased in the last few years. Corporate compliance.

None

None

Fear

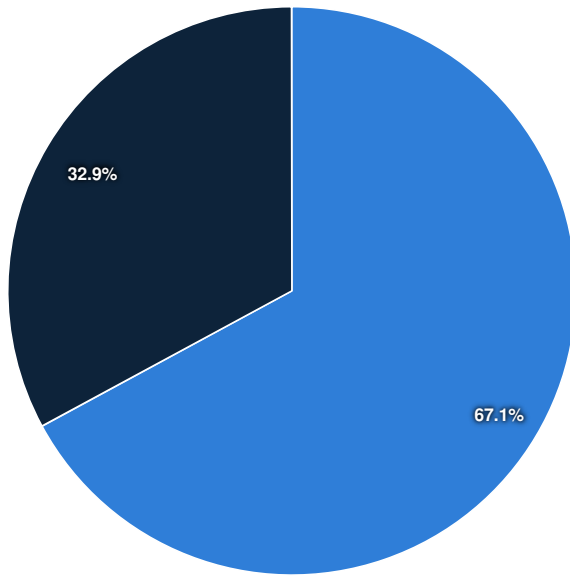
I can't think of any because I see all adult patients.

none

time to spend with patient

None

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



Left Blank	51
User entered value	25
Average submission length in words (ex blanks)	4.56
Trauma	
Vaccines that can help younger children example STD Vaccines	
NA	
Weight loss drugs	
Any	
Any	
No comment	
reask this guest	
You guys have great topics, keep it coming.	
More Long Covid,	
Update on Type II DM mgt PREP update	
all good	
Palliative Care topics	
All of Hepatitis testing	

Durr

Compression fractures. Social isolation and loneliness. Dementia. Delirium. Polypharmacy.

Pre-eclampsia

What is the plan to fix our healthcare. It is difficult to get physician appts and hard to be seen by a physician.
What is the role for physicians in the future.

Na

Steps to reduce diabetes in uninsured population

Chronic vertigo and/or dizziness

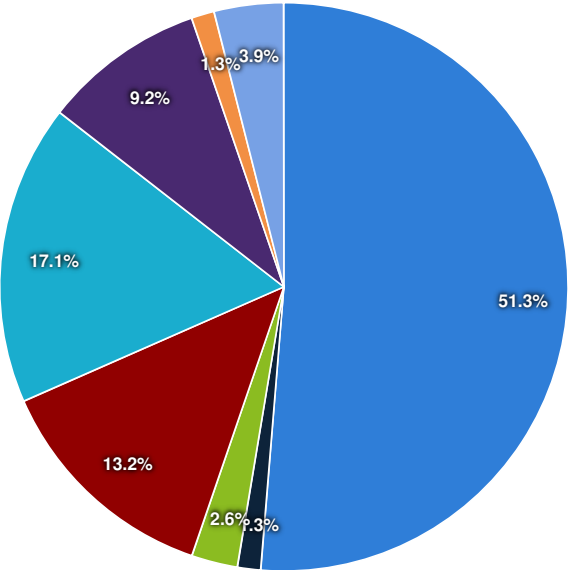
Your Choice

Updates on antibiotics therapy..

Uc

Your choice

Please select one:

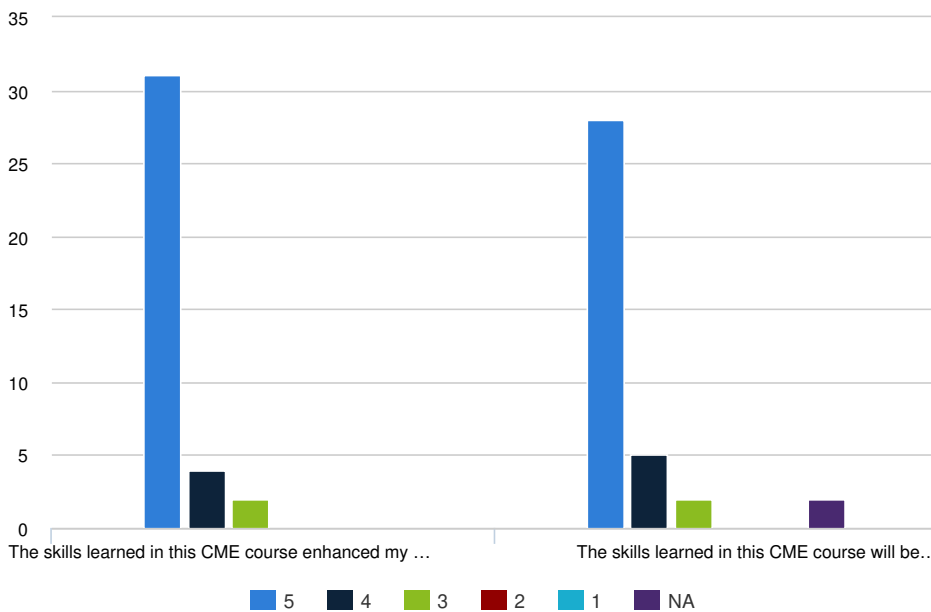


M.D., D.O.	39
Ph.D.	1
PA-C	2
ARNP	10
R.N.	13
Pharmacist	7
Occupational Therapist	1
Other...	3 (view)

Echocardiography and Noninvasive Vascular Testing Lecture Series: April 5, 2023

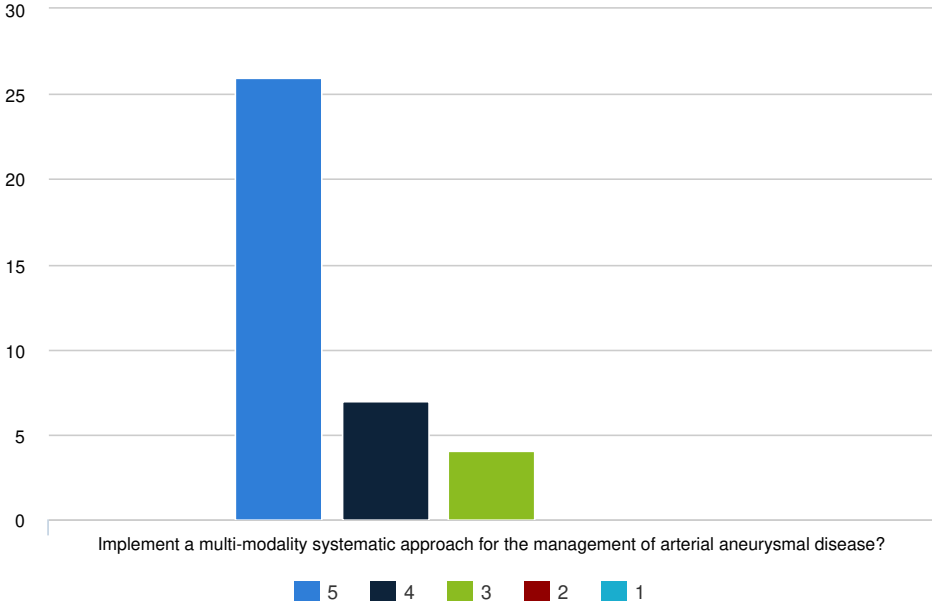
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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



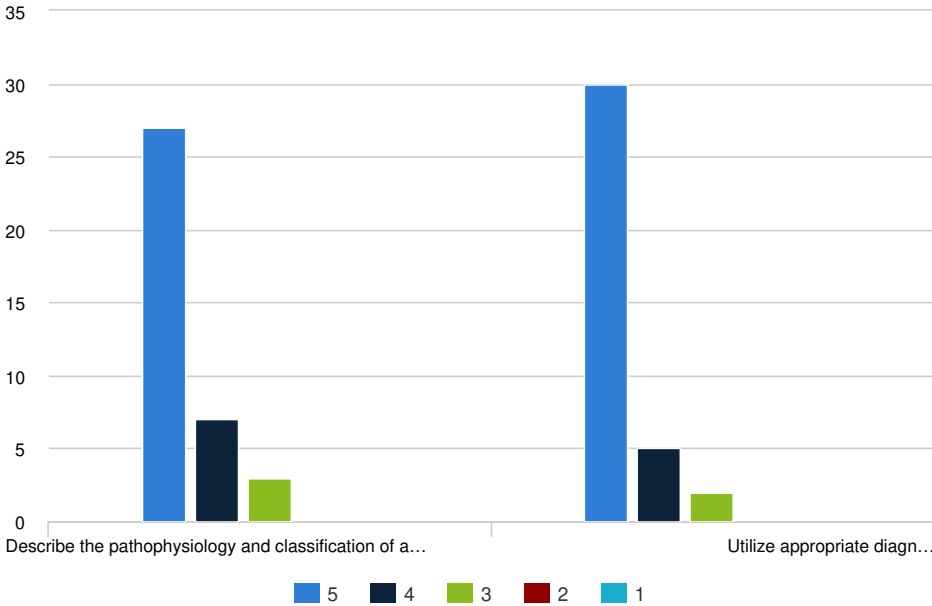
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	31	4	2	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	28	5	2	0	0	2

How confident are you in your ability to:



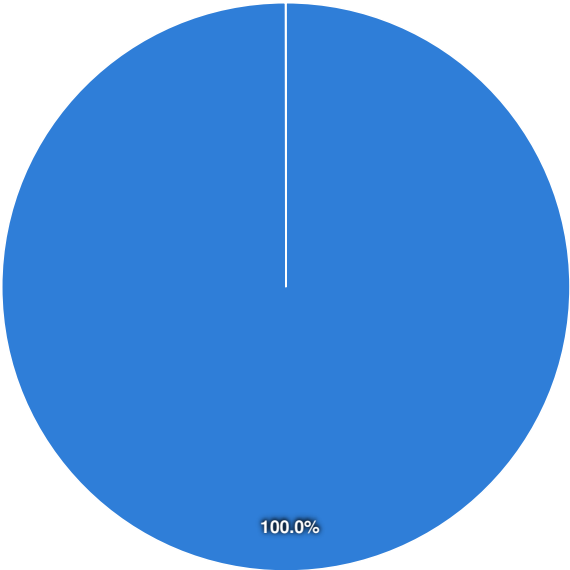
	5	4	3	2	1
Implement a multi-modality systematic approach for the management of arterial aneurysmal disease?	26	7	4	0	0

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



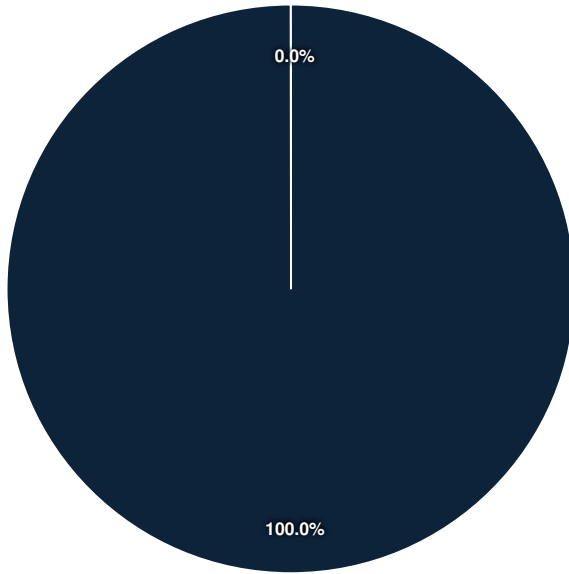
	5	4	3	2	1
Describe the pathophysiology and classification of arterial aneurysmal disease.	27	7	3	0	0
Utilize appropriate diagnostic protocols and interpretation criteria for patients with suspected arterial aneurysmal disease.	30	5	2	0	0

Was this course fair, balanced and without commercial bias?



Yes	37
-----	----

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



Left Blank	0
User entered value	37
Average submission length in words (ex blanks)	4.70
N/A	
Screening at appropriate intervals	
n/a	
Use contrast	
The measuring of the aneurysm in trans	
The use of contrast, hopefully.	
N/A	
Probably soon contrast enhanced ultrasound.	
CEUS increase frequency of use	
aneurysm screening in patients 65-75 with family history of aneurysm or past or present history of smoking	
screen criteria for AAA diagnosis modalities for evaluation of AAA	
Ultrasound and contrast Ultrasound in the evaluation of Abdominal aneurysm	
guide	
Vascular consult	
Vascular consult	
Vascular consult	
It will just enhance my knowledge and performance of these tests	
Na	
N/a	
More contrast usage.	
All	
Planing on taking a course on contrast enhanced ultrasound	
Not currently in clinical practice.	
Reiterate vascular screening	

I am retired

NA

appropriate modality selection for pad diagnosis

maintain current strategies.

N/a

Surveillance protocols

If I see a popliteal A aneurysm, I will always check the Ao

Imaging f/u of patients post AAA repair

N/A

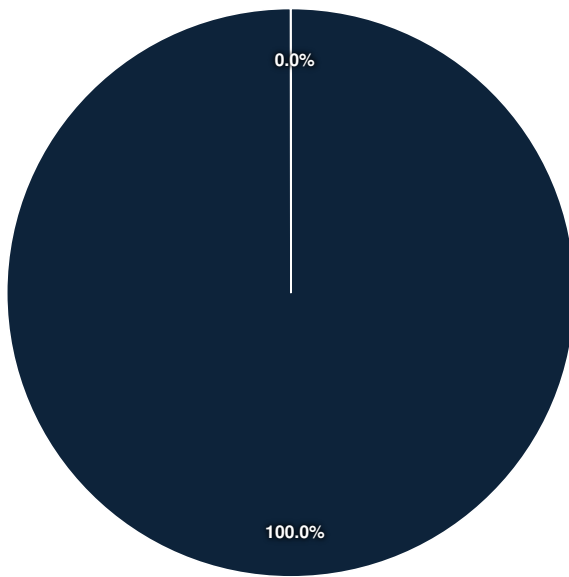
I will not be measuring the length of a AAA.

No new skills but reinforcing the existing ones.

using contrast agents

.

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	37
Average submission length in words (ex blanks)	2.78
N/A	
Knowledge	
n/a	
N/a	
N/a	
We do not have contrast at SMH	
N/A	
N/A	
N/A	
nothing	
no barrier	
N/A	
n/a	
None	
None	
None	
NA	
Na	
N/a	
N/A	
None	
N/a	
Not currently in clinical practice.	
NOT APPLICABLE	

NOT AVAILABLE

No I am retired

NA

n/a

We are fortunate to work under this great team of physicians at MCVI which continuously provide us with the most up to date information.

N/a

None

N/A

N/A

N/A

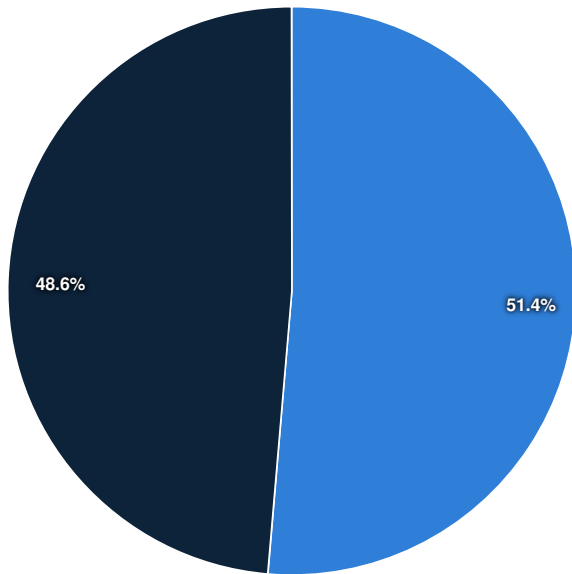
I am implementing new protocol on measuring a AAA

Yes

not in outpatient setting yet.

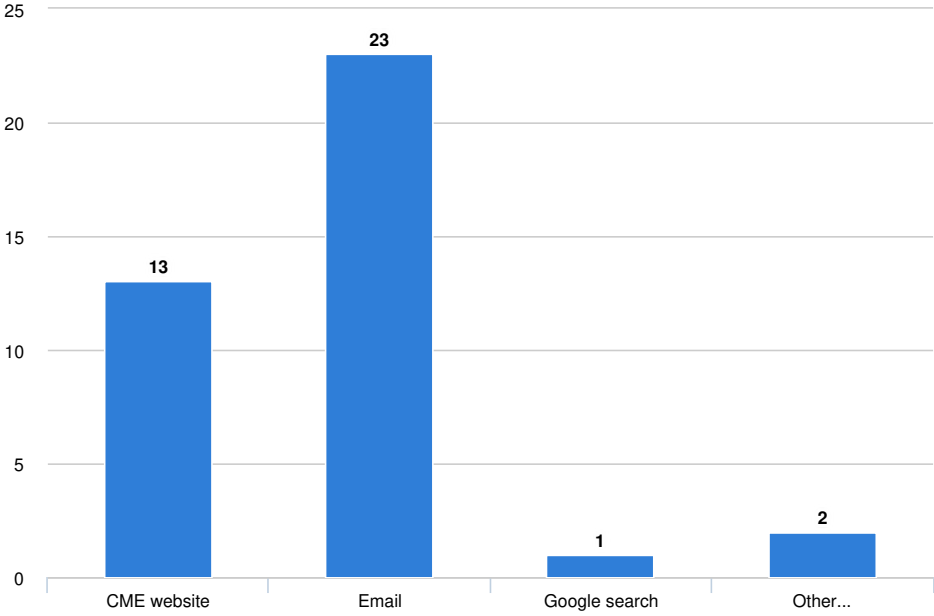
.

Please provide any additional comments or suggestions.



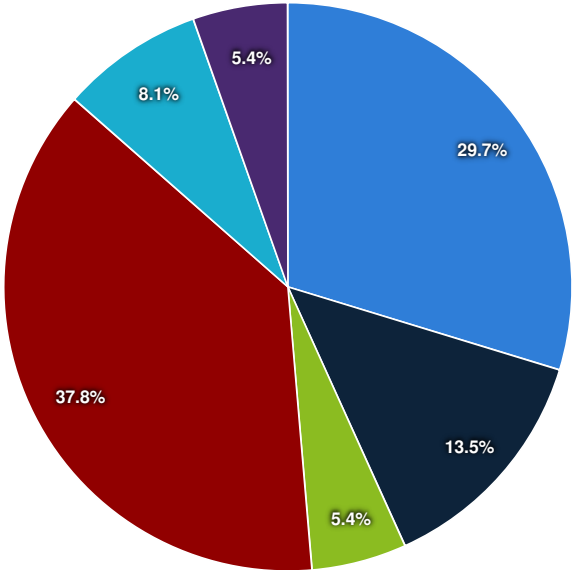
Left Blank	19
User entered value	18
Average submission length in words (ex blanks)	3.44
N/A	
Great and interesting presentation.	
n/a	
Very informative and excellent presentation	
none	
great lecture to learn new information about AAA	
Excellent presentation	
NA	
Na	
Great presentation	
Great webinar Thank You	
Continue as is--excellent and informative	
NA	
request pad interventional treatment webinar	
Great presentation. Dr Powell and his team always provide excellent and beneficial educational presentations.	
N/A	
Very useful lecture	

How did you hear about this course?



CME website	13
Email	23
Google search	1
Other...	2 (view)

Please select one:

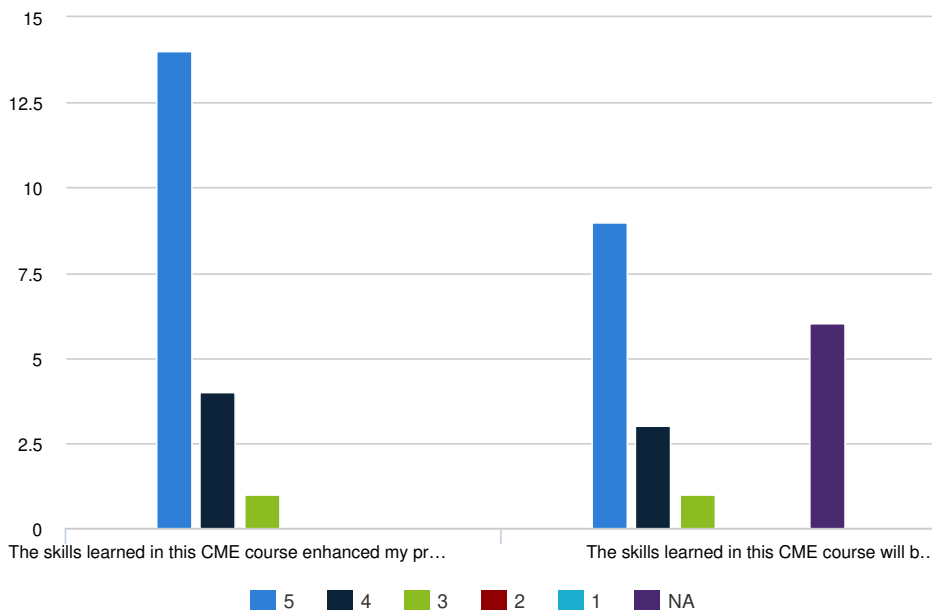


M.D., D.O.	11
ARNP/PA-C	5
R.N.	2
Sonographer	14
Untrasound Tech	3
Other...	2 (view)

Tenth Annual Omar Pasalodos, M.D., Memorial Lecture: Giving Birth in Florida Evaluation - April 13, 2023

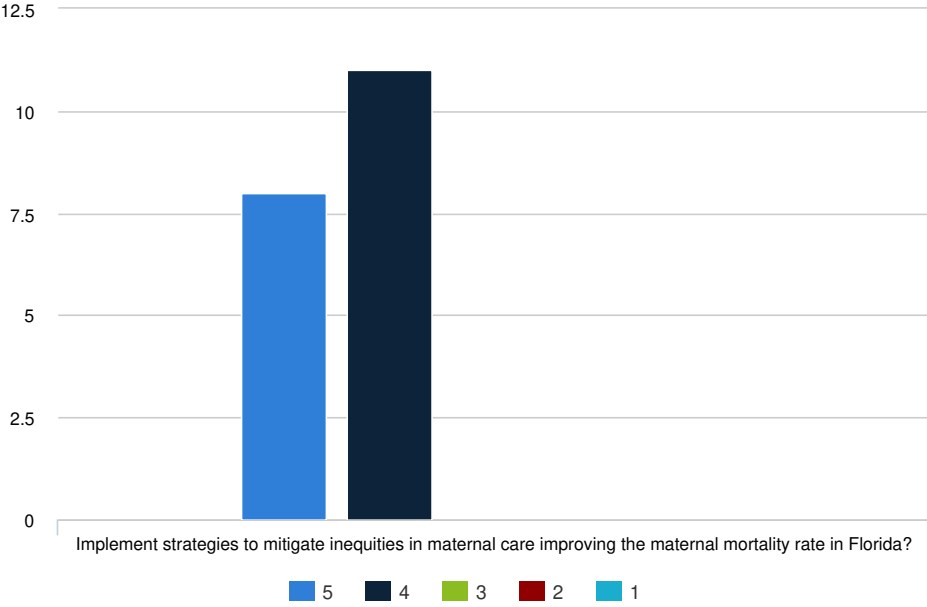
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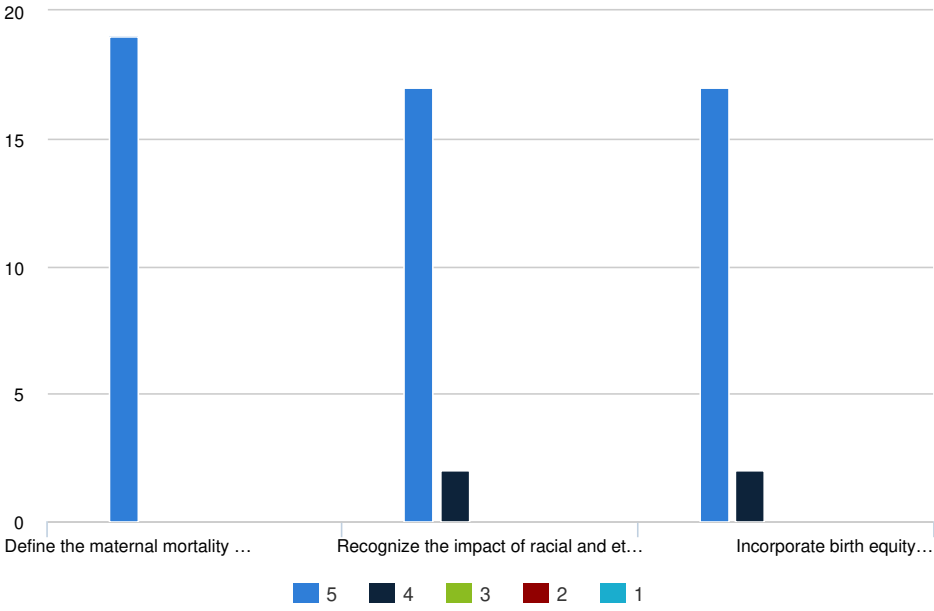
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	14	4	1	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	9	3	1	0	0	6

How confident are you in your ability to:



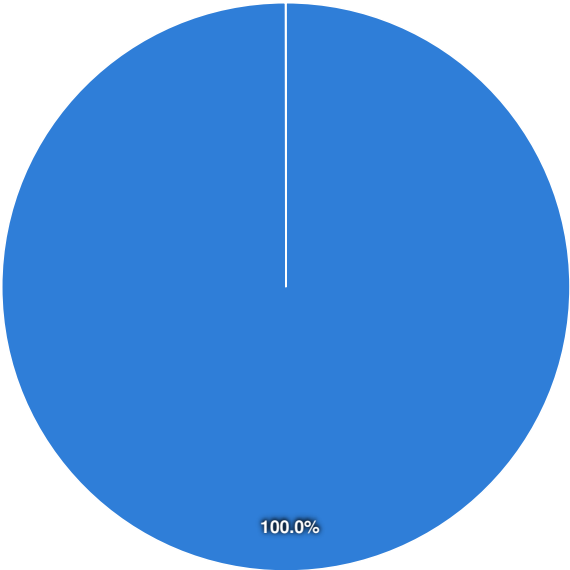
	5	4	3	2	1
Implement strategies to mitigate inequities in maternal care improving the maternal mortality rate in Florida?	8	11	0	0	0

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



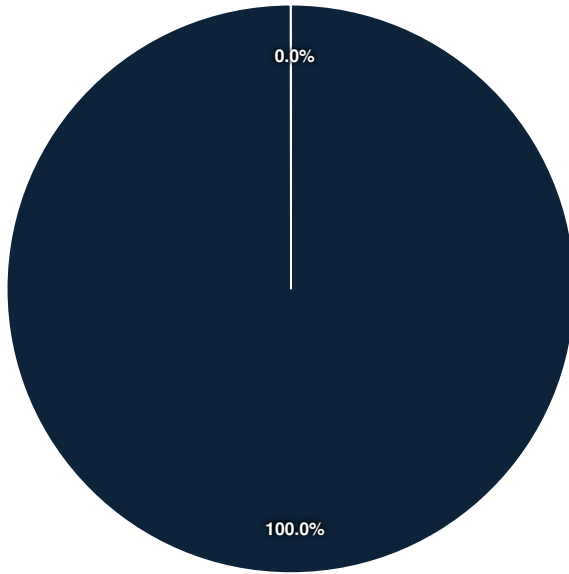
	5	4	3	2	1
Define the maternal mortality rate and leading causes in Florida.	19	0	0	0	0
Recognize the impact of racial and ethnic disparities on maternal outcomes.	17	2	0	0	0
Incorporate birth equity education into medical school curriculums.	17	2	0	0	0

Was this course fair, balanced and without commercial bias?



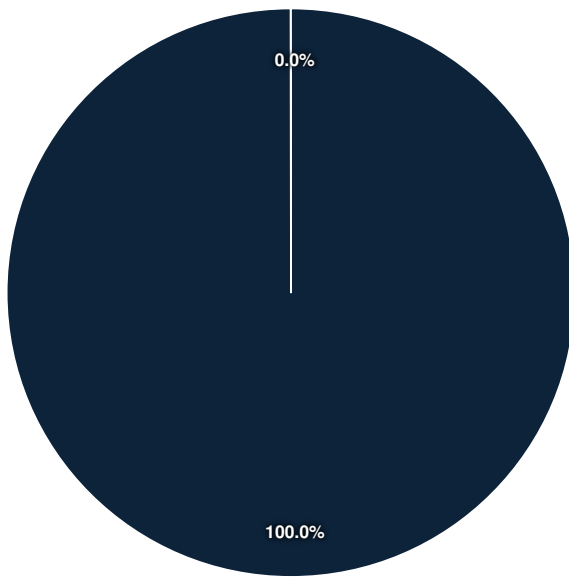
Yes	19
-----	----

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



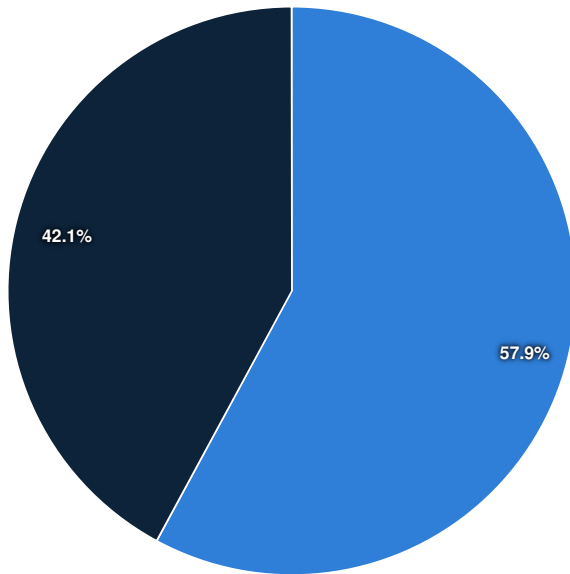
Left Blank	0
User entered value	19
Average submission length in words (ex blanks)	7.74
I will share this information with my co-workers.	
Educate our team and healthcare providers to be aware of maternal mortality rates and also maternal warning signs.	
Additional Education to staff	
Awareness of current problems	
Look for opportunities to address inequities when able to impact the situation.	
N/A	
Educate my patients and coworkers	
Be alert to Healthcare disparities and racial inequalities.	
Increased awareness	
Incorporate birth equity education into pharmacy residency teaching.	
Increased awareness of the causes of maternal mortality. I'm interested in exploring the impact of maternal deaths on young children and how this impacts their early educational experiences.	
N/A	
N/A	
N/A	
Close evaluation and monitoring of post partum patients know they're at high risk for mortality in the first year	
N/A	
More awareness of healthcare disparities	
Constant diligence to be aware of the inequities of care. Improve postpartum care.	
Active listening	

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



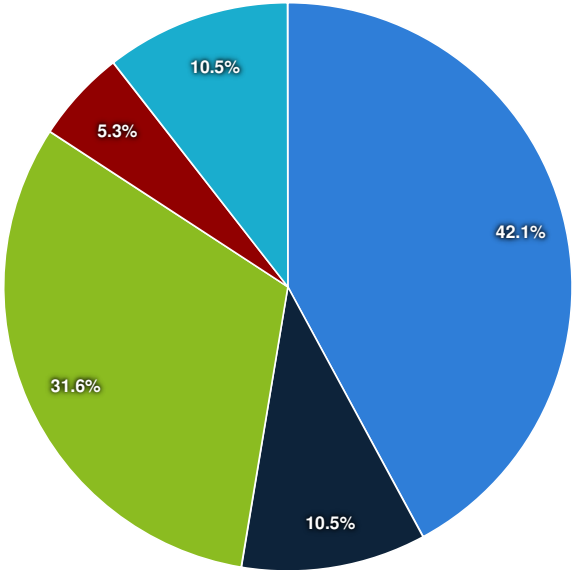
Left Blank	0
User entered value	19
Average submission length in words (ex blanks)	2.84
I do not practice with pregnant women. I attended this talk for updated knowledge about pregnant women and healthcare.	
N/A	
Nothing	
N/a	
.	
N/A	
N/a	
N/A	
N/a	
N/A	
None at this time.	
Retired	
Retired	
Retired	
/	
No longer seeing patients	
I will implement. disparities awareness.	
N/a	
N/A	

Please provide any additional comments or suggestions.



Left Blank	11
User entered value	8
Average submission length in words (ex blanks)	7.38
Dr. Sharmila Makhija was a knowledgeable speaker and the information she shared was necessary for the medical students to hear.	
Excellent informative presentation	
We need to do more ... as a health care team	
Excellent program, could easily be a half day or full day workshop exploring intervention programs and psychosocial factors.	
Super presentation!	
Super presentation!	
Super presentation!	
Great topic	

Please select one:

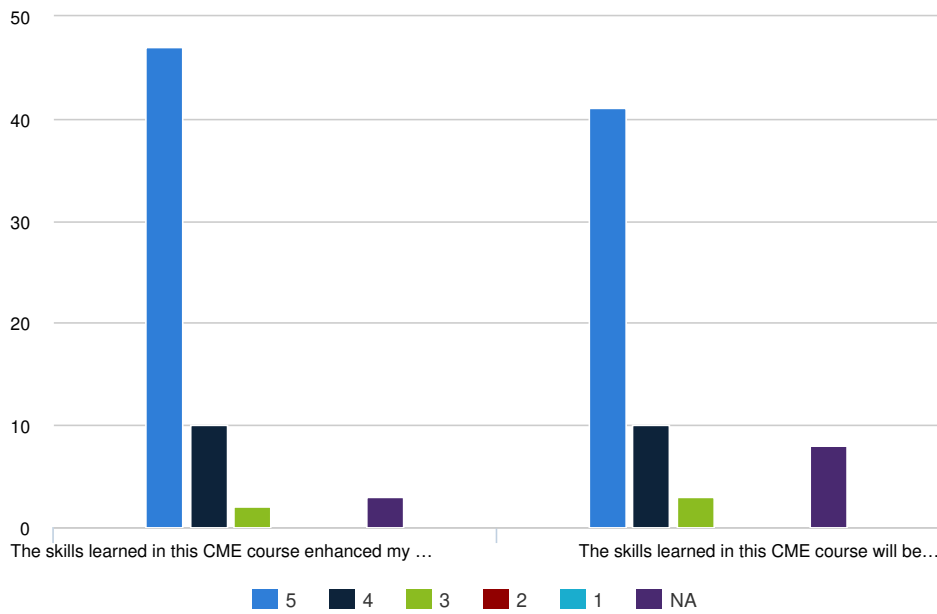


M.D., D.O.	8
ARNP/PA-C	2
R.N.	6
Occupational Therapist	1
Other...	2 (view)

MCVI Grand Rounds Evaluation - April 18, 2023

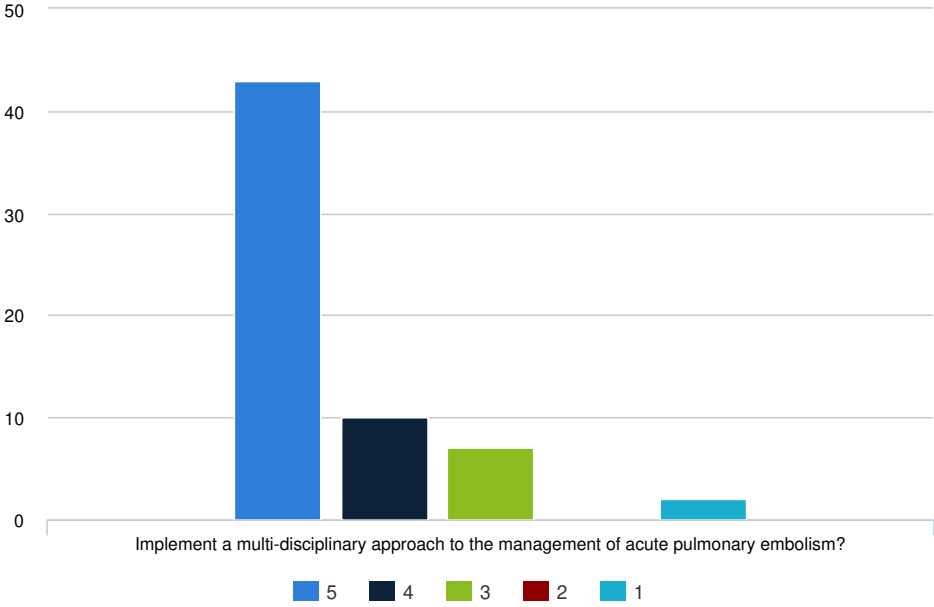
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	47	10	2	0	0	3
The skills learned in this CME course will be applied in the treatment of my patients	41	10	3	0	0	8

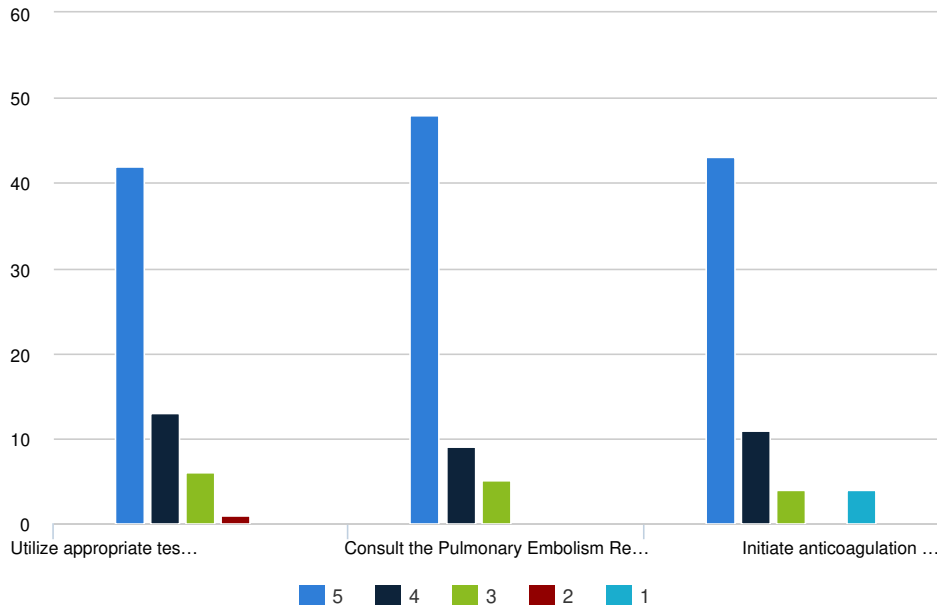
How confident are you in your ability to:



5 4 3 2 1

Implement a multi-disciplinary approach to the management of acute pulmonary embolism?	43	10	7	0	2
--	----	----	---	---	---

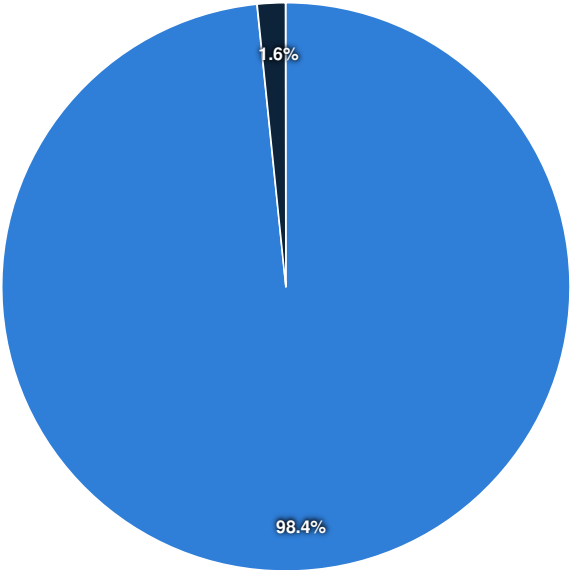
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



5 4 3 2 1

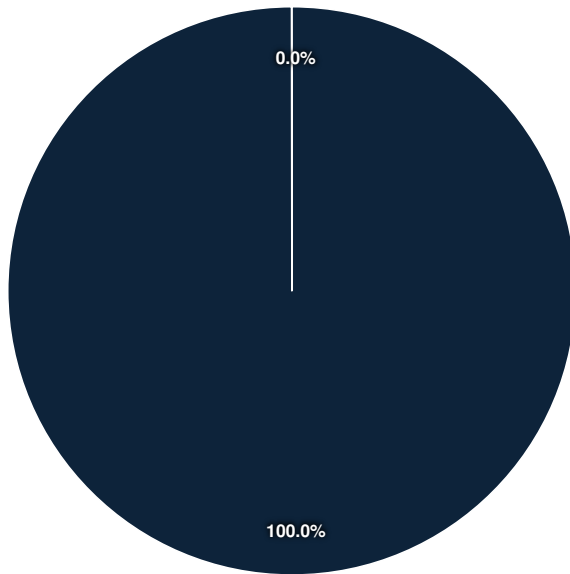
Utilize appropriate testing and Cerner order sets for acute pulmonary embolism.	42	13	6	1	0
Consult the Pulmonary Embolism Response Team (PERT) regarding patients with intermediate or high-risk PE.	48	9	5	0	0
Initiate anticoagulation immediately on suspected diagnosis of PE.	43	11	4	0	4

Was this course fair, balanced and without commercial bias?



Yes	61
No	1

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



Left Blank	0
User entered value	62
Average submission length in words (ex blanks)	6.10
Educate patients and staff	
Patient education. Continue monitoring of vital signs while in therapy sessions.	
Treat of the intermediate risk Pt is now clearer	
Improved risk stratification	
The PERT team sounds like a great benefit	
classifications of PE and indications for activation pert team and catheter directed therapy	
I'm retired.	
Multidisciplinary approach for management of PE Stratification techniques Utilization of ECMO	
PE team	
Better system to triage low risk vs high risk pts	
Multidisciplinary approach	
NA	
Activating PERT team for any intermediate high risk PE pts	
PE management	
pay more attention to RV/LV ratio in apparently clinically stable patient	
NA	
Not many. I only work in an out-pt setting so much of this does not apply to my practice but it was a very good lecture and I learned a lot. I am a survivor of a massive saddle PE in 2017 and was treated with TPA with great success. I am one of the lucky few	
PERT sounds very beneficial	
have improved recognition, between massive and submassive PE treatment	
BETTER ASSESSMENT OF DEGREE OF RISK OF PE	
None	
.	
I thought this was an excellent conference! Great speakers and information	

More cautious with intermediate

Excellent!!

Create a multidisciplinary team is a good choice.

N/A

N/A

Apply prognostic criteria

Great info

No clinical practice at present

n/a

Increased awareness of the risks involved in the outcome of patients suspected of suffering Pulmonary Emboli.

Organize a PERT team approach.

Nothing.

Many

Everything learned in the course.

Categorizing intermediate PE risk as low or high with laboratory data.

Yes

Some

Early involvement of the pulmonary embolism response team

That there was a PERT team, I was not familiar with that.

The multidisciplinary approach to treatment of acute PE

greater appreciation of the availability of new devices and interventional procedures to improve survival

All necessary.

NA

Call for PERT as early as possible(?)

Not usually involved in treating acute pulmonary embolism since only see patients in outpatient setting.

NA

PERT alert

Use the appropriate risk stratification

When it is appropriate to call in the PERT team

I am occupational health

Yes, anticoagulation is the first to do on PE.

I will apply new knowledge

None

RV SIZE & FUNCTION

N/A

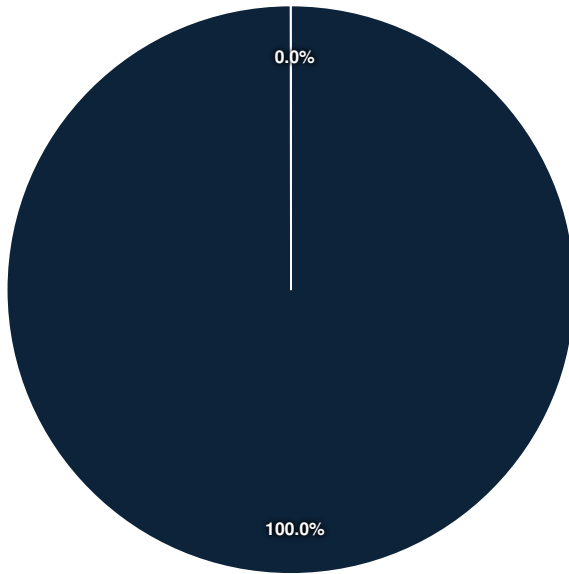
very informative

None

n/a

all of them.

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	62
Average submission length in words (ex blanks)	3.11
N/a	
N/A	
N/A	
Not applicable	
N/a	
no barriers	
I am retired.	
N-A	
No barriers	
N/A	
Noting	
NA	
Nothing. Plan to implement and continue with multidisciplinary specialty approach for the treatment and management of PE patients.	
NA	
No impediments	
NA	
See very few patients in an out-pt setting only. Only volunteer 2 half days a week in local free clinics and teach PA and med students.	
N/a	
n/a	
NOTHING	
None	
.	

N/a

Setting doesn't allow for implementation

NA

Anticoagulant therapy

N/A

N/A

Nobe

Nothing

No clinical practice at present

n/a

Nothing.

Nothing

I already do those things.

Time.

N/a

I am not in a hospital setting

I plan to use what I learned..

none

Nothing

N/A

not applicable

retired from practice. However, useful information since I am Adjunct Assistant Professor in FIU Herbert Wertheim College of Medicine.

N/A

NA

Totally unsure

Outpatient medicine only

NA

n/a

N/A

N/A

I am occupational health

nothing, if there is a lack of material to implement my new strategies.

none at this time

Nothing

N/A

NA

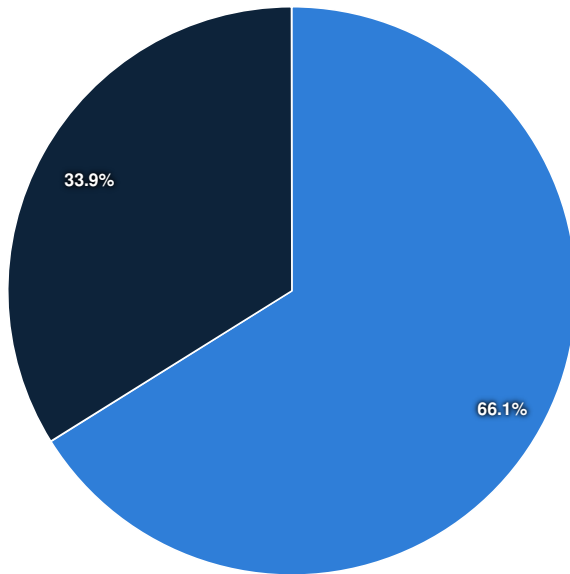
n/a

Nothing

n/a

none

Please provide any additional comments or suggestions.



Left Blank	41
User entered value	21
Average submission length in words (ex blanks)	9.05

Knowledgeable and excellent speakers

N/a

This was an excellent talk with very knowledgeable speakers. They were able to focus on important points and convey their message very clearly

None

Great discourse. Thank you.

NA

N/a

Great presentation. Very informative and engaging.

NA

n/a

Found the conference in general very complete and excellent. Speakers were very knowledgeable and graphics very helpful to understand the procedures,

Other Baptist hospitals such as Bethesda Hospital East doesn't follow such guidelines and evidence based practice as discussed. Every PE pt with some RV strain gets catheter directed thrombectomy straight from ER.

N/a

goid

None

each of the speakers were excellent and the program was very well organized; the time passed quickly.

N/A

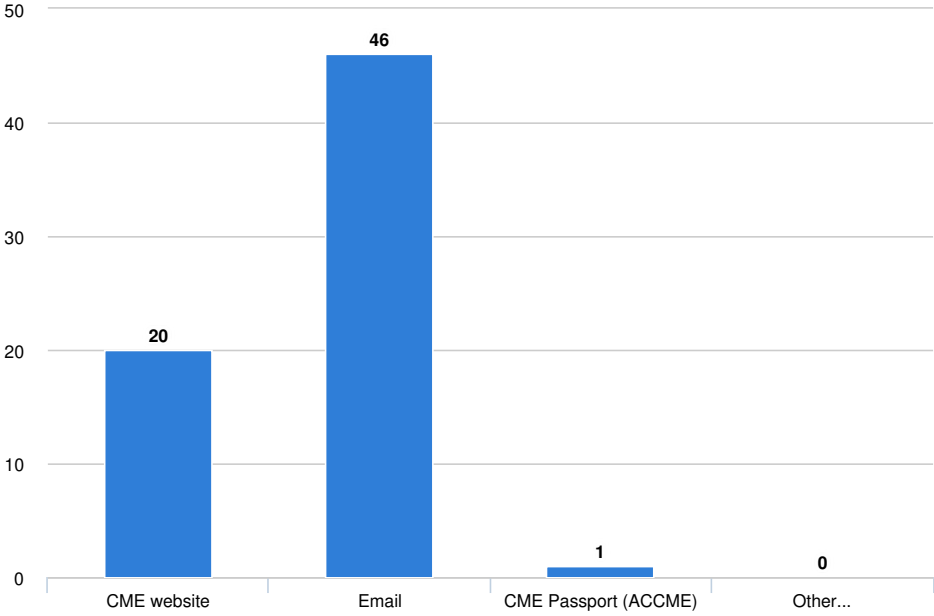
This talk would have been more effective had the approach of 1 tell them what you're going to say, 2 say it, 3 tell them what you said. I asked a specific question in the Q&A chat during the talk and the IT team marked it as "answered live" and it was not answered at all. It was a three-part question of significant strategic import.

none

None

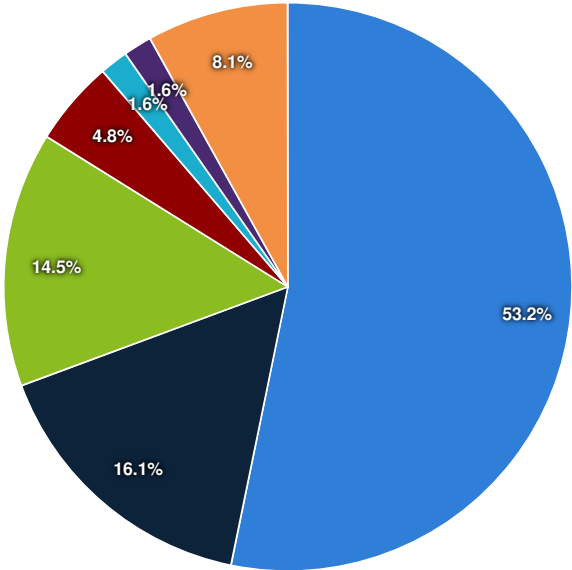
n/a

How did you hear about this course?



CME website	20
Email	46
CME Passport (ACCME)	1
Other...	0

Please select one:

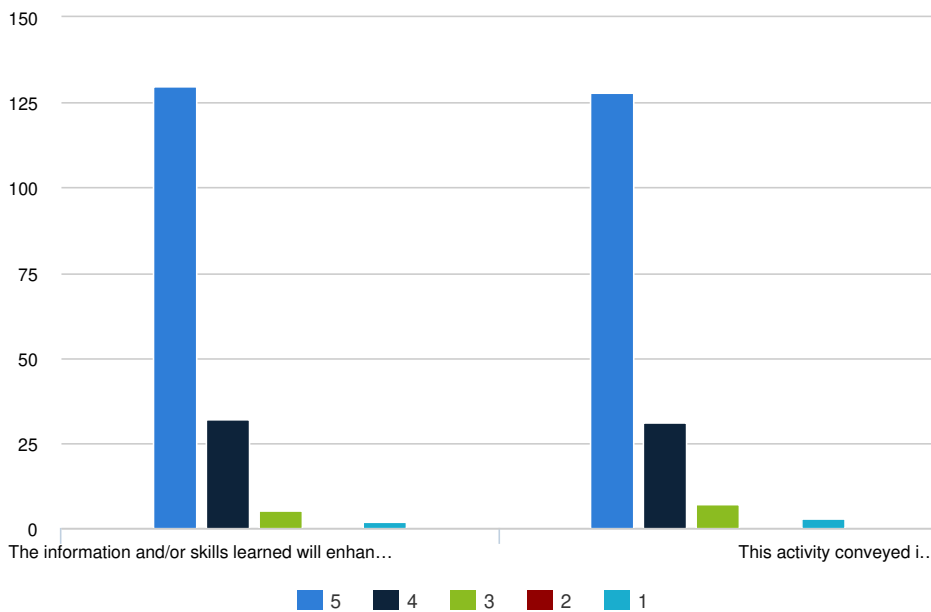


M.D., D.O.	33
ARNP/PA-C	10
R.N.	9
Sonographer	3
Untrasound Tech	1
Pharmacist	1
Other...	5 (view)

2023 Boca Raton Regional Hospital Internal Medicine Symposium Evaluation - Day 1

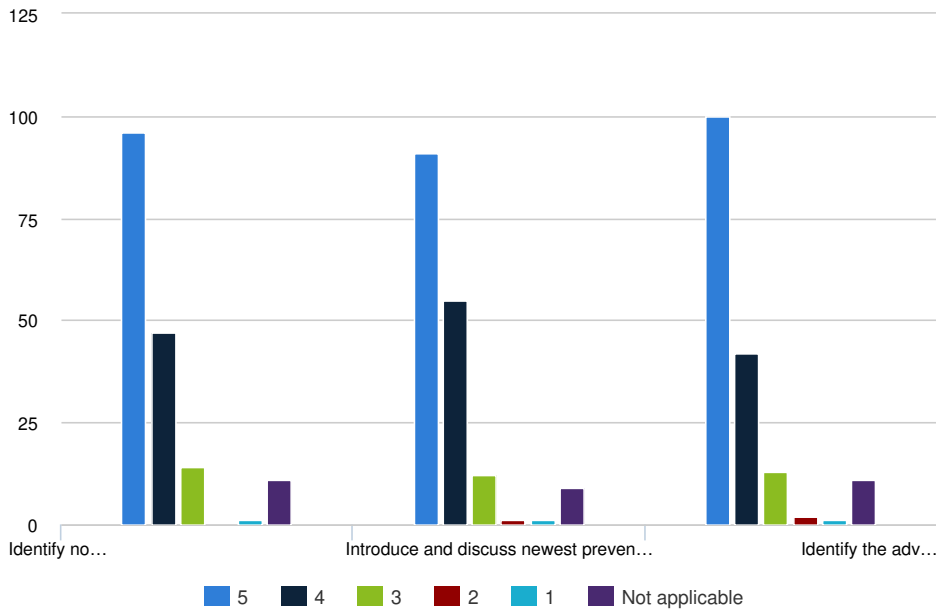
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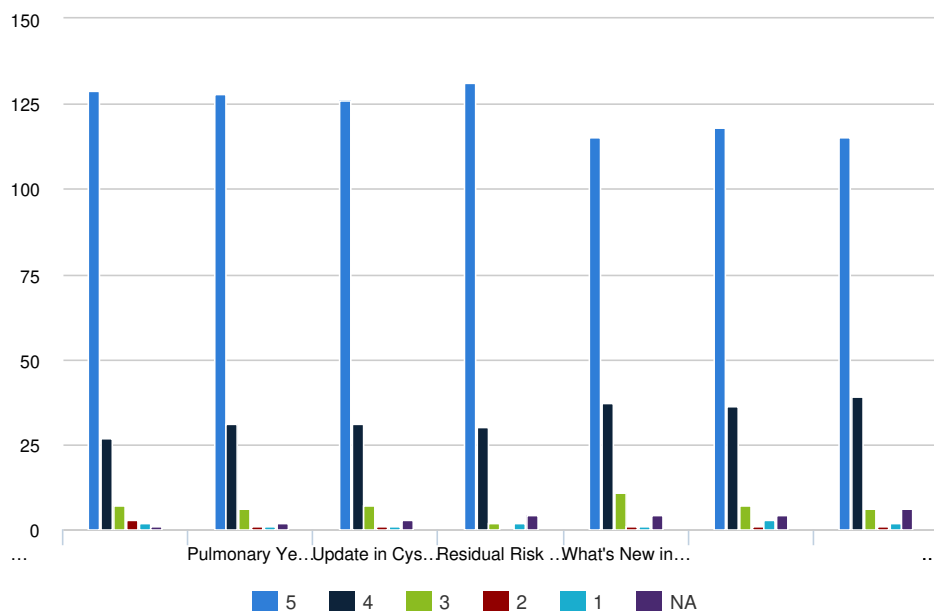
	5	4	3	2	1
The information and/or skills learned will enhance my professional competence or ability.	130	32	5	0	2
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.	128	31	7	0	3

How confident are you in your ability to:



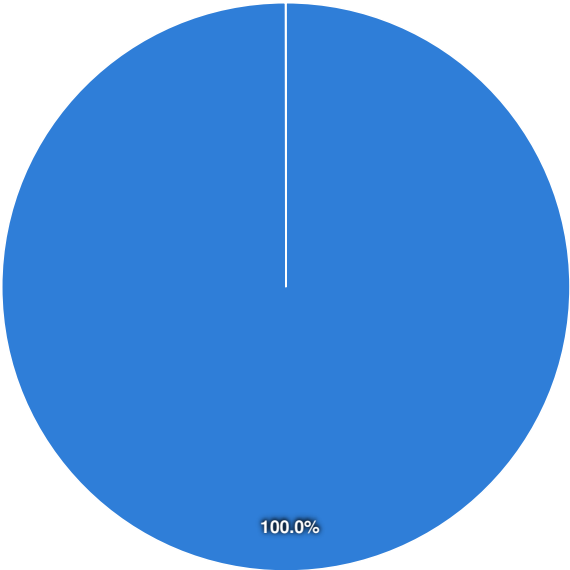
	5	4	3	2	1	Not applicable
Identify novel approaches for treating underlying metabolic risk as the pre-eminent driver of "residual risk".	96	47	14	0	1	11
Introduce and discuss newest preventives, and when they would be used	91	55	12	1	1	9
Identify the advantages and disadvantages of the use of GLP-1 receptor agonists.	100	42	13	2	1	11

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



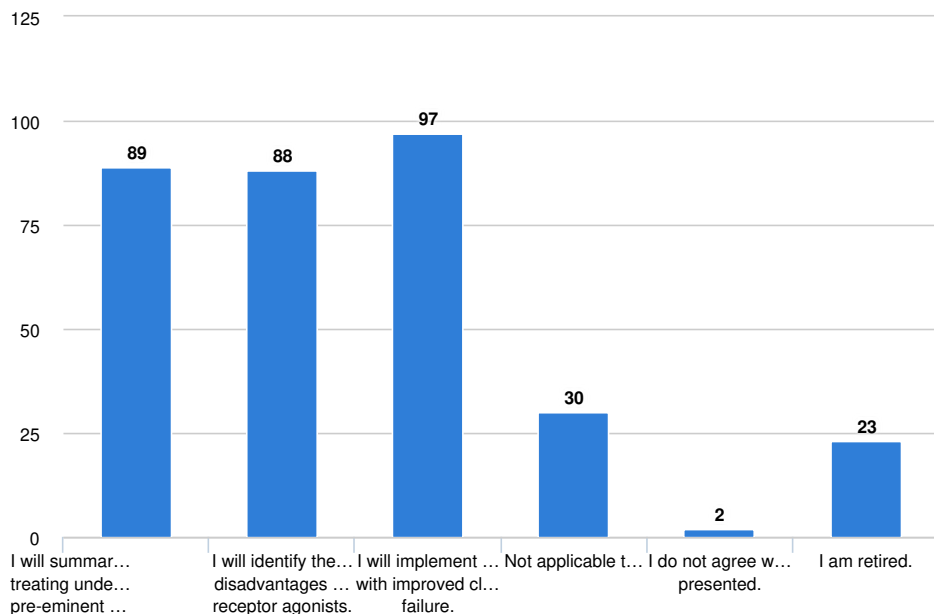
	5	4	3	2	1	NA
Keynote Presentation - Reflections on the COVID-19 Pandemic: Vaccines, Human Behavior, and the Circle of Least Confusion - Gregory Poland, M.D.	129	27	7	3	2	1
Pulmonary Year in Review - Margaret Johnson, M.D.	128	31	6	1	1	2
Update in Cystic Fibrosis for Generalist: Why Does it Matter? - Margaret Johnson, M.D.	126	31	7	1	1	3
Residual Risk Assessment and Cardiometabolic Syndrome - Michael J. Blaha, M.D., MPH	131	30	2	0	2	4
What's New in the 2022 Heart Failure Guidelines? - Richa Gupta, M.D., MPH	115	37	11	1	1	4
Regenerative Medicine in Cardiovascular Disease - Emerson Carvalho Perin, M.D., Ph.D.	118	36	7	1	3	4
The ABC's of GLP-1 Agonists for Obesity Management - Daniela Hurtado, M.D., Ph.D.	115	39	6	1	2	6

Was this course fair, balanced and without commercial bias?



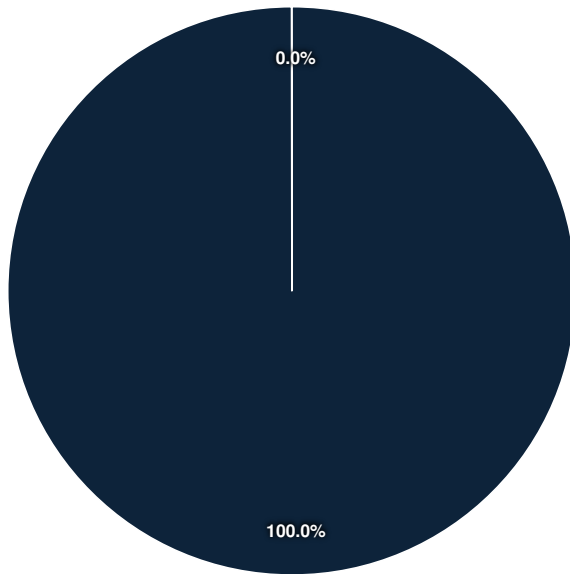
Yes	169
-----	-----

As a result of my participation in this Symposium, I commit to make the following changes to my clinical practice:



I will summarize novel approaches for treating underlying metabolic risk as the pre-eminent driver of "residual risk".	89
I will identify the advantages and disadvantages of the use of GLP-1 receptor agonists.	88
I will implement practices associated with improved clinical outcomes in heart failure.	97
Not applicable to my practice.	30
I do not agree with the recommendations presented.	2
I am retired.	23

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



Left Blank	0
User entered value	169
Average submission length in words (ex blanks)	5.56
Yes	
Everything	
.	
Regular monitoring of vital signs for my patients with cardiovascular disease through out skilled rehab intervention sessions.	
Educate patients and staff	
N/A	
Ns	
Na	
Perform routine vital signs assessments / close monitoring on patients with cardiovascular health conditions.	
.	
..	
N/a	
N/a	
The presentations were very informative and interesting.	
Na	
Look for CF in adults	
Have a new understanding and approach in addressing residual risk	
Use of novel approaches for treating underlying metabolic risks.	
Apply 4 pillar therapy in HF Change Mngmt of COPD per new GOLD guidelines	
None	
na	
Screen better	
I will try to improve clinical outcomes in heart failure using the strategies mentioned by the distinguished presenters	

None

NO SPECIFIC CHANGES

Thank you for excellent lectures

N/A

Better risk management

DNA

Diabetes and obesity treatment advises to family and friends

Be more vigilant of keeping cystic fibrosis in the differential diagnosis in adult pts with recurrent pulmonary symptoms and/or cirrhosis.

Great topics. Be certain it's are on max tolerated gdmt. Treat underlying Htn, DM to goals. Include recommendations to exercise routinely and consider new wt loss meds as an option.

Addressing cardio metabolic Problem in CV disease .

Mounjaro has better weight loss than glp1 alone

Use of glp

NA

Weight loss

n/a

Better communication with pts and colleagues about the current best practice management

xxxxxxxxxxxxxxx

.

Referral to proper specialists

N/A Retired

During clinical rounds the presentation will be very valuable

N/a

N/a

Na

Refer patients for start of new meds.

Healthy diet, physical activity, stop smoking

Use of GLP-1 receptor agonists

As a retiree I am in awe of the basic science presented today.

Treatment of CHF. Keep up to date with stem cell transfusions

Update my practices regarding asthma, COPD, and heart failure.

keep all in advicement

I am retired.

Thank you

NA

Use SGLT2i as first line therapy in somebody with heart failure and CKD.

General Knowledge

Information on adult pt with CF

Good

Better management of patients with heart failure.

GOLD Guidelines Asthma Treatments Heart Failure Guidelines

Great

Consider screening for cystic fibrosis

NA

na

I will identify small group patient to implement what I learned

n/a

More aware of use of stem cells and renewed appreciation of use of metabolic markers for residual risk

I am retired

NA

N/A

Appropriate uses for GLP-1 RA

I will more aggressively treat underlying metabolic risk, increase utilization of GLP-1 receptor agonists and implement new heart failure data.

New strategies towards utilization of GLP-1 Receptor agonists

I will treat asthma and COPD according to the new guidelines,

GLP-1 RA for weight loss

.

Talking with Cardiology.

N/a

increased use of SGLT 2 agents in heart failure consideration of GLP 1 for weight loss in appropriate patients

Understanding how co-morbidities can affect clinical decision making

Understanding of current covid and vaccine situation

Na

Retired

Always good to hear new data to incorporate in clinical setting.

N/A

Today renewed my focus on obesity and its global impacts. I also see CF as a prevalent issue even into adulthood.

Improve outcomes in heart failure

NA

Not practicing at present

Will use new knowledge learned in my clinical practice

Identify more patients with metabolic syndrome

N/A

Better pt education in heart failure

Managing heart failure and cardiometabolic risk in a more nuanced, impactful way

Na

Implement updated treatment guidelines.

Better do & txmt

During the presentation I learned the evolution of significant SARS-Cov2 variants, how to treat several cardiometabolic patients and better developed the advantages and disadvantages of the use of GLP-1 receptor agonists.

None

be more aware of CF in adult patients

Put everyone on GLP-1 agents. Consider testing for Cystic Fibrosis and TTR Cardiomyopathy for those with symptoms.

Above

more comfortable with GLP-1 receptor agonists meds

N/A

GLP-1 and SGLT2 use

n/a

Utilize the heart failure approach algorithm presented

Provide education Re GLP 1 receptor agonists

Great course

None specific

Yes

None

Use of GLP-1 receptor agonists

Great meeting

New outlook on dealing with obesity and cardio metabolic disease

New information was helpful

N/A

None

Better understanding of the hierarchy of therapy

Follow latest science

The use of measuring eosinophils in the treatment of COPD.

N/a

Increased medical knowledge

Try to incorporate SGLT2 inhibitors in patients with HFpEF. Be more aware of cystic fibrosis in older patients.

I am retired

see above

Semi retired now

N/A

N/A

All of the above, will implement all new clinical knowledge learned at this conference.

Not applicable. I am retired.

.

Yes

As above

Alburerol / budesonide prn

Make more informed recommendations about GLP-1 inhibitors

Medication review.

N/A

increase use glp1 for DM and obesity LAMA LABA combo use more often and d.c steroids

Obesity management

not that applicable, but appreciate new knowledge

DAGNOSTIC SKILLS

gLP 1 prescription

Convey better understanding in covid variance,vaccination recommendations.

N/A

To look at risks vs benefits on some of the drug therapies that are prescribed

N/a

not applicable to my practice

not applicable to my practice

Reinforced current knowledge and will improve assessment and treatment of heart failure in the outpatient setting.

I will use preventative recommendations

GLP1 Receptor Agonist use

Identify new treatments for diabetes

Advantages and disadvantages of GLP-1

None

Above

Implement novel practices

I will take what I learned and apply it

Using GLP inhibitors correctly

Statins use

Diagnosis. Management and referral

awareness

look for cystic fibrosis in adult patients

Review abbreviations

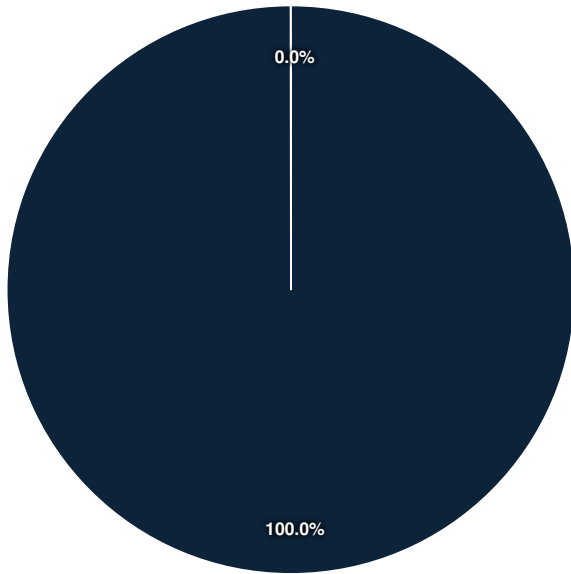
Metabolic risk as the driver of pre-eminent driver residual risk . Appropriate use of GLP-1 receptor agonists

Adding in GLP1 agonists and SGLP2 inhibitors

Na

I will read more new publications and watch new webinars about the important topics that were discussed

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	169
Average submission length in words (ex blanks)	2.93
Patient insurances	
Being busy	
.	
N/A	
N/a	
N/A	
Na	
Na	
N/A	
no barriers	
..	
N/a	
N/a	
N/a	
None	
Medical costs	
None	
Novice experience	
Cost Formulary restrictions	
Retired	
na	
Time	
Time limitations	
None	

ALWAYS, INSURANCE ISSUES

Lack of patients

Policies and set protocols

Type of patients

DNA

None

insurance limitations

Time, knowledge

Inadequate knowledge and new to internal medicine practice

Insurance approval

Medical insurance

NA

Politics

n/a

Although I am not actively seeing these patients directly , I do communicate with my specialist colleagues and will be more knowledgeable doing so

xxxxxxxxxxxxxx

Not the scope of my practice

Retired

None

None

N/a

Na

Formulary at the VA.

none

No longer practicing medicine

none, no patients

My practice is at subacute and long term care facilities

Insurance coverage and costs

none

I am retired.

I am Occupational health

None

lack of insurance or access (aka nationwide backorder on Ozempic, Trulicity, Mounjaro, etc.)

None

None

Good

None

Cost of Medications Voluntary Advice

None

Cost of medications

Na

None

none

none

none

I am retired

NA

N/A

N/A

Insurance coverage and patient acceptability

Lack of time spent with patients to educate them regarding the use of these strategies

For the heart failure and cystic fibrosis diagnoses it will be hard to manage as I am not a specialist.

None

.

Communication

N/ a

none

None

Openness of people

Na

Retired

none

N/A

Taking a sabbatical

none

clearing my name from already disproven false accusations that were used to derail my career as a board certified neurologist because I chose to remain a 'Christian' and not join the cult that was spreading false accusations and malicious rumors about me behind my back to isolate me while simultaneously pestering me to 'join the cult'.

Not practicing at present

none

Patient compliance

N/A

Na

Willingness of colleagues to accept new strategies

Na

n one

Cost

The potential barriers or obstacles are related to the sanitary environment, lack of structure, exams and treatments not available.

None

NA

None

None

none

N/A

lack of longterm plan for GLP1 and sGLT2 use

n/a

None

None

None

None

Yes

Better care of heart failure patients receiving anesthesia

None

None

None

None

N/A

None

None

Nonclinical setting

None

N/a

None that I can think of.

None

I am retired

none

Semi retired now

N/A

N/A

Patient adherence and system constraints.

Not applicable. I am retired.

.

Yes

None

Patient acceptance and insurance approval

I foresee insurance approvals to be a barrier to novel therapeutics

Financial issues of patients

N/A

insurance

None

applicability

INSURANCE

None

Cost and availability of GLP1s

N/A

none

Area of specialty

not applicable

Poor patient compliance.

Non compliance

None

Access to medication

None

None

How to titrate meds

None

None

None

None

NONE

be proactive

I practice predominantly subspecialty focused medication- Gastroenterology

Cost Complications

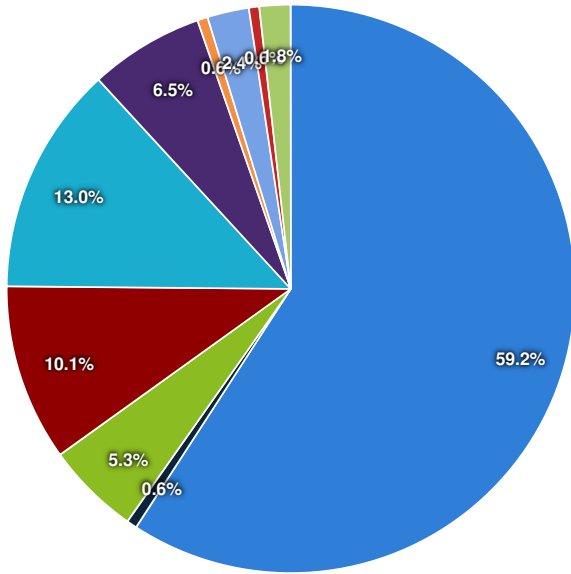
None

Advanced Age of patients maybe a barrier to efficacy of treatment

None

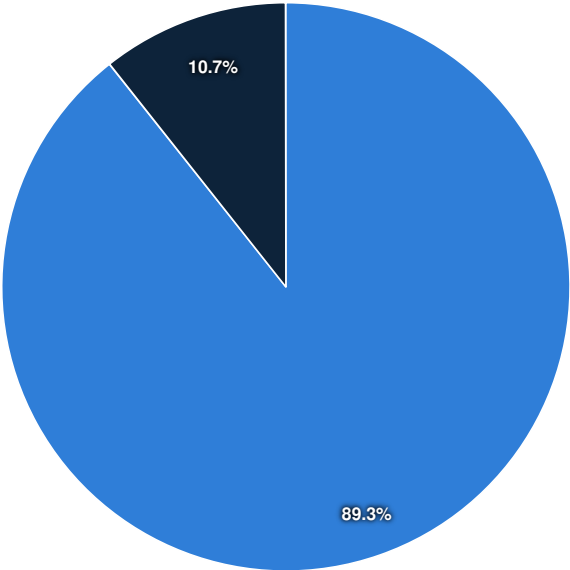
No barriers

Please select one:



M.D., D.O.	100
Ph.D.	1
PA-C	9
ARNP	17
R.N.	22
Pharmacist	11
Respiratory Therapist	1
Occupational Therapist	4
Athletic Trainer	1
Other...	3 (view)

Attestation



I attest that I have participated in this live virtual symposium in its entirety.	151
I attest that I have participated in _____ hours of instruction during this live webinar.	18

3.5

1 hour

2 hours

I attended 5 of the 7 lectures. I do not know what that equals to in hours

4

3.5

4

Entire presentation, 4hr 30 min

2

All Hours.

2

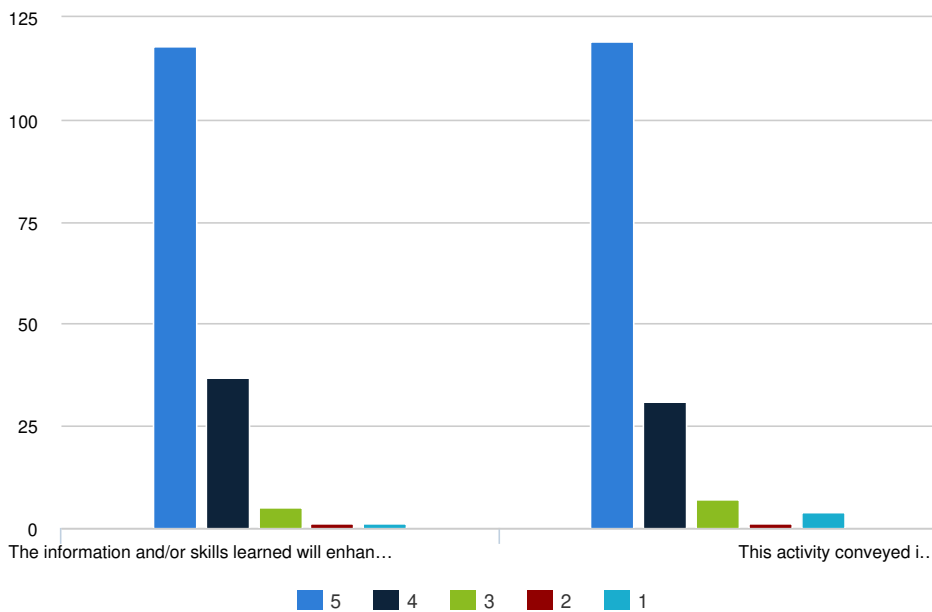
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12

2023 Boca Raton Regional Hospital Internal Medicine Symposium Evaluation - Day 2

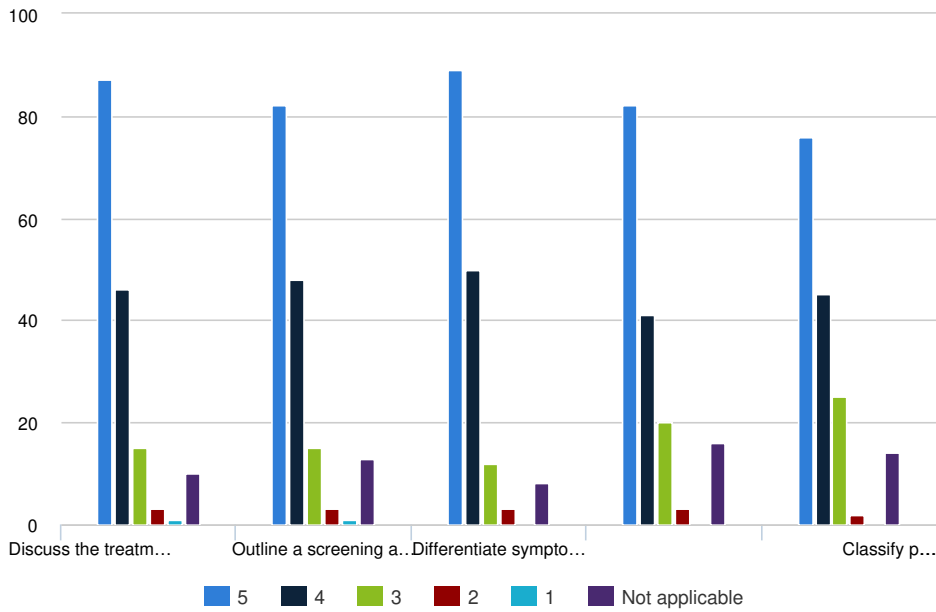
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



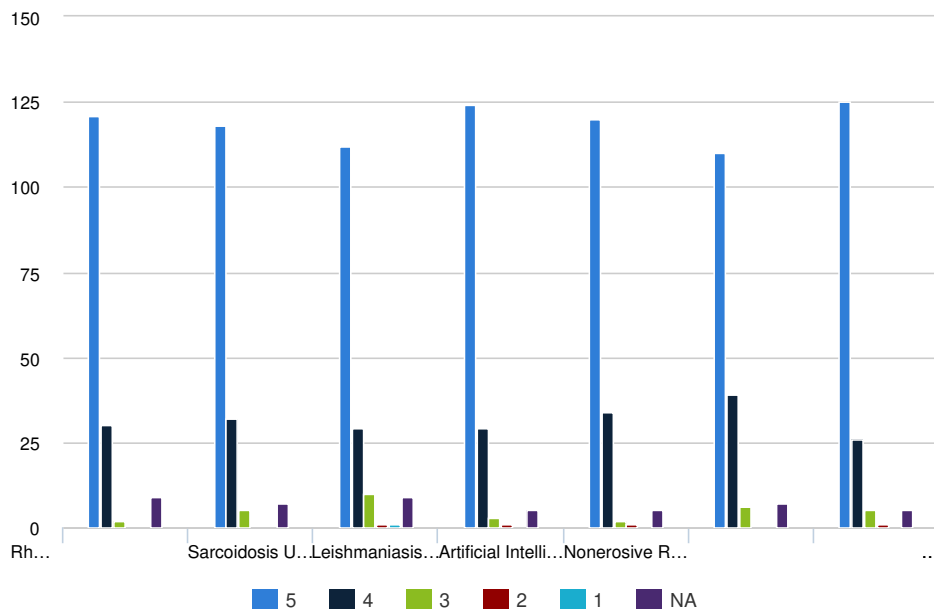
	5	4	3	2	1
The information and/or skills learned will enhance my professional competence or ability.	118	37	5	1	1
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.	119	31	7	1	4

How confident are you in your ability to:



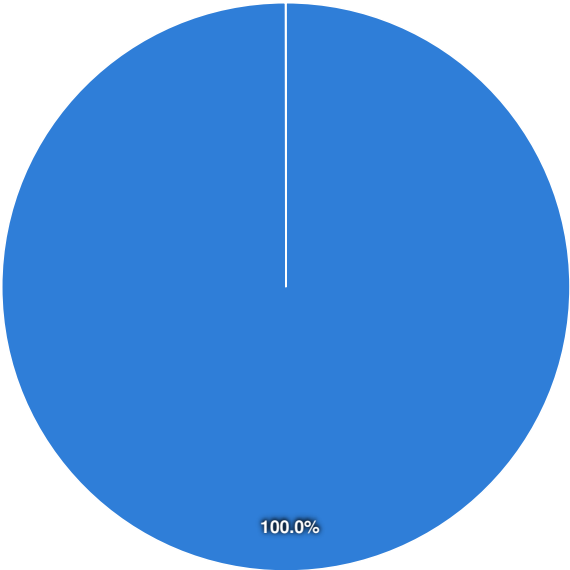
	5	4	3	2	1	Not applicable
Discuss the treatment options for NERD.	87	46	15	3	1	10
Outline a screening and diagnostic algorithm for NAFLD.	82	48	15	3	1	13
Differentiate symptomatic Long Covid from ongoing non-infectious risks.	89	50	12	3	0	8
Classify polyp, detect early pancreas cancer, and optimize workflow of capsule endoscopy.	82	41	20	3	0	16
Review the major findings regarding drug therapies in conditions such as rheumatoid arthritis, systemic lupus erythematosus, and dermatomyositis.	76	45	25	2	0	14

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



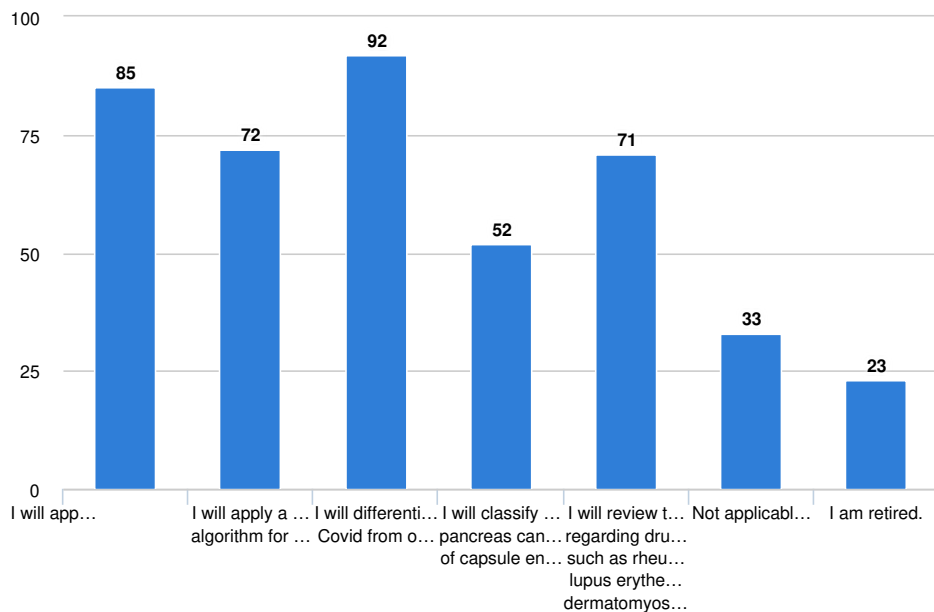
	5	4	3	2	1	NA
Rheumatology Year in Review - Benjamin Wang, MD	121	30	2	0	0	9
Sarcoidosis Update - Benjamin Wang, M.D.	118	32	5	0	0	7
Leishmaniasis - Ravi Durvasula, M.D.	112	29	10	1	1	9
Artificial Intelligence in GI - Michael B. Wallace, M.D., MPH	124	29	3	1	0	5
Nonerosive Reflux Disease (NERD) - Karthik Ravi, M.D.	120	34	2	1	0	5
Update on Nonalcoholic Steatohepatitis (NASH) - K. Rajender Reddy, M.D.	110	39	6	0	0	7
Covid Three Years Later: The Long Tail of Long Covid - Robert M. Wachter, M.D.	125	26	5	1	0	5

Was this course fair, balanced and without commercial bias?



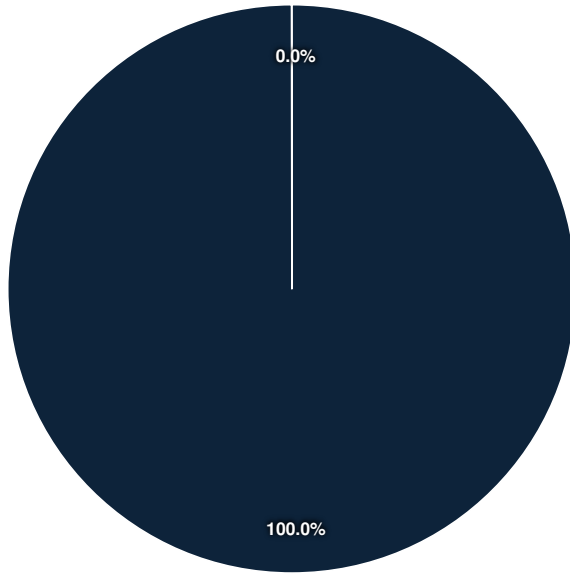
Yes	162
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As a result of my participation in this Symposium, I commit to make the following changes to my clinical practice:



I will apply treatment options for NERD.	85
I will apply a screening and diagnostic algorithm for NAFLD.	72
I will differentiate symptomatic Long Covid from ongoing non-infectious risks.	92
I will classify polyp, detect early pancreas cancer, and optimize workflow of capsule endoscopy.	52
I will review the major findings regarding drug therapies in conditions such as rheumatoid arthritis, systemic lupus erythematosus, and dermatomyositis.	71
Not applicable to my practice.	33
I am retired.	23

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



Left Blank	0
User entered value	162
Average submission length in words (ex blanks)	6.94
Educate staff and families	
I am a pathologist so I don't treat people clinically	
Close monitoring and assessment of skin conditions that may pose a concern for contraindications in the use of electrical modalities used by therapy to address pain, circulation, muscle tone, muscle strength, etc.	
N/a	
Yes	
Everything	
None	
Improve diagnosis and treatment of different diseases	
Na	
Treatment for leishmaniasis and detection of cancers	
n/a	
Na	
..	
N/A	
Better understanding of NAFLD and what tests to order.	
Na	
Better understanding the symptoms of GERD and FH	
consider rabeprazole more often as a treatment modality	
.	
None	
N/A	
I am retired	
Long Covid Recommendations	
Hard to apply to anesthesiology.	

N/A

N/A

Better Rx & txmt

AI assisted endoscopy

Give advises to family and apply to self

Better appreciation of AI. Also helpful in use of meds for covid

Is metformin to prevent long Covid

DNA

Identifying symptoms of Leishmaniasis, use of AI in GI diagnostic test, and treatment Choices for NERD. Consider Paxlovid and Metformin treatment.

N/A

N/A

Greater awareness of Leishmaniasis complexity dx

Continue

Add metformin to plaxodil

Incorporate during clinical rounds

.

keep in advicement

New tx option for Gerd

I will apply new treatment options for NERD, classify polyps, diagnose early pancreatic acancer, and new drug therapies for autoimmune diseases

Yes

NA

N/a

N/a

xxxxxxxxxxx

I have a much better understanding of sarcoid which will help my education of pts to better understand their disease process

I am retired.

Better use of antiviral Rx

Consider the use of metformin with Paxlovid to reduce incidence of long Covid

Refer to proper specialist

Treatment & Practices to prevent Long Covid Artificial Intelligence was Eye Opening

NA

None

none

N/A

Long Covid Nash screening Ngerd

Na

I am occ health

I am retired.

Try to keep masking to avoid COVID 19. Realize there is a functional heartburn.

Thank you

.

better evaluation on long covid

better evaluation on long covid

- Up to 20% of the lesser population has GERD. - 6% of the population has clinically troublesome heartburn. - Montreal Consensus definition of GERD is a condition which develops when the reflux or gastric content causes troublesome symptoms or complications. It includes esophageal syndromes as well as extra esophageal syndromes. Symptoms alone cannot reliably confirm a diagnosis of reflux. PPI response is also of limited predictive value. NASH - Treatment options: Weight loss of at least 3 to 5% of body weight Exercise Omega-3 fatty acids Pioglitazone 30 to 45 mg daily Vitamin E 800 IU daily - Works as an antioxidant that improved steatosis Metformin Atorvastatin - No clear benefit yet

N/a

Increased medical knowledge

Consider long covid as a possible cause for some illnesses. Look into AI for GI options. Refer to GI for Nash tx.

I am retired

na

Retired

The new research covered.

Consider pt's complaint in view of long covid

.

Semi retired

Add metformin to Covid treatment

Differentiate between nonalcoholic, fatty, liver disease, and steatohepatitis

Difference between sarcoidosis and tb.

Not practicing at present

Be aware of long Covid

N//a

I will apply most of the information obtained

greater understanding of long covid new modalities for approaching NERD

None

N/a

None

I do Hospice and Palliative Medicine, but I want to keep up to date on my internal medicine knowledge base.

retired

Screening for NERD

Approach to liver disease evaluation

Encourage people to get covid booster.

Additional awareness of FH will be applied. NERD will be distinguished from GERD. AI in GI procedures is a major advance. Appreciate the difference between NAFLD and NASH in the diagnosis of over disease. Appreciate the added value of Paxlovid and metformin in minimizing Long Covid occurrence.

N/ A

All of the above

N/a

AI for gastroenterology will be very helpful in my GI practice

All of the above, all new clinical information above will be implemented.

n/a

Yes

Yes

Use Fib4 scores routinely, get Fibroscan and/or refer to Hematologist as appropriate. Considering purchasing a Fibroscan. Prescribe metformin to prevent Long COVID.

I will bring recommendations to see if they will apply at my practice location

Use above information at my practice and teaching

Consider expanded therapeutic options for dermatomyositis and rheumatoid arthritis. Apply a diagnostic algorithm in the management of NAFLD

I now know what a sand fly looks like. I'll continue to refer RA, and dermatomyositis to rheumatologist. GI AI was interesting but if indicated, I'll refer to GI. I'll watch for and now will be aware of new PCABS drugs for GERD. Will read more on NASH and NAFLD. Speaker was confusing. Long Covid was the best today. He provided the most useful info for my current practice. I will add metformin to Paxlovid for mod to severe out patient treatment.

Good

all the new information that I learned today

n/a

FIB4 formula

Aware of additional diagnosis and current healthcare trends

I will approach treating Covid in a different way, thinking about each patient and their risk of long Covid.

Provide education on NERD

Most

Improved patient management.

N/A

N/A

Consider using metformin in my Covid positive patients

appropriately making recommendations for pts who have NAFLD and being mindful of pts who have ongoing symptoms post Covid.

Excellent update

In my retired practice I will be able to apply little

Glutathione NAC DMARDS

Refer

knowledge is key, long covid information is helpful

All of them

COVID lecture

Diagnosis and treatment

Differentiate long COVID from other ongoing non infectious risks

changing up which drug therapies are prioritized and when

further understanding of Long Covid and risk associated w covid infections

Treatment options for NERD

N/A

As a pharmacist, the new information that I have gotten today will help me understand some of the treatment strategies that MD's are prescribing

na

N/A Retired

N/a

N/a

be more aware of options

More on COVID

Knowledge and awareness of the conditions and diseases discussed.

Will utilize the knowledge obtained from the varied lectured in future patient evaluations and refer to the specialist when appropriate. All lectures excellent and greatly appreciated.

specialist when appropriate. All lectures excellent and greatly appreciated.

Not applicable. I am retired.

I will apply the different symptoms of long Covid vs other infectious disorders

AI in endoscopy Colonoscopy

Preventing long Covid Treatment for NERD

N/A, do not work in hospital settings

None

N/a

better able to discuss treatment options for NAFLD with my patients

n/a

Implement novel practices

More options for treatment in general with these diseases

Better knowledge base and diagnosis

awareness

I will read more new publications and watch new webinars about the important topics that were discussed

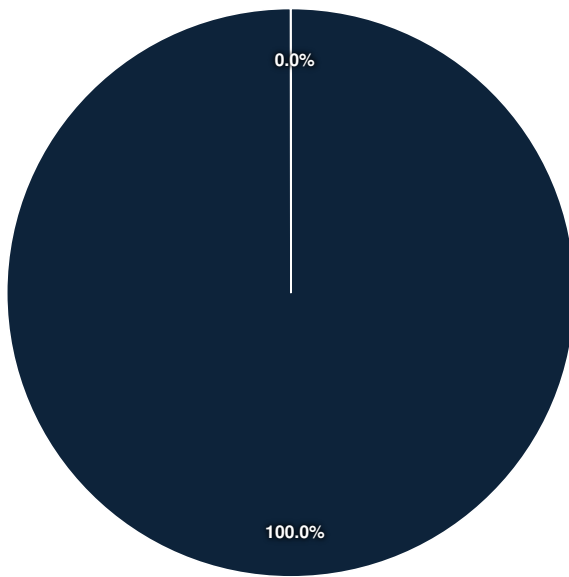
Diagnosis and management

Definitely apply to my office

With the knowledge gain I will be able to refer to the appropriate specialists

Educate patients about AI reliability in GI diagnosis

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	162
Average submission length in words (ex blanks)	2.77
N/a	
N/A	
N/A	
N/a	
Yes	
Time	
None	
No barriers	
Na	
Time	
n/a	
Na	
..	
Learn new materials	
None	
Na	
None	
n/a	
.	
None	
N/A	
I am retired	
N/A	
see above response	

see above response

N/A

N/A

Cost

Insurance/ have elderly nursing home patients

None

None

Not sure if gastroenterologist here use the artificial intelligence endoscopy

DNA

Prescribing rheumatology medications because of limited knowledge as a new practitioner.

N/A

N/A

None

Pt bias

cost?

None

.

none

None

Insurance coverage and patient acceptance

None

NA

N/a

None

xxxxxxxx

Na

I am retired.

None

Usually costs and insurance restrictions

Not scope of my practice

Florida's Views of Covid

NA

None

none

N/A

Insurance coverage for testing and treatment

Na

None

I am retired.

None

Lack of patients

.

none

None

N/a

I do not know of any

Time, knowledge.

I am retired

na

Retired

NA

Facility protocol and md orders

N/a

None

Time

None

Patients compliance with treatment modalities

Not practicing at present

Time constraints

N/a

None

none

Not applicable to my practice

N/A

Retired

Availability of services at the VA.

retired

Insurance denials

None

N/a

none

As a Dermatologist, I don't treat the majority of these conditions.

Health insurance payments

N/a

availability of the new AI technology locally

Perhaps organizational constraints, insurance status or formularies, and patient adherence.

none

Great

My speciality

None.

.

none

None

I foresee insurance coverage for biologic therapies in autoimmune diseases to be problematic

All except Covid, don't apply to my current practice but I appreciated expanding my fund of knowledge and learning new things.

Excellent

none

n/a

AI polyp detection v/s standard colono insurance approval

None

Some things are limited because of the office I work in, but much of the information from today can be implemented and used everyday!

None

None

None

N/A

N/A

None

none

None

Being retired

insurance and adherence

None

applicability

None

Age of my patients

Insurance coversge

Novice provider

insurance related barriers and administrative burden related to adjusting workflows

lack of Tx options

None

N/A

None

na

Retired

Area of specialty

N/a

do not see many of that patient population

Age of my patients

Beyond the scope of my practice.

I feel long covid may become the new complaint that many patients fall back on, and diagnosis will not always be appropriate.

Not applicable. I am retired.

Noncompliance

None

None

N/A

None

N/a

.

none

n/a

11/a

None

Time with patients

As always time and putting out other fires!!

insurance limitations for meds

No barriers or obstacles

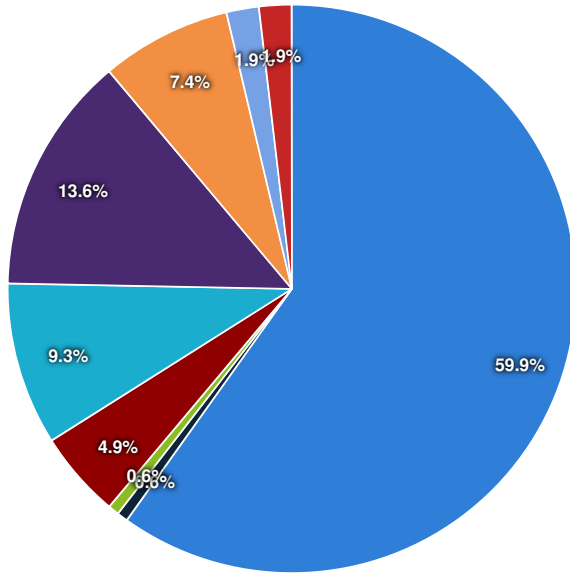
none

Insurance

Not applicable to my practice

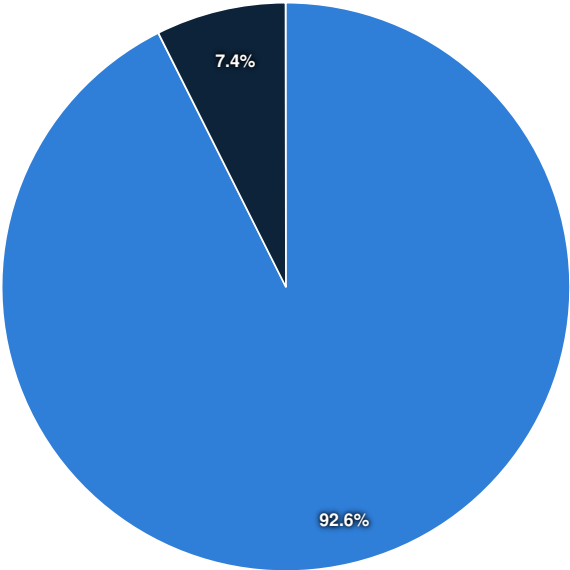
Availability of the technology

Please select one:



M.D., D.O.	97
Ph.D.	1
DPM	1
PA-C	8
ARNP	15
R.N.	22
Pharmacist	12
Occupational Therapist	3
Other...	3 (view)

Attestation



I attest that I have participated in this live virtual symposium in its entirety.	150
I attest that I have participated in _____ hours of instruction during this live webinar.	12

3

3

5

4.5

4

7:30 to 11:30

2.5

4

All 5 1/2 hours 7:15am to 12:45pm.

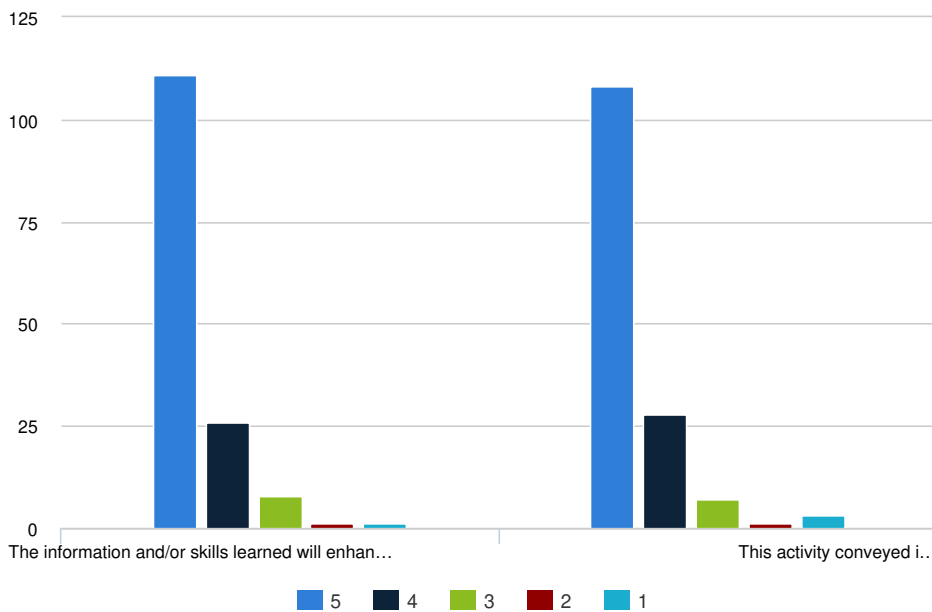
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2.5

2023 Boca Raton Regional Hospital Internal Medicine Symposium Evaluation - Day 3

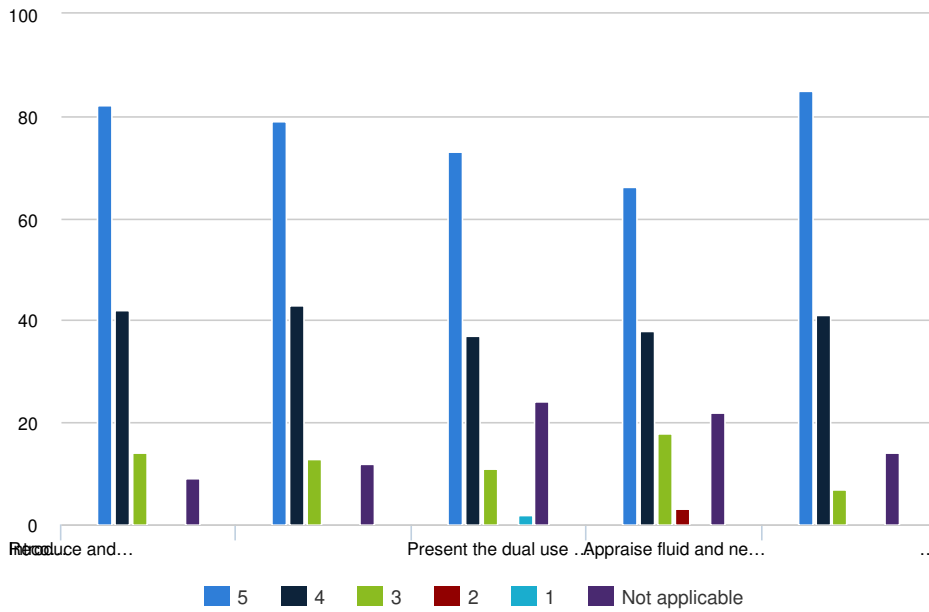
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



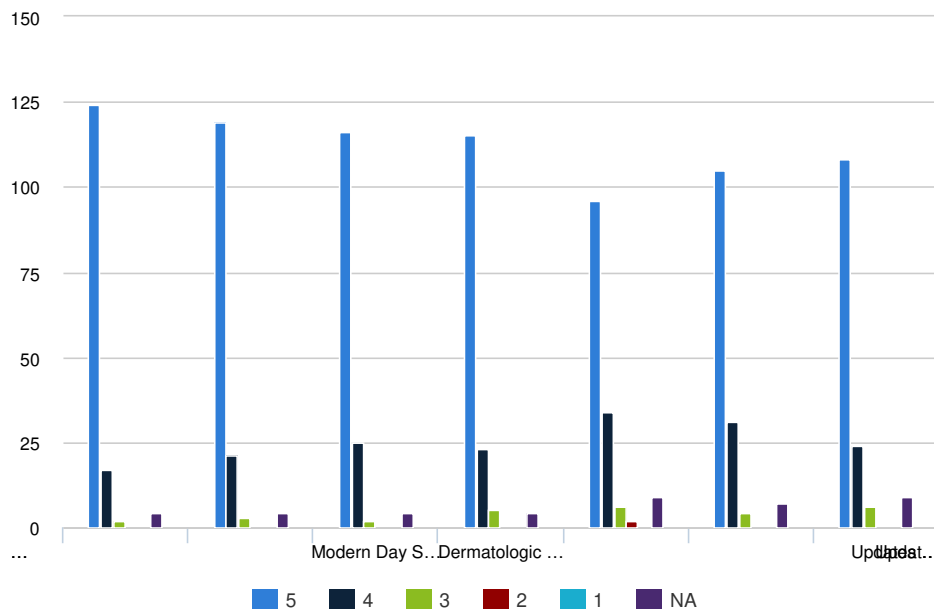
	5	4	3	2	1
The information and/or skills learned will enhance my professional competence or ability.	111	26	8	1	1
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.	108	28	7	1	3

How confident are you in your ability to:



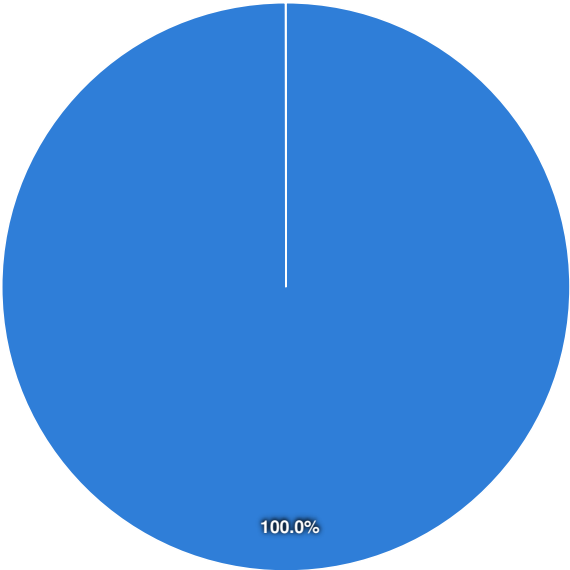
	5	4	3	2	1	Not applicable
Recognize common cutaneous manifestations of systemic disease.	82	42	14	0	0	9
Introduce and discuss newest migraine management preventives, and when they would be used	79	43	13	0	0	12
Present the dual use of Loop Diuretics and Carbonic Anhydrase inhibitors in Congestive Heart Failure.	73	37	11	0	2	24
Appraise fluid and neuroimaging biomarkers for diagnosis in CTE.	66	38	18	3	0	22
Technology and techniques available to the provider for prostate cancer screening.	85	41	7	0	0	14

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



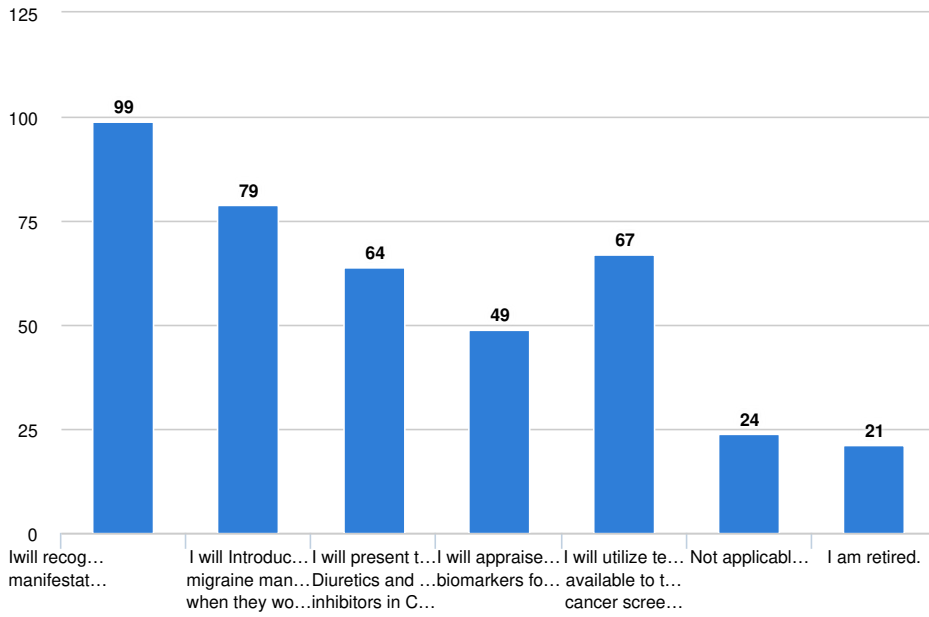
	5	4	3	2	1	NA
Nephrology Year in Review 2022: Top Articles and Trial Results - Warren L. Kupin, M.D., FACP	124	17	2	0	0	4
The Lost Art of Uroscopy: Urine Color as a Diagnostic Tool - Warren L. Kupin, M.D., FACP	119	21	3	0	0	4
Modern Day Screening for Prostate Cancer - David Thiel, M.D.	116	25	2	0	0	4
Dermatologic Manifestations of Systemic Disease - Scott Andrew Elman, M.D.	115	23	5	0	0	4
Updates in Chronic Traumatic Encephalopathy (CTE) - Amaal J. Starling, MD, FAHS, FAAN	96	34	6	2	0	9
Update in Migraine Headache Management - Olga Fermo, M.D.	105	31	4	0	0	7
Emerging and Re-Emerging Diseases – Monkeypox, Ebola, and What May be Next - Larry M. Bush, M.D., FACP, FIDSA	108	24	6	0	0	9

Was this course fair, balanced and without commercial bias?



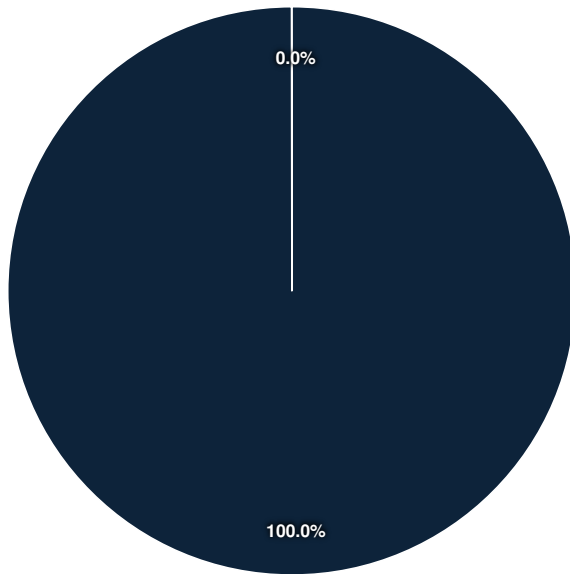
Yes	147
-----	-----

As a result of my participation in this Symposium, I commit to make the following changes to my clinical practice:



I will recognize common cutaneous manifestations of systemic disease.	99
I will introduce and discuss newest migraine management preventives, and when they would be used.	79
I will present the dual use of Loop Diuretics and Carbonic Anhydrase inhibitors in Congestive Heart Failure.	64
I will appraise fluid and neuroimaging biomarkers for diagnosis in CTE.	49
I will utilize technology and techniques available to the provider for prostate cancer screening.	67
Not applicable to my practice.	24
I am retired.	21

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



Left Blank	0
User entered value	147
Average submission length in words (ex blanks)	6.54
Educate patients and staff	
I am a pathologist so do not see patients directly	
Monitor urine color	
n/a	
Life expectancy psa Hydrate kidney	
knowledge is key	
Yearly PSA testing	
Everything	
All of the above	
It will help me r/u patients not candidate for use of rehab electrical modalities as result of concern for underlying medical conditions manifested through skin irregularities or other symptoms indicative of the need for further medical evaluation/assessment.	
Even though not my specialty, I will be able to Communicate more knowledgeably with patients/colleagues	
N/A	
diagnosis and treatment	
better derm diagnoses	
N/A	
As a primary and preventative care provider, I will look and screen for all of the topics covered today.	
CTE diagnoses, Repetitive Head Injury prevention, Urine color differentiation for help in diagnosis, Migraine therapies	
na	
New knowledge and updates	
definitely revamping the approach of migraine preventive and acute med treatment as well as utilizing a more nuanced approach to med recommendation	
The latest information learned	
Lectures today mostly reinforced information I've known before	

Info useful and excrement presentations. PSA screening results very helpful. Skin findings w concerns for other underlying issues require Derm eval.

N/A

vvvvvvvvvvvvvv

Depend on prostate mri more

None

Better application of assessment skills when looking at skin lesions

New drug class use in resistant hypertension

N/A

I am retired

DNA

Increased awareness of certain medical issues

Mainly for advises to my family and myself

Excellent review on all. Definetly feel more comfortable with use glp2 drugs

Na

Good

N/a

Yes

Larry Bush was exceptional

all

Recognizing more treatments for HTN

change approach to prostate cancer screening

Very useful information for a variety of patient management situations.

More knowledge to broaden my clinical horizon.

I will appraise the dual use of carbonic anhydride inhibitors and loop diuretics in CHF.

Yes

more likely to order PSA

N/A

Teaching of Prostate Cancer Screening Guidelines Encouragement of Dermatology Consults

N/a

Pay more attention to PSA velocity and age specific normal ranges

Yes

Most of the i learned as possible

See above

N/a

All

Continue to use broad awareness of extradermatologic malignacies, encourage early recognition of migraines.

Recognize signs and refer to appropriate specialists

Treatment of migraine headaches New approach for treatment of hypertension

N/A

Better do & txmt

CTE use

That patients over 75 years of age probably donot need PSA lab test as part of their yearly check up

Beller clinical assessment

N/A
NA
see above
I am retired.
N/A Retired
I am retired.
Treatment of Chf
Empagliflozin with diet and exercise.
N/a
N/A
N/a as specialized in orthopedics
I will sharpen my critical thinking skills
N/a
Look at the color of urine.
None
not sure
Gained new medical knowledge
n/a
Continue
..
good course
All of the above
As above
I will better recognize cutaneous manifestations of systemic disease, dual therapy for CHF, biomarkers for CTE, techniques for prostate screening.
N/a
N/a
None
I am occupational health
N/A
NA
The above
I will apply the new knowledge learned in my Clinical practice
I am retired
Am able to discuss changes in treatments available in the various fields presented.
Not applicable
Not practicing at present
better able to evaluate urine color
Better recognition of cutaneous lesions indicative of an underlying systemic disease. Chose who and when to perform prostate screening. Help advise my patients suffering from migraine headaches
Will utilize the knowledge I obtained to further evaluate, diagnose, and treat the various disease processes as appropriate and refer to appropriate specialist when necessary.
Identify risk factors and use mitigation strategies in CKD
Adjusting normal PSA level according to age
Not applicable. I am retired

not applicable. I am retired.

As a retired clinician I marvel at the progress the profession has made . I deeply appreciate being able to participate in the symposium

Cutaneous manifestations of systemic diseases will be evaluated and patients will be checked for such

Hypertension therapy adding a flozin

Prevention

Identify skin conditions

Don't stop ACE inhibitors despite declining GFR Appreciate the clinical context for a PSA value Thwart the progression of intermittent migraines into a chronic migraine condition

I am now in a better position to follow recommendations regarding PSA and prostate cancer management and screening. I especially enjoyed Dr. Kupin talk on the varying etiologies of urine color.

Continue acei or arb even if gfr 20

I will introduce and discuss newest preventives, and when they would be used.

N/A

Will feel more comfortable with ESRD pts continuing ACE inhibitors and will use more Farmxiga in same pts. Will look more closely at urine color. Will feel more comfortable prescribing newer migraine meds.

None

N/a

Great

None

Better able to utilize urine color as a tool and discuss with patients.

n/a i am a pathologist

Not applicable. I'm retired.

Implement novel practices

Not many for anesthesiology

.

N/a

awareness

Will apply new skills

Diagnosis and management

Color recognition in urinalyses Migraine treatment approaches

NA

management of refractory hypertension prostate cancer screening guidelines recognize CTE

Identify common cutaneous manifestations of systemic disease

Be able to recognize cutaneous manifestations and refer to Dermatology when appropriate.

As per lectures

New studies and drugs use in management of patients with HTN, DM, or nephrology problems.

Migraine treatment Urine color analysis

As above

Reinforced learning

All

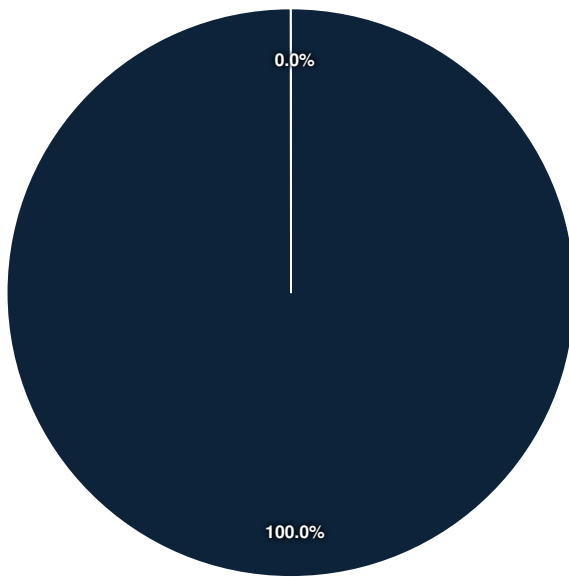
Improved assessment of urine based on color. Education re current migraine mgt

Great

DR. FERMO'S ACKNOWLEDGEMENT OF CSF DYNAMICS IN HEADACHES WHICH ARE DIFFERENT FROM MIGRAINES WAS REASSURING. THERE ARE TOO MANY PEOPLE, EVEN PHYSICIANS WHO DO NOT UNDERSTAND THAT NOT ALL HEADACHES ARE MIGRAINES.

This was an excellent class with clear charts, patient cases and photos/videos. It educated me about new technologies and signs that require patient follow up/ referrals.

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	147
Average submission length in words (ex blanks)	3.45
N/a	
N/A	
Costs	
n/a	
Insurance	
applicability	
N/a	
Time	
None	
N/a	
Not my specialty but still important to be up to date on standards of care and latest recc's	
N/A	
insurance and coverage	
Prior authorizations	
N/A	
I cannot think of any at this time.	
Patient adherence, CTE study biases	
na	
None	
insurance & comfort of the PCP	
NA	
Mostly cost of drugs	
Time, knowledge	
N/A	

vvvvvvvvvvvvvvvv
Na
Retired
Na
No barriers
N/A
I am retired
DNA
None
None
None
.
Good
N/a
None
Lack of patients
none
Remembering the details for the long term
none
None.
N/a
None
My specialty
False positive PSAs
N/A
Availability of Dermatologists
N/A
None
None
None
None
N/a
None
Cost
Not the scope of my practice
Insurance coverage
N/A
Cost
None
As a pharmacist, trying to tell MD's that what they are prescribing may not be the best therapeutic and cost effective treatment of choice
None
N/A
NA

none

I am retired.

Retired

I am retired.

None

None

N/a

N/A

Specialty of practice

N/A

N/a

Time and money

None

do not treat that kind of Pt.

Do not see any.

none

Insurance

..

none

Health insurance coverage

N/A

Insurance coverage and patient willingness

N/a

N/a

None

No barriers

N/A

NA

None

None

I am retired

Most are beyond my scope of practice.

Retired

Not practicing at present

none

None

Patient compliance. Medication affordability, and Insurance companies.

I foresee that insurance approvals for certain drugs will be barriers to care

Patient a preference

Not applicable, I am retired,

retired

Patient compliance

None

None

Time constraints

none

I do not manage many of the conditions covered as I work in a specialty and it is not in the scope of my practice setting.

Cost and coverage

not being a decision maker

N/A

None

None

N/a

Good

None

None

n/a

Not applicable. I'm retired.

None

None

.

N/a

some will be done by other specialists

Insurance

none

None

NA

mainly practice subspecialty GI

Novice provider

No

None

New and novice practitioners.

None

insurance coverage

None

N/A

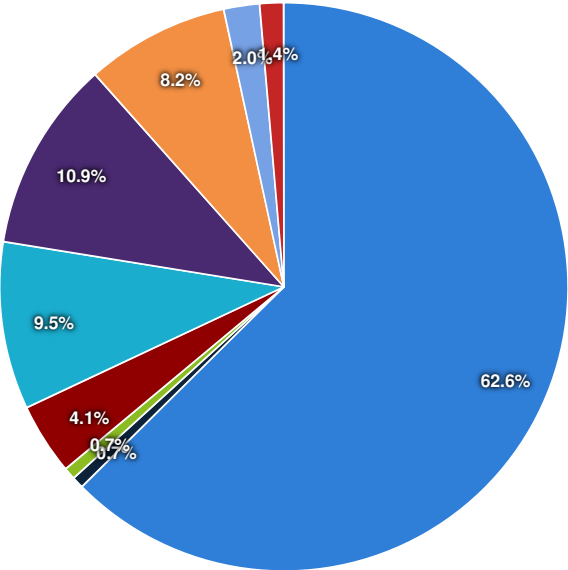
None

Excellent

I WAS MALIGNED AND TARGETED BY AN ANTICHRIST CULT THAT SPREAD LIES ABOUT ME; I HAVE APPLIED FOR SBA LOANS WITH NO SUCCESS ALTHOUGH I REPAID MY ORIGINAL SBA LOAN AHEAD OF SCHEDULE. I HAVE ASKED BAPTIST TO GIVE ME A PART TIME APPOINTMENT EVEN IN NEUROPATHOLOGY (I AM ESPECIALLY INTERESTED IN ARNOLD CHIARI HEADACHES IN ADULTS) BUT THEIR PEOPLE DO NOT RETURN EMAILS OR PHONE CALLS SEEMS BAPTIST IS NOT ONLY A DEAD END, WHEN I TRY TO APPLY FOR OTHER PART TIME JOBS (STATE OF FLORIDA, MAGELLAN NEUROLOGY FILE REVIEW REMOTE POSITION PART TIME) MY APPLICATION IS 'ADJUSTED' WITHOUT MY PERMISSION, AND INSTEAD OF THE JOBS I QUALIFY FOR, I GET LISTINGS SUCH AS CASHIER, SOCIAL WORKER ETC.....PEOPLE ARE SO UNAWARE OF HOW PERVASIVE AND DESTRUCTIVE AN ATTACK OF THE ORCHESTRATED NETWORK OF THE ANTICHRIST ORGANIZATION IS.....

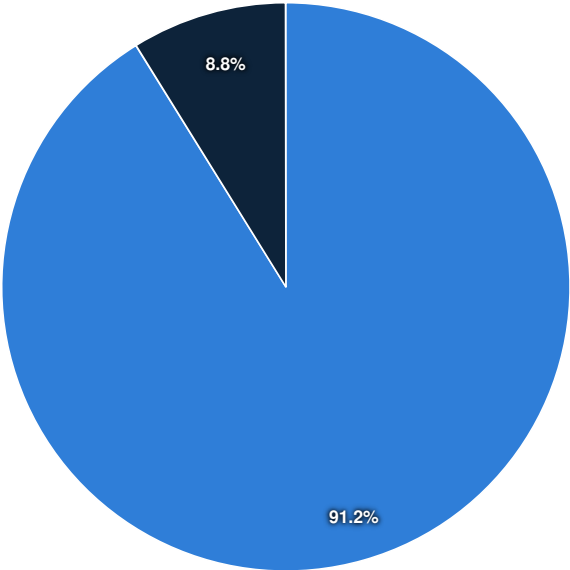
none

Please select one:



M.D., D.O.	92
Ph.D.	1
DPM	1
PA-C	6
ARNP	14
R.N.	16
Pharmacist	12
Occupational Therapist	3
Other...	2 (view)

Attestation



I attest that I have participated in this live virtual symposium in its entirety.	134
I attest that I have participated in _____ hours of instruction during this live webinar.	13

4

One hour

24.50 hours

All hours. 7:15 AM to 11:30 AM

1

2

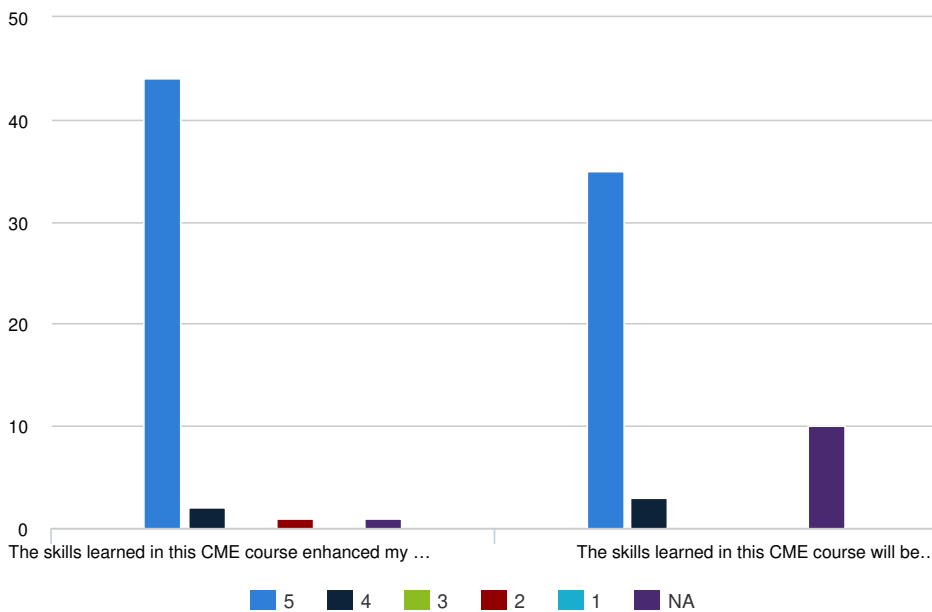
3.5

10.5 HOURS (I MISSED THE FIRST 30 MINUTES SUNDAY MORNING.....FYI).

Inaugural Miami Cancer Institute Precision Oncology Symposium - Evaluation - Day 1 - February 3, 2023

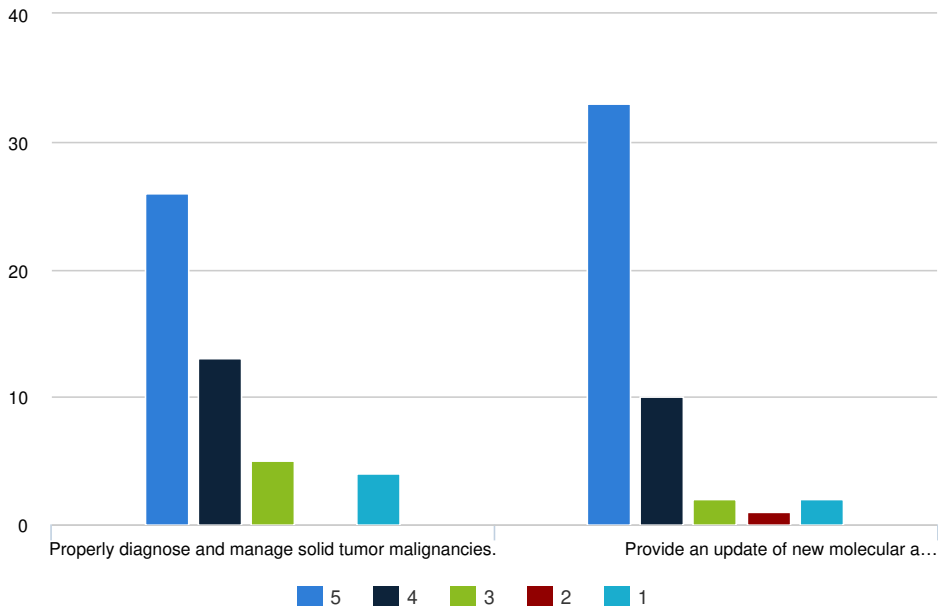
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.	44	2	0	1	0	1
The skills learned in this CME course will be applied in the treatment of my patients	35	3	0	0	0	10

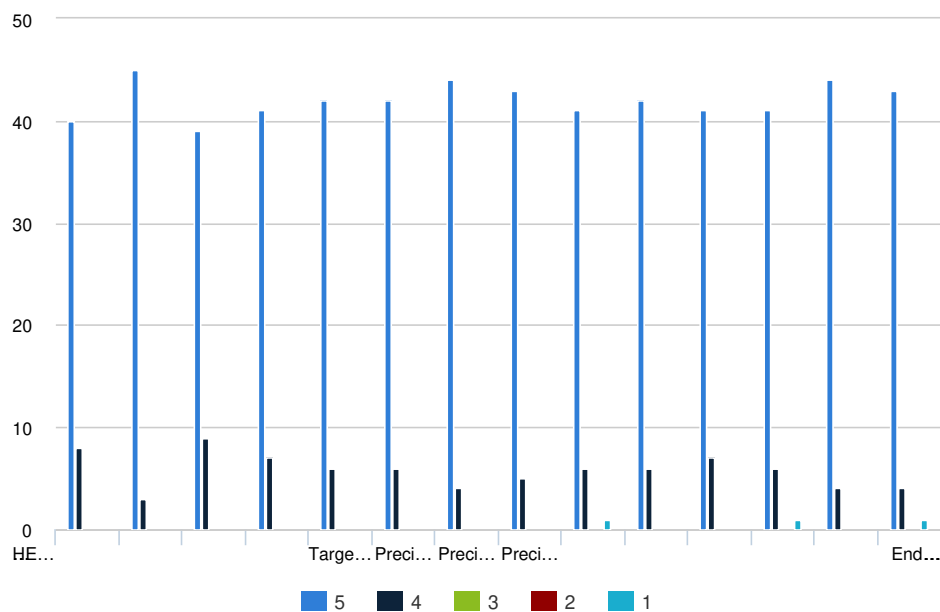
How confident are you in your ability to:



5 4 3 2 1

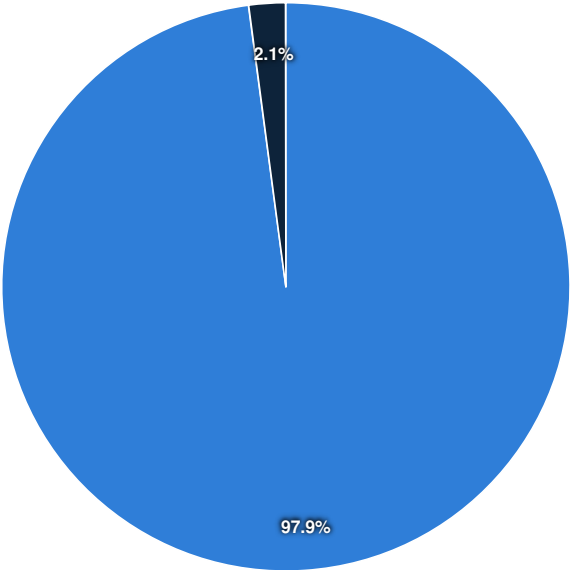
Properly diagnose and manage solid tumor malignancies.	26	13	5	0	4
Provide an update of new molecular and targeted treatments being developed for solid tumors.	33	10	2	1	2

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



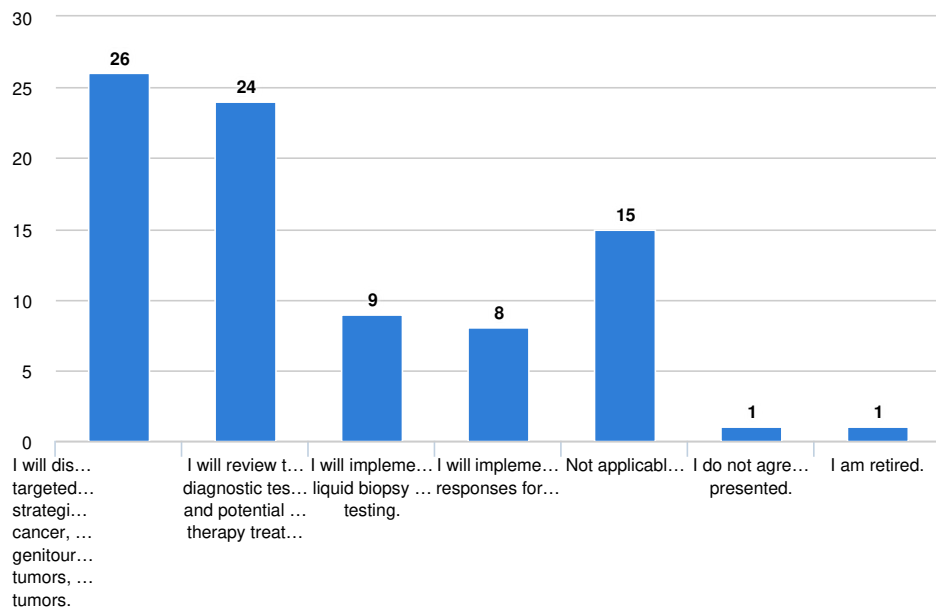
	5	4	3	2	1
Immunoablative Therapy - Luis Diaz, M.D.	40	8	0	0	0
Re-imagining the (R)evolution in the Precision Oncology Paradigm - Vivek Subbiah, M.D.	45	3	0	0	0
Precision Oncology in Advanced Colorectal Cancer (aCRC) - Tanios Bekaii-Saab, M.D.	39	9	0	0	0
HER2 Targeted Treatments: How Low Can You Go? - Jenny Chang, M.D.	41	7	0	0	0
Targeted Therapy for the Management of Cervical Cancer - Thomas Herzog, M.D.	42	6	0	0	0
Precision Oncology Approaches in Uncommon Mutations in Lung Cancer - Luis Raez, M.D.	42	6	0	0	0
Precision Oncology Approaches in Common Mutations in Lung Cancer - Charu Aggarwal, M.D.	44	4	0	0	0
Precision Oncology Approaches in Phase 1 Trials - Nagla Karim, M.D.	43	5	0	0	0
Endometrial Cancer Therapy During the Era of Precision Medicine - Roisin O'Cearbhaill, M.D.	41	6	0	0	1
Gastrointestinal Stromal Tumors: The GIST of Precision Medicine - Jonathan Trent, M.D.	42	6	0	0	0
Role of Precision Medicine in the Management of Ovarian Cancer - John Diaz, M.D.	41	7	0	0	0
Targeted Therapy for ER+/HER2-MBC: CDK4/6 Inhibition and Beyond - Reshma Mahtani, D.O.	41	6	0	0	1
Dividing and Conquering Sarcomas Through Precision Oncology - Neeta Somaiah, M.D.	44	4	0	0	0
Precision Oncology in Brain Metastases: Past, Present and Future - Manmeet Ahluwalia, M.D.	43	4	0	0	1

Was this course fair, balanced and without commercial bias?



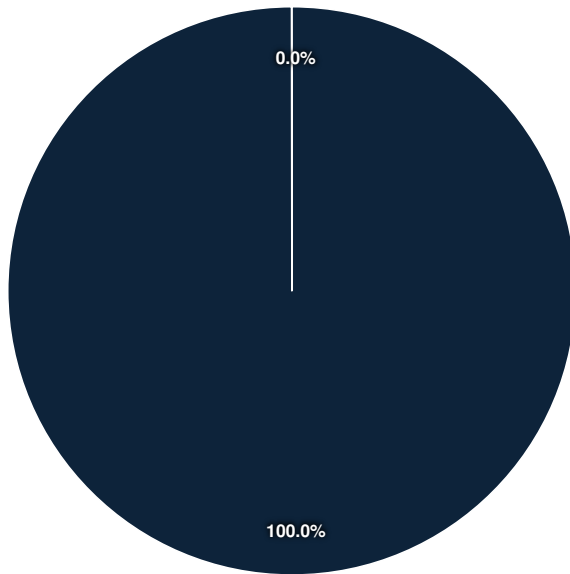
Yes	47
No	1

As a result of my participation in this Symposium, I commit to make the following changes to my clinical practice:



I will discuss the rationale for new targeted diagnostics and therapeutic strategies for lung cancer, breast cancer, gastrointestinal tumors, genitourinary tumors, head and neck tumors, melanoma, sarcoma and brain tumors.	26
I will review the role and timing of diagnostic tests, molecular profiling and potential combinations of targeted therapy treatment options.	24
I will implement the use of plasma-based liquid biopsy approaches for molecular testing.	9
I will implement monitoring treatment responses for HPV ctDNA.	8
Not applicable to my practice.	15
I do not agree with the recommendations presented.	1
I am retired.	1

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



Left Blank	0
User entered value	48
Average submission length in words (ex blanks)	8.75
no current changes planned at this time	
Learned on precisión Oncology	
To bring awareness to my patients on the importance of molecular testing to identify mutations to be able to get the appropriate treatment.	
N a	
Knowledge of precision therapy	
Learned about the importance of genomic testing in targeted therapies.	
Importance of molecular profiling to help target therapies	
Investigate strategies for future development and collaboration of current and future druggable targets.	
N/A	
oncogenomic and/or tumor molecular biology marker profile based oncology practice	
Share the information to pts to ask their doctors about treatment strategies, advancements , testing pertaining to their diagnosis and colleagues	
Ways of educating my patients	
Teach others to properly evaluate patient genomics for potential treatments	
Recommending ctDNA testing for metastatic GIST patients	
N/A	
Learned a lot!!!	
This is for general education working at MCI	
Testing info	
CtDNAHPV monitoring	
Share the knowledge gained.	
N/A	
The ability to discuss and guide my patients in the ever-changing landscape of healthcare.	
Improved understanding of the use of targeted therapies	

concurrent targeted agents with radiation for brain mets

Sending Tumor evaluation for targeted therapy for Stage IV

Will apply new knowledge to practice.

next generation sequencing for all patients

Continue current practice of integrating NGS for patient management.

Use the information to assist patient in clinical trials

Looking more closely at stopping rules for earlier discontinuation of nonfunctional drugs in clinical trial/under study.

HER2 testing in mCRC

na

Increasing my understanding of the role of precision medicine in different solid tumor types

Application of tumor agnostic targeted therapies for patients in which it is the best option or no other options remain

As a breast nurse navigator, I will educate my patients in the treatment of the tumors and targeted agents.

Keep abreast of new tumor markers & treatments based on these targeted therapies

Under the Nursing scope of practice, I'll be able to reinforce education empower patients to clarify questions related to their cancer treatment plan. I will also be able to advocate for increased clinical trial enrollment as well as importance of incorporating Genetic/genomic testing before treatment start.

ready to implement molecular classifications into endometrial cancer staging

N/A

N/A

y

none

Will discuss treatment options & importance of contacting oncologist to be educated on further advancements in medications or trial studies pertaining to their diagnosis.

Opportunity to include biomarkers and immune monitoring into new INDs.

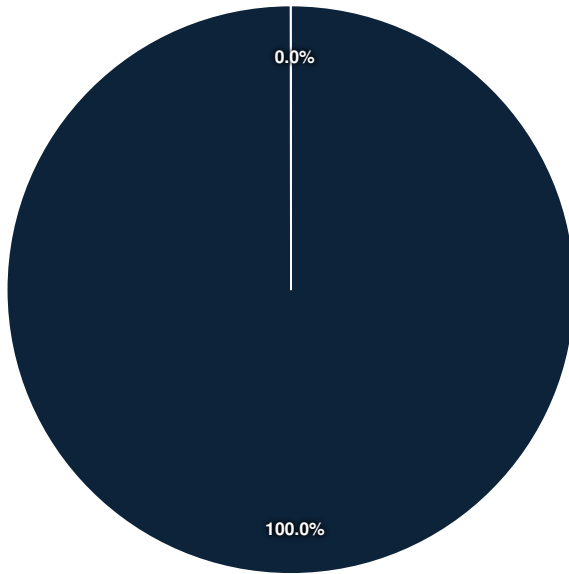
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N/A

Patient education and reinforcement of their plan of care. Screen and follow for timeliness of care

none

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



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User entered value	48
Average submission length in words (ex blanks)	3.38
currently operating at this level	
More esperience	
N/a	
N a	
I'm not a clinical staff	
Nothing is keeping me from processing orders for genomic testing to aid the providers in targeting therapies.	
NA	
N/A	
Do not clinically practice	
n/a	
None	
I am an RN	
NA	
N/A	
N/A	
Not a provider	
I'm a nurse	
N/A	
I will implement	
I am retired.	
N/A	
At this time, there are no barriers to implementation.	
NA	
nothing	

nothing

N/A

NA

N/A

n/a

Use the information to assist patient in clinical trials

N/A

pharmacist can only recommend, not prescribe

na

n/a

n/a

As I mention above. I will apply my knowledge in educate my patients. Emphasize the importance of the diagnostic test, molecular profiling and potential combination of targeted therapy treatment options.

N/A

n/a

n/a

N/A

N/A

y

none

Not applicable

not applicable

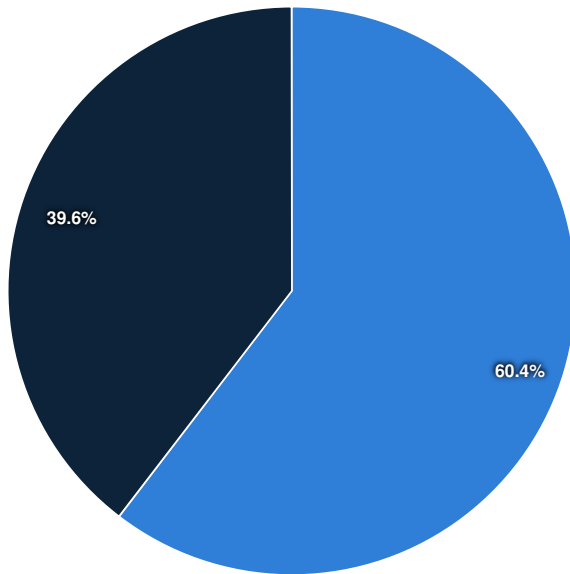
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Need more knowledge

n/a

none

Please provide any additional comments or suggestions.



Left Blank	29
User entered value	19
Average submission length in words (ex blanks)	12.16

Excellent symposium delivery from the registration, topics, time schedule on point. Great food. Most of all great flow of facilitating by Manmeet Ahluwalia, M.D.. Thank you to the organizers. Well done! Looking forward to the next one.

Very good presentations, balance of research results with clinical treatment implications

The program was very interesting and broaden my knowledge as an Infusion nurse , I am excited for all the advances and future of precision medicine in cancer treatments; I thank all the speakers who are very passionate and dedicated to the work that they do...

Excellent presentation, lots of great information.

N/A

Would like attendees to come to vendor booth

Great lineup of speakers!

We appreciate the Herculean effort that Dr. Ahluwalia made to put the conference together....

Great Symposium

Great presentations!!! It's amazing how laboratory testing assists with the prognosis of patients.

None.

The speaker were GREAT, but the conference room was a horrible disappointment. The overflow room did not have the option of asking questions, could not see the speakers, and people in the room felt disengaged.

The main conference room is a little small, if a larger conference room is selected going forward, this would be great!

Please include N/A on all questions on surveys to accommodate Nursing and Allied Health staff.

Good work but make it multidisciplinary CME in precision oncology.

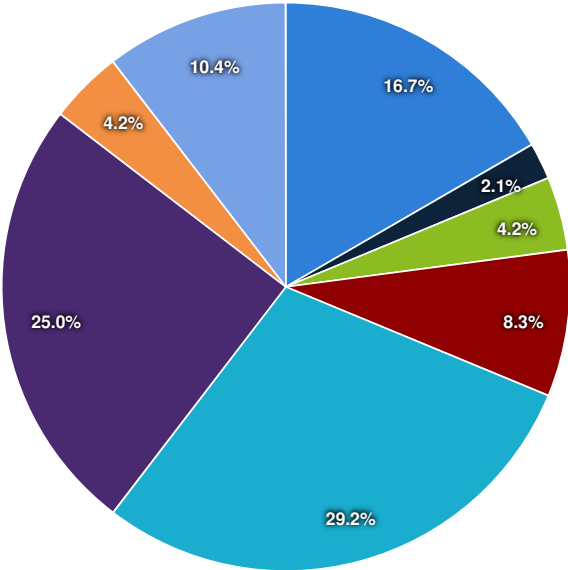
Great Venue

y

Excellent symposium

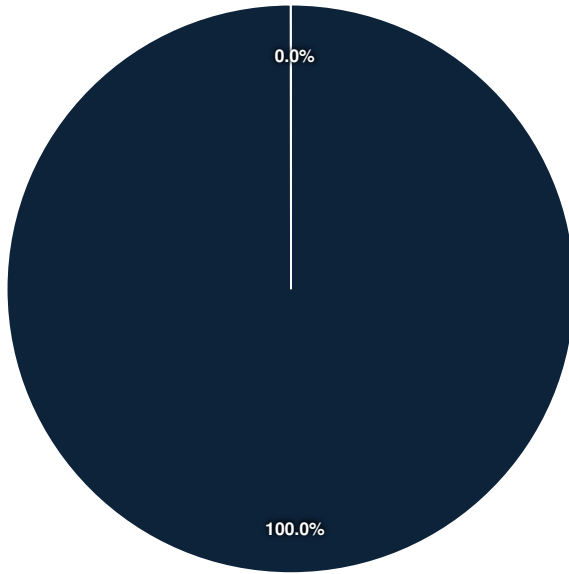
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Please select one:



M.D., D.O.	8
Ph.D/Psy.D	1
PA-C	2
APRN	4
RN	14
Pharmacist	12
Laboratory Personnel	2
Other...	5 (view)

Name



Left Blank	0
User entered value	48
Average submission length in words (ex blanks)	2.38
Leonette Kemp	
Jorge Valdes	
Maria Lilian De Jesus	
Eric Zetka	
Soraya Valme	
Gloria Garcia	
Jason Virelli	
Martin Blood	
Melody Siles	
zhijian chen	
Mary-jane Alamar	
Lisa Nickerson	
Alex Kudryashev	
Alyssa Strohbusch	
Antonio Jose Marrero Ochoa	
Tracy Connell	
Stella fernandez	
Mary Fridman	
Michael Castro	
Lynette Fischer	
Steven Spahr	
Rodolfo Barros	
Patrick Wen	
Sunjay Shah	

Karissa Nazur

Faith L March, RN, BSN

doured daghistani

Patricia Novoa-Vogt, APRN

Cristina Cabal

Amy K. Starosciak, Ph.D.

Isabel

Sharmeen Roy

Sundeep Bath

Khurram Qureshi

Katya velazquez

Elizabeth Jackson

Tania Silva Santos

Thomas Morrissey MD

Edna Gordian

Eugenia Gonzalez-Cabrera RN BSN

Troy A Gatcliffe

Georges Azzi

Madeline Del Castillo

Darcy DiFede

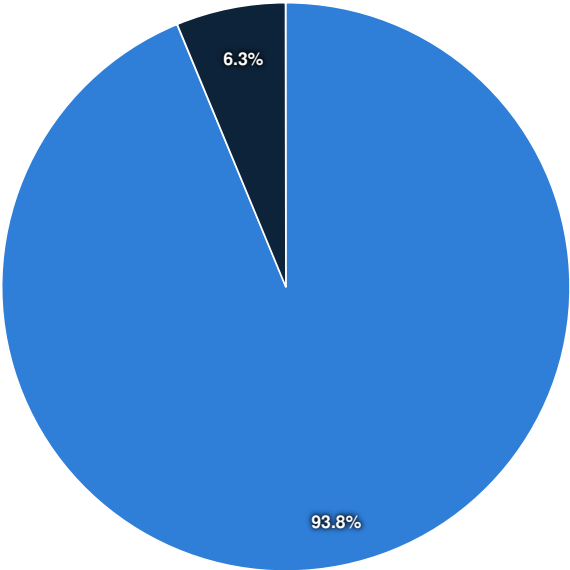
Majd Ahmad

Oluwakemi Ademosu

Pamela M DeLongchamp

Gisela L Pereira

Attestation

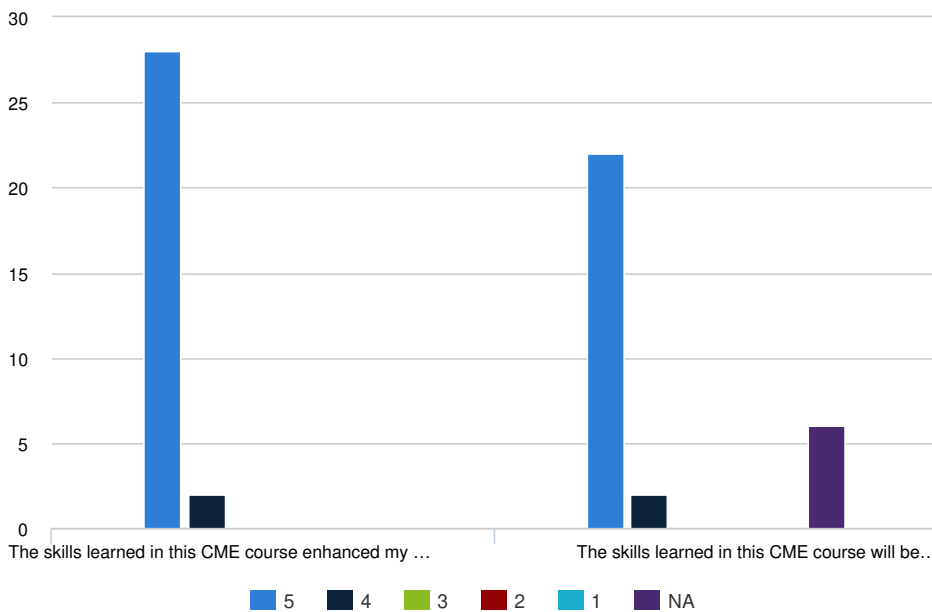


I attest that I have participated in this live symposium in its entirety.	45
I attest that I have participated in _____ hours of instruction during this live symposium.	3

Inaugural Miami Cancer Institute Precision Oncology Symposium - Evaluation - Day 2 - February 4, 2023

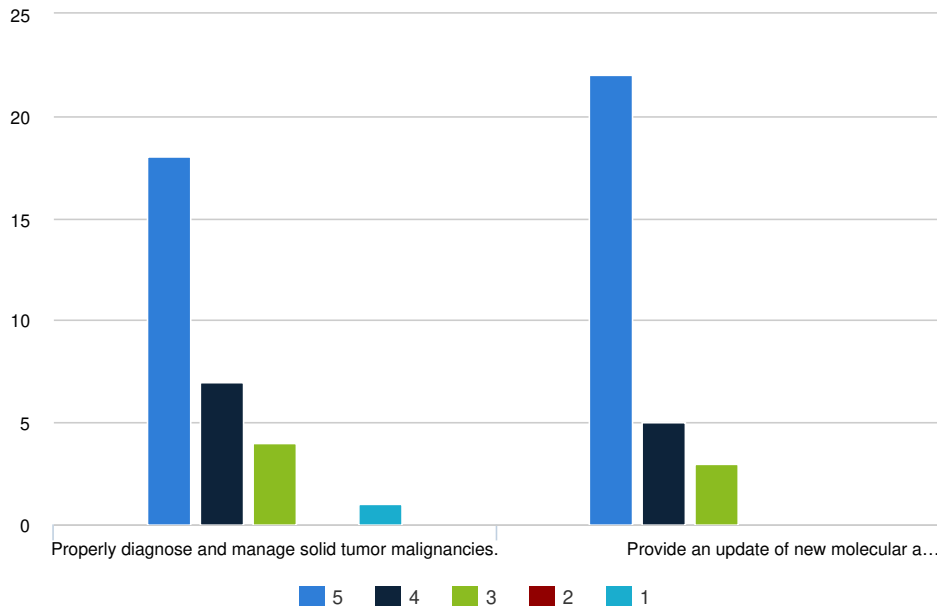
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



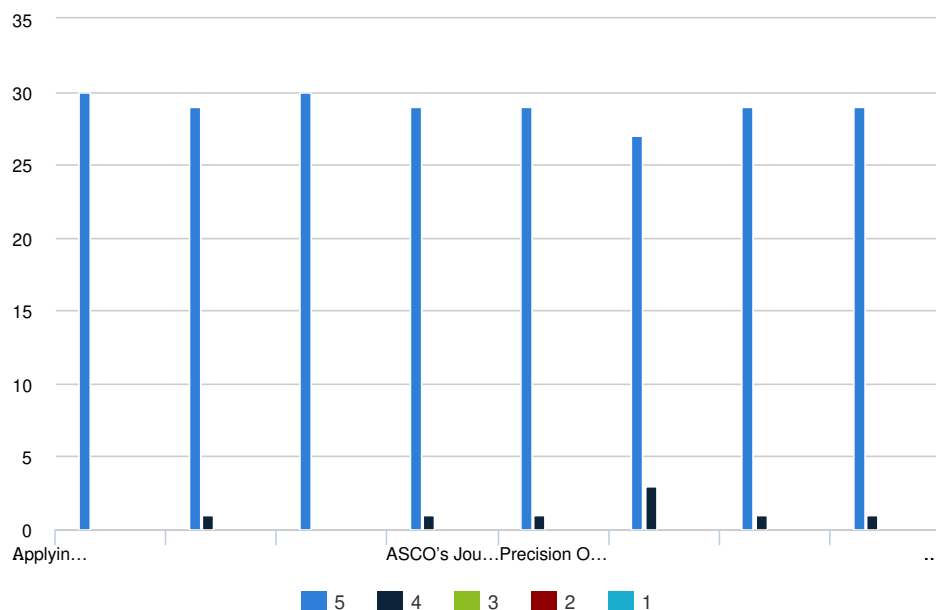
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	28	2	0	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	22	2	0	0	0	6

How confident are you in your ability to:



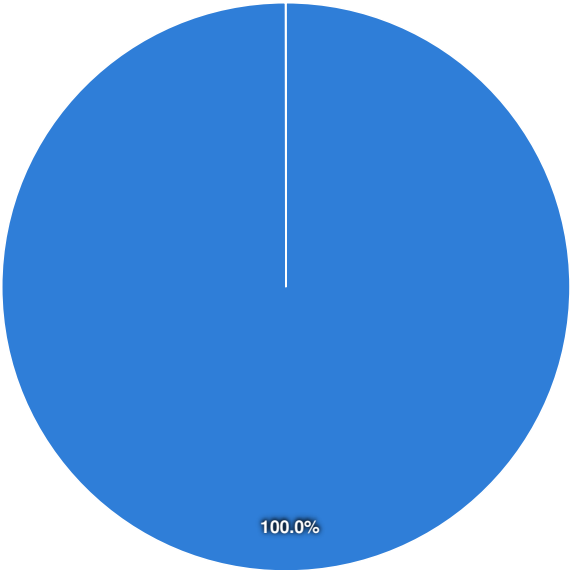
	5	4	3	2	1
Properly diagnose and manage solid tumor malignancies.	18	7	4	0	1
Provide an update of new molecular and targeted treatments being developed for solid tumors.	22	5	3	0	0

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



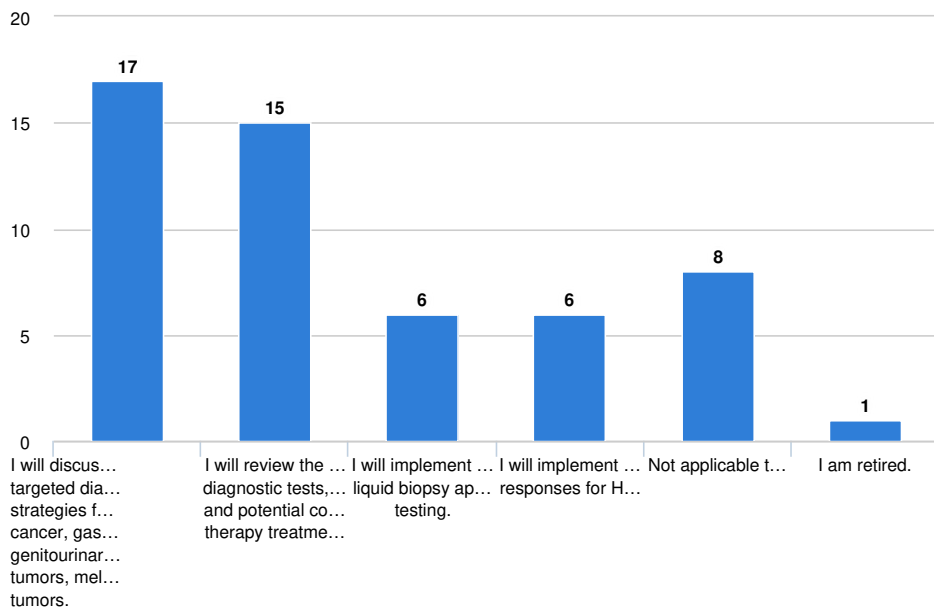
	5	4	3	2	1
Precision Oncology Opportunities in Head and Neck Cancer - Everett Vokes, M.D.	30	0	0	0	0
Precision Oncology in Metastatic Prostate Cancer: Current and Emerging Paradigms - Neeraj Agarwal, M.D.	29	1	0	0	0
Applying Precision Medicine to Rare Subtypes of Renal Cell Carcinoma - Pal Sumanta, M.D.	30	0	0	0	0
ASCO's Journey of Precision Medicine: The TAPUR Experience - Julie R. Gralow, M.D.	29	1	0	0	0
Precision Oncology Approaches in Gliomas - Patrick Wen, M.D.	29	1	0	0	0
Updates and Future Directions in the Management of Metastatic TNBC - Tiffany Traina, M.D.	27	3	0	0	0
Precision Oncology Approaches in Melanoma - Pauline Funchain, M.D.	29	1	0	0	0
Updates in the Management of Advanced/Metastatic Urothelial Carcinoma - Petros Grivas, M.D.	29	1	0	0	0

Was this course fair, balanced and without commercial bias?



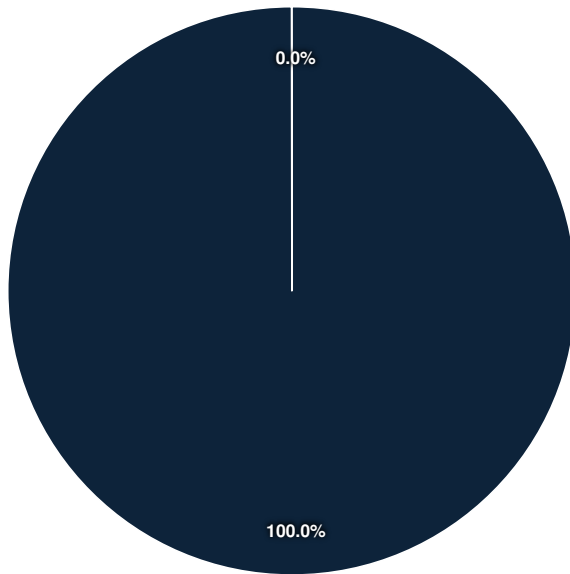
Yes	30
-----	----

As a result of my participation in this Symposium, I commit to make the following changes to my clinical practice:



I will discuss the rationale for new targeted diagnostics and therapeutic strategies for lung cancer, breast cancer, gastrointestinal tumors, genitourinary tumors, head and neck tumors, melanoma, sarcoma and brain tumors.	17
I will review the role and timing of diagnostic tests, molecular profiling and potential combinations of targeted therapy treatment options.	15
I will implement the use of plasma-based liquid biopsy approaches for molecular testing.	6
I will implement monitoring treatment responses for HPV ctDNA.	6
Not applicable to my practice.	8
I am retired.	1

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



Left Blank	0
User entered value	30
Average submission length in words (ex blanks)	10.13
N a	
No new	
Continue being a promoter of precision Medicine and Oncology	
I work in GYN Oncology and the updates made me understand the importance of genetic testing	
New knowledge	
This has enhanced my understanding of the different precision medicines which will enable me to educate my patients in infusion	
Enhanced my knowledge to educate pts	
Great conference that will allow me to apply precision medicine to patient care	
Using information to inform new research ideas and combinations.	
Increase diversity equity and inclusion for clinical trial participants	
Educating patients, I am a nurse	
Excellent Course, new strategies about molecular and genetic approach will be extremely useful for me.	
Share the knowledge gained	
oncogenomic and molecular marker based practice.	
Consider opening TAPUR trial at our center	
new data for clinical practice.	
Looks for more targeted options for treatment.	
Better knowledge of targeted therapies	
The ability to discuss with my patients the changes in the field of immune modulating therapies.	
Better Guidance for management following genetic testing	
Will look into participating in TAPUR; see how we can minimize exclusion criteria for clinical trials to broaden enrollment so it is closer to what is seen in clinical practice.	
I will continue implementing and educating on the role for targeted therapies and the means to obtain such data for these therapies.	

na

na

I am not a provider, but I was happy to learn about the support our providers need from our clinical and pathology laboratories. My goal as Lab Director is to support them in all their needs.

N/A

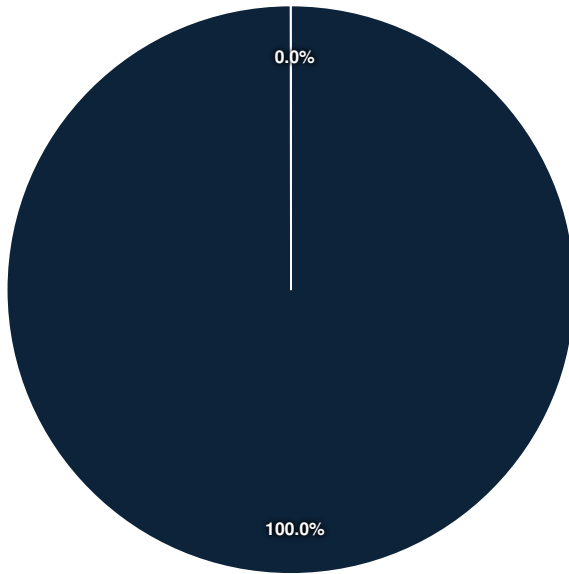
Good information to be aware of clinical trials evaluation for our patient population

none

Discussion with our patients to reach out to oncologist and discuss precision based treatment approaches or current clinical trials pertaining to their diagnosis.

New standard of care practices for uterine cancer

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	30
Average submission length in words (ex blanks)	3.20
Na	
N?A	
None	
Time constraints, Date of surgery	
Not in the clinical setting	
N/a	
N/a	
Na	
N/A	
NA	
I am a nurse	
Nothing	
I am retired	
n/a	
NA	
NA	
n/a	
N/A	
None at this time	
N/a	
N/A	
n/a	
n a	
na	

na

The challenge is getting the insurance plans to support the genomic testing that is so valuable to our providers.

N/A

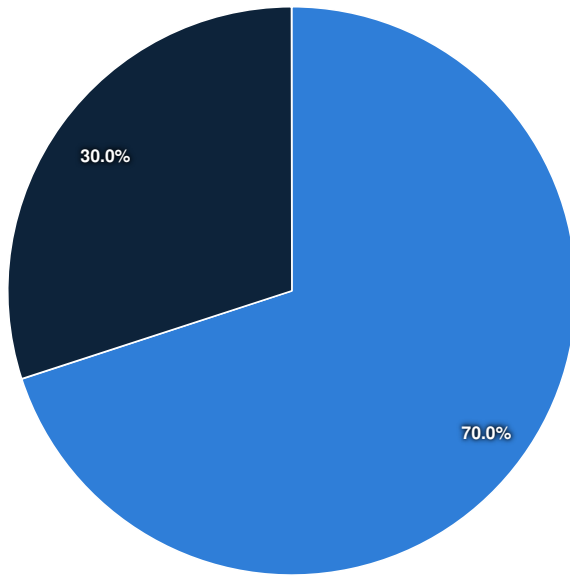
I am not in clinical practice but in research and this has been very helpful to evaluate the trial portfolio

none

Not applicable

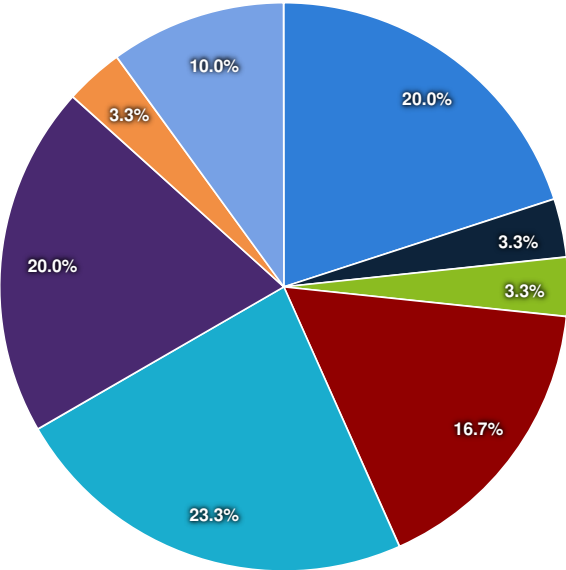
none

Please provide any additional comments or suggestions.



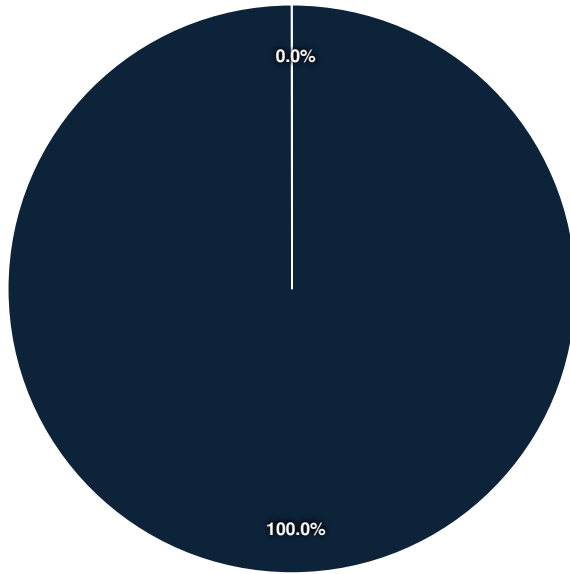
Left Blank	21
User entered value	9
Average submission length in words (ex blanks)	8.56
OK	
None	
Great symposium, would recommend/return next year	
Great Symposium	
The Biltmore is not the best venue for conferences of the size we tend to have at BHSF. One the first day, we had to use the overflow room and people were standing. I've been to the Biltmore numerous times for BHSF conferences and we always have the same issue with space/number of attendees.	
na	
Excellent conference. I enjoyed it very much.	
Excellent Venue	
none	

Please select one:



M.D., D.O.	6
Ph.D/Psy.D	1
PA-C	1
APRN	5
RN	7
Pharmacist	6
Laboratory Personnel	1
Other...	3 (view)

Name



Left Blank	0
User entered value	30
Average submission length in words (ex blanks)	2.70
Eric Zetka	
Antonio Jose Marrero Ochoa	
Jorge L. Valdes	
Mary Gwendolyn Elgincolin APRN	
Soraya Valme	
Maria Lilian De Jesus	
Mary-jane Alamar	
Roisin O'Cearbhaill	
Martin Blood	
Jason Virelli	
Lisa Nickerson	
Pedro Manuel Bueno Rodriguez	
Lynette Fischer	
Zhijian Chen	
Alex Kudryashev	
faisal saghir	
Leonette Kemp	
Patrick Wen	
Rodolfo Barros	
Rosa Espinosa	
Amy K. Starosciak, Ph.D.	
Patricia Novoa-Vogt, APRN	
Eric Zetka	
Sharmeen Roy	

Gloria Garcia

Eugenia Gonzalez-Cabrera RN BSN

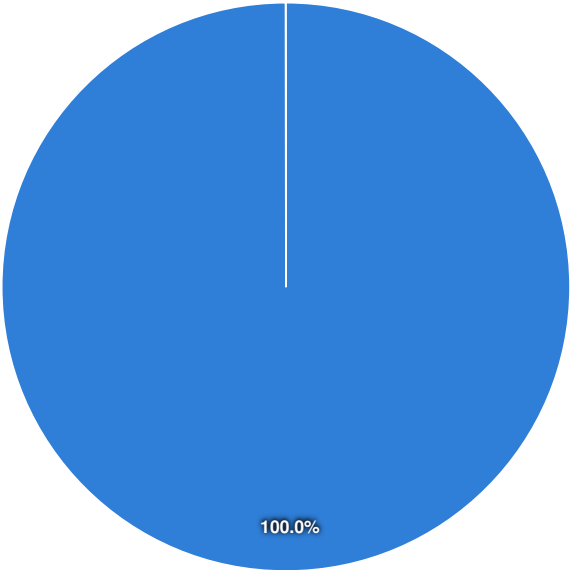
Viviana Boronat, MD, MBA, CCRP

Georges Azzi

Madeline Del Castillo

Gisela L Pereira

Attestation

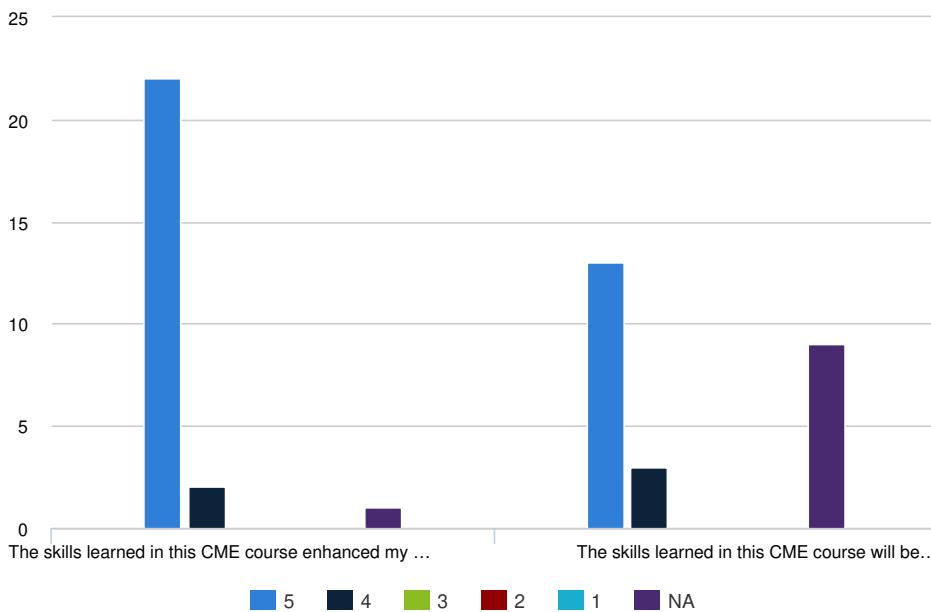


I attest that I have participated in this live symposium in its entirety.

Baptist Health Center for Research: Elevating Care Through Discovery Evaluation - April 18, 2023

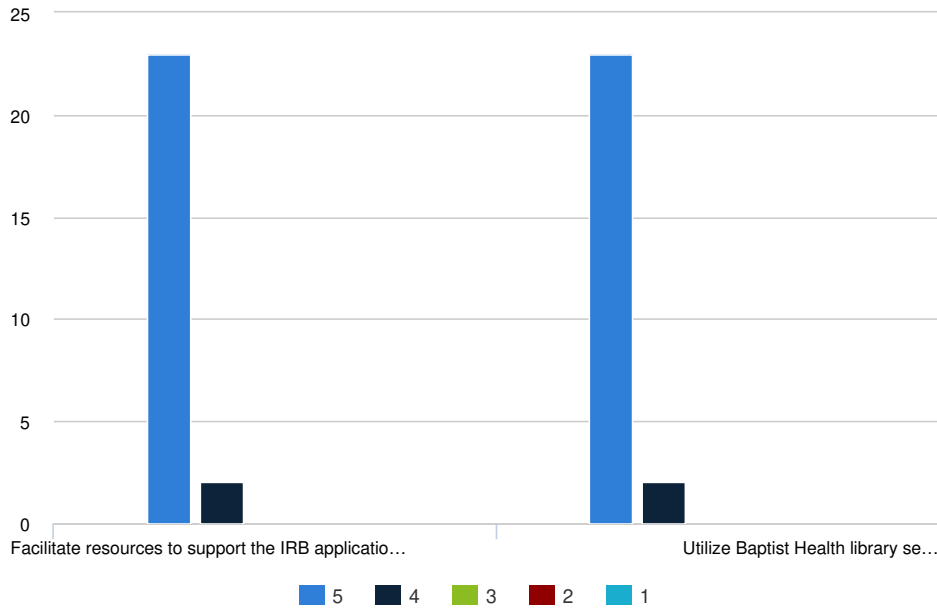
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



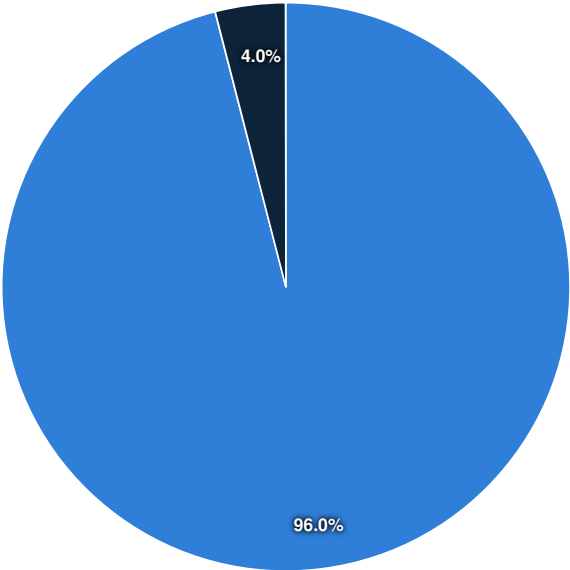
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	22	2	0	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	13	3	0	0	0	9

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



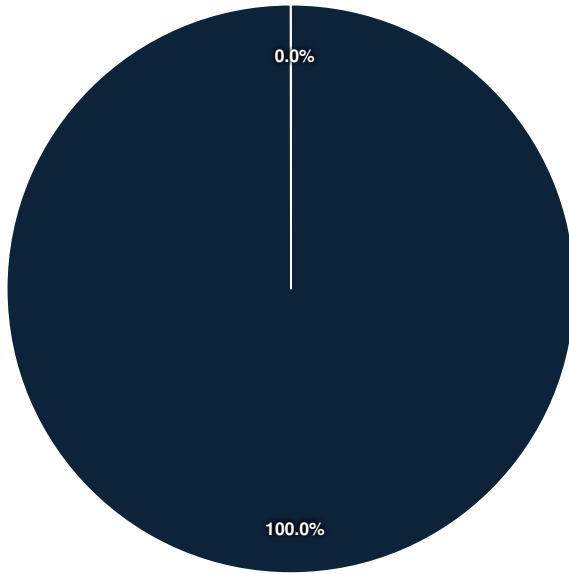
	5	4	3	2	1
Facilitate resources to support the IRB application and successful review processes.	23	2	0	0	0
Utilize Baptist Health library services to navigate the research process from literature search to dissemination.	23	2	0	0	0

Was this course fair, balanced and without commercial bias?



Yes	24
No	1

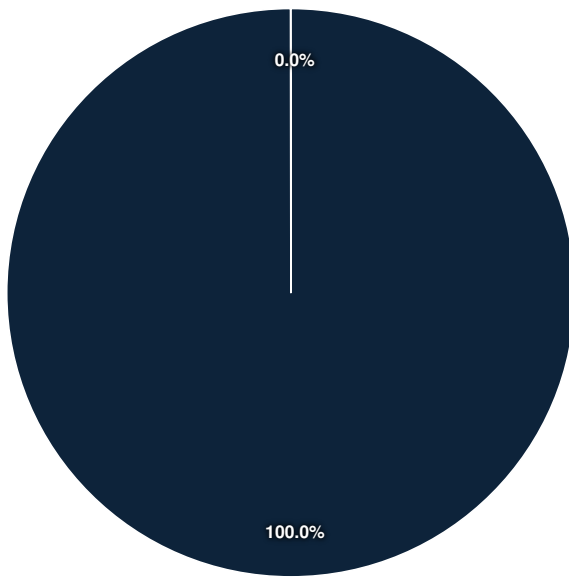
What, if any, new skills/strategies will you apply in your clinical practice?



Left Blank	0
User entered value	25
Average submission length in words (ex blanks)	5.92
NA	
being better able to navigate my customers through the research process and resources at BHSF	
IRB	
N/A	
Use of the library resources	
none	
I gained knowledge about research process	
Using more resources	
The resources will be useful in my work	
NA, however, I have a better understanding of all of the departments that make up Center for Research	
Use of services available through the library such as organizing references.	
Using all the resources from the Library	
Great information shared	
Increased confidence to conduct clinical research now that I am aware of the resources available.	
Literatura searches, navigating through IRB	
N/A	
N/A	
NA	
All good	
All good	
Areas where further collaboration can help study teams through the study start-up process.	
get involved in research	
Utilize resources available within BHSF	
Utilize additional resources provided by library services	

The new website with the all the HEDCap links .

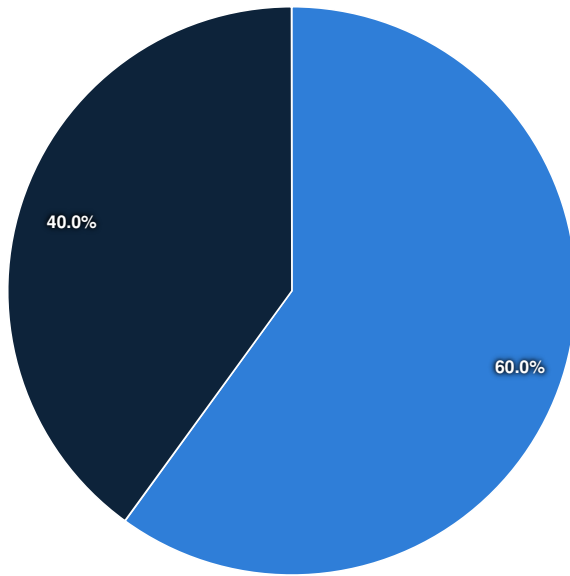
If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?



Left Blank	0
User entered value	25
Average submission length in words (ex blanks)	2.76
NA	
NA	
N/A	
N/A	
N/A	
none	
For now I have no research project in mind	
N/A	
Yes, utilize more library resources	
NA	
NA	
N/A	
No barriers	
N/A	
Will implement process	
Do not work in clinical setting	
N/A	
NA	
All good	
All good	
N/A	
n/a	
N/A	
N/a	

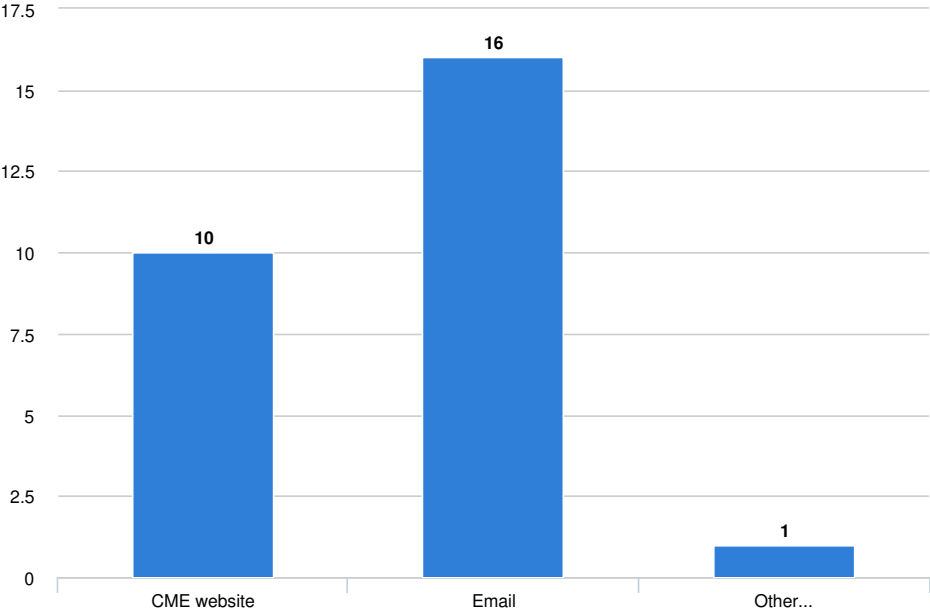
Yes, I plan on using the non-oncology protocol development services more fully.

Please provide any additional comments or suggestions.



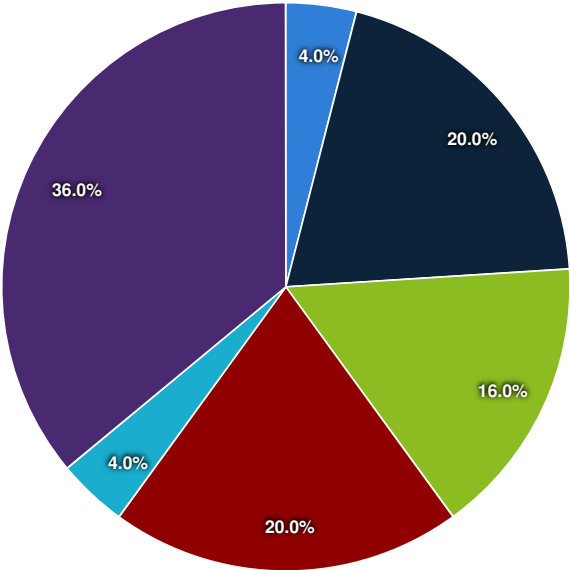
Left Blank	15
User entered value	10
Average submission length in words (ex blanks)	6.10
NA	
N/A	
It seemed to be full of center for research staff - would be nice to note how many people in meeting were not staff.	
Very good presentation	
Excellent presentations with very useful information. Thank you!	
Great presentation	
Excellent presentation!	
All good	
All good	
It would be helpful if this information could be made available to the physician researchers.	

How did you hear about this course?



CME website	10
Email	16
Other...	1 (view)

Please select one:

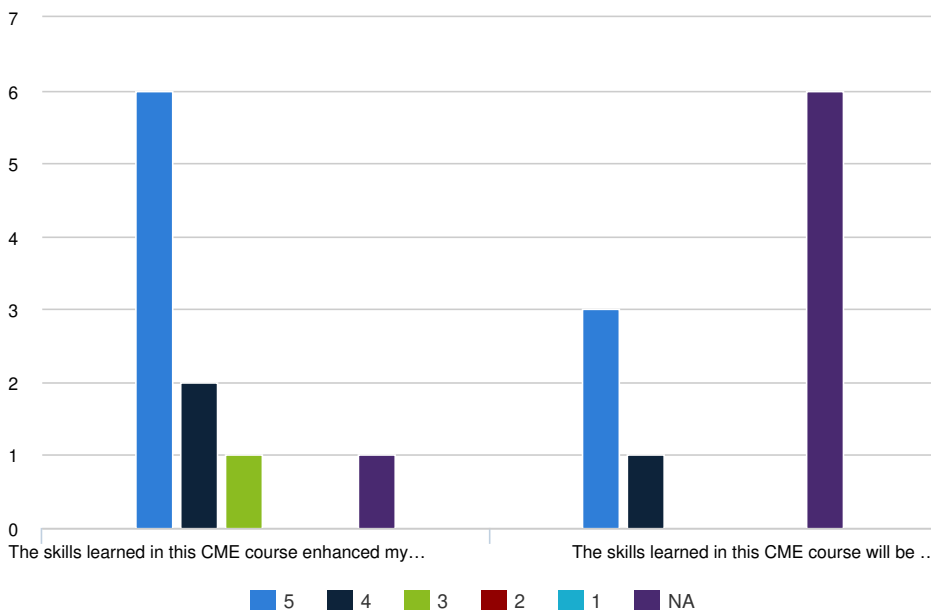


M.D., D.O.	1
Ph.D/Psy.D	5
ARNP/PA-C	4
R.N.	5
Pharmacist	1
Other...	9 (view)

Center for Advanced Analytics - Café with CAA Evaluation - April 18, 2023

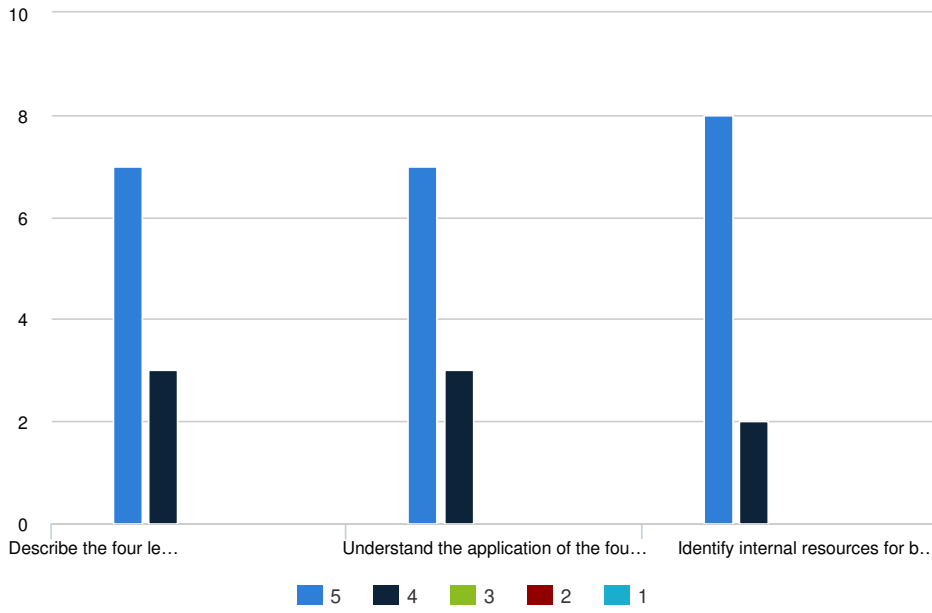
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



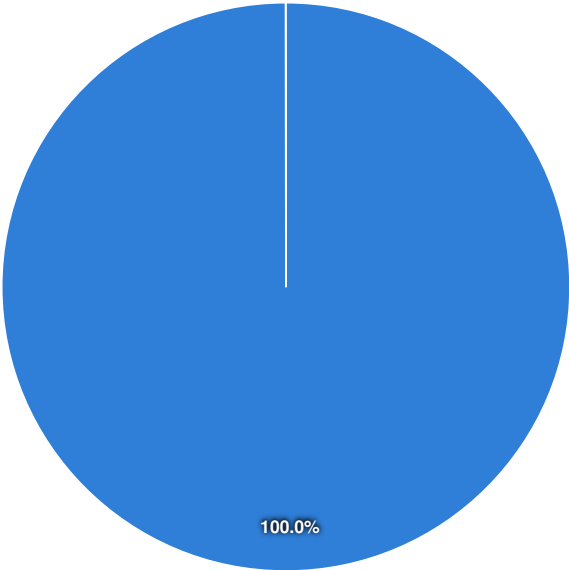
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	6	2	1	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	3	1	0	0	0	6

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



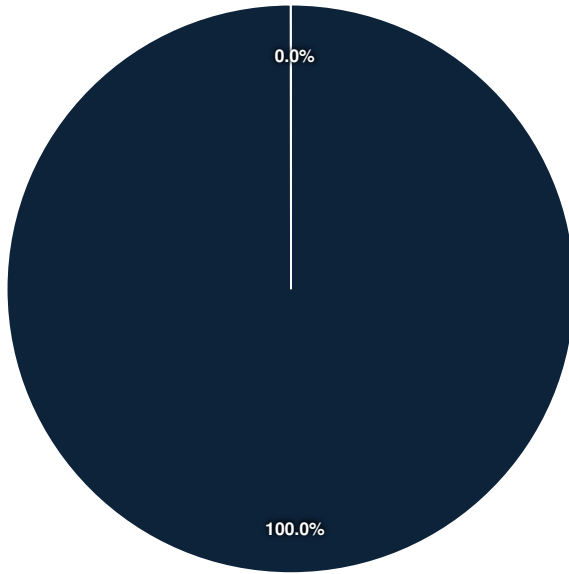
	5	4	3	2	1
Describe the four levels of analytics (descriptive, diagnostic, predictive, prescriptive).	7	3	0	0	0
Understand the application of the four levels of analytics.	7	3	0	0	0
Identify internal resources for biostatistical support.	8	2	0	0	0

Was this course fair, balanced and without commercial bias?



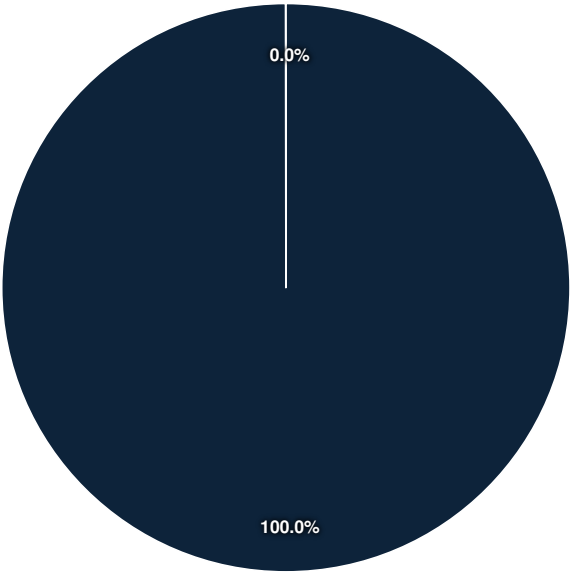
Yes	10
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What, if any, new skills/strategies will you apply in your clinical practice?



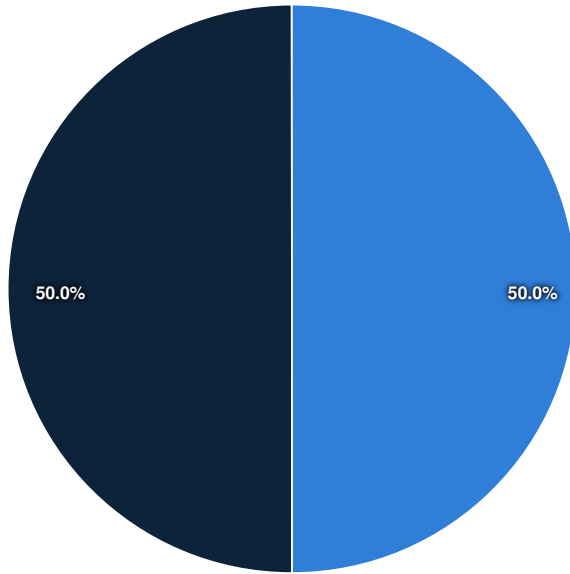
Left Blank	0
User entered value	10
Average submission length in words (ex blanks)	6.00
NA	
I'm no longer in direct patient care	
I will be reaching out for biostatistical support as I dive into my sepsis data.	
N/A	
N/A	
N/A	
Institutional knowledge of the types of projects being implemented across BHSF entities.	
Utilization of biostatistics support for my responsibilities	
Considering incorporation predictive analytic in future research.	
Understand and apply the data	

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



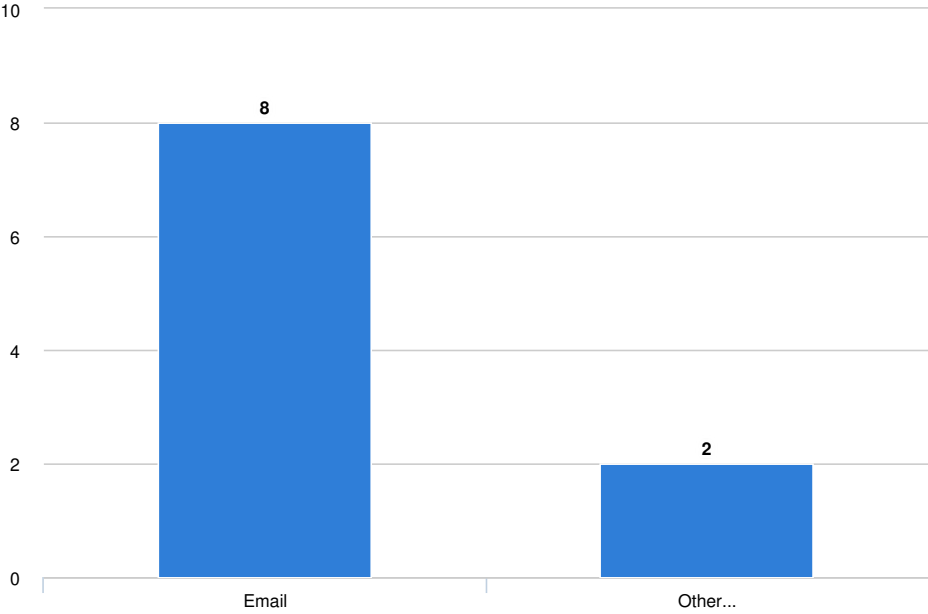
Left Blank	0
User entered value	10
Average submission length in words (ex blanks)	3.00
Different focus	
I'm no longer in direct patient care	
I will	
N/A	
N/A	
Do not work in clinical area	
NA	
I do plan to	
N/A	
N/A	

Please provide any additional comments or suggestions.



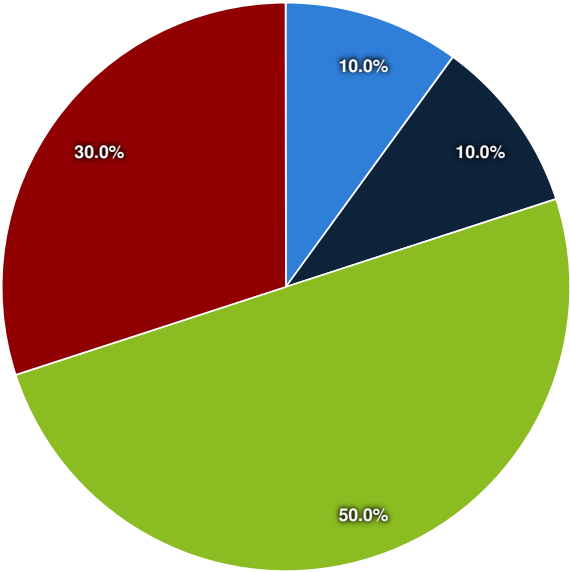
Left Blank	5
User entered value	5
Average submission length in words (ex blanks)	22.20
Excellent presentations! Especially Willam's presentation on big data bases using one project with hip arthroplasty and total hip arthroplasties as example. Very informative. Thank you!	
Great presentation, introduction and explanation of your team and the work you do. I would like to have seen how to submit a request to your team and the process of using internal resources available at BHSF	
Excellent information. I believe it is valuable for the Performance Improvement department. Much of this information is required knowledge for CPHQ certification which is required for the nurses in our department.	
Excellent presentation! I enjoyed the studies used as examples to illustrate the different levels of analytics.	
Great course	

How did you hear about this course?



Email	8
Other...	2 (view)

Please select one:

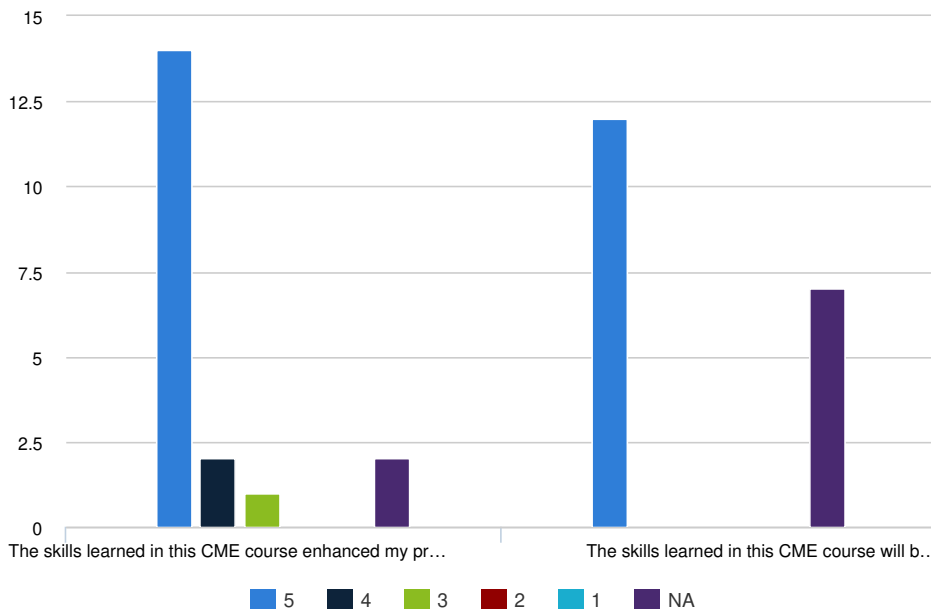


M.D., D.O.	1
ARNP/PA-C	1
R.N.	5
Other...	3 (view)

Exploring Allied Health - Understanding Allied Health Professions and Their Critical Role in Delivering Patient Care Evaluation - April 20, 2023

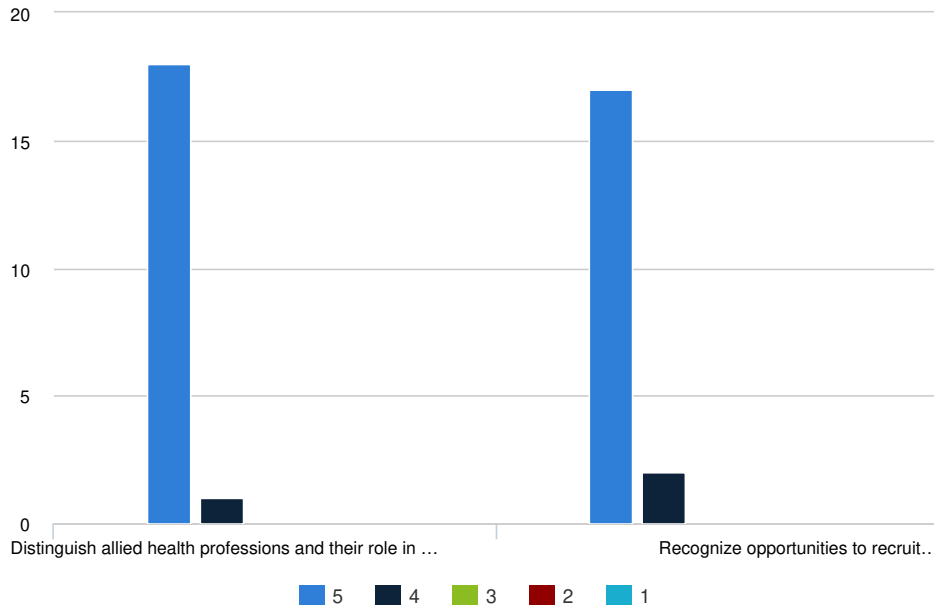
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	14	2	1	0	0	2
The skills learned in this CME course will be applied in the treatment of my patients	12	0	0	0	0	7

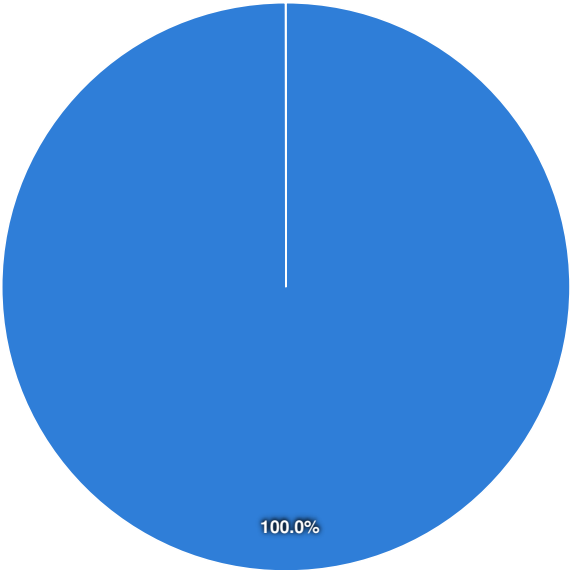
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



5 4 3 2 1

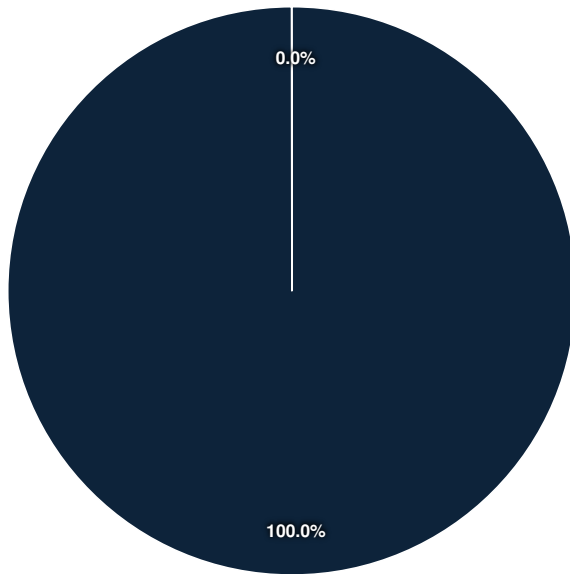
Distinguish allied health professions and their role in delivering patient care.	18	1	0	0	0
Recognize opportunities to recruit employees through the Baptist Health Allied Health Scholar Program.	17	2	0	0	0

Was this course fair, balanced and without commercial bias?



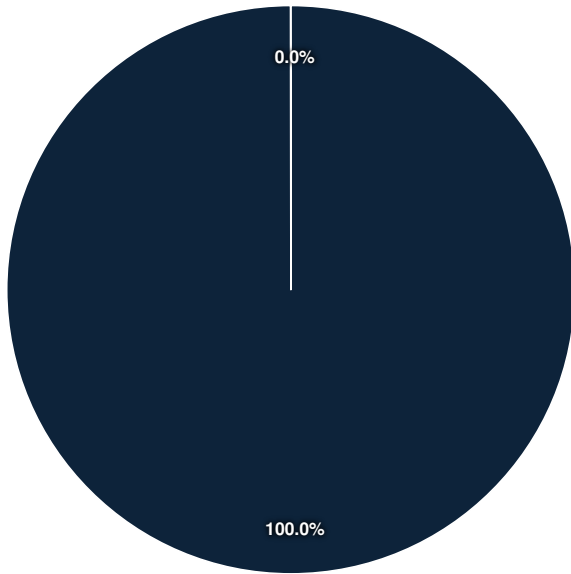
Yes	19
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What, if any, new skills/strategies will you apply in your clinical practice?



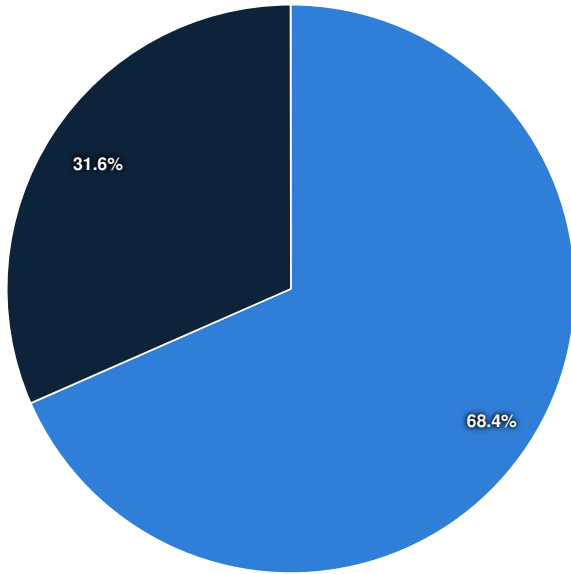
Left Blank	0
User entered value	19
Average submission length in words (ex blanks)	5.53
N/a	
Great information. Definitely useful during our community relations to help prospects to find an enjoyable career at BH	
N/A	
NA	
NA	
Content to share with others exploring transition to a new career	
na	
Discuss with others all allied positions BH has to offer	
Increase referrals	
Excellent discussion	
recruit students	
apply new knowledge	
N/A	
Na	
Not applicable to my clinical practice but a good resource to know of	
It does not apply to my practice but its a good reference for anyone I know that could be pursuing a career in Allied Health	
N/A	
better understanding of allied health	
N/A	

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



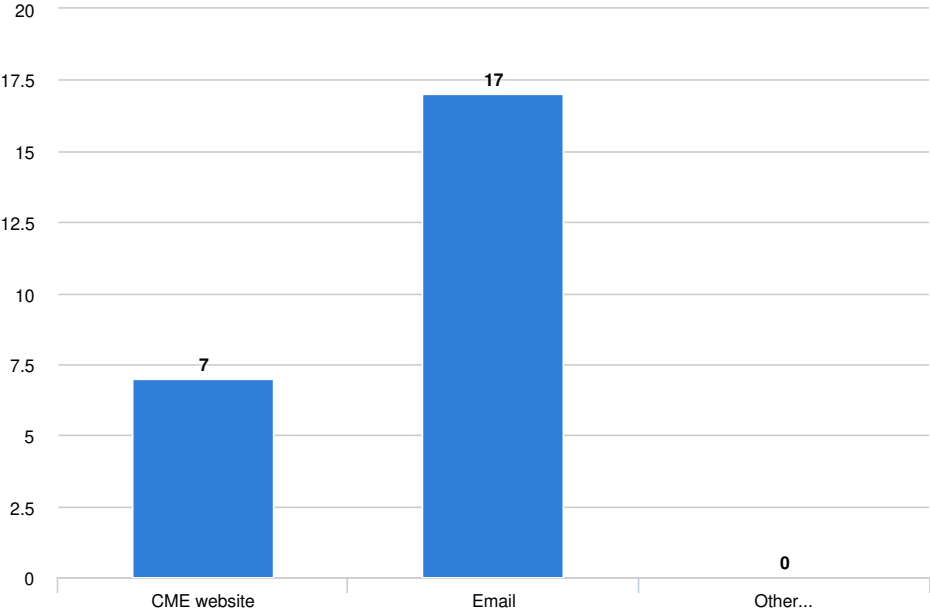
Left Blank	0
User entered value	19
Average submission length in words (ex blanks)	2.42
N/a	
I plan to use this valuable information	
N/A	
NA	
Na	
Not applicable	
Na	
N/A	
N/A	
No barrier	
na	
nothing at this time	
N/A	
Na	
Not aplicable	
Not applicable to me	
N/A	
n/a	
Do not work in clinical area	

Please provide any additional comments or suggestions.



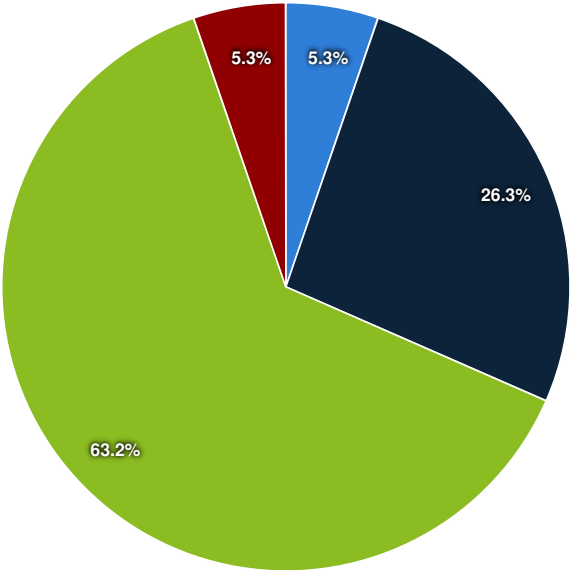
Left Blank	13
User entered value	6
Average submission length in words (ex blanks)	3.17
None	
The panel members were very informative and presented well. Thank you!	
Very good presentation	
na	
Na	
great presentation	

How did you hear about this course?



CME website	7
Email	17
Other...	0

Please select one:

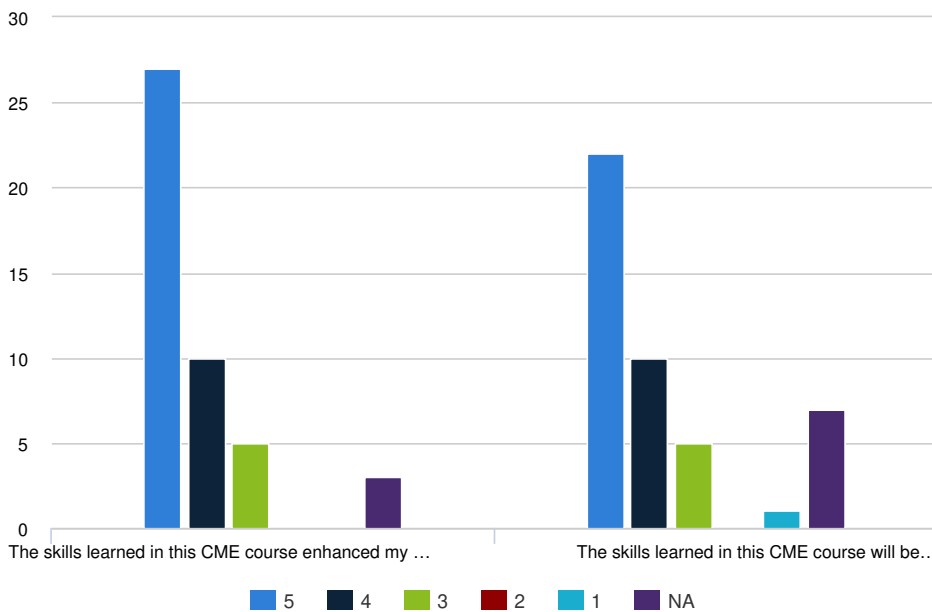


M.D., D.O.	1
ARNP/PA-C	5
R.N.	12
Other...	1 (view)

Graduate Medical Education Grand Rounds Evaluation - April 20, 2023

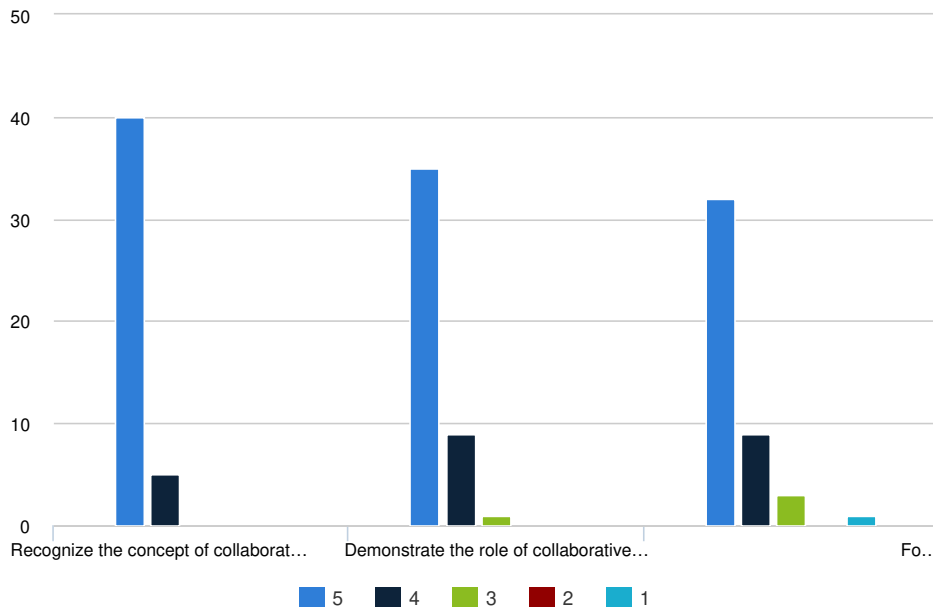
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Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.



	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	27	10	5	0	0	3
The skills learned in this CME course will be applied in the treatment of my patients	22	10	5	0	1	7

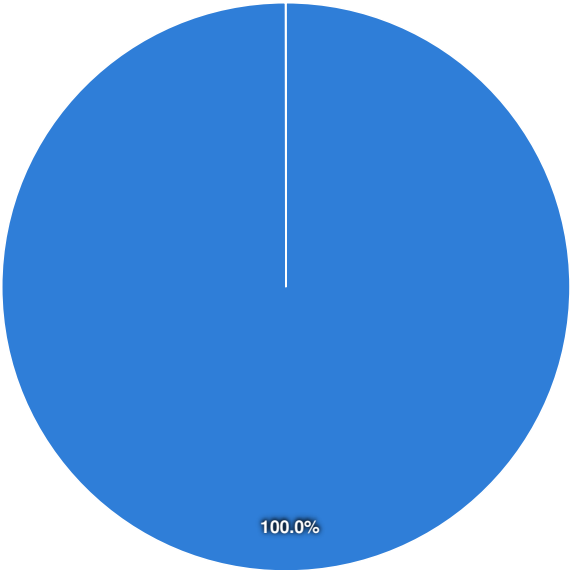
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?



5 4 3 2 1

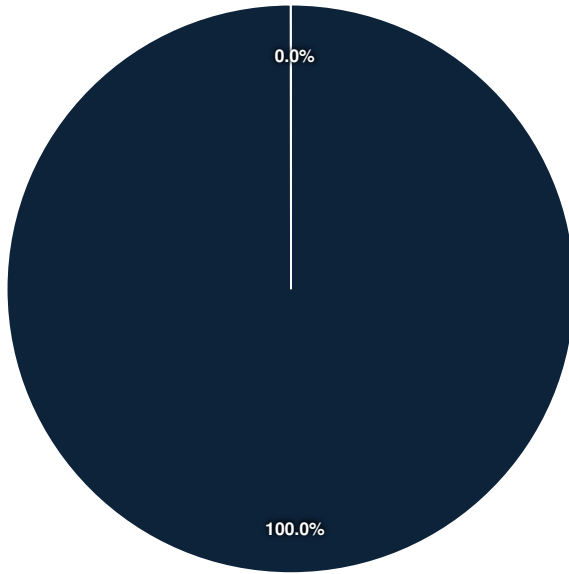
Recognize the concept of collaborative intelligence.	40	5	0	0	0
Demonstrate the role of collaborative intelligence in clinical practice.	35	9	1	0	0
Formulate a mechanism to incorporate collaborative intelligence into a specific area of cardiovascular care.	32	9	3	0	1

Was this course fair, balanced and without commercial bias?



Yes	45
-----	----

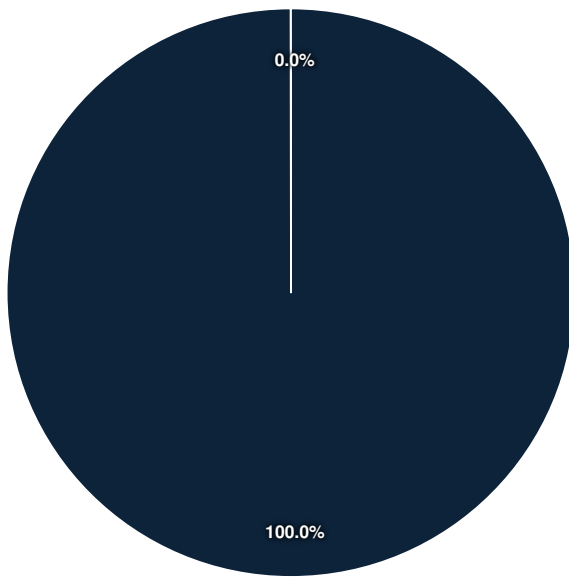
What, if any, new skills/strategies will you apply in your clinical practice?



Left Blank	0
User entered value	45
Average submission length in words (ex blanks)	5.73
IT	
NA	
NA	
YES	
Collaborative Intelligence	
Telemedicine	
Investigate AI and learn more about it in order to better understand how we can work with AI	
Very informative	
None	
Na	
Suggest my healthcare system to use data analytics to triage patients for diagnostic testing based on severity of illness.	
None	
None	
N-a	
Suggest my healthcare system to use data analytics to triage patients for diagnostic testing based on severity of illness.	
As an instructor I can bring these innovative ideas to my students	
Open to collaborative intelligence	
This is out of the scope of my clinical practice	
NA	
Interesting / AI	
Integrating collaborative I T in the future into my practice	
AI	
AI	

AI
None
Increased appreciation of the role of AI in clinical care
N/A
Keep an open mind to new technologies being initiated to our scope of practice more awareness of how AI can be deployed in health care
Stay updated in AI The knowledge of artificial intelligence and data produced
Organize around digital Incorporate concept of artificial intelligence on clinical practice
Na
N/A - not a clinician
Incorporating AI into clinical practice I learned so much during this conference Well done
The snow is not quite a clinical presentation. The general concepts were informative.
Use of si in practice
Very instructive Try to increase use of artificial intelligence from outside sources like smart watches to help with patient care
Everything
N/A
Earlier utilization of AI in my practice This platform of analytics will be very useful to improve and collaborate care of our patients.

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)	3.47
None	
Not in clinical practice	
NA	
YES	
Updates	
N-a	
N/a	
N/a	
None	
Na	
Knowledge of AI in our practice has not been presented	
Must be done by corporate entity	
Must be done by corporate entity	
Na	
Knowledge of AI in our practice has not been presented.	
N/A	
N/A	
NA	
NA	
Cost prohibitive	
N/A	
Costs of implementation	
Costs of implementation	
Costs of implementation	

Costs of implementation

NA

Not applicable

N/A

Time, lack of knowledge.

N/A

None

I'm not a clinical practitioner

Baptist financial

Not applicable

Na

N/A - not a clinician

N/A

I will definitely implement the skills I learned This is the future of healthcare

This does not apply.

Na

No barriers

N/A

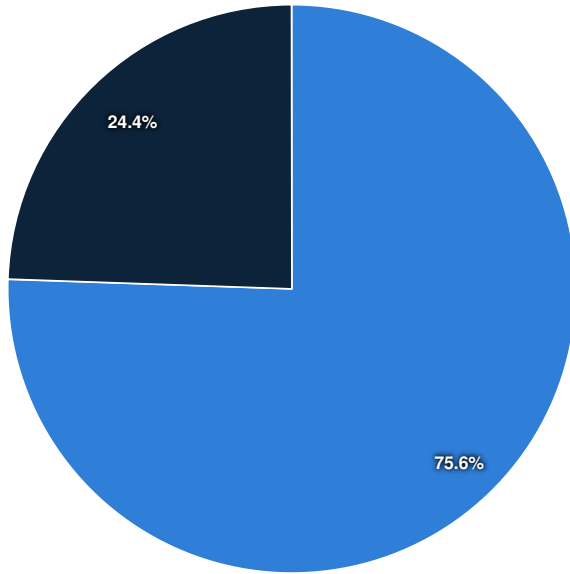
Informative

N/A

N/A

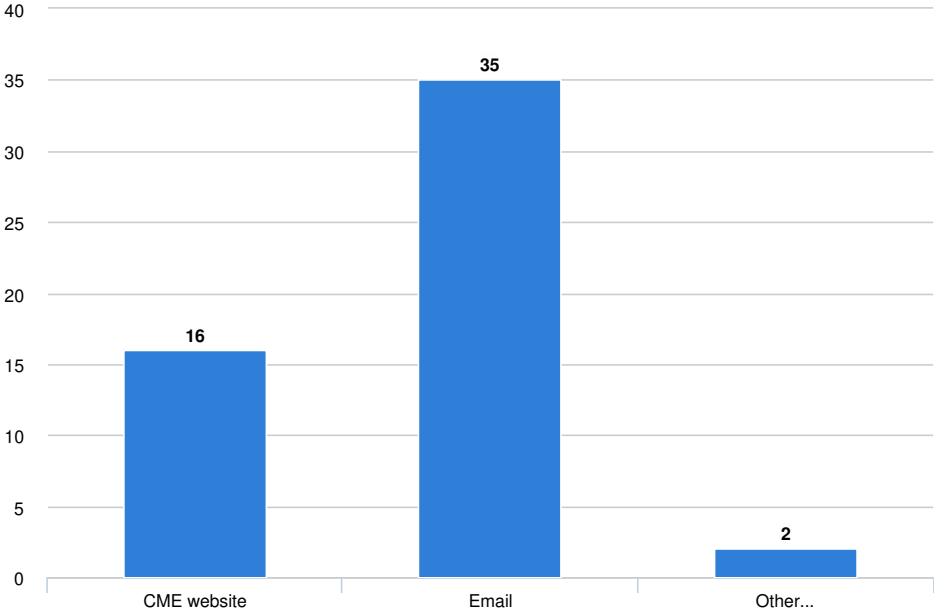
Very interesting presentation certainly need to be open to this level of technology and how it will helpful but also understand the boundaries of where it should not be used.

Please provide any additional comments or suggestions.



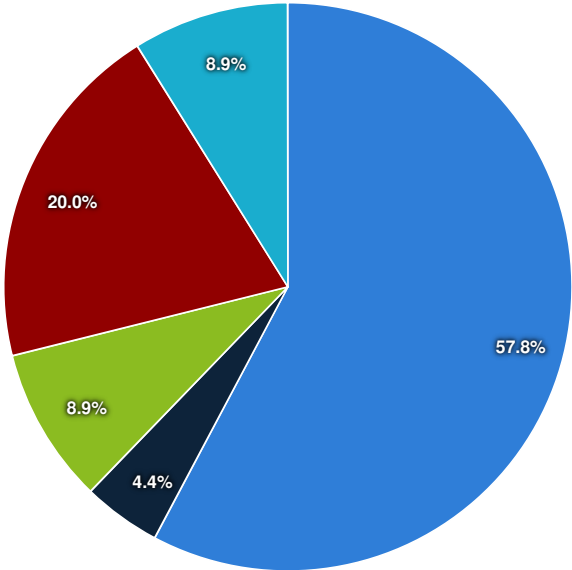
Left Blank	34
User entered value	11
Average submission length in words (ex blanks)	9.00
Excellent presentation and very informative. Thank you!	
Really enjoyed the lecture. Easy to follow.	
Very good speaker on a difficult subject	
Obviously the presenter has an impressive CV and career. The title of the presentation doesn't match the presentation itself This was merely a general overview of AI and definitely not a presentation showing how to incorporate/ implement a strategy in clinical practice	
Great speaker, very knowledgeable.	
Very informative	
It would be great to see how collaborative intelligence can be applied to other practice areas and to clinical trials.	
Well done Wonderful speakers	
Excellent Conference	
Anything	

How did you hear about this course?



CME website	16
Email	35
Other...	2 (view)

Please select one:

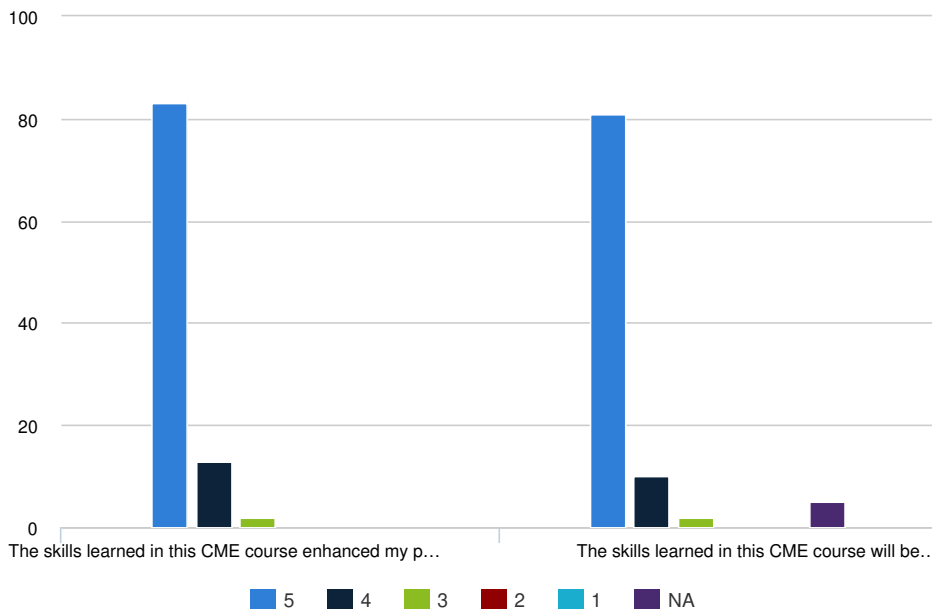


M.D., D.O.	26
Ph.D/Psy.D	2
ARNP/PA-C	4
R.N.	9
Other...	4 (view)

Health Equity in Nursing Evaluation - April 21, 2023

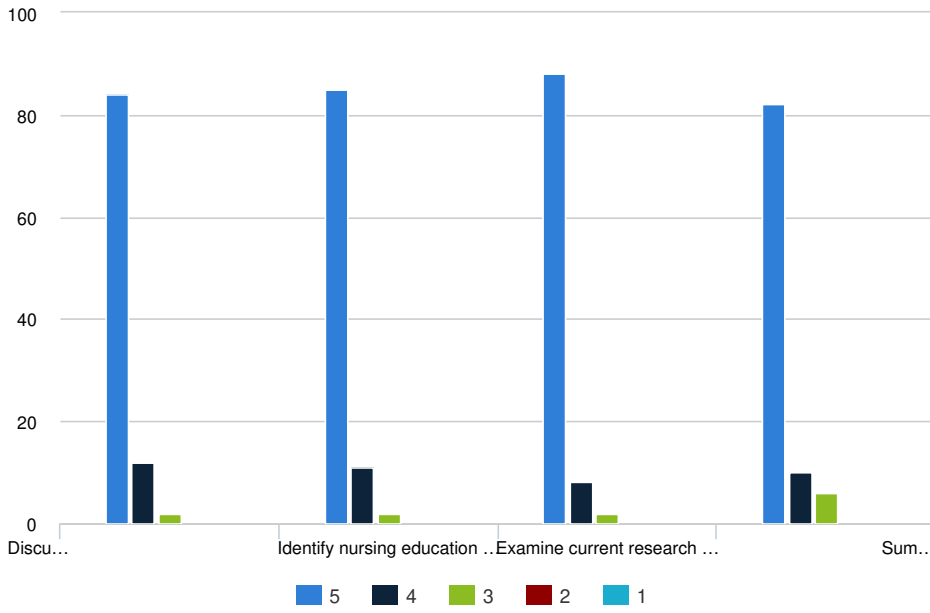
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



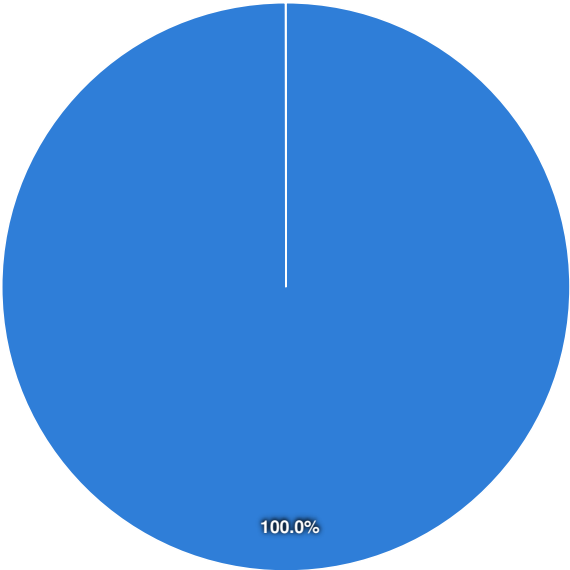
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	83	13	2	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	81	10	2	0	0	5

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



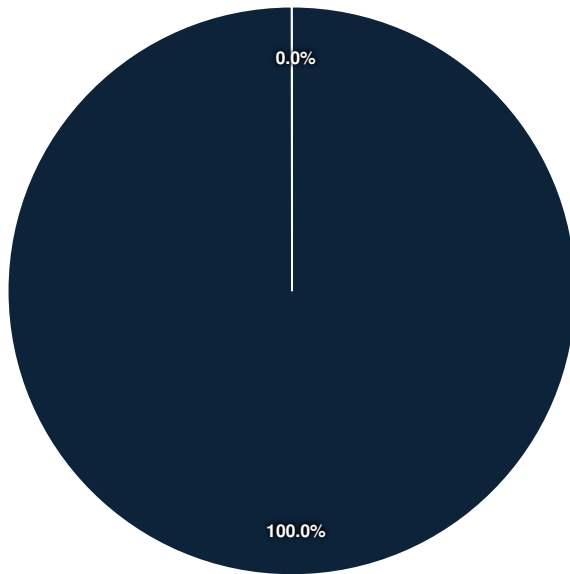
	5	4	3	2	1
Discuss a framework outlining the role of nursing in addressing equity in healthcare.	84	12	2	0	0
Identify nursing education strategies that promote a culture of healthcare equity.	85	11	2	0	0
Examine current research study findings and their implications for nursing.	88	8	2	0	0
Summarize poster presentation topics related to evidence-based practice.	82	10	6	0	0

Was this course fair, balanced and without commercial bias?



Yes	98
-----	----

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



Left Blank	0
User entered value	98
Average submission length in words (ex blanks)	6.14
Na	
NA	
All good	
Health equity in teaching	
Awareness of health equity	
N/a	
N/A	
Plenty	
Na	
Promote community involvement	
N/A	
I learned about health equity.	
Leadership skills being mindful of equity in nursing	
Leadership skills being mindful of equity in nursing	
None	
Many presentations were great from the aromatherapy and providing care to bereaved parents	
All lessons learned will be applied	
N/a	
Attend the Health Disparity Course	
Aromatherapy for nurses to decrease stress	
To practice mindfulness in dealing with our patient with consideration to their special and unique needs.	
Health equity	
Informing students of research events	
Team building	

I am interested in the stress management of nurses using aromatherapy tabs

n/a

I will conduct a research (survey) among clinical staff nurses to study the best practices to prevent burnout at the bedside similar to what the nurses at Mariner Hospital did.

Applying stress relief techniques during work, Seek resources for patients

Becoming more aware of health equity and how we can make a difference.

The aromatherapy for reducing stress was very interesting. I would like to explore that more.

Virtual nursing will be amazing to applied to all baptist health system

Disseminate what was presented today to my team and staff for awareness.

N/A

I loved the aromatherapy to reduce stress, but all of them.

-
Employ more inclusive learning environment and include community health disparity teaching in the classroom.

Health equity

Health equity

N/A

Dissemination of learned material.

Noting really 'new material'

B/a

Unbiased and welcoming approach

Finding ways to bring healthcare to all.

N/a

None

Increase health literacy promotion

None

I was intrigued by the research conducted on aromatherapy. As the presentation was ongoing, I thought perhaps this would be a great experiment to try at other facilities like my current workplace.

Do more research

Poster presentations. Cultural considerations regarding SDOH.

NA

More Cultural sensitivity to address health disparity

Do more research

N/a

Awareness of health disparities with the population we serve and develop new educational strategies to bridge that gap.

A deeper understanding on healthcare disparity.

Truly enjoyed the varied topics from the poster presentations . The first speakers spoke clearly about health inequities.

I plan to learn more about SDOH as they relate to the obstetric population.

New ways to improve research and topics of interest

NA

N/A

So many great ideas with the poster presentation. Sharing many of them with our team.

So many great ideas with the poster presentation. Sharing many of them with our team.

Being empowered by nursing leadership to engage in functions and opportunities that promotes best practices.

Work on new project ideas, especially with fetal demise

work on new project ideas, especially with retail demises

N/A

Focus on community health education

New outlook to common problems

Na

Promote and offer educational sessions on health equity within our entity.

Check the literature studies more frequently for results on topic pertaining to nursing practice.

Health equity strategies

Yes

N/a

All can be applied daily!

Encouraging more patient involvement in their own care.

na

N/A

Heightened awareness

apply the current research study in our daily practice.

NA

n/a

I will incorporate lessons learned into my practice

All

All learned.

Good

Volunteer in our community

Considerations for equity in healthcare

Na

Innovative ideas

I learned a lot from the posters that I would like to implement.

Cultural considerations with SDOH.

cultural considerations in regards to SDOH.

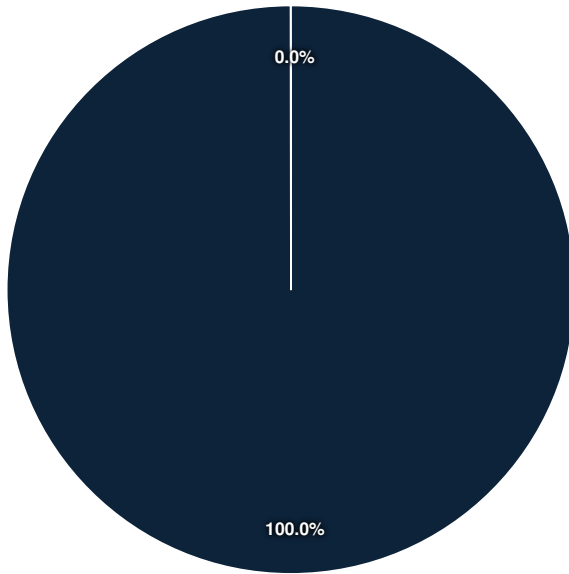
Self awareness, be inclusive

Will bring information to the Committee I Chair

Look at measuring SDOH proactively to facilitate practice and research.

Patient education strategies, available tools within Baptist network to create strategies in clinical 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	98
Average submission length in words (ex blanks)	2.82
Na	
NA	
Na	
N/A	
NA	
N/a	
N/A	
N/a	
Na	
I'm inspired	
N/A	
I will be implementing some of the strategies shared with us.	
Current leadership stifling innovation and autonomy	
Current leadership stifling innovation and autonomy	
None	
Many skills I am willing to implement to the unit.	
I will implement and commit to learning more about health equality in nursing	
N/a	
N/A	
I do plan to implement	
n/a	
Ma	
N/a	
N/a	

n/a

None.

n/a

N/A

Busy work schedule

I do plan on implementing

I would like to explore using aromatherapy for staff and clients.

N/A

N/A

N/A

Not applicable

-

N/a

Knowledge

Knowledge

N/A

N/A

No barriers

N/a

Na

Na

N/a

N/A

Nothing is keeping me

Already following

On the contrary, today's presentations have motivated me to want to pursue experiments/research that staff may benefit from or may aid in providing a quality patient experience.

I planned to implement new skills.

N/A

NA

N/A

I planned to implement new skills.

N /a

NA

Improve patient outcomes.

I do .

NA

Na

NA

Do not work in clinical area

N/a

N/a

I plan to utilize strategic opportunities for patient best outcomes.

N/a

N/A

n/a

n/a

Finance

Na

Na

Team building Retention strategies Touch points with staff

N/A

Informative

N/a

No barriers

Will implement new skills learned.

na

N/A

NA

n/a

NA

n/a

I do plan to implement

N/A

N/A

Good

Nothing

Knowledge

Na

None

N/A

NA

N/A

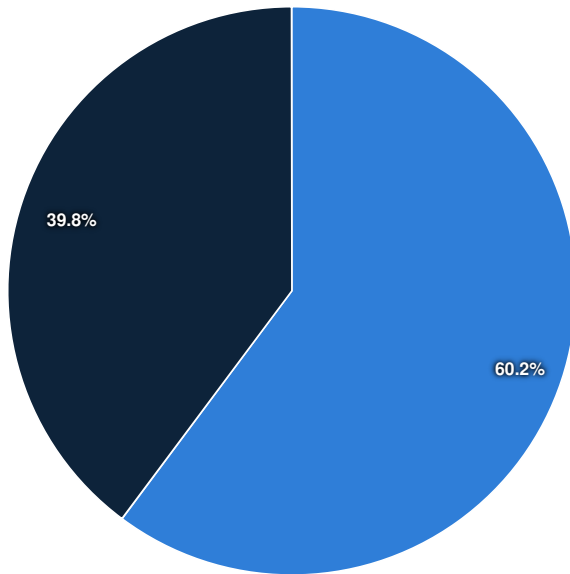
Nothing

N/A

N/A

NA

Please provide any additional comments or suggestions.



Left Blank	59
User entered value	39
Average submission length in words (ex blanks)	6.46
Na	
More breaks in morning Have actual research presentation in afternoon	
Na	
Poster podium presentations more focused on equity	
Poster podium presentations more focused on equity	
None	
Great presentation	
Please showcase the Poster Presentation of the MDC student and not just talk about it without a visual	
It would be nice if there's a link to access the poster presentation as well for those who are attending virtually.	
For virtual participants please include posters at the end or show them virtually	
Thank you for offering this opportunity.	
great presentation	
I like the short evaluation	
Having less speakers and more time to view other project one on one.	
On zoom, we were unable to view poster presentations. After the one hour break, we returned to zoom for only 30 more minutes. I was expecting another 2 hours after the break. It would have been nice to finish with the zoom attendees before the break, allowing us to exit.	
N/A	

I would had liked to see the poster presentation.

Wonderful event. Proud to be part of an organization who support education & elevating nursing practice.

Very well presented

Amazing presentation/s. Thank you!

Thank you for a great program. I enjoyed all of the presenters and especially the keynote speaker.

Speakers did a wonderful job!

N

N

The presentations were great!

I had a wonderful time, thank you for everything.

n/a

None

Na

N/a

Great

The registration at the front table could have been more efficient

NA

n/a

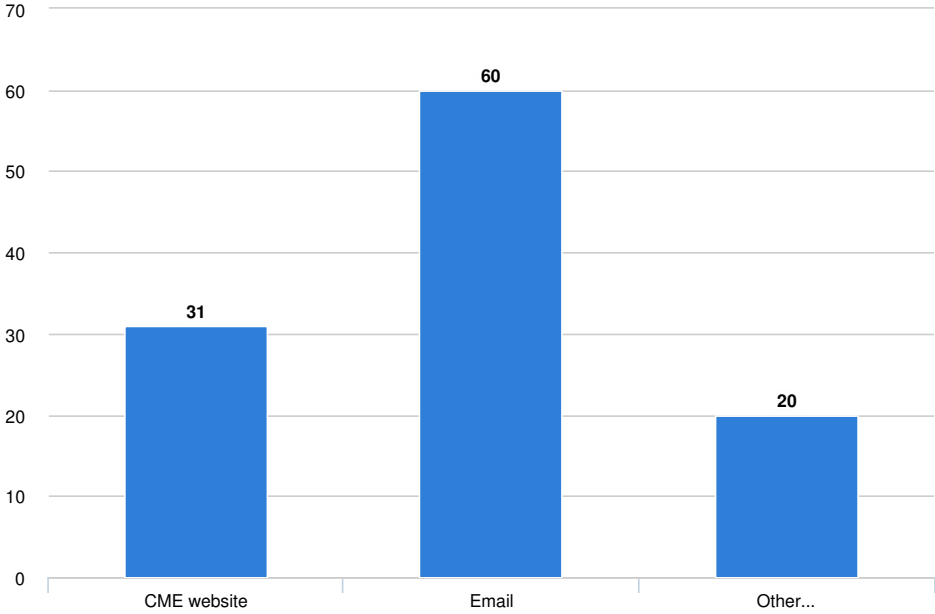
N/A

Na

None

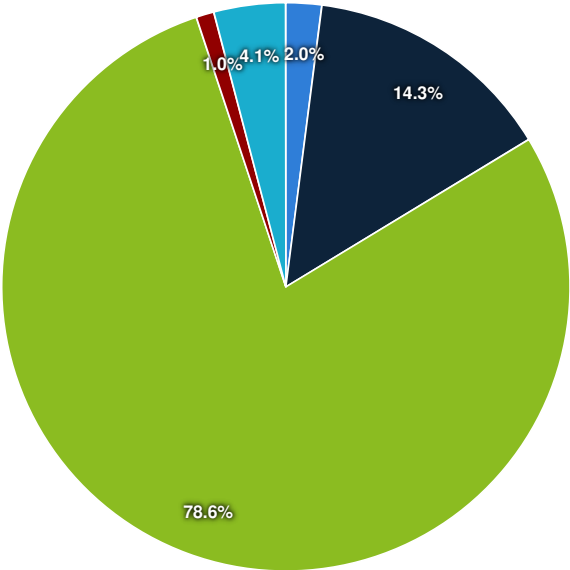
NA

How did you hear about this course?



CME website	31
Email	60
Other...	20 (view)

Please select one:

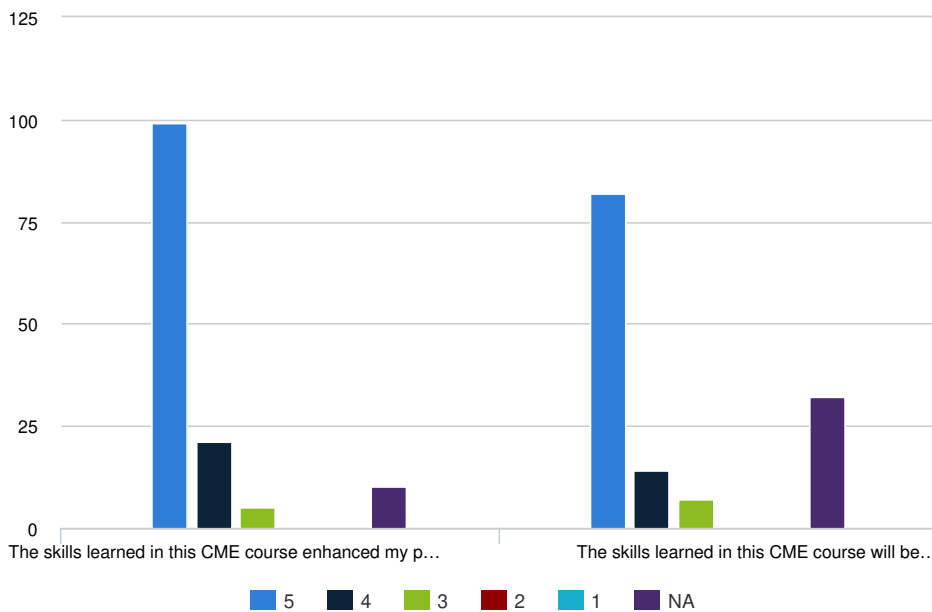


Ph.D/Psy.D	2
ARNP/PA-C	14
R.N.	77
Respiratory	1
Other...	4 (view)

Inaugural Baptist Health Academic Conference Evaluation - April 19, 2023

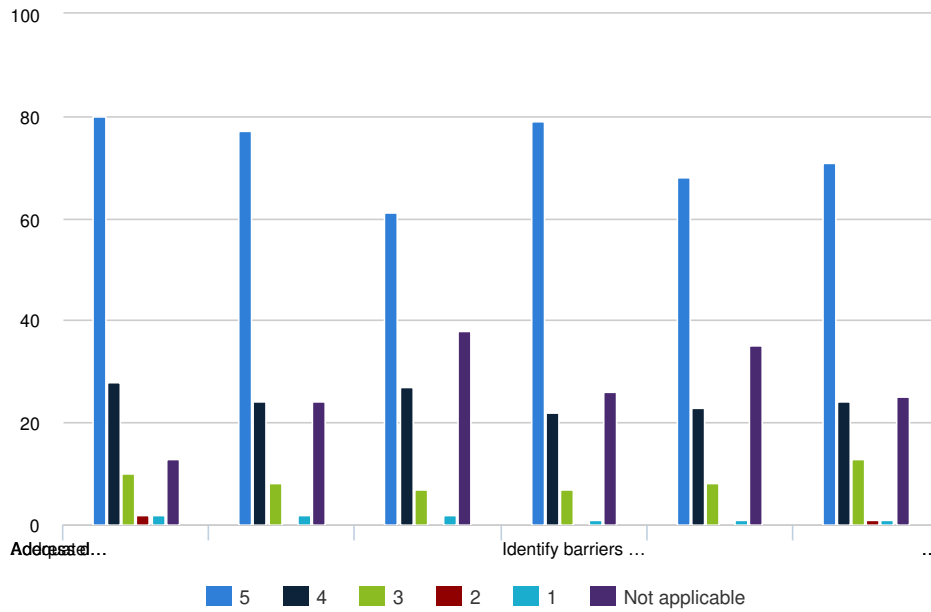
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



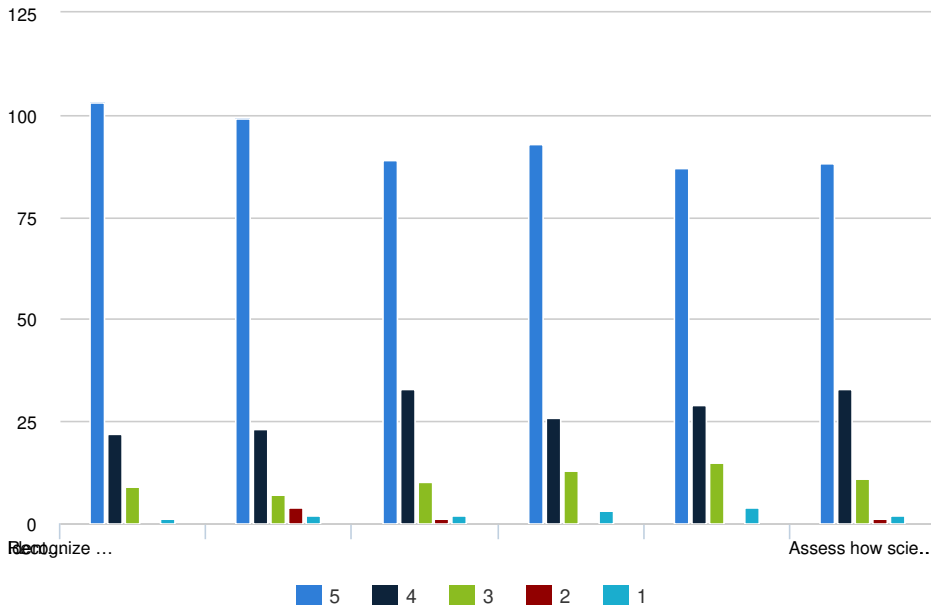
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	99	21	5	0	0	10
The skills learned in this CME course will be applied in the treatment of my patients	82	14	7	0	0	32

How confident are you in your ability to:



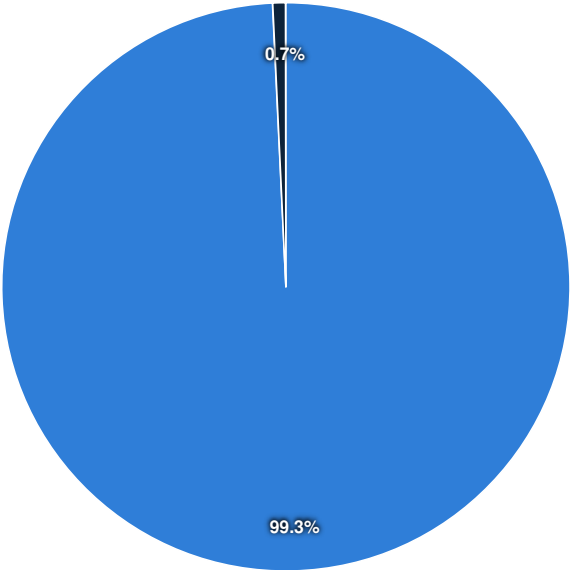
	5	4	3	2	1	Not applicable
Identify components of quality health information as defined by the National Quality Forum.	80	28	10	2	2	13
Address delivery of quality health information to my patients with low health literacy.	77	24	8	0	2	24
Adequately provide mental health and substance use treatment services to my patients to improve their clinical outcomes.	61	27	7	0	2	38
Identify barriers which may hinder providing clinical care across cultures in my practice.	79	22	7	0	1	26
Provide mental health care resources to my patients that could help delay physical disability in their aging process.	68	23	8	0	1	35
Implement strategies for reducing disparities in LGBTQ+ healthcare to improve patient outcomes.	71	24	13	1	1	25

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



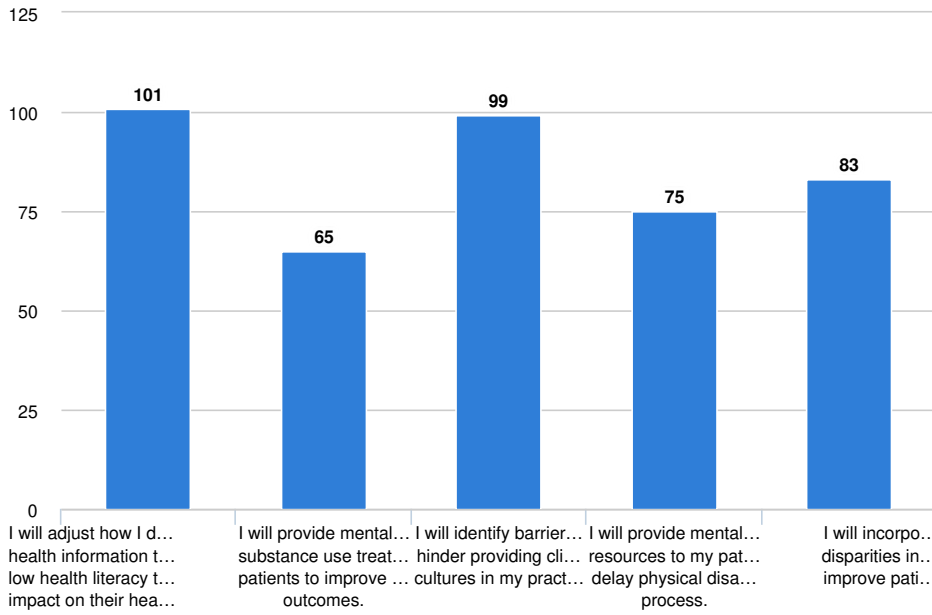
	5	4	3	2	1
Assess how social determinants impact an individual's decision-making regarding health.	103	22	9	0	1
Identify strategies to address health disparities in clinical practice to improve patient outcomes.	99	23	7	4	2
Recognize some of the new therapies poised to impact the immediate future of patient care in our diverse communities.	89	33	10	1	2
Assess how scientific social networking can increase the speed of research and development.	93	26	13	0	3
Utilize quality and process improvement techniques to shorten the process of developing scholarly works at Baptist Health.	87	29	15	0	4
Implement strategies to optimize collaboration, communication and coordination among residents, fellows, students, physicians and healthcare professionals engaging in the development of knowledge.	88	33	11	1	2

Was this course fair, balanced and without commercial bias?



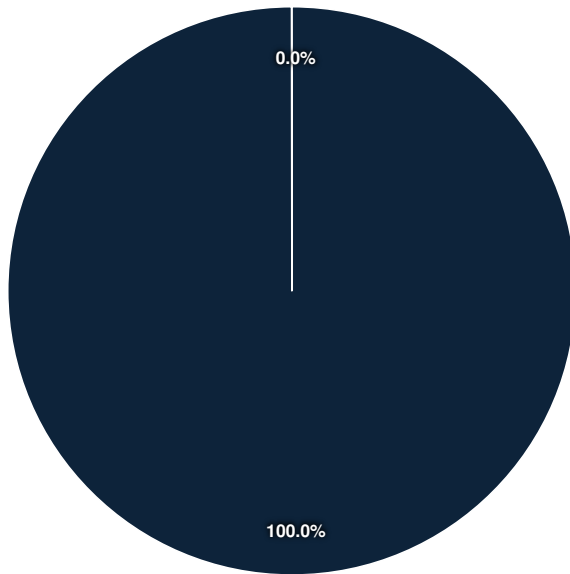
Yes	134
No	1

As a result of my participation in this Symposium, I commit to make the following changes to my clinical practice:



I will adjust how I deliver quality health information to my patients with low health literacy to make a greater impact on their health outcomes.	101
I will provide mental health and substance use treatment services to my patients to improve their clinical outcomes.	65
I will identify barriers which may hinder providing clinical care across cultures in my practice.	99
I will provide mental health care resources to my patients that could help delay physical disability in their aging process.	75
I will incorporate strategies to reduce disparities in LGBTQ+ healthcare to improve patient outcomes.	83

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



Left Blank	0
User entered value	135
Average submission length in words (ex blanks)	7.93
NA	
I think it is important to recognize when patients feel slighted by not receiving information from people who do not look like and /or identify the same way they do. I hope to have the ability to be a part of a more diverse community that can afford this.	
Provide education	
Improved patient compliance	
Educate staff and patients	
Health disparities	
N/A.	
All	
-	
Identify disparities	
More aware of disparities though I already was aware and that where one resides matters Have many colleagues who continue to have conscious and unconscious biases so the journey to mitigating disparities is a long one	
More aware of disparities though I already was aware and that where one resides matters Have many colleagues who continue to have conscious and unconscious biases so the journey to mitigating disparities is a long one	
create awareness with my team	
Being proactive	
Being proactive	
Na	
N/A	
NA	
Not applicable	
All	
N/A	

N/A

Patient centered care

N/A

Continuous patient education

Consideration for all cultures

Understand disparities better

Will incorporate all I can..

Recognizing disparities in our community and provide more interactive decision making.

Information provide on how to connect with my patient

N/A

more aware of inequalities that exist but concerned about the cost & time to solve these issues

Na

Abundance of resource

Abundance of resource

Delivery of culturally patient centered care

N/A

N/a

As stated above

Include in my research

Include in my research

I see opportunities to integrate practices between disciplines and across specialties in care delivery.

Mental health awareness

N/A

Be more involved in strategic data gathering that could impact the health disparities.

N/a

I will assess pts in a more thorough way to identify health diparities

Be more aware of the mental health issues of our employees and provide the right support

Identifying barriers.

I will incorporate new strategies to reduce disparities in LGBTQ in my endoscopy practice.

Na

- seeking out minorities for inclusion in trials/studies - inclusion of bilingual staff to engage in health conversations with ESL or non English speaking patients

Promote patient centered care - what matters and what works for the patient. Share more informations resources available in the community for patients.

Being sensitive when providing health care to the LGBTQ+ patients

None at this time :-)

Being sensitive when providing health care to the LGBTQ+ patients

Yes

N/A

yes

Make time to consider health disparities in my patients' health

Awarness and addressing of patients concerns to help facilitate their ability to improve their health outcomes

Teaching nursing students about importance of awareness of health disparities

I am not a clinician.

N/A

N/a

..... "No comment!" on addressing potential misinformation / disinformation

I am retired!

The presentation by Dr. Graham reinforced my need to continuously look for opportunities to identify barriers which may hinder providing care across cultures.

Incorporating more cultural competence

None

N/A

Patient centered treatment

Reading clinical trials and research more thoroughly to examine which specific patient populations may be most affected.

Recognizing health care disparities in my community and educate my patients with quality health information as a trusted source, so that they can have improved patient outcomes.

N/A

-

Go deeper to achieve goals with health care disparities by reaching out to larger organizations that include government and community buy-in

N/A

Getting to know the patient on a personal level not just performing tasks or asking questions for the EHR.

NA

Importance of gender and sexual orientation differences.

I am going to consider social determinants of health as part of the patients health evaluation and how it impacts their wellness during the time patient is admitted to the hospital and upon discharge.

Increase resources appropriate for patient demographics

Continue to provide education and clarification if needed to the patient regarding their care, medical decisions and medications.

All information was great and will be used in various ways.

Ensure we are providing education to our team regarding LGBTQ+ healthcare needs and to develop an open communication with our patients to let them identify themselves and their needs more easily.

I will continue to adapt my health information delivery systems to address my clients' families health knowledge with various resources other than paper-based handouts.

Na

Recognizing health care barriers and resources in the community. Technology evolution in healthcare with change rapidly thus providers needs to adopt with the changes.

I will re-evaluate my practice of supportive handouts on paper.

NA

.

Good

NA

N/A

N/A

na

any

any

Resource and guidance

Not applicable. I'm retired

Not applicable. I'm retired

N/A

N/A

N/A

N/A

Na

Communication

Knowledge of disparities

Lessons learned

Broader education on minority care provided to patients

Lessons Learned

n/a

N/A

yes

N/a

N/A

I am retired.

N/a

listening more

Awareness

I will be more conscious about the role that information plays in health (including mental health). My takeaway is that information has to be accessible and easy for clients to understand, regardless of our field of practice.

Insufficiency in pertinent patient population

Be more cultural sensitive

I will read more new publications and watch new webinars about the important topics that were discussed

mental health resources

None doing these things already

Educate my team on identifying barriers that can affect patient outcomes and how to find the resources to mitigate

N/A

None

I will incorporate strategies to reduce disparities when having a patient in the LGBTQ community.

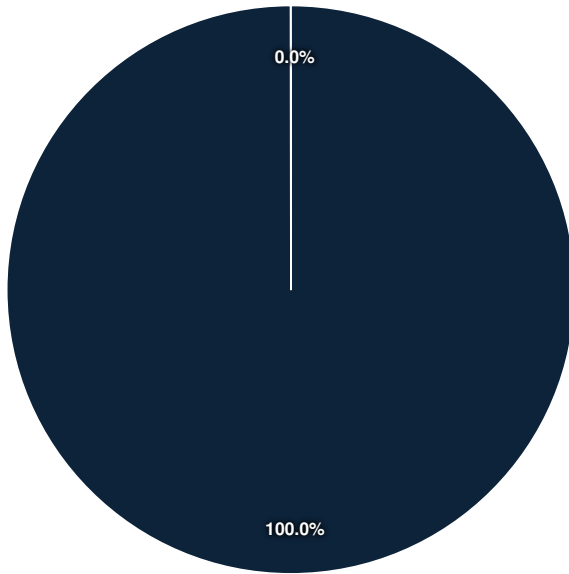
N/A

I will adjust how I deliver quality health information to my patients with low health literacy to make a greater impact on their health outcomes. I will provide mental health and substance use treatment services to my patients to improve their clinical outcomes. I will identify barriers that may hinder providing clinical care across cultures in my practice. I will provide mental health care resources to my patients that could help delay physical disability in their aging process. I will incorporate strategies to reduce disparities in LGBTQ+ healthcare to improve patient outcomes.

n/a

I will do my best to understand my patients' barriers and work with my patient's in a way that works for them. I will remember to address my patients as individuals and look at the medical situation from their perspective, doing my best to provide health care in a way that is understandable and easy to receive.

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	135
Average submission length in words (ex blanks)	3.41
NA	
N/A	
N/A	
Insurance limitations	
N/a	
N/a	
NA	
Nohing	
-	
I do plan to implement by educating	
I am not in the clinical area but will implement strategies with my colleagues and stakeholders	
I am not in the clinical area but will implement strategies with my colleagues and stakeholders	
na	
Planning to use	
Planning to use	
Na	
N/A	
NA	
Not applicable	
N/a	
N/A	
No	
None	
Not a clinician	

Not a clinician

N/A

I plan to implement them.

N/A

I plan to

N/A

Will implement

Not a care giver

cost/time

Na

I plan too

I plan too

Knowledge of culturally specific resources

N/A

N/a

NA

NA

NA

N/A

N/A

N/A

Conflicting priorities

N/a

n/a

N/a

NA

Na

Na

n/a

Need information about community resources out there

N/A

N/A

N/A

Yes

N/A

yes

N/a

N/A

Na

I am not a clinician.

N/A

N/A

None

I am retired!

N/A

Not applicable

None

N/A

None

N/A

N/A

Do not work in clinical area

-

NA

N/A

NA

NA

NA

I do plan to use SDOH.

N/a

N/A

N/A

Not applicable

I do not address substance abuse in my area of practice.

Work with pediatric pts. Will apply knowledge to teen pts

I do plan to implement learned knowledge into practice.

na

NA

.

Good

NA

N/A

I'm in a non-clinical role, however, a conference like this helps me assess how to make our healthcare system more equitable.

na

informative

informative

I plan to educate on identifying the social determinants of health, inclusion, and patient centered care.

I'm retired

I'm retired

N/A

N/A grants Administrator

N/A

N/A

Na

Time

Nothing

No issues

N/a

I will use lessons learned to improve my PI Nurse practice

n/a

N/A

yes

N/a

I will be more than happy to speak about health disparities to higher management

I am retired.

N/a

administrative barriers

Nothing only time.

N/A

N/a

Spreading the word to upper management

I am planning to implement new strategy

none

I'm already doing these things the information really was not new, some of the statistics were interesting, but we've been talking about these topics for years.

N/A

N/A

None

I do plan on implementing new skills/strategies in my clinical practice when possible.

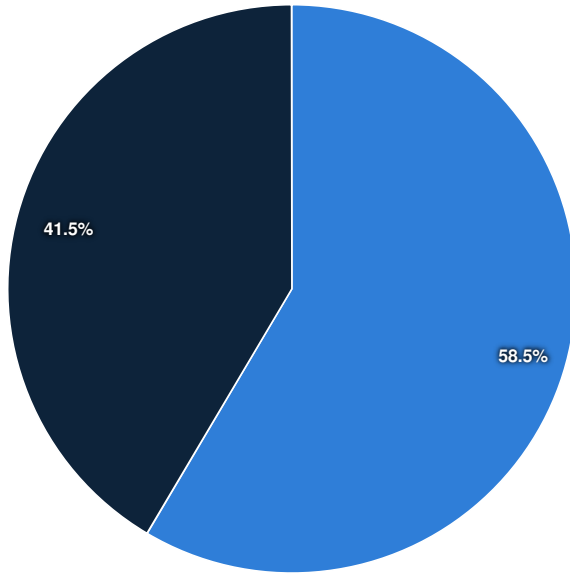
N/A

N/A

n/a

I do not yet have a clinical practice as I am a medical student. It is possible that by the time I begin practicing that different strategies and resources will have become available that work more effectively than what was discussed today.

Please provide any additional comments or suggestions.



Left Blank	79
User entered value	56
Average submission length in words (ex blanks)	7.98
NA	
Great lectures.	
I absolutely enjoyed the conference. I learned a lot from each of the expert speakers. Great job!!!	
Great selection of speakers and topics for this morning presentations. The information has definitely enhanced my understanding of health care disparities.	
Topics allowed me to increase my knowledge and became a better at what I do	
Too many posters to sift through Please eliminate patients in your survey since not all attending are in direct care	
Too many posters to sift through Please eliminate patients in your survey since not all attending are in direct care	
na	
Amazing presenters!!	
Excellent presentations and speakers	
N/A	
N/A	
Excellent	
Thank you	
I wanted more time allocated to Q&A for Dr Graham--he had 10 minutes remaining and the host went to the next speaker Shorten the lunch or have the posters after all the sessions, especially for those on the virtual platform You had one speaker after lunch--since virtual attendees don't participate in lunch and networking in	

this conference eliminate lunch ----waiting over two hrs for the final session was to long of a wait for those who have other priorities or are multitasking change the verbiage in the evaluation-not all of us have patients as our stakeholders; as a result I selected NA for many of the questions

Na

None

NA

Excellent presentations.

Excellent presentations.

Excellent conference!

N/A

N/a

Thank you very much for presenting this great conference virtual as well.

Excellent presentations on health disparities in caring for our communities.

Great program :-) with good speaker - Real information

Excellent presentations on health disparities in caring for our communities.

yes

Excellent conference

It was an excellent Symposium! Thank you!

I hope Dr. Margarita Alegria can include Miami/ South Florida in her future studies. Looking forward to further contributions from MCI in future presentations.

Great inaugural conference. Look forward to attending every year.

-

In-patient challenges for health care disparities

N/A

The speakers were outstanding and there was a unifying theme in health equity which tied lectures together. This was an excellent conference. I would hope this is recorded so we can share with other colleagues.

I think the speakers were very knowledgeable and I enjoyed learning about topics outside my usual scope of practice.

Na

Excellent speakers, conference topics and poster presentation.

na

Good

excellent speakers. Great selection of quality professionals. Thank you!

any

any

Presentations were great, they provided a wealth of information that can be utilized during the early stages of care provision

Excellent conference!

Excellent conference!

N/A

Na

Well-done!

great presentation

Exceptional presentations! Thank you!

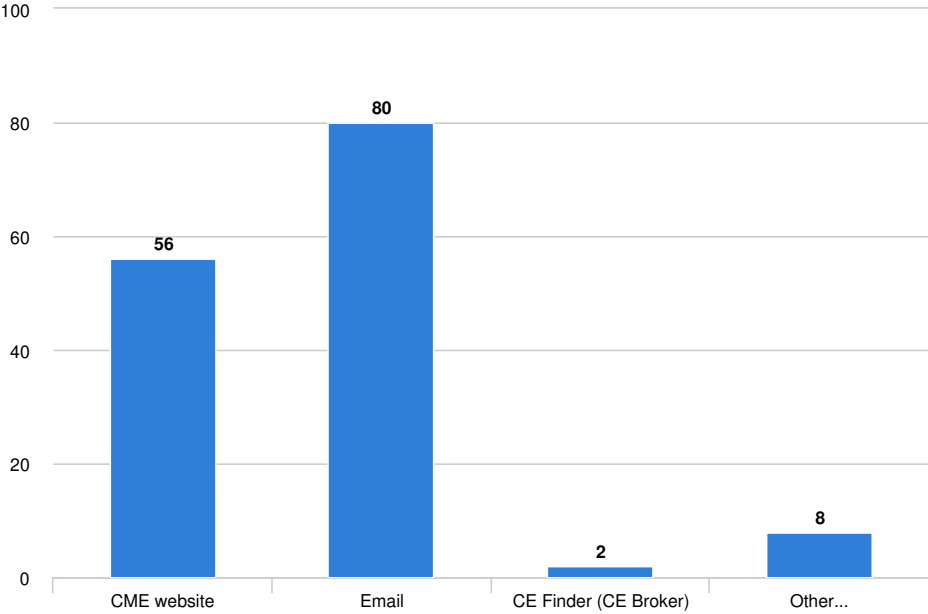
Thank you

Excellent Conference, well organized, provided opportunities to network with presenters

N/A

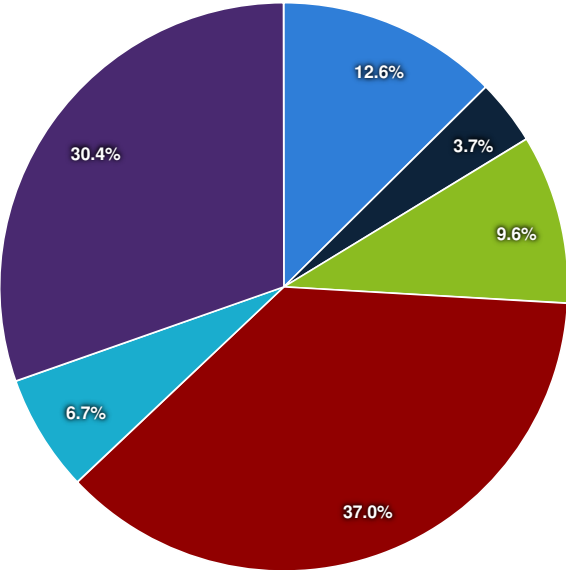
n/a

How did you hear about this course?



CME website	56
Email	80
CE Finder (CE Broker)	2
Other...	8 (view)

Please select one:

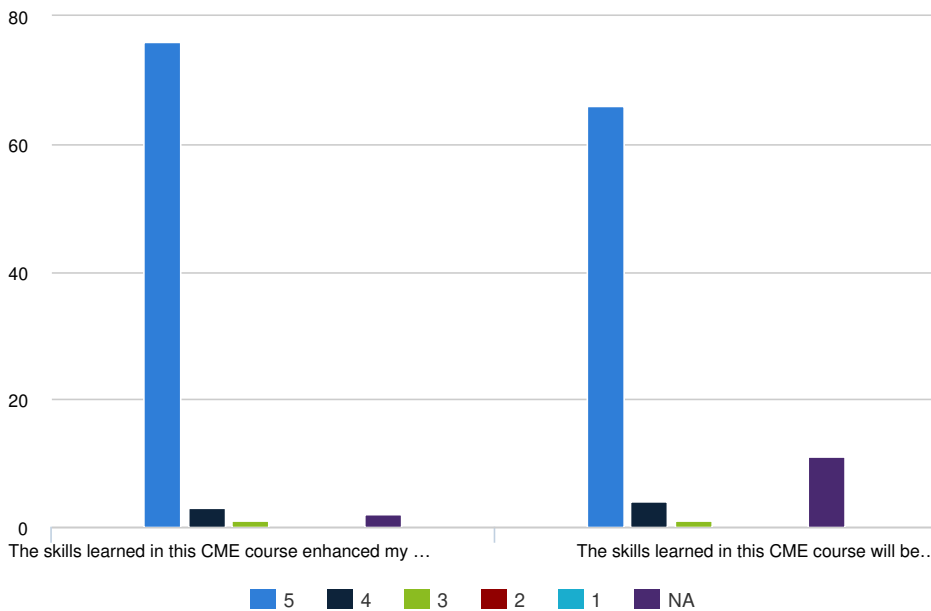


M.D., D.O.	17
Ph.D/Psy.D	5
ARNP/PA-C	13
R.N.	50
Pharmacist	9
Other...	41 (view)

Miami Cancer Institute Global Summit on Immunotherapies for Hematologic Malignancies, Fourth Annual Evaluation - Day 1

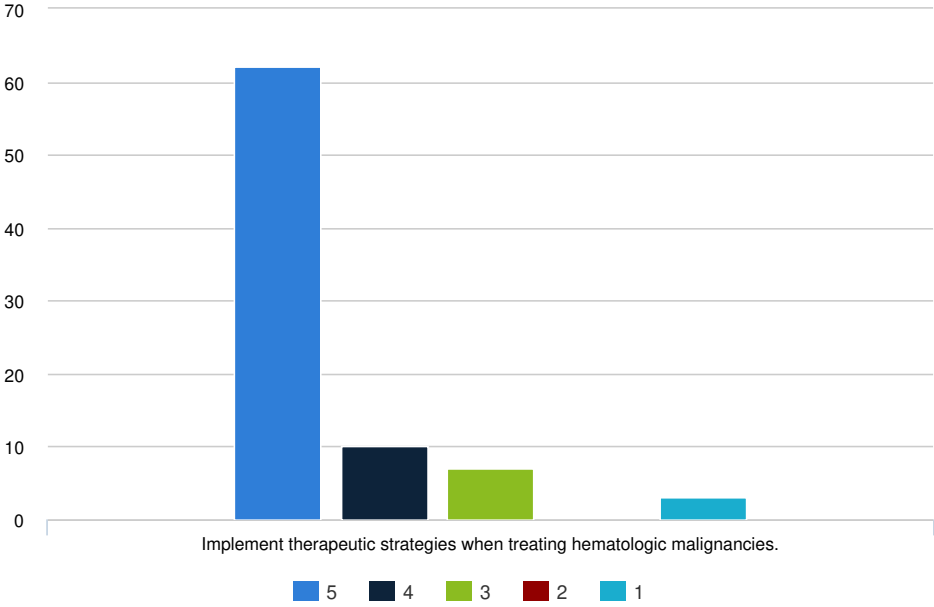
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



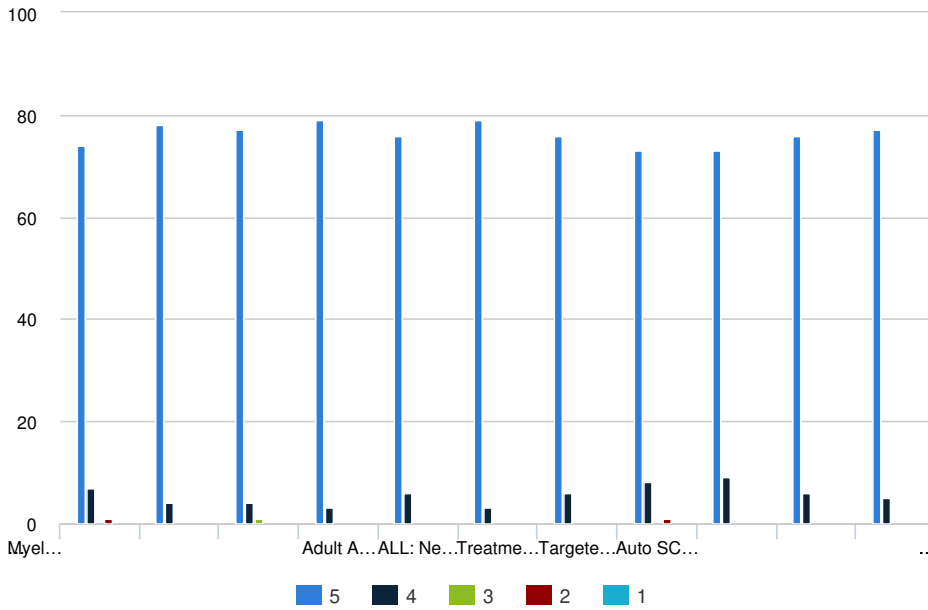
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	76	3	1	0	0	2
The skills learned in this CME course will be applied in the treatment of my patients	66	4	1	0	0	11

How confident are you in your ability to:



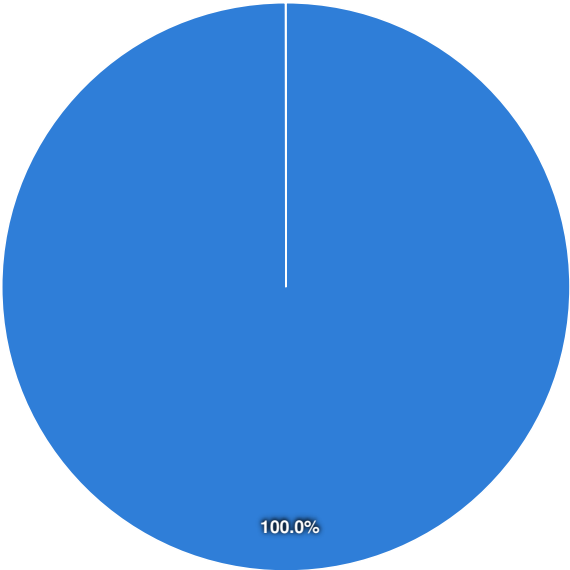
	5	4	3	2	1
Implement therapeutic strategies when treating hematologic malignancies.	62	10	7	0	3

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



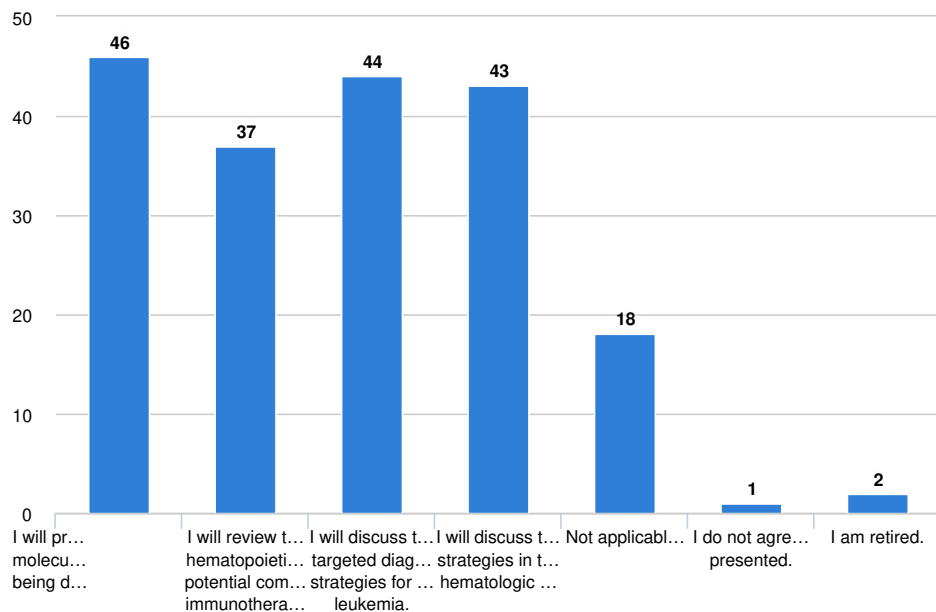
	5	4	3	2	1
Acute Myeloid Leukemia in 2023 - Richard Stone, M.D.	74	7	0	1	0
Targeted Therapies in Acute Myeloid Leukemia - Eytan Stein, M.D.	78	4	0	0	0
Myelofibrosis: Current and Emerging Treatments - Raajit Rampal, M.D.	77	4	1	0	0
Adult ALL: Frontline Treatment (R)Evolution! - Wendy Stock, M.D.	79	3	0	0	0
ALL: New Treatment Options for Relapsed Disease - Nitin Jain, M.D.	76	6	0	0	0
Treatments for Multiple Myeloma - Paul Richardson, M.D.	79	3	0	0	0
Targeted Therapies for Myeloma - Adam Cohen, M.D.	76	6	0	0	0
Auto SCT vs CAR T in Multiple Myeloma - Gunjan Shah, M.D.	73	8	0	1	0
Updates on Treatment Approaches in Diffuse Large B-Cell Lymphoma (DLBCL) - Matthew Matasar, M.D.	73	9	0	0	0
Updates on Treatment Approaches for Primary (CNS) Lymphoma - Craig Sauter, M.D.	76	6	0	0	0
Updates on Management of Early and Advanced Stage Disease of Hodgkin's Disease - Alison Moskowitz, M.D.	77	5	0	0	0

Was this course fair, balanced and without commercial bias?



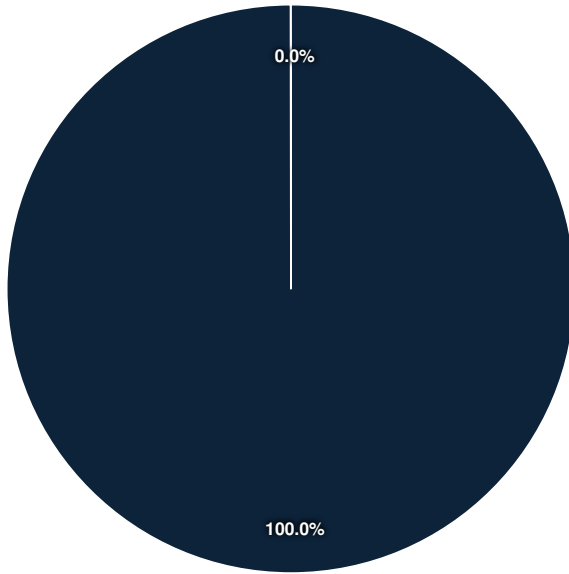
Yes	82
-----	----

As a result of my participation in this Symposium, I commit to make the following changes to my clinical practice:



I will provide an update of new molecular and immunological treatments being developed.	46
I will review the role and timing of hematopoietic cell transplantation and potential combinations of immunotherapeutic treatment options.	37
I will discuss the rational for new targeted diagnostic and therapeutic strategies for lymphoma, myeloma and leukemia.	44
I will discuss the evolving therapeutic strategies in the treatment of hematologic malignancies.	43
Not applicable to my practice.	18
I do not agree with the recommendations presented.	1
I am retired.	2

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



Left Blank	0
User entered value	82
Average submission length in words (ex blanks)	4.56
Na	
B	
Nursing education	
R	
Corporate	
AML, ALL	
All of it	
.	
N/a	
newer therapies	
Be updated with the new therapies	
N/A	
Yes	
BiSpecifics	
Not practicing	
Increased my knowledge	
Yes	
Will be providing my nursing staff with an update on new treatments	
expanded knowledge on Bispecifics	
n/a	
Referring to new clinical trials	
Look into other/ new treatment options	
No	
New treatment regimens for aml and fl	

Everything

Awareness

Role and timing of transplant

New treatment options

N/a

Being alert and vigilant with recognizing neutropenic fevers

No working in Oncology/ IVR

I will follow the protocol for my institution, which is MCI

Stay open minded regarding new treatment options and learning about them.

Review state of the art approaches to my staff.

Na

N a

New drugs

N/a

Director of nursing

N/A

New Nursing Education around target therapies

.

Using blinatumomab earlier in treatment. Referring to clinical trial.

Different types of transplant

Dlbcl first line treatment

Molecular

.

Better knowledge of disease process & treatment

Great meeting

Implement Use of bispecific agents at our institute

.

Many

None

Awaiting the data but will change How we use cart/ bispecifics in the future

Keep updated

New therapies

N/A

Provide quality starting material

Clinical nurse director

All

I do not have a clinical practice. However, this event was a great opportunity for me to learn about hematologic malignancies and innovations that are underway for treatment. I have a background in immunology and love learning about the research! I am involved with Hematologic Malignancies through my position at MCI and this conference provided me with a more thorough understanding of this field and the terminology

None

I will continue to apply the recommendations and orders of the physicians according to the institution where I work

N/A

New treatments reviewed for myeloma, follicular lymphoma, HL, AML and ALL

Treated therapies

targeted therapies

Better way of explaining treatment to patients

Was an excellent program very informative

Able to better understand the current and developing treatment possibilities in treating these malignancies..

everything

Relevance to providing starting materials for both transplant and cellular therapies

na

N/A

New treatment approaches

all above

Better education with my peers

NA

N/A

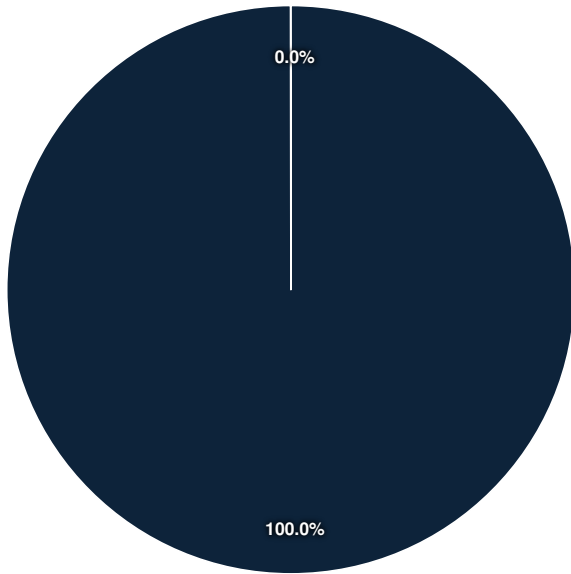
Keep open mind

n/a

MF updates and treatment landscape

NA

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	82
Average submission length in words (ex blanks)	2.46
.na	
H	
Na	
R	
Denials and appeals coordinator	
NA	
Nothing	
.	
Not in practice	
access to drugs	
I want it	
N/a	
N/A	
N/a	
NA	
N/a	
Better information patients	
n/a	
Following MD orders	
n/a	
N/A	
None	
No	
N/a	

N/a

Nothing

No

No barrier.

Na

N/a

N/a

Work in IVR/ MCVI

I will follow the protocol for my institution, which is MCI

Resources

NA

Na

N a

No

N/a

Scope

N/A

N/a

.

Barriers include location of trials.

None

Cost

NA

.

Does not apply to my practice

Na

NA

.

Nothing

None

N/a

n/a

I do plan to implement

N/A

N/a

N/A

N/a

I do not have a clinical practice, however, I plan on providing a summary on what have learned from this conference to my colleagues.

Already implementing

I will implement the new skill and strategies in my clinical practice, according to the physician's orders

N/A

N/A

Time to implement

None

none

I do not work in malignant heme or BMT

N/A

everything

n/a

na

N/A

N/A

n/a

Nothing

Not in patient care currently

N/A

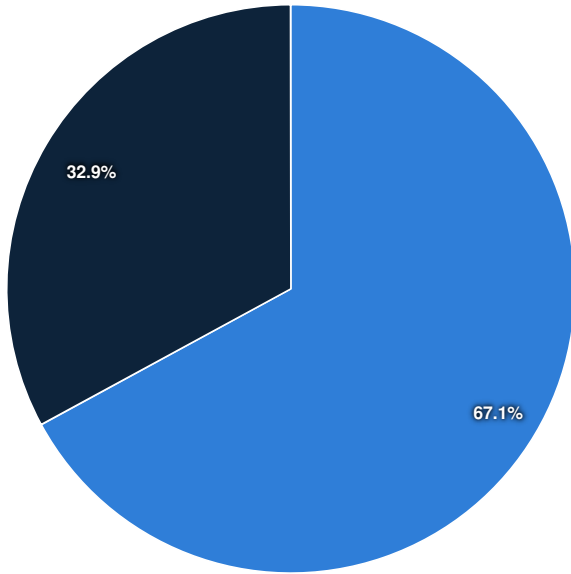
N/A

n/a

NA

NA

Please provide any additional comments or suggestions.



Left Blank	55
User entered value	27
Average submission length in words (ex blanks)	3.59
.na	
V	
R	
.	
no	
Need more chairs and tables. Room too cold.	
None	
Excellent speakers	
Great speeches, and context	
More accurate time keeping. Perhaps allot for time for the Q&A since I think this is the reason things got behind.	
Na	
Excellent course	

Great conference

Other topics might be included such as immunotherapy in older and perhaps HIV populations

N/a

N/a

Would like to see clinical nursing and best practices added to the conference

The symposium was very interesting and educational.

N/A

excellent

N/A

nothing

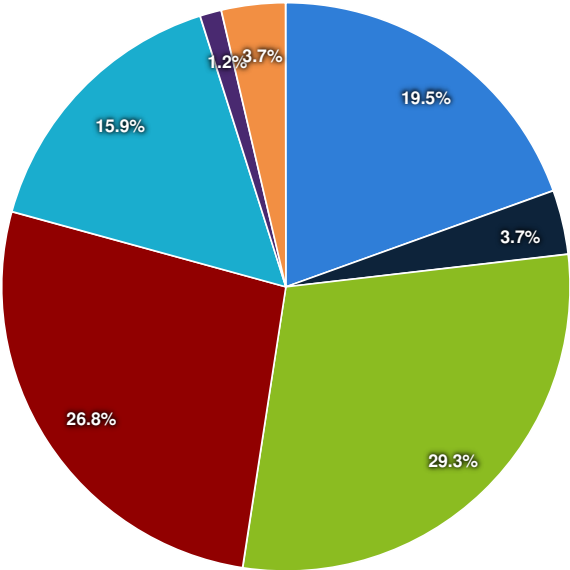
N/A

n/a

x

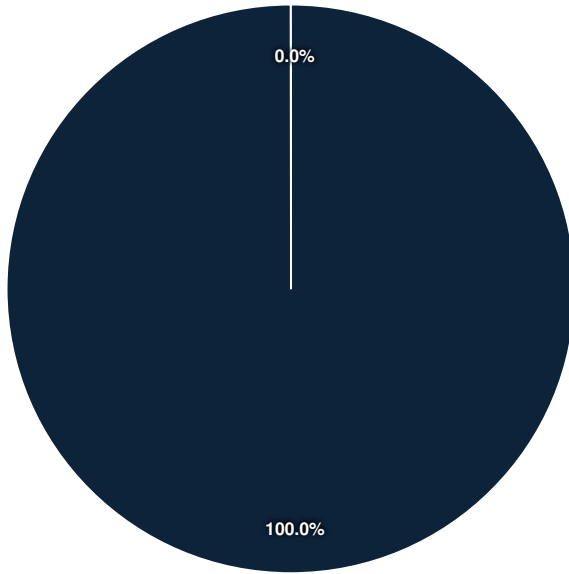
n/a

Please select one:



M.D., D.O.	16
PA-C	3
APRN	24
RN	22
Pharmacist	13
Laboratory Personnel	1
Other...	3 (view)

Name



Left Blank	0
User entered value	82
Average submission length in words (ex blanks)	2.37
Katherine Dia	
Janelle Vicens	
Ana Lopez	
Denise Dujon	
Lea V cCastelli	
Johanna Conde	
Diana Itacy	
EGN	
Leslie lauersdorf	
Hilary Gomolin	
Ludivina Vigil	
Jennifer Hall	
Patrick Nugent	
Leonette Kemp	
Heather Pound	
Jessica Pappanikou	
Robert Povea	
Annette Caravia	
Giomara Giron, RN	
Munnezzah Khan	
Kristen Fibbio	
Melanie Miller	
Leonor Perez	
Jessica P Gomez	

Eric Chin

JENNIFER JUAREZ

Josephine Previlon

Victoria M. Cassidy

Sulaimi Silva

Annabell Sanabria APRN

Freda ARZADON

Yuleidys Cruz

Jocelyn Mitts

Bruce A Lenes

Miri Sinclair DNP

Eric Zetka

Changqing Xun

Monica Tadros

Paula Fonte-Smith

Lizz L Hernández Diaz

Vicki Caraway

Atulya Aman Khosla

Kaylin Scott

Harold Alvy

Moe shwin

Doured daghistani

Jann Vazquez, RN

Maria A. Suarez

Marco Ruiz

Dina Dumercy McHenry

Lisa MacIntosh

Dr peter citron

Sandra Sepulveda

Jennifer Concepcion

Susan Perrin

STEPHEN J NOGA MD, Ph.D.

AiThi Sprinkle

Richaele Nichiporenko

Shelli Chernesky

Cindy byrd

Andrea M. Castillo

Lyle Feinstein

Sara Castaneda

Allison Miller

Audra Andersen

Jessica Unzaga

Alena Ludwik RN

Cindy Byrd

Raciel Del Rio

Eric chin

Richaele Nichiporenko

Jennifer Repp

Kendra Hansen

Stephen J Noga MD, Ph.D

dr peter I citron

Steven P Smith

Ryan Bookout

J Arturo Fridman MD

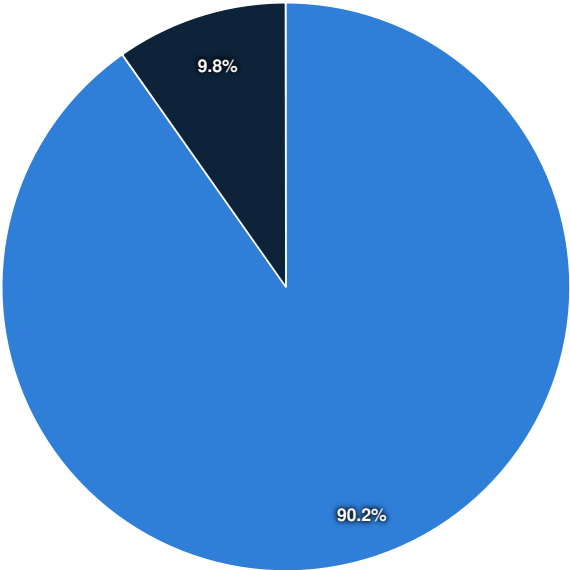
Susan Perrin

Christina Connelly-Hooker

Jane Arboleda

Brandy Snyder

Attestation

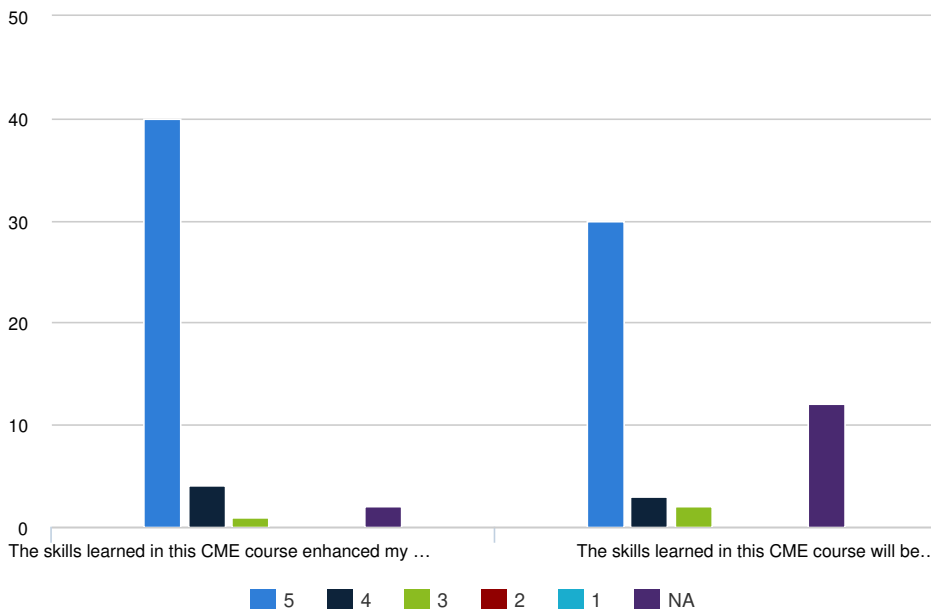


I attest that I have participated in this live symposium in its entirety.	74
I attest that I have participated in _____ hours of instruction during this live symposium.	8

Miami Cancer Institute Global Summit on Immunotherapies for Hematologic Malignancies, Fourth Annual Evaluation - Day 2

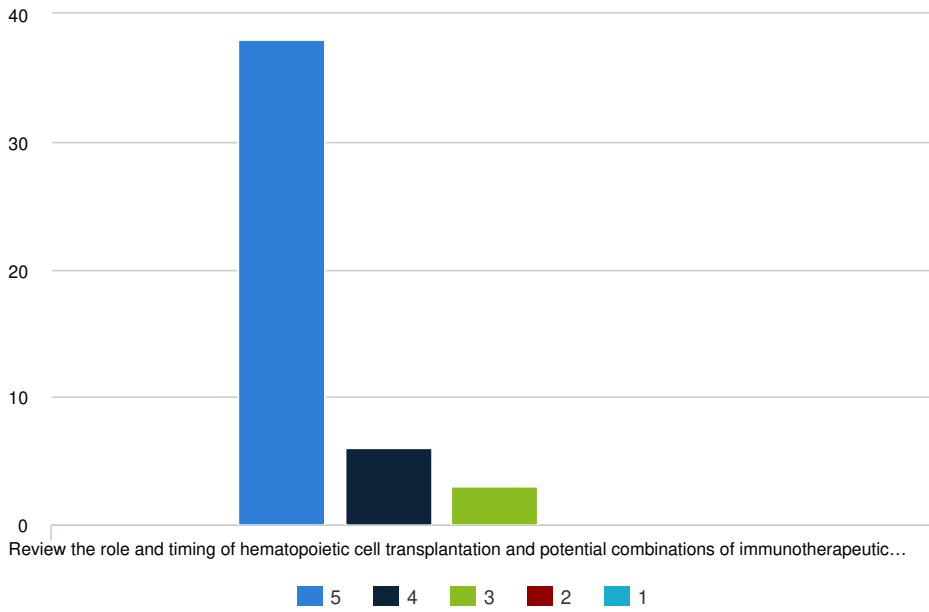
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.	40	4	1	0	0	2
The skills learned in this CME course will be applied in the treatment of my patients	30	3	2	0	0	12

How confident are you in your ability to:

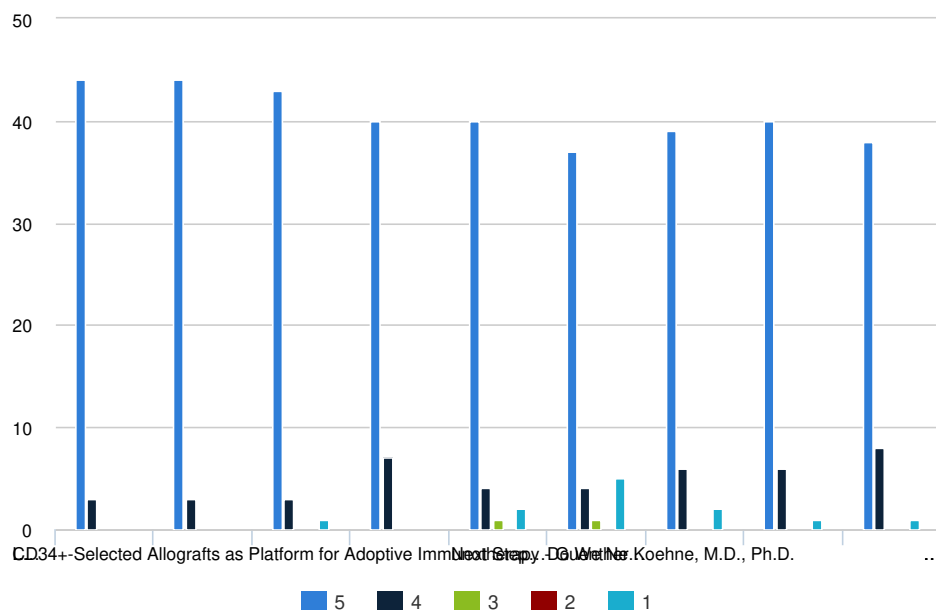


5 4 3 2 1

Review the role and timing of hematopoietic cell transplantation and potential combinations of immunotherapeutic treatment options.

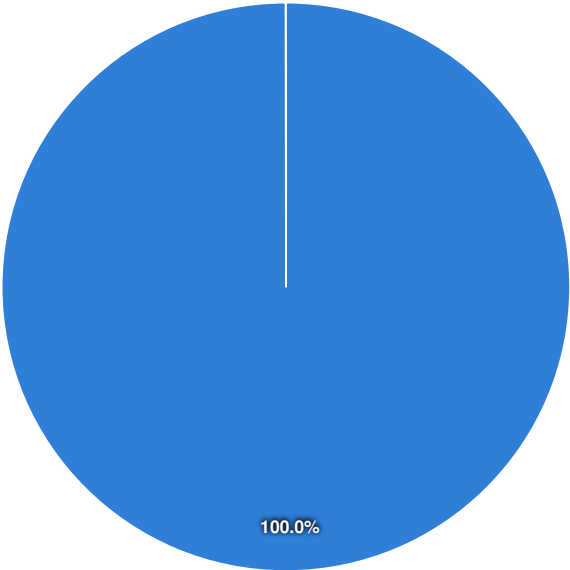
38 6 3 0 0

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



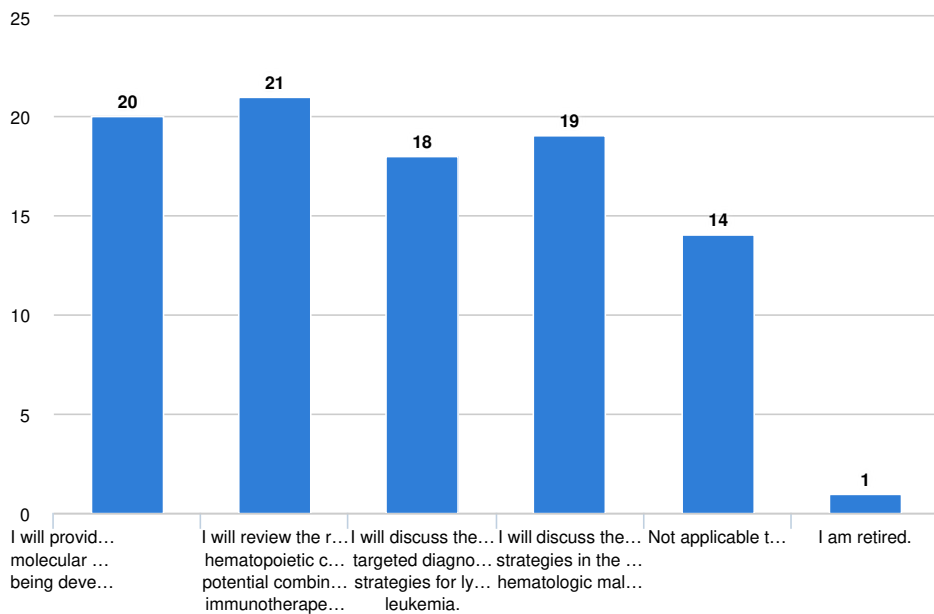
	5	4	3	2	1
Allogeneic Hematopoietic Stem Cell Transplantation in 2023 - Robert Soiffer, M.D.	44	3	0	0	0
Novel Treatment Approaches of Graft-Versus-Host Disease - Corey Cutler, M.D.	44	3	0	0	0
CD34+-Selected Allografts as Platform for Adoptive Immunotherapy - Guenther Koehne, M.D., Ph.D.	43	3	0	0	1
Lessons in Diversity from Investigating Cord Blood as an Alternative Stem Cell Source - Juliet Barker, MBBS, FRACP	40	7	0	0	0
Next Steps in CAR T-Cell Therapies - Michel Sadelain, M.D., Ph.D.	40	4	1	0	2
Do We Need a CAR T Registry? - Marcelo Pasquini, M.D.	37	4	1	0	5
The Role of Intestinal Microbiome in Cancer Immunotherapy - Marcel van den Brink, M.D., Ph.D.	39	6	0	0	2
Immunotherapeutic Approaches to Undruggable Leukemia Targets - David Scheinberg M.D., Ph.D.	40	6	0	0	1
Lung Stem Cells for Lung Regeneration - Yair Reisner, Ph.D.	38	8	0	0	1

Was this course fair, balanced and without commercial bias?



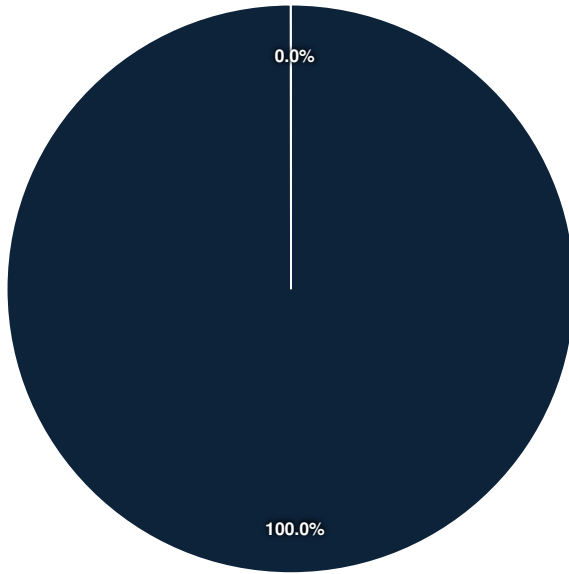
Yes	47
-----	----

As a result of my participation in this Symposium, I commit to make the following changes to my clinical practice:



I will provide an update of new molecular and immunological treatments being developed.	20
I will review the role and timing of hematopoietic cell transplantation and potential combinations of immunotherapeutic treatment options.	21
I will discuss the rational for new targeted diagnostic and therapeutic strategies for lymphoma, myeloma and leukemia.	18
I will discuss the evolving therapeutic strategies in the treatment of hematologic malignancies.	19
Not applicable to my practice.	14
I am retired.	1

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



Left Blank	0
User entered value	47
Average submission length in words (ex blanks)	6.00
na	
N/a	
New strategies for managing gvhd	
Referral for cord blood if applicable. Chronic gvhd management	
N/A	
I will update nursing practice	
Provide updates to the treatment landscape to my staff	
Better inform patients	
Levels of care	
.	
Discuss tx modalities w/ pt	
The lesson provided today	
.	
This just reinforced what I knew	
Clinical trial development	
Fallow protocols in my practice	
All	
Improve patient care	
Cart cell indications	
Discuss findings wioth my staff.	
N/A	
Yes	
N/A	
Carefully review choice of broad spectrum antibiotics in the treatment of these patients	

As a pre infusion nurse , gave me a better understanding of the facets of therapy

Not currently practicing

Management of refractory hematological malignancies

No

New ideas to apply to practice

I do not have a clinical practice, but it is a privilege to learn about scientific innovations that are underway and observing the networking and sharing of information that takes place. I remember when Dr. van den Brink gave a talk during a Hematology meeting at MCI a few years ago. I am fascinated by his work with the microbiome and how treatment is affected by the conditions in the gut.

Send to transplant in a timely fashion

As an RN I am more knowledge on clinical trials for immunotherapy

Look forward to seeing the changes in cart

I will continue to apply the recommendations, skills, and strategies according to the institution where I work

knowledge of medications I learned about.

Na

n/a

NA

na

Speakers were excellent and very knowledgeable.

Relevance to providing starting materials for both transplant and cellular therapies

NGS

New found knowledge to apply to practice

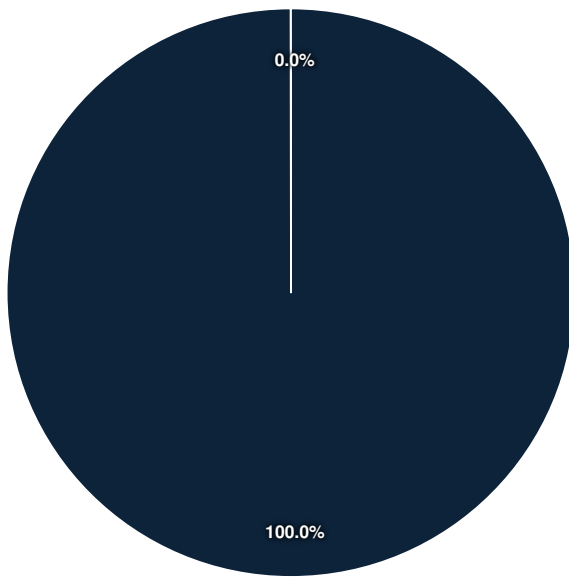
n/a

Better education to colleagues

None specific

N/a

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



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User entered value	47
Average submission length in words (ex blanks)	2.45
na	
N/a	
N/a	
N/A	
N/A	
Na	
Na	
None	
NA	
.	
Not working in Oncology	
N/A	
.	
None	
N/A	
I am RN, I will follow the procedures and protocol en each treatment	
Nothing	
Na	
I will do it	
NA	
Na	
No	
N/a	
N/a	

n/a

None

NA

NA

No

N/a

Not applicable...I am not a clinician. I do plan to give a summary of the information I've learned to my colleagues in my department

No barrier

N/a

N/a

I will follow the physician's order

n/a

Na

n/a

NA

na

Excellent information ground breaking information

n/a

No

N/a

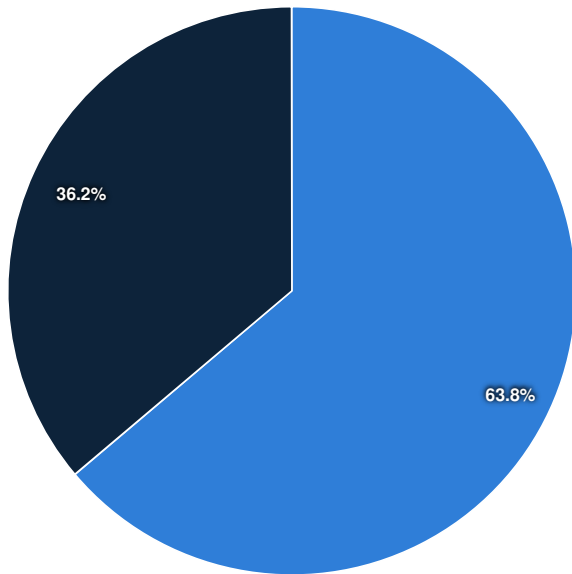
n/a

Nothing

N/A

N/A

Please provide any additional comments or suggestions.



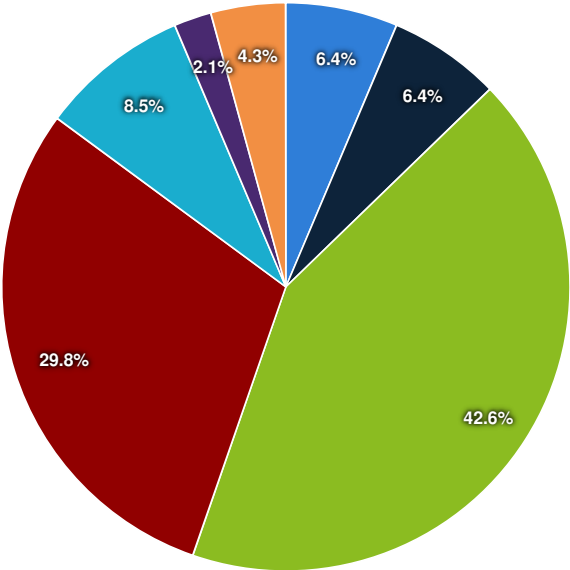
Left Blank	30
User entered value	17
Average submission length in words (ex blanks)	7.47
na	
N/a	
More variety of speakers. Nearly everyone was from sloan kettering	
Na	
.	
This Symposium is a good source information that will help me to enrich my knowledge in my practice.	
Good information I was not aware of	
Excellent speakers and cutting edge treatments	
This was a very informative conference. Something that sets it apart from other conferences is the platform it provides to share information through discussion. I would recommend having a 'N/A' option on this site because one of the presentations was canceled yet I can't submit this survey without selecting a rating.	
The symposium was very interesting and educational	
Great speakers and location	
n/a	
Great speakers, love the location	
na	

Excellent all around

excellent presentations - Dr. Barker was incredible.

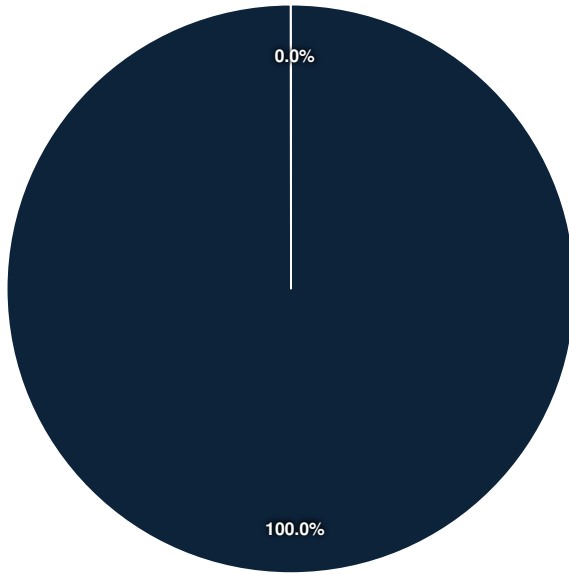
x

Please select one:



M.D., D.O.	3
PA-C	3
APRN	20
RN	14
Pharmacist	4
Laboratory Personnel	1
Other...	2 (view)

Name



Left Blank	0
User entered value	47
Average submission length in words (ex blanks)	2.28
Katherine Diaz	
Richaele Nichiporenko	
Leonette Kemp	
Kristen Fibbio	
Jennifer Hall	
Ana Lopez	
Annette caravia	
Robert Povea	
Lea V. Castelli	
Jann Vazquez, RN	
Freda ARZADON	
Patrick Nugent	
Ernesto G Napoles	
Melanie Miller	
AiThi Sprinkle	
Sara castaneda	
Diana Itacy	
Victoria M. Cassidy	
Ludivina vigil	
Bruce A Lenes, MD	
Sulaimi Silva	
JENNIFER JUARE	
Ana Barrera	
Annabell Sanabria	

Mary Jane Alamar

Heather Pound

Johanna Conde

Leonor Perez

Jessica Pappanikou

Andrea M. Castillo, MPH

Josephine Previlon

Giomara Giron

Jennifer Concepcion

Sara Castaneda

Franco Natalia

Miri Sinclair

Munnezzah Khan

miri Sinclair

Katherine Diaz

Cindy Byrd

Richaele Nichiporenko

Changqing Xun

Jessica P Gomez

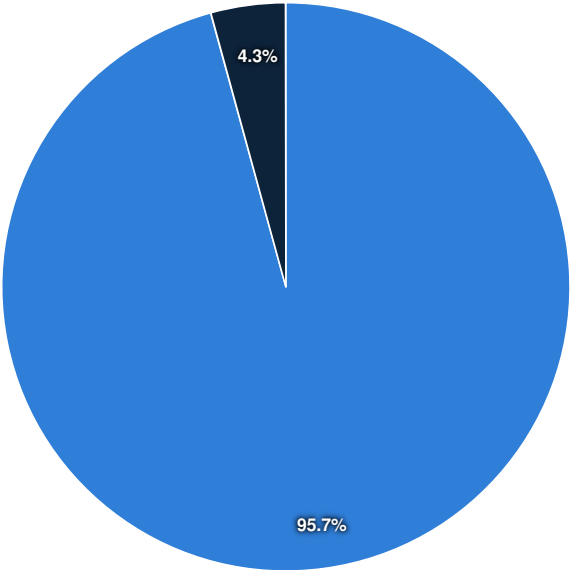
Lisandra Rodriguez

Steven P. Smith

Denise Dujon

J Arturo Fridman MD

Attestation

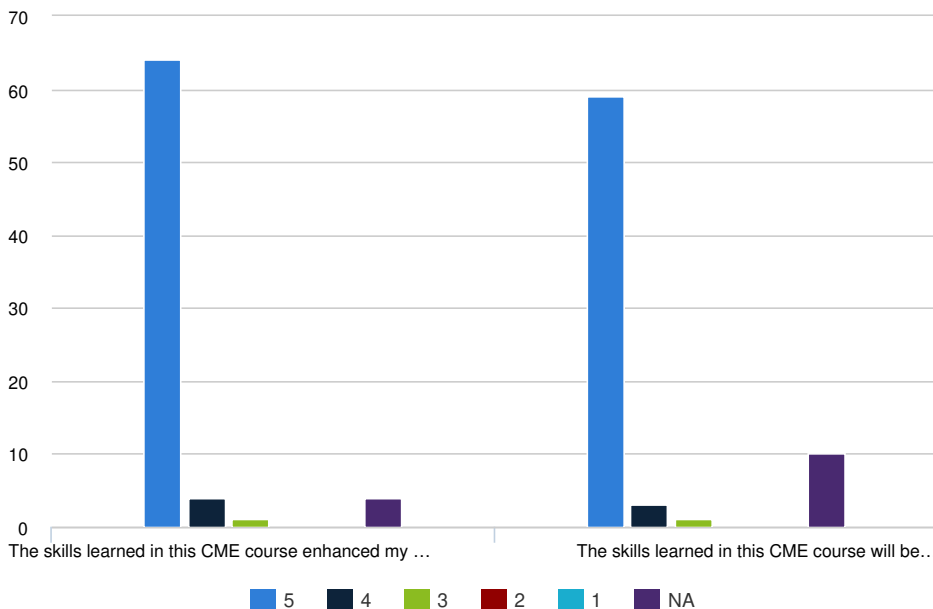


I attest that I have participated in this live symposium in its entirety.	45
I attest that I have participated in _____ hours of instruction during this live symposium.	2

Using Antibiotics Wisely: Insights on Antimicrobial Stewardship for Everyday Practice Evaluation - April 17, 2023

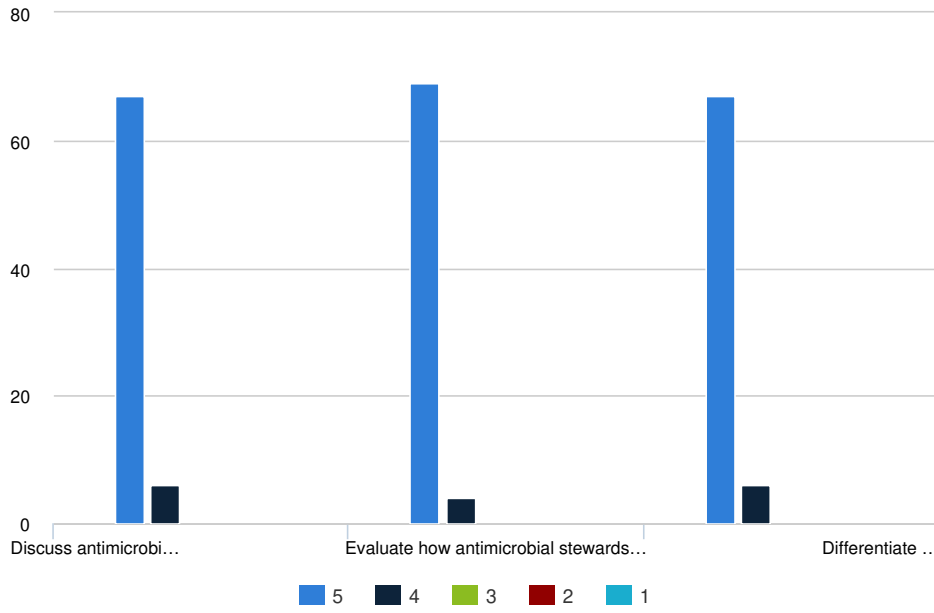
This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

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.



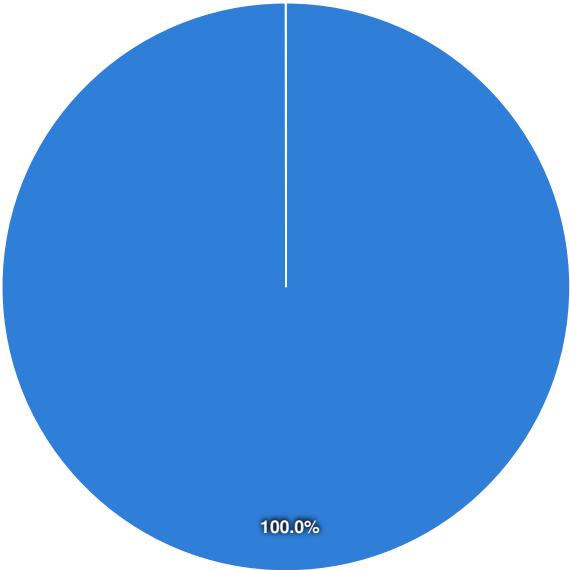
	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	64	4	1	0	0	4
The skills learned in this CME course will be applied in the treatment of my patients	59	3	1	0	0	10

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



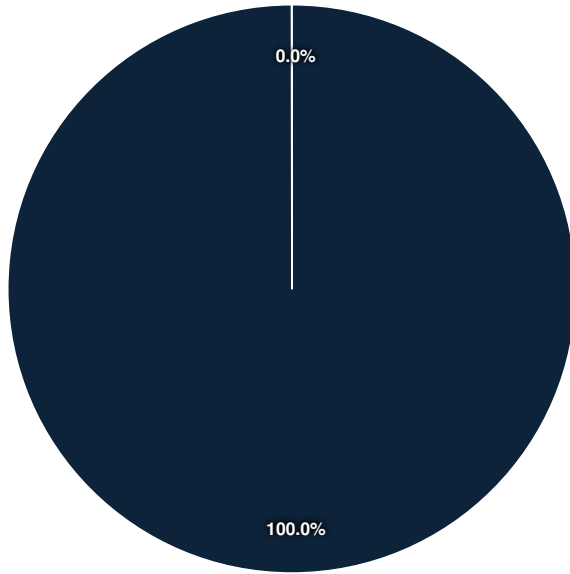
	5	4	3	2	1
Discuss antimicrobial stewardship interventions that can improve patient outcomes.	67	6	0	0	0
Evaluate how antimicrobial stewardship interventions can be built into normal daily workflows.	69	4	0	0	0
Differentiate patient eligibility characteristics for antimicrobial stewardship interventions.	67	6	0	0	0

Was this course fair, balanced and without commercial bias?



Yes	73
-----	----

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



Left Blank	0
User entered value	73
Average submission length in words (ex blanks)	4.86
All	
.	
Continue current practice	
.	
Monitoring Vano	
Great speakers and great informative presentation It was very comprehensive Great case scenarios	
Consider IV to PO more	
Take all recommendations into clinical practice.	
Using the STEWARD	
None	
None	
N/A	
Excellent presentations	
N/A	
the knowledge I gained is very valuable	
Many Abx use guidelines	
New studies	
Disseminate the information.	
DOT	
NA	
N/A	
Be more aware of antibiotic appropriateness and de escalation	
N/a	
N/A	

Better observation of potential iv to po abi interchange

Everything learned

..

N/A

PO ready to go, more conversions IV to PO

All good

Y

Knowledge gained

Tes lots of knew knowledge.

Use of the chart for shorter durations of antibiotics.

N/a

Retired

switch pt form iv to oral

Making safer quicker decisions for ABX selection

-

The biofire information was very valuable.

Very nice review!

biofire knowledge

Using the anti-microbial resources available

N/a

N/A

Antibiotic use, dosing, allergies, indications. IV to PO conversions.

lower DoT

Mrsa screen for multiple indications, ceftriaxone to cefuroxime, allergy update in emar

I will use the antimicrobial stewardship resources to guide me in selecting the appropriate antibiotic and duration of treatment, if needed in my practice.

Better understanding of Antimicrobial stewardship

n/a

N/A

N/A

N/a

Duration of therapy IV to PO Allergy clarification

Utilizing the BCiD and making appropriate abx choices

More in depth allergy verification. Evaluate Antibiotic length of treatment to alien with guildlines.

n/a

N/A

How to use antibiotics properly

Up to date antibiotics practices and treatment guidelines.

None

n/a

None

Continued improvement of my Antimicrobial knowledge.

Iv to PO conversions. Pharmacy consults

Excellent

I liked the BCID part of the presentation, but most of the information presented can be applied to daily practice.

I am an antimicrobial stewardship pharmacist and apply these principles on a daily basis.

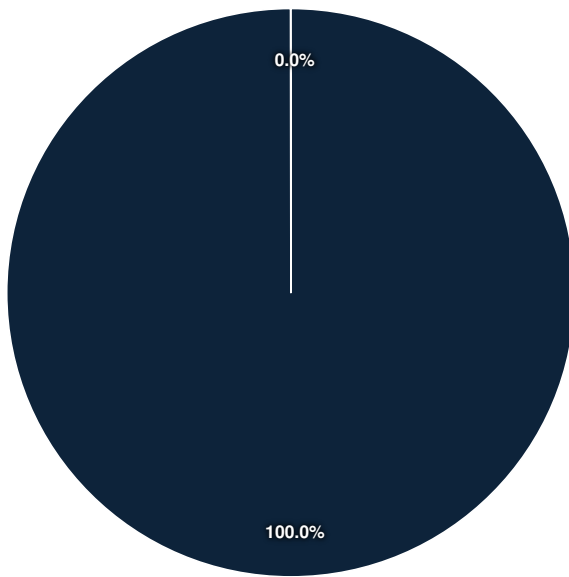
As a current ASP, we have currently implemented all of these skills into our daily practice.

More knowledge to help with evaluating culture reports and obtaining abx for patients

easier to discuss with pmd when need to change abx on urine and wound cultures

Improved awareness

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	73
Average submission length in words (ex blanks)	3.03
N/A	
Yes	
Continue current practice	
.	
I'm implementing	
When teaching I'll have more resources to provide	
N/a	
N/a	
NA	
None	
None	
I don't provide direct patient care.	
Not a pharmacists	
N/A	
I'm not a practitioner.	
Yes	
Not applicable	
.	
N/A	
NA	
N/A	
N/a	
N/a	
N/A	

I do plan on implementing new skills to my clinical practice

No barrier

..

N/A

I plan to implement new skills in my practice

All good

Increase awareness

I'm not a prescriber

n/a

n/a

N/a

Retired

n/a

N/A

-

.

My practice site has changed to one with little direct patient care tasks.

.

n/a

N/a

N/A

I'll be implementing.

nothing

N/A

I do not manage patients' antibiotic care in my practice; however, I can use this information in case I am consulted by my providers.

None

n/a

N/A

N/A

Role not clinical

N/A

No

Nothing

n/a

N/A

Will implement

Confidence and new providers

I don't work currently with patients

n/a

None

This presentation provided excellent information in improving my skills and knowledge.

N/A

No barriers

no barriers

N/A

I am an antimicrobial stewardship pharmacist and apply these principles on a daily basis.

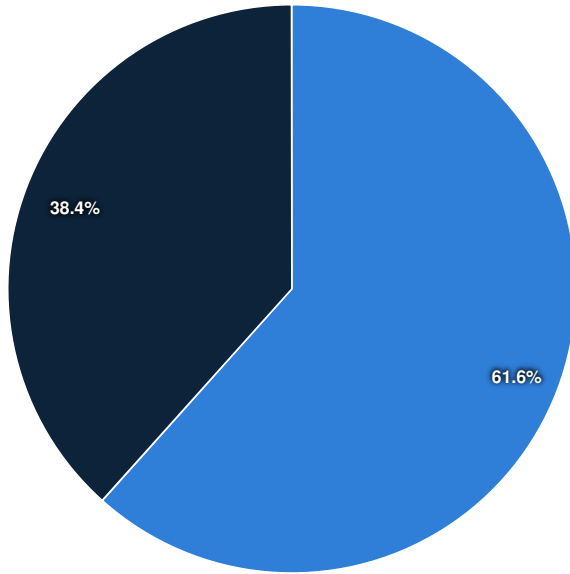
N/A

NA

NA

More conscious about antibiotic decisions

Please provide any additional comments or suggestions.



Left Blank	45
User entered value	28
Average submission length in words (ex blanks)	5.93
.	
Na	
when speakers speak too fast, it make it harder to keep up with the presentation.	
None	
So powerful presentation. Thank you so much to each one !!!! GREAT WORK!!!	
excellent presentation.	
Great presentations! Nice refresher on daily AMS practices.	
Na	
..	
Excellent presentations with valuable information.	
All good	
Please if you can send copy of slides. To my baptist email zuzello@baptisthealth.net Ths	
Great information. Thank you	
great presentation, needs to be disseminated everywhere.	
great conference	
Great presentation	

Great presentation

loved this CE

Great presentations. Would like to see more lunch and learn series on antimicrobials

It was a great program , learned a lot . Thank you

It was a great program , learned a lot . Thank you

Great conference and presenters. It was also a great review.

n/a

N/A

Thanks for excellent speaker.

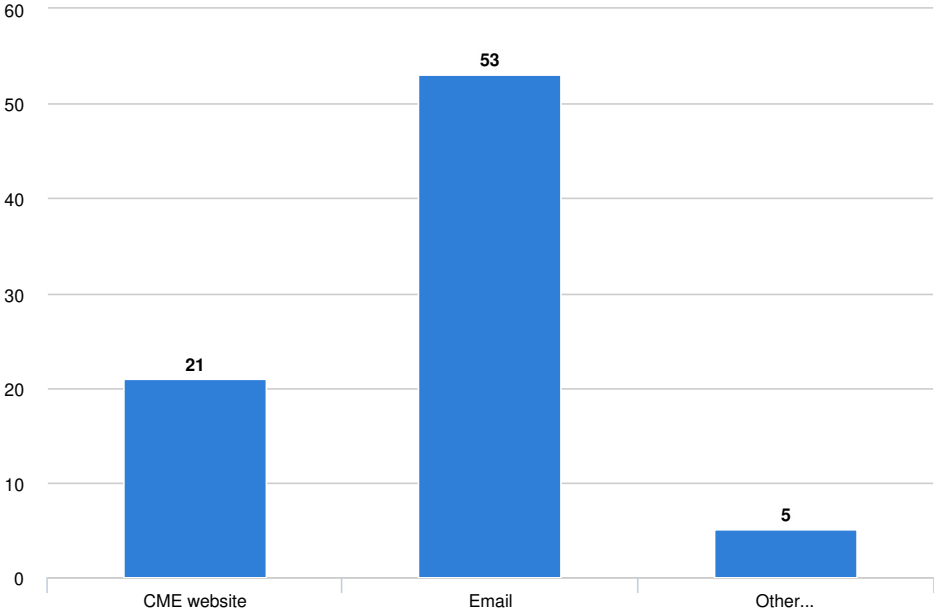
Speakers were interesting and very knowledgeable.

None

Excellent

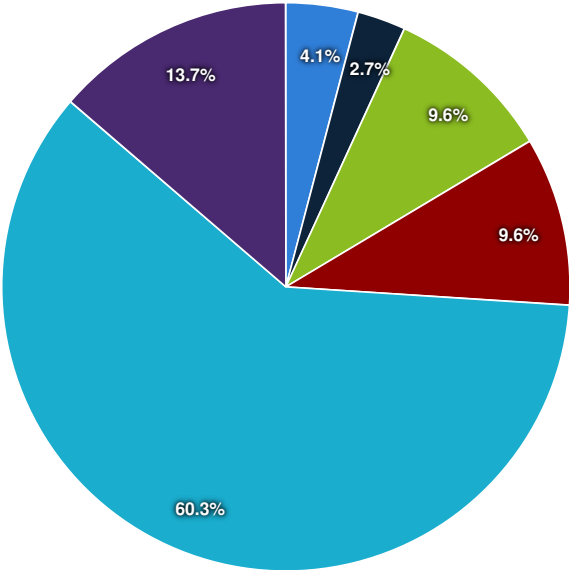
It would be great to hear from other specialists in the system. Potential future presentations from Pharmacy on cardiovascular topics, psych/antiepileptics, oncology, pain management, etc.

How did you hear about this course?



CME website	21
Email	53
Other...	5 (view)

Please select one:



M.D., D.O.	3
Ph.D/Psy.D	2
ARNP/PA-C	7
R.N.	7
Pharmacist	44
Other...	10 (view)