# CONFERENCE APPLICATIONS AND REPORTS

Applications Previously Approved

June 1, 2023 - August 30, 2023

	Live
05.24.2023	Echocardiography and Noninvasive Vascular Testing Lecture Series: Diagnosing and treating Tricuspid valve disease in the modern era (1 Cat. 1)
05.31.2023	Herbert H. Greene, M.D., Annual Commemoration - Health Equity at Baptist Health South Florida (1.25 Cat. 1)
06.28.2023	Conversation in Ethics - The Ethics of Clinical Care for Patients with Diverse Gender and Orientation Experiences (1 Cat. 1)
06.30.2023	Critical Care Grand Rounds – June 2023 – Hemodynamic Monitoring in the Critical Care Patient
06.30.2023	MCI Rad Onc GR GI Cancers (1 Cat. 1)
07.12.2023	Conversation in Ethics - Key Strategies for Responding to Requests for Non-Beneficial and Potentially Inappropriate Treatment (1 Cat. 1)
07.12.2023	Echocardiography and Noninvasive Vascular Testing Lecture Series: Duplex Evaluation of Ilio-caval Outflow Tract and Stents (1 Cat. 1)
09 09 2023	2023 MCI Oncology Rehabilitation Symposium: Restoring Function and Improving Quality of Life for Cancer Survivors: A Multidisciplinary Perspective (6.5 Cat 1.)
09.29.2023	40th Annual Echocardiography and Structural Heart Symposium (13.5 Cat. 1)
10.14.2023	Gastroenterology Symposium (4 Cat. 1/each)



Continuing Medical Education

Rev. 09/14/2022\_GF



Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Sections highlighted in orange need to be proofread.

Activity Details						
CME Activity Title		Echocardiography and Noninvasive Vascular Testing Lecture Series: Diagnosing and treating Tricuspid valve disease in the modern era				
Date	Ma	ay 24, 2023	Time		6:00 p.m. –	7:00 p.m.
Location – If Virtual, fill in Zoom info a the end	t Liv	e Zoom Webinar	Credit H	lour(s)	1 Cat. 1	
Charge		Yes No	SMS Co	de:		
<ul> <li>Target Audience –</li> <li>Mental and behavioral health topic(s) required for all symposiums.</li> <li>If limited to Baptist Health Medical Staff only, please indicate here.</li> </ul>		Cardiologists, vascular surgeons, interventional radiologists, echocardiography and noninvasive vascular testing specialists, nurses, sonographers, pharmacists, respiratory therapists.				
Commercial Support – C8		<ul> <li>Monetary or In-kind received by Foundation.</li> <li>* Notify CME Business Ops Specialist and CME Development Specialist.</li> <li>LOA signed and dated by all parties is required.</li> </ul>				
Course overview		Tricuspid regurgitation (TR) is a relatively common abnormality. Since this lesion is frequently asymptomatic and may not be detected on physical examination, it is often diagnosed solely by echocardiography. Management of TR is based upon the cause of TR, the presence and extent of symptoms and signs of heart failure, the severity of TR, and the presence and extent of associated abnormalities, including pulmonary hypertension, tricuspid annular dilation, and other valve disease. This webinar will review the prognosis and management of TR.				
Credit Type AMA PRA Category 1 Psychology - APA & FL Physician Assistant CE APRNs CE Dental CE Podiatry CE Interprofessional (IPCE Engages Teams - See MOC Points - MOC Che Pediatrics - Self-assess	mendation Team section elf-assessment		nternal N Ophthalm Ophthalm Surgery - Surgery - Otolaryng Self-Asse Pathology	ology - <b>Lifelon</b> ology - <b>Self-ass</b> Accredited CM Self-assessmen ology – Head a	ical Knowledge g Learning sessment E nt nd Neck Surgery - rning	
Providership Direct	🗌 Joi	nt P/	ARS ID #			
Publish to CME Passport		Publish to CEBroker	🗌 Yes 🛛	No	CEBroker #	

Planning Team			
Conference Director(s) Elliott Elias, M.D., Brian J. Schiro, M.D.			
CME Manager	Katie Deane		
Conference Coordinator and/or Instructional Designer (OLP only)		Muhammad Hasan, MBBch, RPVI	
Second Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)		List 2+ professions here. M.D. Required.	

BHSF Initiatives		
<ul> <li>Balance across the continuum of care</li> <li>Diversity &amp; Inclusion</li> <li>Evidence-based data</li> <li>High-reliability tools – Use of prior experiences to improve systems, processes, and services</li> </ul>		<ul> <li>Overutilization – unnecessary health care costs</li> <li>Patient-centered care</li> <li>Public health factors (See commendation.)</li> <li>Removing redundancy – improving processes</li> </ul>
Collaborative Partner:	Provide internal stakeholder here.	
Describe initiative:		

Appropriate Formats			s for activities/interventions that are appropriate for d results of the activity. <b>Check all that apply.</b>	
Live Course         Regularly Scheduled Series         Internet Live Course (Webinar         Internet Enduring Material	<u>)</u>	Journal CME/CE         Manuscript Review         Test-Item Writing         Committee Learning	<ul> <li>Performance/Quality Improvement</li> <li>Internet Searching and Learning</li> <li>Learning from Teaching</li> <li>Other/Blended Learning</li> </ul>	
<ul> <li>Didactic Lecture</li> <li>Question &amp; Answer</li> <li>ARS</li> <li>Case Studies</li> </ul>		<ul> <li>Panel Discussion</li> <li>Hands-on skill labs</li> <li>Cadaver labs</li> </ul>	<ul> <li>Simulation Lab</li> <li>Mannequins</li> <li>Round table discussion</li> <li>Other (specify)</li> </ul>	
Educational Needs	What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: <u>CE Educator's Toolkit</u>			
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.		Clinicians may not know how to utilize echocardiography protocol and criteria in diagnosing and classifying tricuspid regurgitation (TR).		
Educational needs that <u>underlie</u> the professional practice gaps of learners. <i>Check all that apply.</i>			ical knowledge. lity to perform strategy or skill. ement but noncompliant or inconsistent.	

Designed to Change

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

This activity is designed to change:	<ul> <li>Competence - CME evaluation and pre/post-survey.</li> <li>Performance - Follow-up impact assessment and commitment to change.</li> <li>Patient Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.</li> </ul>

Explain how this activity is designed to change learner competence, performance or patient outcomes.

Clinicians utilize echocardiography protocol in the prognosis and management of severe TR.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).			
ABMS/ACGME	<ul> <li>Patient care and procedural skills</li> <li>Medical knowledge</li> <li>Practice-based learning and improvement</li> </ul>	<ul> <li>Interpersonal and communication skills</li> <li>Professionalism</li> <li>Systems-based practice</li> </ul>		
Institute of Medicine	<ul> <li>Provide patient-centered care</li> <li>Work in interdisciplinary teams</li> <li>Employ evidence-based practice</li> </ul>	<ul> <li>Apply quality improvement</li> <li>Utilize informatics</li> </ul>		
Interprofessional Education Collaborative	Values/ethics for interprofessional practice Roles/responsibilities	<ul> <li>Interprofessional communication</li> <li>Teams and teamwork</li> </ul>		

Educational		What change(s) in strategy, performance, or patient care would you like this education to help
Objectives		learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement
Objectives:	<ul> <li>Upon completion of this conference, participants should be better able to:</li> <li>Utilize echocardiography protocol and criteria for the diagnosis and classification of regurgitation (TR).</li> <li>Implement appropriate management strategies for severe TR to include medical the counseling regarding physical activity, and consideration of tricuspid valve surgery.</li> </ul>	

References		Ensure Content is Valid
How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i>	<ul> <li>Best practice parameters</li> <li>Disease prevention (Mission)</li> <li>Mortality/morbidity statistics</li> <li>National/regional data</li> <li>New or updated policy/protocol</li> <li>Peer review data</li> <li>Regulatory requirement</li> </ul>	<ul> <li>Research/literature review</li> <li>Consensus of experts</li> <li>Joint Commission initiatives</li> <li>National Patient Safety Goals</li> <li>New diagnostic/therapeutic modality (Mission)</li> <li>Patient care data</li> <li>Process improvement initiatives</li> </ul>
Other need identified. <b>P</b>	lease explain.	
Baptist Health Quantitative	Data Insert baseline chart or narrat	tive here.

References: Provide evidence- based, peer reviewed	Arsalan, M., Walther, T., Smith, R. L., & Grayburn, P. A. (2017). Tricuspid regurgitation diagnosis and treatment. <i>European Heart Journal, 38</i> (9), 634-638.
references supporting best practice	Management and prognosis of tricuspid regurgitation - UpToDate
guidelines. • APA Citations should be no older than 10 years old.	Balaney, B., Medvedofsky, D., Mediratta, A., Singh, A., Ciszek, B., Kruse, E., & Mor-Avi, V. (2018). Invasive validation of the echocardiographic assessment of left ventricular filling pressures using the 2016 diastolic guidelines: head-to-head comparison with the 2009 guidelines. <i>Journal of the American Society of Echocardiography</i> , <i>31</i> (1), 79-88.
	Hahn, R. T., Badano, L. P., Bartko, P. E., Muraru, D., Maisano, F., Zamorano, J. L., & Donal, E. (2022). Tricuspid regurgitation: recent advances in understanding pathophysiology, severity grading and outcome. <i>European Heart Journal-Cardiovascular Imaging</i> , <i>23</i> (7), 913-929.

 Faculty List

 For more than two (2) faculty

 members, include the list at

 end of application.

 Elliott J. Elias, M.D., MPH, FACC, FASE

 Cardiologist

 Medical Director of Cardiac and Structural Imaging

 Miami Cardiac & Vascular Institute

 Baptist Health South Florida

Disclosure	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team,
Statement	Reviewers, and anyone else involved in the planning, development, and editing/review of the content.
Mitigation Chart	Mitigation chart complete on File Checklist.

Disclosures	<ul> <li>Add all faculty disclosures to this section:</li> <li>Elliott J. Elias, M.D., speaker and co-conference director of this educational activity, disclosed that he is a member of the speakers' bureau for Abbott Laboratories, Boston Scientific, Philips Healthcare and Bioventrix. All of the relevant financial relationships listed for this individual have been mitigated.</li> <li>Brian J. Schiro, M.D., co-conference director of this educational activity, disclosed that he is a consultant for Philips Medical and a member of the speakers' bureau for Philips Medical, Medtronic, Penumbra and Sirtex. All of the relevant financial relationships listed for this individual have been mitigated.</li> <li>Mohammad Hasan, MBBch, RPVI, moderator for this educational activity, has no relevant financial relationships with ineligible companies to disclose, and his participation will not include discussion of offlabel or unapproved usage.</li> <li>Other non-faculty contributors involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose.</li> <li>*Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or</li> </ul>
	*Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.
Disclosure to the audience:	☐ Ethos Course Page ☐ Welcome Slides ☐ Faculty Slides ☐ Handout ☐ Other:

Measured Outcomes				
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: Subjective Objective	Measurement Type: Subjective Objective	Measurement Type: Subjective Objective	Measurement Type:	Measurement Type:

Evaluation Methods	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.
<ul> <li>Changes in competence.</li> <li>Intent to change</li> <li>Confidence in ability</li> </ul>	<ul> <li>CME Evaluation Form         <ul> <li>What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?</li> <li>If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.</li> </ul> </li> <li>Pre/Post-Survey         <ul> <li>How confident are you in your ability to utilize echocardiography protocol in the prognosis and management of severe tricuspid regurgitation?</li> </ul> </li> </ul>

<ul> <li>Changes in performance.</li> <li>Commitment to Change</li> <li>Improves Performance</li> <li>Commendation Goal</li> </ul>	<ul> <li>CME Impact Assessment include Commitment to Change question.</li> <li>Add Commitment to Change Ethos object.</li> <li>Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP).</li> <li>Trigger impact assessment 45 days post conference. (LMS Support)</li> <li>Include handout or resource in follow-up email. (CME Manager/ Course Builder)</li> <li>Additional questions for impact assessment: (CME Manager)</li> <li>Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.</li> <li>Example: I have implemented the new Baptist Health policy explained in this CME activity.</li> <li>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.</li> <li>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.</li> <li>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? {Open text}</li> <li>Based on your intention, what changes have you implemented in your practice? {Open text}</li> </ul>
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.
Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	Use PowerPoint as example.
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 8 activities	Check all that apply.         Health behaviors       Access to care         Economic, social, and       Health disparities         environmental conditions       Population's physical         Healthcare and payer systems       environment
Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. (4 different samples per accreditation)	Describe the collaborative efforts.

<ul> <li>Improves Performance</li> <li>Goal: 10% of activities</li> <li>Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.</li> </ul>	See Evaluation Methods section for required elements. Follow-up data is Required.
<ul> <li>Improves Healthcare Quality</li> <li>Collaborates in the process of healthcare quality</li> <li>improvement AND Demonstrates improvement in</li> <li>healthcare quality</li> <li>Goal: Two examples per accreditation cycle.</li> <li>Examples: EBCC</li> </ul>	Explain.
<ul> <li>Improves Patient and/or Community Health</li> <li>The provider demonstrates the impact of the CME</li> <li>program on patients or their communities (i.e., TB</li> <li>data from Thoracic TB).</li> <li>Goal: Two examples per accreditation cycle.</li> </ul>	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.
<ul> <li>Optimizes Communication Skills</li> <li>Designed to improve communication skills of learners.</li> <li>Example: Sim Lab</li> </ul>	<ul> <li>CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.</li> <li>Course leader provides formative feedback to each learner about observed communication skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Optimizes Technical and/or Procedural Skills</li> <li>Designed to optimize/improve technical and procedural skills of learners.</li> <li>Example: Gamma Knife</li> </ul>	<ul> <li>CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.</li> <li>Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>

<ul> <li>Utilizes Support Strategies</li> <li>Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change.</li> <li>Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps</li> <li>Strategies must be assessed by CME provider and document updates/ changes based on learner feedback</li> </ul>	<ul> <li>Explain.</li> <li>Sample supplemental materials saved to file.</li> <li>Include Impact Assessment results and CME Provider analysis of learner comments.</li> <li>Add updates/ changes to resources based on learner feedback.</li> </ul>
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	Explain.

Live Webinar Details For Internet Live Webinar Courses ONLY		
Panelists	Speaker: Elliott Elias, M.D. – <a href="mailto:ElliottE@baptisthealth.net">ElliottE@baptisthealth.net</a> – Cell: 954-214-6977Moderator: Muhammad Hasan, MBBch, RPVI – <a href="mailto:mhasan@baptisthealth.net">mhasan@baptisthealth.net</a> – Cell: 305-788-2202/Ascom – 786-594-9922Panelist:Brian J. Schiro, M.D. – <a href="mailto:briansc@baptisthealth.net">briansc@baptisthealth.net</a> – Cell: 786-478-1745	
Hosts	Insert names and email addresses for at least one of these: Katie Deane – <u>katied@baptisthealth.net</u> – Cell: 305-790-1148 Micaela B. Royo Correa - <u>micaela.royocorrea@baptisthealth.net</u> – Cell: 786-250-9083	
Zoom Account	CME Zoom Account  Partner Zoom Account	
Zoom Link	Insert link here.	

APPROVAL			
Date Reviewed	Reviewed By	Approved	Credits
	Accelerated Approval		1 AMA PRA Category 1 Credits
	Executive Committee	YES	APA Approval Level:
Live Committee		Dental Approval	
			Podiatry Approval



Continuing Medical Education

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Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Sections highlighted in orange need to be proofread.

Activity Details			
CME Activity Title	Herbert H. Greene, M.D., Annual Commemoration - Health Equity at Baptist Health South Florida		
Date	May 31, 2023	Time	6:15 p.m. – 7:30 p.m. (CME) Entire program 5:30-7:30 p.m.
Location – If Virtual, fill in Zoom info at the end	BHM, Auditorium (Hybrid)	Credit Hour(s)	1.25 Cat. 1
Charge	☐ Yes ⊠ No	SMS Code:	
<ul> <li>Target Audience –</li> <li>Mental and behavioral health topic(s) required for all symposiums.</li> <li>If limited to Baptist Health Medical Staff only, please indicate here.</li> </ul>			
Commercial Support – C8	<ul> <li>Monetary or In-kind received by Foundation.</li> <li>* Notify CME Business Ops Specialist and CME Development Specialist.</li> <li>LOA signed and dated by all parties is required.</li> </ul>		
Course overview	There are barriers in the healthcare system that increase health inequities. Both health professionals and the healthcare system can contribute to reducing health inequities by considering them both at the individual and structural levels, with the aim of contributing to changes favoring their reduction, thereby helping to achieve health equity.		
Credit Type       AMA PRA Category 1       Anesthesia - Lifelong Learning         Psychology - APA & FL S       - APA Checklist       Internal Medicine - Medical Knowledge         Physician Assistant CE       Ophthalmology - Lifelong Learning         APRNs CE       Ophthalmology - Self-assessment         Dental CE       Surgery - Accredited CME         Podiatry CE       Surgery - Self-assessment         Interprofessional (IPCE)       Commendation         Engages Teams - See Planning Team section       Otolaryngology - Head and Neck Surgery - Self-Assessment         MOC Points - MOC Checklist / Self-assessment       Pathology - Lifelong Learning         Pediatrics - Self-assessment       Pediatrics - Lifelong Learning			
Providership          Direct      Joint     PARS ID #			
Publish to CME Passport       Yes       No       Publish to CEBroker       Yes       No       CEBroker #			

Planning Team		
Conference Director(s)         Jack Ziffer, Ph.D., M.D. and Agueda Hernandez, M.D.		

CME Manager	Gabriela Fernandez	
Conference Coordinator and/or Instructional Designer (OLP only)		
Second Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)		

BHSF Initiatives			
<ul> <li>Balance across the continuum of care</li> <li>Diversity &amp; Inclusion</li> <li>Evidence-based data</li> <li>High-reliability tools – Use of prior experiences to improve systems, processes, and services</li> </ul>		<ul> <li>Overutilization – unnecessary health care costs</li> <li>Patient-centered care</li> <li>Public health factors (See commendation.)</li> <li>Removing redundancy – improving processes</li> </ul>	
Collaborative Partner:			
Describe initiative:			

Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. <b>Check all that apply.</b>		
<ul> <li>Live Course</li> <li>Regularly Scheduled Series</li> <li>Internet Live Course (Webinan</li> <li>Internet Enduring Material</li> </ul>	Journal CME/CE       Performance/Quality Improvement         Manuscript Review       Internet Searching and Learning         Test-Item Writing       Learning from Teaching         Committee Learning       Other/Blended Learning		
<ul> <li>Didactic Lecture</li> <li>Question &amp; Answer</li> <li>ARS</li> <li>Case Studies</li> </ul>	<ul> <li>Panel Discussion</li> <li>Hands-on skill labs</li> <li>Cadaver labs</li> <li>Simulation Lab</li> <li>Mannequins</li> <li>Round table discussion</li> <li>Other (specify)</li> </ul>		
Educational Needs	What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: <u>CE Educator's Toolkit</u>		
State the educational need that y determined to be the <u>underlying</u> for the professional practice gap.	terms of health and communities and how those factors impact individua		
Educational needs that <u>underlie</u> to professional practice gaps of lear <u>Check all that apply</u> .			

Designed to	Change	ge The provider generates activities/educational interventions that are designed to chang competence, performance, or patient outcomes as described in its mission statement.	
This activity is designed to change:	Performa	ence - CME evaluation and pre/post-survey. ance - Follow-up impact assessment and commitment to change. Dutcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.	

Explain how this activity is designed to change learner	Participants will learn how social determinants impact
competence, performance or patient outcomes.	individual's decision-making in regard to health and will identify
	strategies they can implement to address health disparities in
	their clinical practice to improve patient outcomes.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).		
ABMS/ACGME	<ul> <li>Patient care and procedural skills</li> <li>Medical knowledge</li> <li>Practice-based learning and improvement</li> </ul>	<ul> <li>Interpersonal and communication skills</li> <li>Professionalism</li> <li>Systems-based practice</li> </ul>	
Institute of Medicine	<ul> <li>Provide patient-centered care</li> <li>Work in interdisciplinary teams</li> <li>Employ evidence-based practice</li> </ul>	<ul> <li>Apply quality improvement</li> <li>Utilize informatics</li> </ul>	
Interprofessional Education Collaborative	Values/ethics for interprofessional practice Roles/responsibilities	<ul> <li>Interprofessional communication</li> <li>Teams and teamwork</li> </ul>	

Educatio Objecti		What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement				
Objectives:	1. Id 2. In	npletion of this conference, participants should be better able to: lentify contributing factors to disparities in healthcare. nplement strategies to address health disparities in clinical practice to improve patient utcomes.				

References		Ensure Content is Valid		
How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i>	Disease pre Mortality/n National/re New or upd Peer review	ated policy/protocol	<ul> <li>Research/literature review</li> <li>Consensus of experts</li> <li>Joint Commission initiatives</li> <li>National Patient Safety Goals</li> <li>New diagnostic/therapeutic modality (Mission)</li> <li>Patient care data</li> <li>Process improvement initiatives</li> </ul>	
Other need identified. <b>P</b>	lease explain.			
Baptist Health Quantitative	ve Data Insert baseline chart or narrative here.			

References: Provide evidence- based, peer reviewed references supporting best practice guidelines. APA Citations should	Joint Commission Requirement to Reduce Health Care Disparities <u>https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf</u> <u>Health Disparities Among LGBTQ Youth</u> , Centers for Disease Control and Prevention Medina-Martínez J, Saus-Ortega C, Sánchez-Lorente MM, Sosa-Palanca EM, García-Martínez P, Mármol-López MI. Health Inequities in LGBT People and Nursing Interventions to Reduce Them: A
be no older than 10 years old.	Systematic Review. Int J Environ Res Public Health. 2021 Nov 10;18(22):11801. doi: 10.3390/ijerph182211801. PMID: 34831556; PMCID: PMC8624572. Hafeez H, Zeshan M, Tahir MA, Jahan N, Naveed S. Health Care Disparities Among Lesbian, Gay,
	Bisexual, and Transgender Youth: A Literature Review. Cureus. 2017 Apr 20;9(4):e1184. doi: 10.7759/cureus.1184. PMID: 28638747; PMCID: PMC5478215.

Faculty		
Faculty List For more than two (2) faculty members, include the list at end of application.	See below	

Disclosure Statement	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.		
Mitigation Chart	Mitigation chart complete on File Checklist.		
Disclosures	Due to the non-clinical nature of the content discussed, the speaker has no relevant financial relationships to disclose. This CME activity will not cover content that would involve products or services of commercial interests. Therefore, no opportunity exists for a conflict of interest based on the financial relationships of faculty and those persons in control of content. Since these relationships are not relevant, no disclosure information was collected.		
Disclosure to the audience:	☑ Ethos Course Page ☑ Welcome Slides ☑ Faculty Slides ☑ Handout ☐ Other:		

Measured Outcomes				
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: Subjective Objective	Measurement Type: Subjective Objective	Measurement Type:	Measurement Type:	Measurement Type:

**Evaluation Methods** 

Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.

<ul> <li>Changes in competence.</li> <li>Intent to change</li> <li>Confidence in ability</li> </ul>	<ul> <li>CME Evaluation Form         <ul> <li>What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?</li> <li>If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.</li> </ul> </li> <li>Pre/Post-Survey         <ul> <li>Provide 1-2 goals per lecture to measure changes in competence. Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")</li> <li>Identify barriers which may hinder providing clinical care across cultures in my practice.</li> <li>Implement strategies for reducing disparities in healthcare to improve patient outcomes</li> </ul> </li> </ul>
<ul> <li>Changes in performance.</li> <li>Commitment to Change</li> <li>Improves Performance</li> <li><u>Commendation Goal</u></li> </ul>	<ul> <li><u>CME Impact Assessment</u> include Commitment to Change question.</li> <li><u>Add Commitment to Change Ethos object</u>.</li> <li>Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP).</li> <li>Trigger impact assessment 45 days post conference. (LMS Support)</li> <li>Include handout or resource in follow-up email. (CME Manager/ Course Builder)</li> </ul>
	Additional questions for impact assessment: (CME Manager)
	Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity.
	<ul> <li>I have been able to identify barriers which may hinder providing clinical care across cultures in my practice.</li> </ul>
	I have incorporated strategies to reduce disparities in healthcare to improve patient outcomes.
	Based on your intention, what changes have you implemented in your practice? <b>{Open text}</b>
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	•	CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.
Advances Data Use Teaches about collection, analysis, or synthesis or health/practice data AND Uses health/practice da teach about healthcare improvement.		Use PowerPoint as example.
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health.		Check all that apply. https://www.jointcommission.org/- /media/tjc/documents/standards/r3- reports/r3_disparities_july2022-6-20-2022.pdf

• Goal: 8 activities	<ul> <li>Health behaviors</li> <li>Economic, social, and environmental conditions</li> <li>Health care and payer systems</li> <li>Access to care</li> <li>Health disparities</li> <li>Population's physical environment</li> </ul>
Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. (4 different samples per accreditation)	Describe the collaborative efforts.
<ul> <li>Improves Performance</li> <li>Goal: 10% of activities</li> <li>Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.</li> </ul>	See Evaluation Methods section for required elements. Follow-up data is Required.
<ul> <li>Improves Healthcare Quality</li> <li>Collaborates in the process of healthcare quality</li> <li>improvement AND Demonstrates improvement in</li> <li>healthcare quality</li> <li>Goal: Two examples per accreditation cycle.</li> <li>Examples: EBCC</li> </ul>	Explain.
<ul> <li>Improves Patient and/or Community Health</li> <li>The provider demonstrates the impact of the CME</li> <li>program on patients or their communities (i.e., TB</li> <li>data from Thoracic TB).</li> <li>Goal: Two examples per accreditation cycle.</li> </ul>	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.
<ul> <li>Optimizes Communication Skills</li> <li>Designed to improve communication skills of learners.</li> <li>Example: Sim Lab</li> </ul>	<ul> <li>CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.</li> <li>Course leader provides formative feedback to each learner about observed communication skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>

<ul> <li>Optimizes Technical and/or Procedural Skills</li> <li>Designed to optimize/improve technical and procedural skills of learners.</li> <li>Example: Gamma Knife</li> </ul>	<ul> <li>CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.</li> <li>Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Utilizes Support Strategies</li> <li>Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change.</li> <li>Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps</li> <li>Strategies must be assessed by CME provider and document updates/ changes based on learner feedback</li> </ul>	<ul> <li>Explain.</li> <li>Sample supplemental materials saved to file.</li> <li>Include Impact Assessment results and CME Provider analysis of learner comments.</li> <li>Add updates/ changes to resources based on learner feedback.</li> </ul>
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	Explain.

Live Webinar Details For Internet Live Webinar Courses ONLY		
Panelists	Insert names and email addresses. Vivian Greene (Pending email)	
Hosts	Insert names and email addresses for at least one of these: Gabriela Fernandez; Katie Deane; Ariel Llizo	
Zoom Account	CME Zoom Account  Partner Zoom Account	
Zoom Link	Insert link here.	

OLP Course Details For OLP Enduring Applications ONLY	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	
Course Renewal Date	
Course Expiration Date	

APPROVAL			
Date Reviewed	Reviewed By	Approved	Credits

		AMA PRA Category 1 Credits
Accelerated Approval	X YES	APA Approval Level:
Executive Committee	NO	Dental Approval
Live Committee		Podiatry Approval

#### Director

#### Jack Ziffer, Ph.D., M.D.

Executive Vice President and Chief Clinical Officer Baptist Health South Florida

#### **Faculty**

### Agueda Hernandez, M.D., FAAFP

Vice President, Medical Education Chief Health Equity Officer Baptist Health Academics

#### Panelists

### Jennifer Caceres, M.D., FACP

Senior Associate Dean for Student Affairs and Admissions Associate Professor of Medicine Florida Atlantic University Boca Raton, Florida

#### Samer Fahmy, M.D.

Chief Medical Officer, Boca Raton Regional Hospital Baptist Health South Florida

**Bernie Fernandez, M.D.** CEO, Baptist Health Medical Group

Adriene McCoy Sr. Vice President, Chief People Officer Baptist Health South Florida

**Rev. Renato Santos** Baptist Health South Florida

**Sergio Segarra, M.D.** Vice President, Medical Affairs Baptist Hospital of Miami

William Ulbricht CEO, Baptist Hospital of Miami

### Ana M. Viamonte Ros, M.D., MPH

Assistant Vice President, Chief Wellbeing Officer Medical Director Palliative Care and Bioethics Baptist Health Medical Group Associate Professor, Florida International University's Herbert Wertheim College of Medicine Miami, Florida

## Herbert H. Greene, M.D., Annual Commemoration

## Program

5:30 p.m.	Why Baptist Health Honors this Day Jack Ziffer, Ph.D., M.D.
5:40 p.m.	Opening Prayer Rev. Renato Santos
5:45 p.m.	Welcoming Remarks and Introductions of Distinguished Guests William Ulbricht
5:50 p.m.	Announcing the Herbert Greene, M.D. Physician of the Year Award Sergio Segarra, M.D.
6:00 p.m.	Physician of the Year Award Recipient Michael Brazda, M.D.
6:10 p.m.	Health Equity at Baptist Health South Florida Agueda Hernandez, M.D.
6:40 p.m.	<ul> <li>Health and Healthcare Equity in Our Educational Programs, Healthcare Settings, Communities and Beyond: What It Means to Us, As an Individual, Healthcare System, And Community</li> <li>Panelists: Adriene McCoy, Samer Fahmy, M.D., Bernie Fernandez, M.D., Sergio Segarra, M.D., Ana Viamonte-Ros, M.D., Jennifer Caceres, M.D., Renato Santos, and William Ulbricht</li> <li>Moderator: Agueda Hernandez, M.D.</li> </ul>
7:25 p.m.	Closing Remarks Jack Ziffer, Ph.D., M.D.
7:30 p.m.	Adjourn



**Continuing Medical Education** 

Rev. 04/28/2022 \_MVA

lacksquare

Indicates a trigger for CME Manager to route application to **Operations CME Manager for review when additional steps** are required for compliance.

Sections highlighted in orange need to be proofread.

Activity Details				
CME Activity Title		Miami Cancer Institute Radiation Oncology Grand Rounds – Thinking Beyond Dose, Focus on GI Cancers		
Date	Friday, June 30, 2023	Time	12 noon – 1p.m.	
Location	Zoom - Online	Credit Hour(s)	1 Cat. 1	
Charge	☐ Yes ⊠ No	SMS Code:		
<ul> <li>Target Audience –</li> <li>Mental and behavioral health topic(s) required for all symposiums.</li> <li>If limited to Baptist Health Medical Staff only, please indicate here.</li> </ul>		Radiation Oncologists, Medical Oncologists, Oncology Surgeons and Radiologists.		
Commercial Support – C8	* Notify CME Business C	<ul> <li>Monetary or In-kind received by Foundation.</li> <li>* Notify CME Business Ops Specialist and CME Development Specialist.</li> <li>LOA signed and dated by all parties is required.</li> </ul>		
Course overview	Patients with newly diagnosed gastric cancer often present with an upper endoscopy report performed for symptoms, including dyspepsia and reflux, but also with symptoms or signs that may indicate advanced disease, such as dysphagia, weight loss, gastrointestinal bleeding, anemia, and emesis. Clear measurements of the extent of the primary tumor are often lacking, and repeat endoscopy with endoscopic ultrasound can provide additional clinical staging. Dr. Frakes will help participants understand current work being done as it relates to radiomics and genomics in GI cancers.			
Credit Type       AMA PRA Category 1       Anesthesia - Lifelong Learning         Psychology - APA & FL 🔄 - APA Checklist       Internal Medicine - Medical Knowledge         Physician Assistant CE       Ophthalmology - Lifelong Learning         APRNs CE       Ophthalmology - Self-assessment         Dental CE       Surgery - Accredited CME         Interprofessional (IPCE)       Commendation         Engages Teams – See Planning Team section       Otolaryngology – Head and Neck Surgery         MOC Points - MOC Checklist / Self-assessment       Pathology - Lifelong Learning         Pediatrics - Self-assessment       Pediatrics - Lifelong Learning			edicine - Medical Knowledge ology - Lifelong Learning ology - Self-assessment Accredited CME Self-assessment ology – Head and Neck Surgery - ssment - Lifelong Learning	
Providership 🛛 Direct	Joint	<b>RS ID #</b> C202218	49	
Publish to CME Passport Xes	No Publish to CEBroker	Yes 🗌 No	<b>CEBroker #</b> 20-621028	

**Planning Team** 

Conference Director(s)	Michael Chuong, M.D.	
CME Manager	Eleanor Abreu	
Conference Coordinator and/or Instructional Designer (OLP only)		
Sommendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)		List 2+ professions here. M.D. Required.

BHSF Initiatives			
<ul> <li>Balance across the continuum of care</li> <li>Diversity &amp; Inclusion</li> <li>Evidence-based data</li> <li>High-reliability tools – Use of prior experiences to improve systems, processes, and services</li> </ul>		<ul> <li>Overutilization – unnecessary health care costs</li> <li>Patient-centered care</li> <li>Public health factors (See commendation.)</li> <li>Removing redundancy – improving processes</li> </ul>	
Collaborative Partner: Provide internal stakeholder here.			
Describe initiative:         Miami Cancer Institute – Center of Excellence			

Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. <b>Check all that apply.</b>	
<ul> <li>Didactic Lecture</li> <li>Question &amp; Answer</li> <li>ARS</li> <li>Case Studies</li> </ul>	<ul> <li>Panel Discussion</li> <li>Interactive</li> <li>Hands-on skill labs</li> <li>Cadaver labs</li> </ul>	<ul> <li>Simulation Lab</li> <li>Mannequins</li> <li>Round table discussion</li> <li>Other (specify)</li> </ul>

Educational Needs	What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.	
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.		Oncologists may not be aware of how to personalize radiation doses for GI cancers.
Educational needs that <u>underlie</u> the professional practice gaps of learners. Check all that apply.		<ul> <li>Knowledge - Deficit in medical knowledge.</li> <li>Competence - Deficit in ability to perform strategy or skill.</li> <li>Performance - Able to implement but noncompliant or inconsistent.</li> </ul>

Designed to Change		The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.
This activity is designed to change:	is Competence - CME evaluation and pre/post-survey.  Performance - Follow-up impact assessment and commitment to change. Patient Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.	

Explain how this activity is designed to change learner		
competence, performance or patient outcomes.		

Physicians will implement a personalized radiation doses when treating patients with GI cancers.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).		
ABMS/ACGME	<ul> <li>Patient care and procedural skills</li> <li>Medical knowledge</li> <li>Practice-based learning and improvement</li> </ul>	<ul> <li>Interpersonal and communication skills</li> <li>Professionalism</li> <li>Systems-based practice</li> </ul>	
Institute of Medicine	<ul> <li>Provide patient-centered care</li> <li>Work in interdisciplinary teams</li> <li>Employ evidence-based practice</li> </ul>	<ul> <li>Apply quality improvement</li> <li>Utilize informatics</li> </ul>	
Interprofessional Education Collaborative	<ul> <li>Values/ethics for interprofessional practice</li> <li>Roles/responsibilities</li> </ul>	<ul> <li>Interprofessional communication</li> <li>Teams and teamwork</li> </ul>	

Educational		What change(s) in strategy, performance, or patient care would you like this education to help	
Objectives		learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement	
Objectives:	• Si • D	pletion of this conference, participants should be better able to: ummarize work currently done as it relates to radiomics and genomics. iscuss how to utilize genomics and radiomics for future clinical trials. iscuss work done on liver Y90 dosimetry and how to incorporate into future trials.	

References	Ensure Content is Valid		
How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i>	<ul> <li>Best practice parameters</li> <li>Disease prevention (Mission)</li> <li>Mortality/morbidity statistics</li> <li>National/regional data</li> <li>New or updated policy/protocol</li> <li>Peer review data</li> <li>Regulatory requirement</li> </ul>	<ul> <li>Research/literature review</li> <li>Consensus of experts</li> <li>Joint Commission initiatives</li> <li>National Patient Safety Goals</li> <li>New diagnostic/therapeutic modality (Mission)</li> <li>Patient care data</li> <li>Process improvement initiatives</li> </ul>	
Other need identified. <b>P</b>	lease explain.		
Baptist Health Quantitative	Data Insert baseline chart or narrat	tive here.	

<ul> <li>References:</li> <li>Provide evidence- based, peer reviewed references supporting best practice guidelines.</li> <li>APA Citations should be no older than 10 years old.</li> </ul>	Despite advances in cancer genomics, radiotherapy is still prescribed on the basis of an empirical one-size-fits-all paradigm. Previously, we proposed a novel algorithm using the genomic-adjusted radiation dose (GARD) model to personalise prescription of radiation dose on the basis of the biological effect of a given physical dose of radiation, calculated using individual tumour genomics. We hypothesise that GARD will reveal interpatient heterogeneity associated with opportunities to improve outcomes compared with physical dose of radiotherapy alone. We aimed to test this hypothesis and investigate the GARD-based radiotherapy dosing paradigm. Lancet Oncol. 2021 Sep;22(9):1221-1229. doi: 10.1016/S1470-2045(21)00347-8. Epub 2021 Aug 4. https://pubmed.ncbi.nlm.nih.gov/34363761/

Faculty		
Faculty List For more than two (2) faculty members, include the list at end of application.	Jessica Frakes, M.D. Associate Member, Radiation Oncology Department Program Director Radiation Oncology Residency Program Moffit Cancer Center Tampa, Florida	

Disclosure Statement	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.	
Mitigation Chart	Mitigation chart complete on File Checklist.	
Disclosures	Add all faculty disclosures to this section:	
	List all director, planner, and reviewer disclosures in this section: Jessica Frakes, M.D., faculty for this educational activity is a researcher for ViewRay and is on the speakers' bureau with Boston Scientific. Dr. Frakes has indicated that the presentation or discussion will not include off-label or unapproved product usage. All of the relevant financial relationships listed for this individual have been mitigated.	
	List all director, planner, and reviewer disclosures in this section:	
	Michael Chuong, M.D., conference series director, has indicated that he is a researcher with ViewRay, Novocure and AstraZeneca. He is a consultant with ViewRay. He is an advisor with ViewRay and Advanced Accelerator Applications. He is a speaker for ViewRay, Elekta and Sirtex. All of the relevant financial relationships listed for this individual have been mitigated.	
	<ul> <li>List non-faculty contributor disclosures in this section:         <ul> <li>No relationships – Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*</li> <li>With relationships. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have relevant financial relationships to disclose with ineligible companies.</li> </ul> </li> <li>*Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or</li> </ul>	
	distributing healthcare products used by or on patients.	
Disclosure to the audience:	Ethos Course Page 🛛 Welcome Slides 🖾 Faculty Slides 🗌 Handout	

Measured Outcomes				
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health

Measurement Type:	Measurement Type: Subjective	Measurement Type:	Measurement Type:	Measurement Type:
			🔲 Objective 🔄	🔲 Objective 😢

Evaluation Methods	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.
<ul> <li>Changes in competence.</li> <li>Intent to change</li> <li>Confidence in ability</li> </ul>	<ul> <li>CME Evaluation Form         <ul> <li>What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?</li> <li>If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.</li> </ul> </li> <li>Pre/Post-Survey         <ul> <li>Provide 1-2 goals per lecture to measure changes in competence. Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")</li> </ul> </li> </ul>
<ul> <li>Changes in performance.</li> <li>Commitment to Change</li> <li>Improves Performance</li> <li>Commendation Goal</li> </ul>	<ul> <li><u>CME Impact Assessment</u> include Commitment to Change question.</li> <li><u>Add Commitment to Change Ethos object</u>.</li> <li>Add commitment to change evaluation question. (CME Registrar)</li> <li>Trigger follow-up survey 45 days post conference. (CME Registrar)</li> <li>Include handout or resource in follow-up email. (CME Manager/ Registrar)</li> <li>Additional questions for impact assessment: (CME Manager)</li> <li><i>Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.</i> <i>Example: I have implemented the new Baptist Health policy explained in this CME activity.</i></li> </ul>
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.	
Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	Use PowerPoint as example.	
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 10% of activities	Check all that apply.         Health behaviors       Access to care         Economic, social, and environmental conditions       Health disparities         Healthcare and payer systems       Population's physical environment	

Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues.	Describe the collaborative efforts.
Improves Performance     Goal: 10% of activities	See Evaluation Methods section for required elements. Follow-up data is Required.
<ul> <li>Improves Healthcare Quality</li> <li>Collaborates in the process of healthcare quality</li> <li>improvement AND Demonstrates improvement in</li> <li>healthcare quality</li> <li>Goal: Two examples per accreditation cycle.</li> <li>Examples: EBCC</li> </ul>	Explain.
<ul> <li>Improves Patient and/or Community Health</li> <li>The provider demonstrates the impact of the CME</li> <li>program on patients or their communities (i.e., TB</li> <li>data from Thoracic TB).</li> <li>Goal: Two examples per accreditation cycle.</li> </ul>	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.
<ul> <li>Optimizes Communication Skills</li> <li>Designed to improve communication skills of learners.</li> <li>Example: Sim Lab</li> </ul>	<ul> <li>CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.</li> <li>Course leader provides formative feedback to each learner about observed communication skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Optimizes Technical and/or Procedural Skills</li> <li>Designed to optimize/improve technical and procedural skills of learners.</li> <li>Example: Gamma Knife</li> </ul>	<ul> <li>CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.</li> <li>Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Utilizes Support Strategies</li> <li>Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change.</li> <li>Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps</li> </ul>	Explain.
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	Explain.

Live Webinar Details For Internet Live Webinar Courses ONLY		
Panelists	Micheal Chuong, M.D. – <u>michaelchu@baptisthealth.net</u> Jessica Frakes, M.D <u>jessica.frakes@moffitt.org</u>	

Hosts	Shandelle M. Castillo - <u>Shandelle.Castillo@baptisthealth.net</u>		
Zoom Account	🗌 CME Zoom Account 🛛 Partner Zoom Account		
Zoom Link			

OLP Course Details For OLP Enduring Applications ONLY				
Course Video URL				
Course Handout URL				
Multiple Choice Questions				
Course Release Date				
Course Renewal Date				
Course Expiration Date				

APPROVAL					
Date Reviewed	Reviewed By	Approved	Credits		
	Accelerated Approval		1 AMA PRA Category 1 Credits		
		☐ YES	APA Approval Level:		
			Dental Approval		
			Podiatry Approval		



Continuing Medical Education

Rev. 06/28/2022 \_CB



Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Sections highlighted in orange need to be proofread.

	Activity Details									
CME Activity Title				Conversations in Ethics: Yes Institute – The Ethics of Clinical Care for Patients with Diverse Gender and Orientation Experiences						
Date				06-28-20	23		Time		Noon to 1p	m
Location – the end	lf Virtual, fil	l in Zo	oom info at	Live Virtu	Live Virtual Credit Hour(s) 1 Cat. Per Session			ession		
Charge				☐ Yes_ ⊠ No			SMS Co	de:		
required • If limite	and behavic d for all sym	posiu Healt	lealth Medical							
* N			* No	<ul> <li>Monetary or In-kind received by Foundation.</li> <li>* Notify CME Business Ops Specialist and CME Development Specialist.</li> <li>LOA signed and dated by all parties is required.</li> </ul>						
Course Overview			Baptist Health South Florida's Conversations in Ethics June lecture will develop strategies to collect pieces of evidence that would lead to the detection of bioethical abuses despite an environment of concealment.							
Credit Type AMA PRA Category 1 Psychology - APA & FL S - APA Checklist Physician Assistant CE APRNs CE Dental CE Podiatry CE Interprofessional (IPCE) Commendation Engages Teams - See Planning Team section MOC Points - MOC Checklist / Self-assessment Pediatrics - Self-assessment			lation section	DAD		Internal M Ophthalm Ophthalm Surgery - J Surgery - S Otolaryng <b>Self-Asse</b> Pathology	ology - Lifelon ology - Self-ass Accredited CM Self-assessmer ology – Head a	ical Knowledge g Learning sessment E nt nd Neck Surgery - rning		
Providersh	-		Direct	Joint			5 ID #	 ¬		
Publish to CME Passport Yes 🗌 N			o Pub	lish to CEBroke	r   D	🛛 Yes 🗌	No	CEBroker #		

Planning Team			
Conference Director(s) Ana M. Viamonte Ros, M.D., MPH			
CME Manager Eduardo Cartin			
Conference Coordinator and/or Instructional Designer (OLP only) Claudio Kogan, M.D.			

Engages Interprofessional Teams/IPCE (10% of activities)	List 2+ professions here. M.D. Required. Ana Viamonte Ros, M.D. Rabbi Claudio Kogan, M.D. Ray Barnett, ARNP Elliot D. Cohen, PhD. Kenneth W. Goodman, Ph.D., FACMI

BHSF Initiatives					
<ul> <li>Balance across the continuum of care</li> <li>Diversity &amp; Inclusion</li> <li>Evidence-based data</li> <li>High-reliability tools – Use of prior experiences to improve systems, processes, and services</li> </ul>		<ul> <li>Overutilization – unnecessary health care costs</li> <li>Patient-centered care</li> <li>Public health factors (See commendation.)</li> <li>Removing redundancy – improving processes</li> </ul>			
Collaborative Partner:	Provide internal stakeholder here.				
Describe initiative:					

Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. <b>Check all that apply.</b>			
<ul> <li>Live Course</li> <li>Regularly Scheduled Series</li> <li>Internet Live Course (Webinar</li> <li>Internet Enduring Material</li> </ul>	Journal CME/CE         Manuscript Review         Test-Item Writing         Committee Learning	<ul> <li>Performance/Quality Improvement</li> <li>Internet Searching and Learning</li> <li>Learning from Teaching</li> <li>Other/Blended Learning</li> </ul>		

Educational Needs	What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: <u>CE Educator's Toolkit</u>		
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.		Healthcare professionals' are unaware with the new legal changes in Florida, this could provide a timely discussion of updates so providers can be compliant with new laws, while also delivering ethical and inclusive patient-centered care.	
Educational needs that <u>underlie</u> the professional practice gaps of learners. <i>Check all that apply.</i>		<ul> <li>Knowledge - Deficit in medical knowledge.</li> <li>Competence - Deficit in ability to perform strategy or skill.</li> <li>Performance - Able to implement but noncompliant or inconsistent.</li> </ul>	

			es activities/educational interventions that are designed to change nance, or patient outcomes as described in its mission statement.	
This activity is designed to change:	esigned to Performance - Follow-up impact assessment and commitment to change.			
Explain how this activity is designed to change learner competence, performance or patient outcomes.		-	Design an action plan for healthcare providers to identify ethical issues surrounding patients and the new updated Florida laws.	

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).		
ABMS/ACGME	<ul> <li>Patient care and procedural skills</li> <li>Medical knowledge</li> <li>Practice-based learning and improvement</li> </ul>	<ul> <li>Interpersonal and communication skills</li> <li>Professionalism</li> <li>Systems-based practice</li> </ul>	
Institute of Medicine	<ul> <li>Provide patient-centered care</li> <li>Work in interdisciplinary teams</li> <li>Employ evidence-based practice</li> </ul>	<ul> <li>Apply quality improvement</li> <li>Utilize informatics</li> </ul>	
Interprofessional Education Collaborative	Values/ethics for interprofessional practice Roles/responsibilities	<ul> <li>Interprofessional communication</li> <li>Teams and teamwork</li> </ul>	

Educatic Objectiv	What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement
Objectives:	cognize the new legal changes in Florida and how to be in agreement with these laws. scuss diverse gender and orientation experiences as healthcare professionals.

How are educational needs identified? Check all that apply and explain below.	Best practice parameters       Research/literature review         Disease prevention (Mission)       Consensus of experts         Mortality/morbidity statistics       Joint Commission initiatives         National/regional data       National Patient Safety Goals         New or updated policy/protocol       New diagnostic/therapeutic modality (Mission)         Peer review data       Patient care data         Regulatory requirement       Process improvement initiatives
Baptist Health Quantitative	Data Insert baseline chart or narrative here.
<ul> <li>References:</li> <li>Provide evidence- based, peer reviewed references supporting best practice guidelines.</li> <li>APA Citations should be no older than 10 years old.</li> </ul>	<ul> <li>Phillips, A. (2022). Florida's law limiting LGBTQ discussion in schools, explained. The Washington Post.</li> <li>Young, C. (2022). Florida's 'Don't Say Gay' Bill Inflames the Culture Wars.</li> </ul>
	Faculty
Faculty List For more than two (2) facult members, include the list at end of application.	

Disclosure Statement	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.
Mitigation Chart	Mitigation chart complete on File Checklist.

Disclosures	Add all faculty disclosures to this section:		
	<ul> <li>TJ Johnson, B.A., B.S., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Joseph Zolobczuk, M.S.Ed., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion or discussion will not include off-label or unapproved product usage.</li> </ul>		
	List all director, planner and reviewer disclosures in this section:		
	<ul> <li>Ana Viamonte Ros, M.D., director of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Rabbi Claudio J. Kogan, M.D., planner of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Kenneth W. Goodman, Ph.D., FACMI, planner of this educational activity, is a consultant for the organizations listed below, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Kenneth W. Goodman, Ph.D., FACMI, planner of this educational activity, is a consultant for the organizations listed below, and has indicated that the presentation or discussion will not include off-label or unapproved product usage. All of the relevant financial relationships listed for this individual have been mitigated.</li> <li>Alpha-1 Antitrypsin Foundation</li> <li>Jordanian University of Science and Technology</li> <li>Memorial Healthcare System</li> <li>Nicklaus Children's Hospital</li> <li>Stellenbosch University</li> </ul>		
	<ul> <li>Ray Barnett, ARNP, co-coordinator of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Elliot D. Cohen, Ph.D., co-coordinator of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Eduardo Cartin, manager of this CME activity, has no relevant financial relationships with ineligible companies* to disclose.</li> <li>List non-faculty contributor disclosures in this section:         <ul> <li>Other non-faculty contributors involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*.</li> </ul> </li> <li>*Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.</li> </ul>		
Disclosure to the audience:	Ethos Course Page 🔲 Welcome Slides 🗌 Faculty Slides 🗌 Handout 🗍 Other:		

Measured Outcomes				
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type:	Measurement Type:	Measurement Type:	Measurement Type:	Measurement Type:

Evaluation Methods	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.
<ul> <li>Changes in competence.</li> <li>Intent to change</li> <li>Confidence in ability</li> </ul>	<ul> <li>CME Evaluation Form</li> <li>What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?</li> <li>If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.</li> <li>Pre/Post-Survey</li> <li>Provide 1-2 goals per lecture to measure changes in competence. Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")</li> </ul>
<ul> <li>Changes in performance.</li> <li>Commitment to Change</li> <li>Improves Performance</li> <li>Commendation Goal</li> </ul>	CME Impact Assessment include Commitment to Change question.         Add Commitment to Change Ethos object.         Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP).         Trigger impact assessment 45 days post conference. (LMS Support)         Include handout or resource in follow-up email. (CME Manager/ Course Builder)         Additional questions for impact assessment: (CME Manager)         • Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.         Example: I have implemented the new Baptist Health policy explained in this CME activity.         I have accessed online resources discussed to make vaccine recommendations in my clinical practice.         I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.         As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? {Open text}         Based on your intention, what changes have you implemented in your practice? {Open text}
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	



Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	Use PowerPoint as example.
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 10% of activities	Check all that apply.         Health behaviors       Access to care         Economic, social, and       Health disparities         environmental conditions       Population's physical         Healthcare and payer systems       environment
Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues.	Describe the collaborative efforts.
<ul> <li>Improves Performance</li> <li>Goal: 10% of activities</li> <li>Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes made to patient education.</li> </ul>	See Evaluation Methods section for required elements. Follow-up data is Required.
<ul> <li>Improves Healthcare Quality</li> <li>Collaborates in the process of healthcare quality</li> <li>improvement AND Demonstrates improvement in</li> <li>healthcare quality</li> <li>Goal: Two examples per accreditation cycle.</li> <li>Examples: EBCC</li> </ul>	Explain.
<ul> <li>Improves Patient and/or Community Health</li> <li>The provider demonstrates the impact of the CME</li> <li>program on patients or their communities (i.e., TB</li> <li>data from Thoracic TB).</li> <li>Goal: Two examples per accreditation cycle.</li> </ul>	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.
<ul> <li>Optimizes Communication Skills</li> <li>Designed to improve communication skills of learners.</li> <li>Example: Sim Lab</li> </ul>	<ul> <li>CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.</li> <li>Course leader provides formative feedback to each learner about observed communication skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>

<ul> <li>Optimizes Technical and/or Procedural Skills</li> <li>Designed to optimize/improve technical and procedural skills of learners.</li> <li>Example: Gamma Knife</li> </ul>	<ul> <li>CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.</li> <li>Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Utilizes Support Strategies</li> <li>Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change.</li> <li>Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps</li> </ul>	Explain.
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	Explain.

Live Webinar Det	Live Webinar Details For Internet Live Webinar Courses ONLY	
Panelists	Insert names and email addresses. Kenneth W Goodman - <u>kgoodman@med.miami.edu</u> Ray Barnett, ARNP - <u>Ray.Barnett@baptisthealth.net</u> Claudio J. Kogan - <u>Claudio.Kogan@baptisthealth.net</u> Ana M. Viamonte Ros <u>AnaVR@baptisthealth.net</u> TJ Johnson, B.A., B.S., - <u>tj@yesinstitute.org</u>	
	Joseph Zolobczuk, M.S. Ed., joseph@yesinstitute.org	
Hosts	Insert names and email addresses for at least one of these: DG-Telepresence / CME Manager and Assistant / Host Department	
	Eduardo Cartin – <u>Eduardo.cartin@baptisthealth.net</u> Kamila Piloto - <u>kamilap@baptisthealth.net</u>	
Zoom Account	CME Zoom Account 🗌 Partner Zoom Account	
Zoom Link	Insert link here.	

OLP Course Details For OLP Enduring Applications ONLY	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	

Course Release Date	
Course Renewal Date	
Course Expiration Date	

APPROVAL			
Date Reviewed	Reviewed By	Approved	Credits
	Accelerated Approval Executive Committee Live Committee		AMA PRA Category 1 Credits
		YES	APA Approval Level:
			Dental Approval
			Podiatry Approval



**Continuing Medical Education** 

Rev. 04/28/2022 \_MVA



Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

				Activity De	etails			
CME Activi	CME Activity Title			Critical Care Grand Rounds – June 2023 – Hemodynamic Monitoring in the Critical Care Patient				
Date				June 30, 2023		Time	7:30am to 8:30am	
Location				Live Webinar		Credit Hour(s)	1 cat. 1 per session	
Charge	arge		☐ Yes ⊠ No		SMS Code:			
<ul> <li>Target Audience –</li> <li>Mental and behavioral health topic(s) required for all symposiums.</li> <li>If limited to Baptist Health Medical Staff only, please indicate here.</li> </ul>			Critical Care Physicians, Cardiologists, Surgeons, Anesthesiologists, Emergency Medicine Physicians, Nephrologists, Pulmonologists, Infectious Disease Physicians, Neurologists, Gastroenterologists, Hospitalists, Physician Assistants, Nurse Practitioners, Nurses, Respiratory Therapists, Pharmacists and other interested healthcare providers.					
Commerci	Commercial Support – C8		<ul> <li>Monetary or In-kind received by Foundation.</li> <li>* Notify CME Business Ops Specialist and CME Development Specialist.</li> <li>LOA signed and dated by all parties is required.</li> </ul>					
Course ove	Course overview			Please join us for the May Critical Care Grand Rounds lecture, a multidisciplinary conference that will update practitioners on how hemodynamic monitoring in the critical care unit is vital for patient.				
Credit Type			Commendation ing Team section t / Self-assessment		Internal Ophthal Ophthal Ophthal Surgery Surgery Otolaryr Self-Ass Patholog	Lifelong Learning Medicine - Medical Knowledge nology - Lifelong Learning nology - Self-assessment • Accredited CME • Self-assessment gology – Head and Neck Surger essment ty - Lifelong Learning s - Lifelong Learning		
Providersh	nip	$\square$	Direct	Joint	PARS	ID #		
Publish to	CME Passpo	rt	🛛 Yes 🗌 N	o Publish to CEBroke	er 🛛 🖂	Yes 🗌 No	CEBroker #	

Conference Director(s)Karel Fuentes, M.D.CME ManagerEduardo E. Cartin		
Conference Coordinator and/or Instru	uctional Designer (OLP only)	
Sommendation Goal: Engages Interprofessional Teams/IPCI	E (10% of activities)	List 2+ professions here. M.D. Required. Karel Fuentes, M.D. Arlene Torres DNP APRN CCRN ACNP-BC Elizabeth Prol, ARNP

BHSF Initiatives				
<ul> <li>Balance across the cor</li> <li>Diversity &amp; Inclusion</li> <li>Evidence-based data</li> <li>High-reliability tools – systems, processes, ar</li> </ul>	Use of prior experiences to improve	<ul> <li>Overutilization – unnecessary health care costs</li> <li>Patient-centered care</li> <li>Public health factors (See commendation.)</li> <li>Removing redundancy – improving processes</li> </ul>		
Collaborative Partner:	Provide internal stakeholder here.			
Describe initiative:				

Appropriate Formats		provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. <b>Check all that apply.</b>			
Didactic Lecture	Panel Discussion	Simulation Lab			
Question & Answer	Interactive	Mannequins			
ARS ARS	Hands-on skill labs	Round table discussion			
Case Studies	Cadaver labs	Other (specify)			

		What practice-based problem (gap) will this education address? addresses problems in practice and/or patient care. As part of that effort, the provider ines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.		
State the educational need that y determined to be the <u>underlying</u> for the professional practice gap.	<u>cause</u>	Current healthcare providers in the ICU are not consistently updated on current cardio-pulmonary interactions that underlie the concept of fluid responsiveness and methods to determine fluid responsiveness in critically ill patients.		
Educational needs that <u>underlie</u> t professional practice gaps of lear <u>Check all that apply</u> .		<ul> <li>Knowledge - Deficit in medical knowledge.</li> <li>Competence - Deficit in ability to perform strategy or skill.</li> <li>Performance - Able to implement but noncompliant or inconsistent.</li> </ul>		

Designed to Change

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

This activity is designed to change:	Competence - CME evaluation and p Performance - Follow-up impact asse	
-	ctivity is designed to change learner ormance or patient outcomes.	Healthcare providers will be updated on current recommendations on strategies and methods to assess cardiac output.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).			
ABMS/ACGME	<ul> <li>Patient care and procedural skills</li> <li>Medical knowledge</li> <li>Practice-based learning and improvement</li> </ul>	<ul> <li>Interpersonal and communication skills</li> <li>Professionalism</li> <li>Systems-based practice</li> </ul>		
Institute of Medicine	<ul> <li>Provide patient-centered care</li> <li>Work in interdisciplinary teams</li> <li>Employ evidence-based practice</li> </ul>	<ul> <li>Apply quality improvement</li> <li>Utilize informatics</li> </ul>		
Interprofessional Education Collaborative	<ul> <li>Values/ethics for interprofessional practice</li> <li>Roles/responsibilities</li> </ul>	<ul> <li>Interprofessional communication</li> <li>Teams and teamwork</li> </ul>		

Educati Objecti		What change(s) in strategy, performance, or patient care would you like this education to hele learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement	
Objectives:	• D • R • R	pletion of this conference, participants should be better able to: hiscuss methods to assess fluid responsiveness. hecognize vascular tracings commonly used in the ICU . heview the best validated methods to determine fluid responsiveness in critically ill atients. Itilize vascular pressures to differentiate causes of shock.	

How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i>	Diseas Diseas Morta Nation New o	practice parameters se prevention (Mission) ality/morbidity statistics nal/regional data or updated policy/protocol review data atory requirement	<ul> <li>Research/literature review</li> <li>Consensus of experts</li> <li>Joint Commission initiatives</li> <li>National Patient Safety Goals</li> <li>New diagnostic/therapeutic modality (Mission)</li> <li>Patient care data</li> <li>Process improvement initiatives</li> </ul>
Other need identified. <b>P</b>	lease explai	in.	
Baptist Health Quantitative	Data In	nsert baseline chart or narrative	e here.
<ul> <li>References:</li> <li>Provide evidence- based, peer reviewed references supporting best practice guidelines.</li> <li>APA Citations should be no older than 10 years old.</li> </ul>	D cl Bd th 3: M	<ul> <li>Douglas, I. S., Alapat, P. M., Corl, K. A., Exline, M. C., Forni, L. G., Holder, A. L., &amp; D. M. (2020). Fluid response evaluation in sepsis hypotension and shock: a rando clinical trial. Chest, 158(4), 1431-1445.</li> <li>Bentzer, P., Griesdale, D. E., Boyd, J., MacLean, K., Sirounis, D., &amp; Ayas, N. T. (201 this hemodynamically unstable patient respond to a bolus of intravenous fluids?. 316(12), 1298-1309.</li> <li>Michard, F., Chemla, D., &amp; Teboul, J. L. (2015). Applicability of pulse pressure var how many shades of grey?. Critical Care, 19, 1-3.</li> </ul>	

## Faculty

## Faculty List

For more than two (2) faculty members, include the list at end of application. Arian Bethencourt Mirabal. M.D Critical Care Physician Baptist Health South Florida Miami, Fla.

Disclosure Statement	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.
Mitigation Chart	Mitigation chart complete on File Checklist.
Disclosures	<ul> <li>Add all faculty disclosures to this section: <ul> <li>Arian Bethencourt Mirabal. M.D., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> </ul> </li> <li>List all director, planner and reviewer disclosures in this section: <ul> <li>Karel Fuentes, M.D., conference director of this educational activity, has no relevant financial relationships with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> </ul> </li> <li>List and not include off-label or unapproved product usage.</li> <li>List non-faculty contributor disclosures in this section: <ul> <li>Eduardo Cartin – Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships with ineligible companies* to disclose.</li> <li>Arlene Torres and Elizabeth Prol – Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships with ineligible companies* to disclose.</li> </ul> </li> <li>*Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.</li> </ul>
Disclosure to the audience:	<ul> <li>Ethos Course Page</li> <li>Welcome Slides</li> <li>Faculty Slides</li> <li>Handout</li> <li>Other:</li> </ul>

Measured Outcomes				
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: Subjective Objective	Measurement Type: Subjective Objective	Measurement Type:	Measurement Type:	Measurement Type:

Evaluation Methods
--------------------

<ul> <li>Changes in competence.</li> <li>Intent to change</li> <li>Confidence in ability</li> </ul>	<ul> <li>CME Evaluation Form         <ul> <li>What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?</li> <li>If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.</li> </ul> </li> <li>Pre/Post-Survey         <ul> <li>Provide 1-2 goals per lecture to measure changes in competence. Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")</li> </ul> </li> </ul>
<ul> <li>Changes in performance.</li> <li>Commitment to Change</li> <li>Improves Performance</li> <li><u>Commendation Goal</u></li> </ul>	<ul> <li><u>CME Impact Assessment</u> include Commitment to Change question.</li> <li>Add <u>Commitment to Change Ethos object</u>.</li> <li>Add commitment to change evaluation question. (CME Registrar)</li> <li>Trigger follow-up survey 45 days post conference. (CME Registrar)</li> <li>Include handout or resource in follow-up email. (CME Manager/ Registrar)</li> <li>Additional questions for impact assessment: (CME Manager)</li> <li>Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity.</li> </ul>
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	۲	CME Registrar will route application to Oper documentation of additional requirement el	<u> </u>
Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.		Use PowerPoint as example.	
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 10% of activities		<ul> <li>Check all that apply.</li> <li>Health behaviors</li> <li>Economic, social, and environmental conditions</li> <li>Healthcare and payer systems</li> </ul>	<ul> <li>Access to care</li> <li>Health disparities</li> <li>Population's physical environment</li> </ul>
Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues.		Describe the collaborative efforts.	
Improves Performance     Goal: 10% of activities		See Evaluation Methods section for required Follow-up data is Required.	d elements.

<ul> <li>Improves Healthcare Quality</li> <li>Collaborates in the process of healthcare quality</li> <li>improvement AND Demonstrates improvement in</li> <li>healthcare quality</li> <li>Goal: Two examples per accreditation cycle.</li> <li>Examples: EBCC</li> </ul>	Explain.
<ul> <li>Improves Patient and/or Community Health</li> <li>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).</li> <li>Goal: Two examples per accreditation cycle.</li> </ul>	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.
<ul> <li>Optimizes Communication Skills</li> <li>Designed to improve communication skills of learners.</li> <li>Example: Sim Lab</li> </ul>	<ul> <li>CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.</li> <li>Course leader provides formative feedback to each learner about observed communication skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Optimizes Technical and/or Procedural Skills</li> <li>Designed to optimize/improve technical and procedural skills of learners.</li> <li>Example: Gamma Knife</li> </ul>	<ul> <li>CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.</li> <li>Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Utilizes Support Strategies</li> <li>Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change.</li> <li>Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps</li> </ul>	Explain.
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	Explain.

Live Webinar Det	Live Webinar Details For Internet Live Webinar Courses ONLY	
Panelists	Insert names and email addresses. Arian Bethencourt Mirabal. M.D. <u>arianbethencourt@gmail.com</u>	
Hosts	Insert names and email addresses for at least one of these: <b>DG-Telepresence / CME Manager and Assistant / Host Department</b> Eduardo E. Cartin <u>Eduardo.Cartin@baptisthealth.net</u> Elizabeth Maya <u>elizabeth.maya001@gmail.com</u> Arlene C. Torres <u>ArleneT@baptisthealth.net</u>	
Zoom Account	CME Zoom Account 🗌 Partner Zoom Account	
Zoom Link	Insert link here.	

OLP Course Details For OLP Enduring Applications ONLY		
Course Video URL		
Course Handout URL		
Multiple Choice Questions		
Course Release Date		
Course Renewal Date		
Course Expiration Date		

APPROVAL			
Date Reviewed	Reviewed By	Approved	Credits
	Accelerated Approval Executive Committee Live Committee	YES NO	AMA PRA Category 1 Credits     APA Approval Level:     Dental Approval     Podiatry Approval



Continuing Medical Education

Rev. 09/14/2022\_GF



Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Activity Details			
CME Activity Title	Echocardiography and Noninvasive Vascular Testing Lecture Series: Duplex Evaluation of Ilio-caval Outflow Tract and Stents		
Date	July 12, 2023	Time	6:00 p.m. – 7:00 p.m.
Location – If Virtual, fill in Zoom info at the end	Live Zoom Webinar	Credit Hour(s)	1 Cat. 1
Charge	☐ Yes ⊠ No	SMS Code:	
<ul> <li>Target Audience –</li> <li>Mental and behavioral health topic(s) required for all symposiums.</li> <li>If limited to Baptist Health Medical Staff only, please indicate here.</li> </ul>	ums. respiratory therapists.		
Commercial Support – C8	<ul> <li>Monetary or In-kind received by Foundation.</li> <li>* Notify CME Business Ops Specialist and CME Development Specialist.</li> <li>LOA signed and dated by all parties is required.</li> </ul>		
Course overview	Advanced duplex sonography technology has improved ilio-caval outflow tract imaging and allows more depth of penetration with enhanced image resolution. Grayscale, color, and spectral Doppler applications are ideal for evaluation of the femoral and ilio-caval outflow tract. This webinar will discuss the standards of performance protocols and diagnostic criteria used in the diagnosis of ilio-caval venous disease.		
Credit       AMA PRA Category 1       Anesthesia - Lifelong Learning         Type       Psychology - APA & FL • - APA Checklist       Internal Medicine - Medical Knowledge         Physician Assistant CE       Ophthalmology - Lifelong Learning         APRNS CE       Ophthalmology - Self-assessment         Dental CE       Surgery - Accredited CME         Interprofessional (IPCE) • Commendation       Otolaryngology – Head and Neck Surgery         Engages Teams – See Planning Team section       Pathology - Lifelong Learning         MOC Points - MOC Checklist / Self-assessment       Pathology - Lifelong Learning         Pediatrics - Self-assessment       Pediatrics - Lifelong Learning			edicine - Medical Knowledge logy - Lifelong Learning logy - Self-assessment ccredited CME elf-assessment logy – Head and Neck Surgery - ment Lifelong Learning
Providership Direct	] Joint PARS	ID #	
Publish to CME Passport	No Publish to CEBroker	] Yes 🛛 No 🛛 🤇	CEBroker #

Planning Team	
Conference Director(s)	Elliott Elias, M.D., Brian J. Schiro, M.D.
CME Manager Katie Deane	

Conference Coordinator and/or Instructional Designer (OLP only)	Muhammad Hasan, MBBch, RPVI
Second Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	List 2+ professions here. M.D. Required.

BHSF Initiatives		
<ul> <li>Balance across the continuum of care</li> <li>Diversity &amp; Inclusion</li> <li>Evidence-based data</li> <li>High-reliability tools – Use of prior experiences to improve systems, processes, and services</li> </ul>		<ul> <li>Overutilization – unnecessary health care costs</li> <li>Patient-centered care</li> <li>Public health factors (See commendation.)</li> <li>Removing redundancy – improving processes</li> </ul>
<b>Collaborative Partner:</b> Provide internal stakeholder here.		
Describe initiative:		

Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. <b>Check all that apply.</b>		
Live Course         Regularly Scheduled Series         Internet Live Course (Webina)         Internet Enduring Material	<u>r)</u>	Journal CME/CE     Manuscript Review     Test-Item Writing     Committee Learning	<ul> <li>Performance/Quality Improvement</li> <li>Internet Searching and Learning</li> <li>Learning from Teaching</li> <li>Other/Blended Learning</li> </ul>
<ul> <li>Didactic Lecture</li> <li>Question &amp; Answer</li> <li>ARS</li> <li>Case Studies</li> </ul>		<ul> <li>Panel Discussion</li> <li>Hands-on skill labs</li> <li>Cadaver labs</li> </ul>	<ul> <li>Simulation Lab</li> <li>Mannequins</li> <li>Round table discussion</li> <li>Other (specify)</li> </ul>
Educational Needs	What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: <u>CE Educator's Toolkit</u>		
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.		-	to incorporate protocols, techniques, and ove diagnostic accuracy of iliocaval disease.
Educational needs that <u>underlie</u> the professional practice gaps of learners. <i>Check all that apply.</i>		<ul> <li>Knowledge - Deficit in medical knowledge.</li> <li>Competence - Deficit in ability to perform strategy or skill.</li> <li>Performance - Able to implement but noncompliant or inconsistent.</li> </ul>	
Designed to Change			rational interventions that are designed to change coutcomes as described in its mission statement.

This activity is	Competence - CME evaluation and pre/post-survey.
designed to	Performance - Follow-up impact assessment and commitment to change.
change:	Patient Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.

Explain how this activity is designed to change learner competence, performance or patient outcomes.

Clinicians appropriately apply the performance protocols and diagnostic criteria to improve diagnostic accuracy of iliocaval disease.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).			
ABMS/ACGME	<ul> <li>Patient care and procedural skills</li> <li>Medical knowledge</li> <li>Practice-based learning and improvement</li> </ul>	<ul> <li>Interpersonal and communication skills</li> <li>Professionalism</li> <li>Systems-based practice</li> </ul>		
Institute of Medicine	<ul> <li>Provide patient-centered care</li> <li>Work in interdisciplinary teams</li> <li>Employ evidence-based practice</li> </ul>	<ul> <li>Apply quality improvement</li> <li>Utilize informatics</li> </ul>		
Interprofessional Education Collaborative	Values/ethics for interprofessional practice Roles/responsibilities	<ul> <li>Interprofessional communication</li> <li>Teams and teamwork</li> </ul>		

		What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement
Objectives:	• D m • R • D	pletion of this conference, participants should be better able to: Describe the anatomy, physiology, pathophysiology and general approach for iliocaval disease nanagement. Decognize the sonographic signs of proximal iliocaval obstruction. Demonstrate confidence to incorporate protocols, techniques, and interpretation criteria to mprove diagnostic accuracy of iliocaval disease.

References	Ensure Content is Valid		
How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i>	Best practice parameters       Research/literature review         Disease prevention (Mission)       Consensus of experts         Mortality/morbidity statistics       Joint Commission initiatives         National/regional data       National Patient Safety Goals         New or updated policy/protocol       New diagnostic/therapeutic modality (Mission)         Peer review data       Patient care data         Regulatory requirement       Process improvement initiatives		
Other need identified. <i>Please explain.</i>			
Baptist Health Quantitative Data         Insert baseline chart or narrative here.			

References:Sloves, J., & Almeida, J. I. (2018). Venous duplex ultrasound protocol for iliocaval disease. Journal of Vascular Surgery: Venous and Lymphatic Disorders, 6(6), 748-757.• Provide evidence- based, peer reviewed references supporting best practice guidelines.Sloves, J., & Almeida, J. I. (2018). Venous duplex ultrasound protocol for iliocaval disease. Journal of Vascular Surgery: Venous and Lymphatic Disorders, 6(6), 748-757.• APA Citations should be no older than 10 years old.Sloves, J. M., & Almeida, J. I. (2020). Basics of femoral and iliocaval imaging and stent evaluation. In Venous Ultrasound (pp. 133-154). CRC Press.			
Faculty         Faculty List         For more than two (2) faculty         members, include the list at         end of application.         Adam R. Geronemus, M.D.         Diagnostic Radiology, Vascular Interventional Radiology         Miami Cardiac & Vascular Institute         Baptist Health Quality Network			

Disclosure Statement	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.		
Mitigation Chart	Mitigation chart complete on File Checklist.		
Disclosures	<ul> <li>Add all faculty disclosures to this section:</li> <li>Adam R. Geronemus, M.D., speaker at this educational activity, has no relevant financial relationships with ineligible companies to disclose, and his presentation will not include discussion of off-label or unapproved usage.</li> <li>Elliott J. Elias, M.D., co-conference director of this educational activity, disclosed that he is a member of the speakers' bureau for Abbott Laboratories, Boston Scientific, Philips Healthcare and Bioventrix. All of the relevant financial relationships listed for this individual have been mitigated.</li> <li>Brian J. Schiro, M.D., co-conference director of this educational activity, disclosed that he is a consultant for Philips Medical and a member of the speakers' bureau for Philips Medical, Medtronic, Penumbra and Sirtex. All of the relevant financial relationships listed for this individual have been mitigated.</li> <li>Mohammad Hasan, MBBch, RPVI, moderator for this educational activity, has no relevant financial relationships to disclose, and his participation will not include discussion of offlabel or unapproved usage.</li> <li>Other non-faculty contributors involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose.</li> </ul>		
	*Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.		
Disclosure to the audience:	☑ Ethos Course Page ☑ Welcome Slides ☑ Faculty Slides ☑ Handout ☑ Other:		

Measured Outcomes				
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: Subjective Objective	Measurement Type: Subjective Objective	Measurement Type:	Measurement Type:	Measurement Type:

Evaluation Methods	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.
<ul> <li>Changes in competence.</li> <li>Intent to change</li> <li>Confidence in ability</li> </ul>	<ul> <li>CME Evaluation Form</li> <li>What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?</li> <li>If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.</li> <li>Pre/Post-Survey</li> <li>How confident are you in your ability to implement these strategies?</li> <li>O Utilize performance protocols and diagnostic criteria to improve diagnostic accuracy of iliocaval disease.</li> </ul>
<ul> <li>Changes in performance.</li> <li>Commitment to Change</li> <li>Improves Performance</li> <li>Commendation Goal</li> </ul>	<ul> <li><u>CME Impact Assessment</u> include Commitment to Change question.</li> <li>Add <u>Commitment to Change Ethos object.</u></li> <li>Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP).</li> <li>Trigger impact assessment 45 days post conference. (LMS Support)</li> <li>Include handout or resource in follow-up email. (CME Manager/ Course Builder)</li> <li>Additional questions for impact assessment: (CME Manager)</li> <li><i>Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.</i></li> <li><i>Example: I have implemented the new Baptist Health policy explained in this CME activity.</i></li> <li>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.</li> <li>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.</li> <li>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? {Open text}</li> <li>Based on your intention, what changes have you implemented in your practice? {Open text}</li> </ul>
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term. Describe outcomes assessment plan.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.



Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	Use PowerPoint as example.
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 8 activities	Check all that apply.         Health behaviors       Access to care         Economic, social, and       Health disparities         environmental conditions       Population's physical         Healthcare and payer systems       environment
Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. (4 different samples per accreditation)	Describe the collaborative efforts.
<ul> <li>Improves Performance</li> <li>Goal: 10% of activities</li> <li>Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes made to patient education.</li> </ul>	See Evaluation Methods section for required elements. Follow-up data is Required.
<ul> <li>Improves Healthcare Quality</li> <li>Collaborates in the process of healthcare quality</li> <li>improvement AND Demonstrates improvement in</li> <li>healthcare quality</li> <li>Goal: Two examples per accreditation cycle.</li> <li>Examples: EBCC</li> </ul>	Explain.
<ul> <li>Improves Patient and/or Community Health</li> <li>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).</li> <li>Goal: Two examples per accreditation cycle.</li> </ul>	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.

<ul> <li>Optimizes Communication Skills</li> <li>Designed to improve communication skills of learners.</li> <li>Example: Sim Lab</li> </ul>	<ul> <li>CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.</li> <li>Course leader provides formative feedback to each learner about observed communication skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Optimizes Technical and/or Procedural Skills</li> <li>Designed to optimize/improve technical and procedural skills of learners.</li> <li>Example: Gamma Knife</li> </ul>	<ul> <li>CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.</li> <li>Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Utilizes Support Strategies</li> <li>Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change.</li> <li>Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps</li> <li>Strategies must be assessed by CME provider and document updates/ changes based on learner feedback</li> </ul>	<ul> <li>Explain.</li> <li>Sample supplemental materials saved to file.</li> <li>Include Impact Assessment results and CME Provider analysis of learner comments.</li> <li>Add updates/ changes to resources based on learner feedback.</li> </ul>
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	Explain.

Live Webinar Details For Internet Live Webinar Courses ONLY			
Panelists	Speaker: Adam R. Geronemus, M.D. – <a href="mailto:adamrg@baptisthealth.net">adamrg@baptisthealth.net</a> – Cell:Moderator: Muhammad Hasan, MBBch, RPVI – <a href="mailto:mhasan@baptisthealth.net">mhasan@baptisthealth.net</a> – Cell: 305-788-2202/Ascom – 786-594-9922Panelist:Brian J. Schiro, M.D. – <a href="mailto:briansc@baptisthealth.net">briansc@baptisthealth.net</a> – Cell: 786-478-1745Panelist:Elliott Elias, M.D. – <a href="mailto:ElliottE@baptisthealth.net">ElliottE@baptisthealth.net</a> – Cell: 954-214-6977		
Hosts	Insert names and email addresses for at least one of these: Katie Deane – <u>katied@baptisthealth.net</u> – Cell: 305-790-1148 Micaela B. Royo Correa - <u>micaela.royocorrea@baptisthealth.net</u> – Cell: 786-250-9083		
Zoom Account	CME Zoom Account 🗌 Partner Zoom Account		
Zoom Link	Insert link here.		

APPROVAL			
Date Reviewed	Reviewed By	Approved	Credits
	Accelerated Approval     Executive Committee     Live Committee	YES NO	AMA PRA Category 1 Credits     APA Approval Level:     Dental Approval     Podiatry Approval



Continuing Medical Education

Rev. 09/14/2022\_GF



Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Activity Details					
CME Activity Title	40 <sup>th</sup> Annual Echocardiography and Structural Heart Symposium				
Date	September 29 & 30, 2023 Time See attached Sched				
Location – If Virtual, fill in Zoom info at the end	Loews Coral Gables Hotel Credit 2950 Coconut Grove Dr Coral Gables, FL 33134		TBD13.5 Cat. 1 Sept. 29 = 7 Sept. 30 = 6.5		
Charge	∑ Yes         Physicians: \$475            SMS Code:             Physicians: \$475            SMS Code:             BHSF Employees \$110         Other: \$280         Physicians-in-training: \$110**         Students: \$110         Early Bird Registration: 20% discount June 1 <sup>st</sup> – July         30 <sup>th</sup> . Cannot be combined with any other offers.         Groups of 3 or more are eligible for a 20% discount         *International physicians are eligible for a 20% discount.         **Registration must be accompanied by a letter from the         Fellowship/Residency Director.				
<ul> <li>Target Audience –</li> <li>Mental and behavioral health topic(s) required for all symposiums.</li> </ul>	No         Cardiologists, vascular surgeons, interventional radiologists, anesthesiologists, emergency medicine physicians, critical care physicians, echocardiography and noninvasive vascular testing specialists, nurses, sonographers, pharmacists, respiratory therapists.				
Commercial Support – C8	<ul> <li>Monetary or In-kind received by Foundation.</li> <li>* Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.</li> </ul>				

Course overview	As valvular heart disease and structural heart treatments become more integral within cardiology, providers will rely on the diagnosis and treatment of disease using transcatheter/nonsurgical therapy.			
The 40th Annual Echocardiography and Structural Heart Symposium will include important that focus on current guidelines for the evaluation of core issues within echocardiography, so cardiac structure, cardiac function and hemodynamics assessment.				
	In addition, the internationally renowned faculty will address the latest developments, cutting-edge technologies and future directions of structural heart disease assessment, treatment options and advanced cardiac imaging.			
	These discussions will include advanced echocardiography imaging techniques (3-D, Strain, CT and TEE) and valve repair approaches (TAVR, Transcatheter Edge-to-Edge Repair (TEER), left atrial appendage occlusion devices, paravalvular closure and alcohol septal ablation). Treatment focus will be on aortic, mitral and tricuspid valves and interatrial septum valvular heart disease, as well as specific patient populations, including those with cancer, atrial fibrillation, valvular heart disease and hypertrophic cardiomyopathy. Current controversies speak to indications and contraindications for various diagnostic and treatment approaches. This year's expanded focus will be of special interest to sonographers, anesthesiologists, cardiologists, ED physicians, critical care physicians and medical professionals interested in echocardiography and the newest advances in diagnosis and treatment of structural heart disease.			
<ul> <li>Physician A</li> <li>APRNs CE</li> <li>Dental CE</li> <li>Podiatry CI</li> <li>Interprofes</li> <li>Engages Te</li> <li>MOC Point</li> </ul>	<ul> <li>APA &amp; FL S - APA Checklist</li> <li>Internal Medicine - Medical Knowledge</li> <li>Ophthalmology - Lifelong Learning</li> <li>Ophthalmology - Self-assessment</li> <li>Surgery - Accredited CME</li> </ul>			
Providership	Direct Joint PARS ID #			
Publish to CME Passport	Yes No Publish to CEBroker			

Planning Team			
Conference Director(s)	Elliot Elias, M.D., Damian Chaupin, M.D.		
CME Manager	Katie Deane		
Conference Coordinator and/or Instructional Designer (OLP only)			
Sommendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)		List 2+ professions here. M.D. Required.	

**BHSF** Initiatives

<ul> <li>Balance across the continuum of care</li> <li>Diversity &amp; Inclusion</li> <li>Evidence-based data</li> <li>High-reliability tools – Use of prior experiences to improve systems, processes, and services</li> </ul>		<ul> <li>Overutilization – unnecessary health care costs</li> <li>Patient-centered care</li> <li>Public health factors (See commendation.)</li> <li>Removing redundancy – improving processes</li> </ul>
Collaborative Partner:	Intersocietal Accreditation Commissic affiliated with accreditation echo	on (IAC) Education requirement for physicians and sonographers lab.
Describe initiative:	The BHSF CME Dept. offers this course in order that our physicians and sonographers affiliated with our echo labs receive the required education. We work closely with cardiothoracic surgery, radiology and structural interventionists.	

Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. <b>Check all that apply.</b>		
<ul> <li>Live Course</li> <li>Regularly Scheduled Series</li> <li>Internet Live Course (Webinan</li> <li>Internet Enduring Material</li> </ul>	<u>r)</u>	Journal CME/CE         Manuscript Review         Test-Item Writing         Committee Learning	<ul> <li>Performance/Quality Improvement</li> <li>Internet Searching and Learning</li> <li>Learning from Teaching</li> <li>Other/Blended Learning</li> </ul>
<ul> <li>Didactic Lecture</li> <li>Question &amp; Answer</li> <li>ARS</li> <li>Case Studies</li> </ul>		<ul> <li>Panel Discussion</li> <li>Hands-on skill labs</li> <li>Cadaver labs</li> </ul>	<ul> <li>Simulation Lab</li> <li>Mannequins</li> <li>Round table discussion</li> <li>Other (specify)</li> </ul>
Educational Needs	What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: <u>CE Educator's Toolkit</u>		
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.		Echocardiography and the newest advances in the diagnosis and treatment of structural heart disease are rapidly evolving modalities for more complex procedures. Physicians and sonographers need regular education to keep up with this pace and provide optimal patient care.	
Educational needs that <u>underlie</u> the professional practice gaps of learners. Check all that apply.			dical knowledge. bility to perform strategy or skill. blement but noncompliant or inconsistent.

Designed to Change			es activities/educational interventions that are designed to change mance, or patient outcomes as described in its mission statement.
This activity is designed to change:       Competence - CME evaluation and pre/post-survey.         Performance - Follow-up impact assessment and commitment to change.         Patient Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.			
Explain how this activity is designed to change learner competence, performance or patient outcomes.		-	Physicians and Sonographers will competently utilize state-of-the-art echocardiography and the newest advances in diagnosis and treatment of structural heart disease to provide high-quality procedures that are safer, faster, improve patient outcomes, and allow physicians to treat an increasing complex group of patients.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).		
ABMS/ACGME	<ul> <li>Patient care and procedural skills</li> <li>Medical knowledge</li> <li>Practice-based learning and improvement</li> </ul>	<ul> <li>Interpersonal and communication skills</li> <li>Professionalism</li> <li>Systems-based practice</li> </ul>	
Institute of Medicine	<ul> <li>Provide patient-centered care</li> <li>Work in interdisciplinary teams</li> <li>Employ evidence-based practice</li> </ul>	<ul> <li>Apply quality improvement</li> <li>Utilize informatics</li> </ul>	
Interprofessional Education Collaborative	Values/ethics for interprofessional practice Roles/responsibilities	<ul> <li>Interprofessional communication</li> <li>Teams and teamwork</li> </ul>	

		What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement
<b>Objectives:</b>	<ul> <li>U</li> <li>d</li> <li>R</li> <li>va</li> <li>D</li> <li>a<sup>1</sup></li> <li>A</li> <li>th</li> <li>tr</li> <li>U</li> <li>le</li> <li>D</li> <li>ca</li> <li>Fill</li> <li>tr</li> <li>A</li> <li>st</li> </ul>	pletion of this conference, participants should be better able to: tilize a multidisciplinary structural heart team approach to diagnose and treat structural heart isease. ecognize the echocardiographic presentation and application of advanced imaging in patients with alvular heart disease and atrial fibrillation, including hypertrophic cardiomyopathy. emonstrate the utility of multimodality imaging in hypertrophic cardiomyopathy and workup for left trial appendage and valvular heart disease. ssess and apply a comprehensive approach when managing the aortic, mitral and tricuspid valves and he interatrial septum, utilizing basic and advanced imaging techniques to identify and guide the reatment of valvular heart disease. tilize current evidence-based clinical data in TAVR, TMVR, TEER, LAA occluder devices, paravalvular eak and alcohol septal ablation to optimize treatment. emonstrate the management and utility of transesophageal and 3-D imaging in the cardiac atheterization lab to guide structural heart procedures. urther define the tricuspid valve anatomy and function and describe the implications for treatment of icuspid regurgitation using transcatheter therapy. void common pitfalls in imaging patients in cardio-oncology, hypertrophic cardiomyopathy and tructural heart disease. efine protocols that can assess valvular heart disease after intervention.

References		Ensure Content is Valid		
How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i>	<ul> <li>Best practice parameters</li> <li>Disease prevention (Mission)</li> <li>Mortality/morbidity statistics</li> <li>National/regional data</li> <li>New or updated policy/protocol</li> <li>Peer review data</li> <li>Regulatory requirement</li> </ul>	<ul> <li>Research/literature review</li> <li>Consensus of experts</li> <li>Joint Commission initiatives</li> <li>National Patient Safety Goals</li> <li>New diagnostic/therapeutic modality (Mission)</li> <li>Patient care data</li> <li>Process improvement initiatives</li> </ul>		
Other need identified. <b>P</b>	lease explain.			
Baptist Health Quantitative	alth Quantitative Data Insert baseline chart or narrative here.			

<ul> <li>References:</li> <li>Provide evidence- based, peer reviewed references supporting best practice guidelines.</li> <li>APA Citations should be no older than 10 years old.</li> </ul>	<ul> <li>With the aging of the world's population, there has been a parallel growth of valvular heart disease. The development and establishment of less-invasive transcatheter aortic valve replacement (TAVR) has provided a different framework to approach these patients through a multi-disciplinary heart team for planning and treatment. Within this context of continued expansion of devices and procedures, there has been increased demand for physicians with specific procedural-based skills and advanced cardiac imaging training in both echocardiography and cardiac computed tomography. (Cavalcante, J. L., &amp; Wang, D. D. (2018). Structural heart interventional imagers-The new face of cardiac imaging. <i>Arquivos brasileiros de cardiologia</i>, <i>111</i>(5), 645-647.)</li> <li>IACA Adult Echocardiography Accreditation Standards IAC Standards and Guidelines for Adult Echocardiography Accreditation (published May 15, 2021 / effective November 15, 2021)</li> <li>Comment: In addition to the initial qualifications, physicians must meet Ongoing Practice Experience and Continuing Medical Education Requirements as defined by the Standards outlined in this document.</li> <li>Intersocietal Accreditation Commission. (2017). IAC standards and guidelines for adult echocardiography accreditation. <i>Available at:. Accessed December</i>, <i>3.</i> (https://intersocietal.org/wp-content/uploads/2021/07/IACAdultEchocardiographyStandards2021.pdf)</li> </ul>
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Faculty

#### Faculty List

## SYMPOSIUM DIRECTORS



Elliott J. Elias, M.D., MPH, FACC, FASE, FSCCT Damian F. Chaupin, M.D. Cardiologist Miami Cardiac & Vascular Institute A part of Baptist Health South Florida Miami, Florida



Cardiologist Miami Cardiac & Vascular Institute A part of Baptist Health South Florida Miami, Florida

## FACULTY



Eli Friedman, M.D. Medical Director of Sports Cardiology **Baptist Health Medical Group Cardiology** Miami Cardiac & Vascular Institute A part of Baptist Health South Florida Miami, Florida



Linda D. Gillam, M.D., MPH, MACC, FAHA, FASE Dorothy and Lloyd Huck Chair Department of Cardiovascular Medicine Medical Director Cardiovascular Service Line Morristown Medical Center/Atlantic Health System Morristown, New Jersey



Nadira Hamid, M.D. Assistant Professor of Medicine Assistant Director of Structural Heart Echocardiography Columbia University Irving Medical Center New York, New York



Omar Khalique, M.D.

Director, Division of Cardiovascular Imaging Saint Francis Hospital and Catholic Health System of Long Island Director, Cardiovascular Imaging Research and Education DeMatteis Cardiovascular Institute Roslyn, New York



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Ana Victoria Soto-Quintela, M.D., FACC, FASE Insert title

Disclosure	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team,
Statement	Reviewers, and anyone else involved in the planning, development, and editing/review of the content.
Mitigation Chart	Mitigation chart complete on File Checklist.

Disclosures	<ul> <li>Add all faculty disclosures to this section:         <ul> <li>Nadira Hamid, M.D., Stephen H. Little, M.D., Bernardo Lopez Sanabria, M.D, Orlando Santana, RDCS, and Ana Victoria Soto-Quintela, M.D., faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentations or discussions will not include off-label or unapproved product usage.</li> <li>Eli Friedman, M.D., faculty for this educational activity, is on the speakers' bureau for VizAi, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Omar Khalique, M.D., faculty for this educational activity, is a consultant for Cardiac Implants, Edwards Lifesciences and Abbott Laboratories, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Nish Patel, M.D., faculty for this educational activity, is on the speakers' bureau for Abbott, Edwards Lifesciences and Medtronic. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Nish Patel, M.D., faculty for this educational activity, is a researcher for Abbott Laboratories and Boston Scientific, and a consultant and a speaker for Abbott Laboratories, Boston Scientific and Acoulty for this educational activity, is on the speakers' bureau for Abbott Laboratories, Boston Scientific and Medtronic, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Muhamed Saric, M.D., Ph.D., faculty for this educational activity, is on the speakers' bureau for Abbott Laboratories, Boston Scientific and Medtronic, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> </ul> </li> <li>All of the relevant financial relationships listed f</li></ul>
Disclosure to the audience:	Ethos Course Page 🛛 Welcome Slides 🖾 Faculty Slides 🗌 Handout Other:

Measured Outcomes					
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health	
Measurement Type: Subjective Objective	Measurement Type: Subjective Objective	Measurement Type: Subjective Objective	Measurement Type:	Measurement Type:	

Evaluation Methods	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.
<ul> <li>Changes in competence.</li> <li>Intent to change</li> <li>Confidence in ability</li> </ul>	<ul> <li>CME Evaluation Form</li> <li>What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?</li> <li>If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.</li> <li>Pre/Post-Survey</li> <li>How confident are you in your ability to implement this strategy?         <ul> <li>Competently utilize state-of-the-art echocardiography in the diagnosis and treatment of valvular and structural heart disease.</li> </ul> </li> </ul>
<ul> <li>Changes in performance.</li> <li>Commitment to Change</li> <li>Improves Performance</li> <li>Commendation Goal</li> </ul>	<ul> <li><u>CME Impact Assessment include Commitment to Change question.</u></li> <li><u>Add Commitment to Change Ethos Object.</u></li> <li>Add Commitment to Change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP).</li> <li>Trigger Impact Assessment 45 days post-conference. (LMS Support)</li> <li>Include handout or resource in follow-up email. (CME Manager/Course Builder)</li> <li>Additional questions for Impact Assessment: (CME Manager)</li> <li><i>Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.</i></li> <li>I have utilized a multidisciplinary structural heart team approach to diagnose and treat structural heart disease.</li> <li>I have utilized multimodality imaging in hypertrophic cardiomyopathy and workup for left atrial appendage and in valvular heart disease.</li> <li>I have implemented a comprehensive approach when managing the valvular heart disease utilizing basic and advanced imaging techniques.</li> <li>I have accessed current evidence-based clinical data in order to optimize treatment for valvular heart disease.</li> <li>As a result of attending this symposium on essential valvular heart disease and structural heart treatments, what changes did you commit to make in your practice? {Open text}</li> <li>Based on your intention, what changes have you implemented in your practice? {Open text}</li> </ul>
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals



CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.

Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	Use PowerPoint as example.
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 8 activities	Check all that apply.         Health behaviors       Access to care         Economic, social, and       Health disparities         environmental conditions       Population's physical         Healthcare and payer systems       environment
Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. (4 different samples per accreditation)	Describe the collaborative efforts.
<ul> <li>Improves Performance</li> <li>Goal: 10% of activities</li> <li>Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes made to patient education.</li> </ul>	See Evaluation Methods section for required elements. Follow-up data is Required.
<ul> <li>Improves Healthcare Quality</li> <li>Collaborates in the process of healthcare quality improvement AND Demonstrates improvement in healthcare quality</li> <li>Goal: Two examples per accreditation cycle.</li> <li>Examples: EBCC</li> </ul>	Explain.
<ul> <li>Improves Patient and/or Community Health</li> <li>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).</li> <li>Goal: Two examples per accreditation cycle.</li> </ul>	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.

<ul> <li>Optimizes Communication Skills</li> <li>Designed to improve communication skills of learners.</li> <li>Example: Sim Lab</li> </ul>	<ul> <li>CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.</li> <li>Course leader provides formative feedback to each learner about observed communication skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Optimizes Technical and/or Procedural Skills</li> <li>Designed to optimize/improve technical and procedural skills of learners.</li> <li>Example: Gamma Knife</li> </ul>	<ul> <li>CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.</li> <li>Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Utilizes Support Strategies</li> <li>Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change.</li> <li>Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps</li> <li>Strategies must be assessed by CME provider and document updates/ changes based on learner feedback</li> </ul>	<ul> <li>Explain.</li> <li>Sample supplemental materials saved to file.</li> <li>Include Impact Assessment results and CME Provider analysis of learner comments.</li> <li>Add updates/ changes to resources based on learner feedback.</li> </ul>
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	Explain.

OLP Course Details For OLP Enduring Applications ONLY					
Course Video URL					
Course Handout URL					
Multiple Choice Questions					
Course Release Date					
Course Renewal Date					
Course Expiration Date					

APPROVAL					
Date Reviewed	Reviewed By	Approved	Credits		
	Accelerated Approval		AMA PRA Category 1 Credits		
	Executive Committee	U YES	APA Approval Level:		
	Live Committee		Dental Approval		
			Podiatry Approval		

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Echoc	ardiography and Structural Heart Symposium, September 29 & 30	FACULTY
FRIDA	Y, September 29 (7 Cat. 1)	
6:30	Registration, Continental Breakfast and Visit Exhibits	
AM	Websers and Onesian Demode	Denne Keteren MAD
7:15 AM	Welcome and Opening Remarks	Barry Katzen, M.D.
	Stenosis	Moderator: Elliott J. Elias, M.D., MPH
7:30	Introduction to Valvular Heart Disease and Updates on the	Linda D. Gillam, M.D., MPH
AM	Guidelines	
7:45 AM	Sonographers corner: Evaluating aortic stenosis	Orlando Santana, RDCS
8:00	Back to Basics for Aortic Stenosis and More	Elliott Elias, M.D., MPH
AM		
8:15	Evaluating Low-Gradient Aortic Stenosis and Outcomes for TAVR	Linda D. Gillam, M.D., MPH
AM	vs. SAVR	
8:30 AM	What's Involved in the TAVR Workup?	Omar Khalique, M.D.
8:45	Imaging Post-TAVR	Muhamed Saric, M.D., Ph.D.
AM		
9:00	Case Presentation: A difficult Decision of TAVR vs. SAVR for My	Bernardo Lopez Sanabria, M.D.
AM	Patient	
9:20 AM	Panel Discussion with Question-and-Answer Session	
9:35	Break and Visit Exhibits	
AM		
Evalua	ation of Prosthetic Heart Valves	Moderator: Elliott Elias, M.D., MPH
10:0	Introduction to Prosthetic Heart Valves: Form, Function and type	Nadira Hamid, M.D.
5		
AM 10:2	Introduction and Evaluation of Prosthetic Heart Valves: Form and	Linda D. Gillam, M.D., MPH
0	Function	
AM		
10:3	Case presentation: Aortic Valve-in-Valve	Ramon Quesada, M.D.
5		
AM 10:5	Clinical Conundrum: Is It Pathologic Obstruction vs. Patient	Muhamed Saric, M.D., Ph.D.
0	Prosthesis Mismatch of the Aortic Valve?	
AM		
11:0	Should I Treat Asymptomatic Severe Valvular Heart Disease Stage	Linda D. Gillam, M.D., MPH
5	С?	
AM 11:2	Panel Discussion with Question-and-Answer Session	
0		
AM		
11:5	Lunch and Visit Exhibits	Potential Product Theather
0 AM		
	ng From the Experts on Valve Disease and How They Treat and	Moderator: Elliott Elias, M.D., MPH
Image	• • •	
1:20	TAVR for aortic regurgitation	Bernardo Lopez Sanabria, M.D.
PM		
1:35 PM	Role of CMR in MR and Aortic Regurgitation	Omar Khalique, M.D.
r IVI		

1:50 PM	Aortic Regurgitation and Upcoming Transcatheter Treatment	Nadira Hamid, M.D.
2:05 PM	Prosthetic Assessment for Mitral Stenosis and Mitral Regurgitation	Nadira Hamid, M.D.
2:20 PM	Panel Discussion with Question-and-Answer Session	
2:35 PM	Break and Visit Exhibits	
	ng on the Basics of Echo with Advanced Imaging	Moderator: Elliott Elias, M.D., MPH
3:05 PM	Strain without Stress: An Challenging Case in Cardio Oncology	TBD
3:15 PM	When and How to Use 3D/4D Imaging	TBD
3:30 PM	Essential TEE Views and How They Relate to the Sonographer	Elliott Elias, M.D., MPH, MPH
3:45 PM	Panel Discussion with Question-and-Answer Session	
Multir	nodality Imaging for the Diagnosis and Treatment of Structural Disease	Moderator: Elliott Elias, M.D., MPH
4:05	Case presentation - cardiac shunt	Nish Patel, M.D.
PM 4:15 PM	Imaging and Treatment of Cardiac Shunts (ASD/VSD/PFO)	Muhamed Saric, M.D., Ph.D.
4:30 PM	Case presentation - Hypertrophic Cardiomyopathy	Eli Friedman, M.D.
4:45 PM	Hypertrophic Cardiomyopathy and the Benefits of ETOH Ablations	Muhamed Saric, M.D., Ph.D.
4:55 PM	An Interesting Case of Constrictive vs. Restrictive Heart Disease	TBD
5:05 PM	Panel Discussion with Question-and-Answer Session	
5:15 PM	Adjourn	
	lay, September 30 – 6.5 Cat. 1 Credits	
6:30 AM	Registration, Continental Breakfast and Visit Exhibits	
7:15 AM	Welcome and Introductions	Elliott Elias, M.D., MPH, Damian Chaupin, M.D.
	Valvular Disease Regurgitation and Right Heart Disease	Moderator: Elliott Elias, M.D., MPH
7:30 AM	Sonographer's corner: Evaluating Mitral Regurgitation	TBD
7:45 AM	Assessing Mitral Regurgitation	Stephen H. Little, M.D.
8:00 AM	My Toughest and Most Interesting Cases of TEER	TBD
8:15 AM	Imaging for TEER and Transcatheter Mitral Valve Replacement (TMVR)	Stephen H. Little, M.D.
8:30 AM	My Toughest and Most Interesting Cases of TMVR	Bernardo Lopez Sanabria, M.D.
8:40 AM	Panel Discussion with Question-and-Answer Session	
8:55 AM	Break and Visit Exhibits	

9:25 AM	An Update on Mental Health and Imaging	Orlando Santana, RDCS
	nced Imaging	Moderator: Damian Chaupin, M.D.
9:35 AM	Evaluation of Mitral Stenosis	Elliott Elias, M.D., MPH
9:45 AM	An Introduction to TMVR	Omar Khalique, M.D.
10:0 0	Role of ICE in Transcatheter Therapy? Remove lecture?	Muhamed Saric, M.D., Ph.D.
AM		
10:1	How Do I Quantify Valvular Heart Disease (PISA, Continuity,	Elliott Elias, M.D., MPH
5 AM	Planimetry, Regurgitant Fraction, Percentage)?	
10:3	Endocarditis on the Native Valve and Prosthetic Valves and When	Muhamed Saric, M.D., Ph.D.
0 AM	to Send for Surgery	
10:4	Will Artificial Intelligence Replace the Clinical Echocardiographer?	Damian Chaupin, M.D.
5 AM		
10:5	Panel Discussion with Question-and-Answer Session	
5 AM		
11:1	Lunch and Visit Exhibits	Potential Product Theater
0		
AM Back 1	Fo Basics Rapid-Fire	Moderator: Damian Chaupin, M.D.
12:4	Contrast Echo and case examples	TBD
0		
PM		
12:5 5	Diastology	TBD
PM		
1:10 PM	Cardiac chamber assessment and normal values	TBD
1:25 PM	Echo Assessment in the Setting of Pulmonary Emboli	Ana Victoria Soto-Quintela, M.D.
1:40	Stress echo in valve disease	ТВД
PM Tricus	pid	Moderator: Damian Chaupin, M.D.
1:55	Sonographer's corner: Evaluating Tricuspid Regurgitation	ТВО
PM		
2:10 PM	Assessing the Right Ventricle	TBD
2:25	Anatomy and Echo Imaging of Tricuspid Valve	Nadira Hamid, M.D.
PM 2:40	CT planning for Tricuspid valve interventions	Omar Khalique, M.D.
PM		
2:55	How Do I Evaluate Treat and Think About Transcatheter	тво
PM 3:10	Treatment for Tricuspid Regurgitation My Toughest and Most Interesting Cases of Tricuspid Clip	Ramon Quesada, M.D.
PM		
3:20 PM	TEER for TR and an Update on Transcatheter Therapy and Data for Tricuspid Regurgitation	Stephen H. Little, M.D.
3:35	Panel Discussion with Question-and-Answer Session	
PM		

3:50 PM	Panel Discussion with Question-and-Answer Session	
4:00	Closing Remarks	Elliott Elias, M.D., MPH, Damian Chaupin, M.D.
PM		
4:05	Adjourn	
PM		



**Continuing Medical Education** 

Rev. 09/14/2022\_GF



Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Activity Details						
CME Activity Title	2023 MCI Oncology Rehabilitation Symposium: Restoring Function and Improving Quality of Life for Cancer Survivors: A Multidisciplinary Perspective					
Date	09/09/2023	Time	8am to 3:45pm			
Location – If Virtual, fill in Zoom info at the end	Virtual	Credit Hour(s)	6.5 Cat. 1			
Charge	<ul> <li>Yes _ Up to July 31st;</li> <li>Registration Fees Baptist Health South Florida Employee Rate: \$80 Standard Rate: \$120 Student Rate: \$29_</li> <li>August 1st;</li> <li>Registration Fees Baptist Health South Florida Employee Rate: \$99 Standard Rate: \$149 Student Rate: \$49 No</li> </ul>	SMS Code:				
<ul> <li>Target Audience –</li> <li>Mental and behavioral health topic(s) required for all symposiums.</li> <li>If limited to Baptist Health Medical Staff only, please indicate here.</li> </ul>	Neurologists, Neurosurgeons, Psychiatrists, Neuropsychologists, Physiatrists, General Internists, Oncologists, Family Practice Physicians, Orthopedic Surgeons, Physical Therapists and Assistants, Occupational Therapists and Assistants, Speech- Language Pathologists, Nurses, Social Workers, Pharmacists, Athletic Trainers and all other interested healthcare professionals.					
Commercial Support – C8	<ul> <li>Monetary or In-kind received by Foundation.</li> <li>* Notify CME Business Ops Specialist and CME Development Specialist.</li> <li>LOA signed and dated by all parties is required.</li> </ul>					
Course overview	Cancer is a public health problem of major proportions. Each year, more than 600,000 people in the United States die from cancer. There have been many advances in the practices of rehabilitation medicine, psychology, neurology and other clinical specialties that identify and treat patients with cancer. Fatigue and loss of physical performance are frequent problems of cancer patients. This symposium will provide practical, evidence-based rehabilitation strategies – including contraindications for treatment – to accurately treat oncology patients of various types.					

Credit Type								nternal N Dphthaln Dphthaln Surgery - Surgery - Dtolaryng Self-Asse Pathology	nology - Lifelon nology - Self-ass Accredited CM Self-assessmen gology – Head a	ical Knowledge g Learning sessment E nt nd Neck Surgery - rning
Providership 🛛 Direct 🗌 Joint		PA	ARS ID #							
Publish to CME Passport		rt	🛛 Yes 🗌	No	Publish to CEBroke	r	🛛 Yes 🗌	] No	CEBroker #	

Planning Team						
Conference Director(s)	Adrian Cristian, M.D. and Elizabeth Matalon, M.S., P.T.					
CME Manager	Eduardo Cartin					
Conference Coordinator and/or Instru	uctional Designer (OLP only)					
Second Commendation Goal: Engages Interprofessional Teams/IPC	E (10% of activities)	List 2+ professions here. M.D. Required.				

BHSF Initiatives			
<ul> <li>Balance across the continuum of care</li> <li>Diversity &amp; Inclusion</li> <li>Evidence-based data</li> <li>High-reliability tools – Use of prior experiences to improve systems, processes, and services</li> </ul>		<ul> <li>Overutilization – unnecessary health care costs</li> <li>Patient-centered care</li> <li>Public health factors (See commendation.)</li> <li>Removing redundancy – improving processes</li> </ul>	
Collaborative Partner:	Baptist Health Rehabilitation Department and Miami Cancer Institute		
Describe initiative:			

Appropriate Formats		ats for activities/interventions that are appropriate for ired results of the activity. <b>Check all that apply.</b>
Live Course         Regularly Scheduled Series         Internet Live Course (Webinar         Internet Enduring Material	Journal CME/CE         Manuscript Review         Test-Item Writing         Committee Learning	<ul> <li>Performance/Quality Improvement</li> <li>Internet Searching and Learning</li> <li>Learning from Teaching</li> <li>Other/Blended Learning</li> </ul>
<ul> <li>Didactic Lecture</li> <li>Question &amp; Answer</li> <li>ARS</li> <li>Case Studies</li> </ul>	Panel Discussion Hands-on skill labs Cadaver labs	<ul> <li>Simulation Lab</li> <li>Mannequins</li> <li>Round table discussion</li> <li>Other (specify)</li> </ul>

Educational Needs	What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: <u>CE Educator's Toolkit</u>	
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.		<ul> <li>Clinicians may not be aware of updated evidence based research and treatment on cancer patients.</li> <li>Clinicians do not consistently implement proper rehabilitations, and prehabilitation, procedures post treatment for determining the successful recovery of cancer patients.</li> </ul>
Educational needs that <u>underlie</u> t professional practice gaps of lear Check all that apply.		<ul> <li>Knowledge - Deficit in medical knowledge.</li> <li>Competence - Deficit in ability to perform strategy or skill.</li> <li>Performance - Able to implement but noncompliant or inconsistent.</li> </ul>

Designed to Change		The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	
This activity is designed to change:	<ul> <li>Competence - CME evaluation and pre/post-survey.</li> <li>Performance - Follow-up impact assessment and commitment to change.</li> <li>Patient Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.</li> </ul>		
Explain how this activity is designed to change learner competence, performance or patient outcomes.			

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).	
ABMS/ACGME	<ul> <li>Patient care and procedural skills</li> <li>Medical knowledge</li> <li>Practice-based learning and improvement</li> </ul>	<ul> <li>Interpersonal and communication skills</li> <li>Professionalism</li> <li>Systems-based practice</li> </ul>
Institute of Medicine	<ul> <li>Provide patient-centered care</li> <li>Work in interdisciplinary teams</li> <li>Employ evidence-based practice</li> </ul>	<ul> <li>Apply quality improvement</li> <li>Utilize informatics</li> </ul>
Interprofessional Education Collaborative	Values/ethics for interprofessional practice Roles/responsibilities	<ul> <li>Interprofessional communication</li> <li>Teams and teamwork</li> </ul>

Educatio Objecti		What change(s) in strategy, performance, or patient care would you like this education to he learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement	
Objectives:	• D sk • R( • Id	Exampletion of this conference, participants should be better able to: Describe assessment, treatment and rehabilitation of patients with brain tumors and patients with skeletal metastasis. Recognize the principles of functional and lifestyle medicine for cancer patients. Identify the role of acupuncture, nutrition and palliative care in the treatment of cancer patients. Describe the assessment and treatment of head and neck lymphedema.	

References	Ensure Content is Valid	
How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i>	<ul> <li>Best practice parameters</li> <li>Disease prevention (Mission)</li> <li>Mortality/morbidity statistics</li> <li>National/regional data</li> <li>New or updated policy/protocol</li> <li>Peer review data</li> <li>Regulatory requirement</li> </ul>	<ul> <li>Research/literature review</li> <li>Consensus of experts</li> <li>Joint Commission initiatives</li> <li>National Patient Safety Goals</li> <li>New diagnostic/therapeutic modality (Mission)</li> <li>Patient care data</li> <li>Process improvement initiatives</li> </ul>
Other need identified. <i>Please explain.</i>		
Baptist Health Quantitative	Data Insert baseline chart or narra	tive here.

#### References:

- Provide evidencebased, peer reviewed references supporting best practice guidelines.
- APA Citations should be no older than 10 years old.
- Conner, A. K., Briggs, R. G., Sali, G., Rahimi, M., Baker, C. M., Burks, J. D., Glenn, C. A., Battiste, J. D., & Sughrue, M. E. (2018). A Connectomic Atlas of the Human Cerebrum— Chapter 13: Tractographic Description of the Inferior Fronto-Occipital Fasciculus. Operative Neurosurgery, 15(suppl\_1), S436–S443. https://doi.org/10.1093/ons/opy267
  - Knitter, J. R., Erly, W. K., Stea, B. D., Lemole, G. M., Germano, I. M., Doshi, A. H., & Nael, K. (2018). Interval Change in Diffusion and Perfusion MRI Parameters for the Assessment of Pseudoprogression in Cerebral Metastases Treated With Stereotactic Radiation. American Journal of Roentgenology, 211(1), 168–175. https://doi.org/10.2214/ajr.17.18890
- Suh, C. H., Kim, H. S., Jung, S. C., Choi, C. G., & Kim, S. J. (2018). Comparison of MRI and PET as Potential Surrogate Endpoints for Treatment Response After Stereotactic Radiosurgery in Patients With Brain Metastasis. American Journal of Roentgenology, 211(6), 1332–1341. <u>https://doi.org/10.2214/ajr.18.19674</u>
- Campbell, K. L., Cormie, P., Weller, S., H. Alibhai, S. M., Bolam, K. A., Campbell, A., Cheville, A., Dalzell, M. A., Hart, N. H., Higano, C. S., Lane, K., Mansfield, S., McNeely, M. L., Newton, R. U., Quist, M., Rauw, J., Rosenberger, F., Santa Mina, D., Schmitz, K. H., . . . Goulart, J. (2021). Considerations for Exercise Prescription in Patients With Bone Metastases: A Comprehensive Narrative Review. JCO Oncology Practice, 18(4), 1-14. https://doi.org/10.1200/OP.21.00454 JCO Oncology Practice 18, no. 5 (May 01, 2022) e697-e709
- Campbell KL, Winters-Stone KM, Wiskemann J, May AM, Schwartz AL, Courneya KS, Zucker DS, Matthews CE, Ligibel JA, Gerber LH, Morris GS, Patel AV, Hue TF, Perna FM, Schmitz KH. Exercise Guidelines for Cancer Survivors: Consensus Statement from International Multidisciplinary Roundtable. Med Sci Sports Exerc. 2019 Nov;51(11):2375-2390. doi: 10.1249/MSS.0000000002116. PMID: 31626055; PMCID: PMC8576825.
- Keilani, M., Kainberger, F., Pataraia, A. et al. Typical aspects in the rehabilitation of cancer patients suffering from metastatic bone disease or multiple myeloma. Wien Klin Wochenschr 131, 567–575 (2019). <u>https://doi.org/10.1007/s00508-019-1524-3</u>
- Gutierrez C, Karni RJ, Naqvi S, Aldrich MB, Zhu B, Morrow JR, Sevick-Muraca EM, Rasmussen JC. Head and Neck Lymphedema: Treatment Response to Single and Multiple Sessions of Advanced Pneumatic Compression Therapy. Otolaryngol Head Neck Surg. 2019 Apr;160(4):622-626. doi: 10.1177/0194599818823180. Epub 2019 Jan 29.
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- Deng J, Ridner SH, Dietrich MS, Wells N, Wallston KA, Sinard RJ, Cmelak AJ, Murphy BA. Factors associated with external and internal lymphedema in patients with head-and-neck cancer. Int J Radiat Oncol Biol Phys. 2012 Nov 1;84(3):e319-28.



		_
Faculty List For more than two (2) faculty members, include the list at end of application.	<ul> <li>Kevin Abrams, M.D., FACR</li> <li>Chief of Radiology</li> <li>Director of Neuroradiology and MRI</li> <li>Baptist Health South Florida</li> <li>Miami, Fla.</li> <li>Madeline Del Castillo, 1DPT</li> <li>Physical Therapist</li> <li>Rehabilitation Department</li> <li>South Miami, Fla.</li> <li>Zamiris Eustaquio, DPT</li> <li>Physical Therapist</li> <li>Baptist Health South Florida</li> <li>Miami, Fla.</li> <li>Carolina Gutierrez, M.D.</li> <li>Assistant Professor</li> <li>Department of Physical Medicine and Rehabilitation</li> <li>The University of Texas Health Science Center at Houston</li> <li>Houston, Texas</li> <li>Michelle Issac, M.D.</li> <li>Palliative Medicine Physical Medicine Center at Houston</li> <li>Houston, Texas</li> <li>Michelle Issac, M.D.</li> <li>Palliative Medicine Physicain</li> <li>Miami, Fla.</li> <li>Rupesh Kotecha, M.D.</li> <li>Director of Central Nervous System Metastasis Program</li> <li>Miami, Fla.</li> <li>Zunii Mo, Ph.D., OMD, LAC</li> <li>Acupaturutrist</li> <li>Miami, Fla.</li> <li>Zunii Mo, Ph.D., OMD, LAC</li> <li>Acupaturutrist</li> <li>Miami, Fla.</li> <li>Yazmin Odia, M.D., M.S., FAAN</li> <li>Chief of Neuro-Oncology</li> <li>Miami Cancer institute</li> <li>Baptist Health South Florida</li> <li>Miami, Fla.</li> <li>Yazmi Odia, M.D., M.S., FAAN</li> <li>Chief of Neuro-Oncology</li> <li>Miami Cancer institute</li> <li>Baptist Health South Florida</li> <li>Miami, Fla.</li> <li>Romer Ordal, D.O.</li> <li>Physical Medicine &amp; Rehabilitation</li> <li>Baptist Health South Florida</li> <li>Miami, Fla.</li> <li>Romer Ordal, D.O.</li> <li>Physical Medicine &amp; Rehabilitation</li> <li>Baptist Health South Florida</li> <li>Miami, Fla.</li> </ul>	
	Giovanni Paraliticci, M.D. Orthopedic Surgeon	

	-
Miami Cancer institute	
Baptist Health South Florida	
Miami, Fla.	
Nicole Rittman, R.D., CSO, LDN	
Clinical Oncology Dietitian	
Miami Cancer institute	
Baptist Health South Florida	
Miami, Fla.	
Vitaly Siomin, M.D.	
Neurosurgeon	
Director, Cerebrovascular Neurosurgery	
Co-director, Skull Base Surgery	
Miami Cancer institute	
Baptist Health South Florida	
Miami, Fla.	
ואומווו, רומ.	
Jonas Sokoloff, D.O.	
Director of Functional Medicine and Oncological Rehabilitation	
Center of Optimal Health	
Long Island, N.Y.	

Disclosure	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team,
Statement	Reviewers, and anyone else involved in the planning, development, and editing/review of the content.
Mitigation Chart	Mitigation chart complete on File Checklist.

Disclosures	<ul> <li>Add all faculty disclosures to this section:</li> <li>The following faculty members for this educational activity have no relevant financial relationships with ineligible companies* to disclose and have indicated that the presentations or discussions will not include off-label or unapproved product usage. <ul> <li>Kevin Abrams, M.D., FACR</li> <li>Madeline Del Castillo, tDPT</li> <li>Zamiriis Eustaquio, DPT</li> <li>Carolina Gutierrez, M.D.</li> <li>Michelle Issac, M.D.</li> <li>Zunli Mo, Ph.D., OMD, L.Ac</li> <li>Yazmin Odia, M.D., M.S., FAAN</li> <li>Romer Orada, D.O.</li> <li>Giovanni Paraliticci, M.D.</li> <li>Nicole Rittman, R.D., CSO, LDN</li> <li>Vitaly Siomin, M.D.</li> </ul> </li> </ul>
	<ul> <li>Faculty Disclosures</li> <li>Rupesh Kotecha, M.D., faculty for this educational event, is a consultant for Accuray, Elekta AB, ViewRay, Novocure, Elsevier, Brainlab, Kazia Therapeutics and Castle Biosciences, and has received grant/research support from Medtronic, Blue Earth Diagnostics, Novocure, GT Medical Technologies, AstraZeneca, Exelixis, ViewRay and Brainlab. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> </ul>
	<ul> <li>List all director, planner and reviewer disclosures in this section:</li> <li>Adrian Cristian, M.D., co-director of this educational activity, is a published author with Springer Medical Publishers, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Elizabeth Matalon, M.S., P.T., co-director of this educational activity, has no relevant financial relationships with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage</li> </ul>
	<ul> <li>List non-faculty contributor disclosures in this section:         <ul> <li>Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships with ineligible companies* to disclose.                 <ul> <li>Eduardo Cartin</li> <li>Judy Kaufman</li> </ul> </li> </ul> </li> <li>*Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.</li> </ul>
Disclosure to the	🖂 Ethos Course Page 🛛 Welcome Slides 🖂 Faculty Slides 🔲 Handout
audience:	Other:

Measured Outcomes				
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type:	Measurement Type:	Measurement Type:	Measurement Type:	Measurement Type:

Evaluation Methods	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.		
<ul> <li>Changes in competence.</li> <li>Intent to change</li> <li>Confidence in ability</li> </ul>	<ul> <li>CME Evaluation Form         <ul> <li>What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?</li> <li>If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.</li> </ul> </li> <li>Pre/Post-Survey         <ul> <li>Provide 1-2 goals per lecture to measure changes in competence. Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")</li> <li>Implement strategies on updated advanced Imaging modalities to help you guide the Neurosurgeon for safe tumor surgery?</li> <li>How confidents are you in your ability to implement referrals to rehabilitations multidisciplinary teams?</li> <li>Develop appropriate individualized exercise prescriptions/plan of care and home exercise program related to skeletal metastasis</li> <li>Implement strategies to recognize the differences in between external and internal lymphedema.</li> <li>Identify the role of radiation therapy in the management of symptomatic bone metastasis</li> </ul> </li> </ul>		
<ul> <li>Changes in performance.</li> <li>Commitment to Change</li> <li>Improves Performance</li> <li><u>Commendation Goal</u></li> </ul>	<ul> <li><u>CME Impact Assessment</u> include Commitment to Change question.</li> <li><u>Add Commitment to Change Ethos object.</u></li> <li>Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP).</li> <li>Trigger impact assessment 45 days post conference. (LMS Support)</li> <li>Include handout or resource in follow-up email. (CME Manager/ Course Builder)</li> <li>Additional questions for impact assessment: (CME Manager)</li> <li><i>Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.</i></li> <li><i>Example: I have implemented the new Baptist Health policy explained in this CME activity.</i></li> <li>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.</li> <li>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.</li> <li>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? {Open text}</li> </ul>		
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.		
Describe outcomes assessment plan.			

Baptist Health **Commendation Goals** 



CME Registrar will route application to Operations CME Manager for CME Registrar will route application to Operations Cl documentation of additional requirement elements.

Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	Use PowerPoint as example.
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 8 activities	Check all that apply.         Health behaviors       Access to care         Economic, social, and       Health disparities         environmental conditions       Population's physical         Healthcare and payer systems       environment
Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. (4 different samples per accreditation)	Describe the collaborative efforts.
<ul> <li>Improves Performance</li> <li>Goal: 10% of activities</li> <li>Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes made to patient education.</li> </ul>	See Evaluation Methods section for required elements. Follow-up data is Required.
<ul> <li>Improves Healthcare Quality</li> <li>Collaborates in the process of healthcare quality</li> <li>improvement AND Demonstrates improvement in</li> <li>healthcare quality</li> <li>Goal: Two examples per accreditation cycle.</li> <li>Examples: EBCC</li> </ul>	Explain.
<ul> <li>Improves Patient and/or Community Health</li> <li>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).</li> <li>Goal: Two examples per accreditation cycle.</li> </ul>	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.

<ul> <li>Optimizes Communication Skills</li> <li>Designed to improve communication skills of learners.</li> <li>Example: Sim Lab</li> </ul>	<ul> <li>CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.</li> <li>Course leader provides formative feedback to each learner about observed communication skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Optimizes Technical and/or Procedural Skills</li> <li>Designed to optimize/improve technical and procedural skills of learners.</li> <li>Example: Gamma Knife</li> </ul>	<ul> <li>CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.</li> <li>Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Utilizes Support Strategies</li> <li>Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change.</li> <li>Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps</li> <li>Strategies must be assessed by CME provider and document updates/ changes based on learner feedback</li> </ul>	<ul> <li>Explain.</li> <li>Sample supplemental materials saved to file.</li> <li>Include Impact Assessment results and CME Provider analysis of learner comments.</li> <li>Add updates/ changes to resources based on learner feedback.</li> </ul>
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	Explain.

Live Webinar Details For Internet Live Webinar Courses ONLY		
Panelists	Insert names and email addresses.	
Hosts	Insert names and email addresses for at least one of these: DG-Telepresence / CME Manager and Assistant / Host Department	
Zoom Account	oom Account 🗌 CME Zoom Account 🗌 Partner Zoom Account	
Zoom Link     Insert link here.		

OLP Course Details For OLP Enduring Applications ONLY		
Course Video URL		
Course Handout URL		
Multiple Choice Questions		
Course Release Date		
Course Renewal Date		
Course Expiration Date		

APPROVAL			
Date Reviewed	Reviewed By	Approved	Credits
	Accelerated Approval		AMA PRA Category 1 Credits
	Executive Committee	YES	APA Approval Level:
	Live Committee		Dental Approval     Podiatry Approval

8:00 AM	Welcome and Opening Remarks	Symposium Directors
ection 1		
8:15 AM	Cancer Rehabilitation: Navigating the Safety Maze in Cancer Care	Romer Orada, D.O.
8:45 AM	Rehabilitation needs throughout the course of a brain tumor patient:	Yazmin Odia, M.D., M.S., FAAN
0.40 Am	Perspective based on Prognosis, Quality of Life, and Goals of Care	
9:15 AM	Guiding Safe Care for the Neuro-Oncologic Patient through Imaging	Kevin Abrams, M.D., FACR
9:45 AM	Surgical options for spinal tumors	Vitaly Siomin, M.D (pre-recorded)
10:15 AM	Break and Visit Exhibits	
ection 2		
10:30 AM	Rehabilitation in Orthopaedic Oncology	Giovanni Paraliticci, M.D (pre-recorded)
11:00 AM	Principles of Radiotherapy for Skeletal and Brain Metastasis	Rupesh Kotecha, M.D.
11:30 AM	Rehabilitation of Patients with Skeletal Metastasis	Zamiriis Eustaquio, DPT
12:00 AM	Lunch 30min	
ction 3		
12:30 PM	Rehabilitation of the Brain Cancer Patient	Madeline Del Castillo, tDPT
1:00 PM	Treating The Source: A Functional Medicine Approach to Oncological Rehabilitation	Jonas Sokoloff, D.O.
1:30 PM	The role of acupuncture in the management of side effects of cancer treatment	Zunli Mo, Ph.D., OMD, L.Ac
2:00 PM	Malnutrition and its Impact on Muscle Mass in the Oncology Population	Nicole Rittman, R.D., CSO, LDN
2:30 PM	Break and Visit Exhibits	
ction 4		
2:45 PM	Head and Neck Cancer related lymphedema, what should you know? "	Carolina Gutierrez, M.D.
3:15 PM	The Role of Palliative Medicine in Cancer Care	Michelle Issac, M.D.
3:45 PM	Adjourn	



# 🕈 Baptist Health South Florida

**Continuing Medical Education** 

Rev. 06/28/2022 \_CB



Indicates a trigger for CME Manager to route application to **Operations CME Manager for review when additional steps** are required for compliance.

Sections highlighted in orange need to be proofread.

Activity Details			
CME Activity Title	Boca Raton Regional Hos	oital Gastroentero	ology Symposium
Date	October 14, 2023	Time	8:00 am – Noon
Location – If Virtual, fill in Zoom info at the end	Virtual - Zoom	Credit Hour(s)	4 Cat. 1
Charge	☐ Yes ⊠ No	SMS Code:	
<ul> <li>Target Audience –</li> <li>Mental and behavioral health topic(s) required for all symposiums.</li> <li>If limited to Baptist Health Medical Staff only, please indicate here.</li> </ul>	Gastroenterologists, Radiologists, General Practitioners, Internal Medicine Physicians, Surgeons, Psychiatrists, Residents, Nurses, Nurse Practitioners, Dietitians, Clinical Pharmacists, Physician Assistants, and all other interested healthcare professionals.		
Commercial Support – C8	nmercial Support – C8 Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.		
Course overview	Please add content within course overview related to need/gap, outcomes goal or learning objective, and then The virtual Gastroenterology Symposium is designed to provide attendees with relevant information regarding new developments in gastroenterology and new approaches to the management of gastrointestinal diseases. This half-day symposium will provide clinicians with in-depth reviews of drug-induced liver disease, gastroparesis, non-erosive reflux disease, and bariatric surgery. "Please join us for, with guest faculty,, M.D., Ph.D."		
Credit Type       AMA PRA Category 1       Anesthesia - Lifelong Learning         Psychology - APA & FL 🔄 - APA Checklist       Internal Medicine - Medical Knowled         Physician Assistant CE       Ophthalmology - Lifelong Learning         APRNS CE       Ophthalmology - Self-assessment         Dental CE       Surgery - Accredited CME         Podiatry CE       Interprofessional (IPCE) 🐨 Commendation         Engages Teams – See Planning Team section       Otolaryngology – Head and Neck Sur         MOC Points - MOC Checklist / Self-assessment       Pathology - Lifelong Learning         Pediatrics - Self-assessment       Pediatrics - Lifelong Learning		elong Learning edicine - Medical Knowledge logy - Lifelong Learning logy - Self-assessment ccredited CME elf-assessment logy – Head and Neck Surgery - ement Lifelong Learning	
Providership Direct	Joint PARS	ID#	
Publish to CME Passport     Yes	No Publish to CEBroker	Yes 🗌 No 🛛 🕻	CEBroker #

**Planning Team** 

Conference Director(s)	Kenneth Rosenthal, M.D.	
CME Manager	Nina Doleyres	
Conference Coordinator and/or Instructional Designer (OLP only)		
S Commendation Goal:		List 2+ professions here. M.D. Required.
Engages Interprofessional Teams/IPCE (10% of activities)		

BHSF Initiatives		
<ul> <li>Balance across the continuum of care</li> <li>Diversity &amp; Inclusion</li> <li>Evidence-based data</li> <li>High-reliability tools – Use of prior experiences to improve systems, processes, and services</li> </ul>		<ul> <li>Overutilization – unnecessary health care costs</li> <li>Patient-centered care</li> <li>Public health factors (See commendation.)</li> <li>Removing redundancy – improving processes</li> </ul>
Collaborative Partner:	Provide internal stakeholder here.	
Describe initiative:	Describe initiative:	

Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. <b>Check all that apply.</b>	
<ul> <li>Live Course</li> <li>Regularly Scheduled Series</li> <li>Internet Live Course (Webinar)</li> <li>Internet Enduring Material</li> </ul>	Journal CME/CE         Manuscript Review         Test-Item Writing         Committee Learning	<ul> <li>Performance/Quality Improvement</li> <li>Internet Searching and Learning</li> <li>Learning from Teaching</li> <li>Other/Blended Learning</li> </ul>

Educational Needs	What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: <u>CE Educator's Toolkit</u>	
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.		Primary care physicians and gastroenterologists are not always aware of the latest innovations and strategies to use in their practice to optimize patient outcomes.
Educational needs that <u>underlie</u> the professional practice gaps of learners. <i>Check all that apply.</i>		<ul> <li>Knowledge - Deficit in medical knowledge.</li> <li>Competence - Deficit in ability to perform strategy or skill.</li> <li>Performance - Able to implement but noncompliant or inconsistent.</li> </ul>

Designed to Change

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

This activity is designed to change:	ed to Performance - Follow-up impact assessment and commitment to change.	
Explain how this activity is designed to change learner competence, performance or patient outcomes.		The gastroenterology symposium will enable primary care and gastro physicians to apply newly acquired knowledge, strategies, and the latest technologies for improving their practice by optimizing their patients outcomes.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).	
ABMS/ACGME	<ul> <li>Patient care and procedural skills</li> <li>Medical knowledge</li> <li>Practice-based learning and improvement</li> </ul>	<ul> <li>Interpersonal and communication skills</li> <li>Professionalism</li> <li>Systems-based practice</li> </ul>
Institute of Medicine	<ul> <li>Provide patient-centered care</li> <li>Work in interdisciplinary teams</li> <li>Employ evidence-based practice</li> </ul>	<ul> <li>Apply quality improvement</li> <li>Utilize informatics</li> </ul>
Interprofessional Education Collaborative	<ul> <li>Values/ethics for interprofessional practice</li> <li>Roles/responsibilities</li> </ul>	<ul> <li>Interprofessional communication</li> <li>Teams and teamwork</li> </ul>

	ducational Objectives What change(s) in strategy, performance, or patient care would you like this education to learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement	
Objectives:	Objectives: Upon completion of this conference, participants should be better able to: •	

References	Ensure Content is Valid	
How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i>	<ul> <li>Best practice parameters</li> <li>Disease prevention (Mission)</li> <li>Mortality/morbidity statistics</li> <li>National/regional data</li> <li>New or updated policy/protocol</li> <li>Peer review data</li> <li>Regulatory requirement</li> </ul>	<ul> <li>Research/literature review</li> <li>Consensus of experts</li> <li>Joint Commission initiatives</li> <li>National Patient Safety Goals</li> <li>New diagnostic/therapeutic modality (Mission)</li> <li>Patient care data</li> <li>Process improvement initiatives</li> </ul>
Other need identified. <i>Please explain.</i>		
Baptist Health Quantitative	lealth Quantitative Data Insert baseline chart or narrative here.	

References:
Provide evidence-
based, peer reviewed
references supporting
best practice
guidelines.
APA Citations should
be no older than 10
years old.

Faculty	
Faculty List For more than two (2) faculty members, include the list at end of application.	Example: See below Name Specialty and/or Title(s) Institution(s) City, State

Disclosure Statement	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.
Mitigation Chart	Mitigation chart complete on File Checklist.
Disclosures	<ul> <li>Add all faculty disclosures to this section:</li> <li>Nestor de la Cruz Munoz, M.D., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Ravi Karthik, M.D., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Eric F. Martin, M.D., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Eric F. Martin, M.D., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> <li>Eamonn M. M. Quigley M.D., FRCP, FACP, MACG, FRCPI, faculty for this educational activity, has no relevant financial relationships with ineligible companies with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.</li> </ul>
	<ul> <li>List all director, planner and reviewer disclosures in this section:</li> <li>John Doe, M.D., Director of this activity, has indicated</li> <li>List non-faculty contributor disclosures in this section: <ul> <li>No relationships – Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose.</li> <li>With relationships. Non-faculty contributors and others involved in the planning, development and editing/review of the content have relevant financial relationships to disclose.</li> </ul> </li> <li>*Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.</li> </ul>
Disclosure to the audience:	☑ Ethos Course Page ☑ Welcome Slides ☑ Faculty Slides ☑ Handout ☐ Other:

Measured Outcomes				
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health

| Measurement Type: |
|-------------------|-------------------|-------------------|-------------------|-------------------|
| Subjective        | Subjective        | Subjective        | 🔲 Subjective 😉    | 🔲 Subjective 😒    |
| 🔲 Objective 😒     | 🔲 Objective 😒     | 🔲 Objective 😒     | 🗌 Objective 🔄     | 🗌 Objective 😒     |

Evaluation Methods	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.
<ul> <li>Changes in competence.</li> <li>Intent to change</li> <li>Confidence in ability</li> </ul>	<ul> <li>CME Evaluation Form         <ul> <li>What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?</li> <li>If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.</li> </ul> </li> <li>Provide 1-2 goals per lecture to measure changes in competence.         <ul> <li>Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")</li> <li>Compare weight loss outcomes of the most common metabolic/bariatric surgery (MBS) procedures</li> <li>Explain the health benefits of the different MBS</li> <li>Discuss treatment algorithms for the most common post operative complications seen by a GI specialist</li> <li>Discuss the diagnostic criteria for Nonerosive reflux Disease</li> <li>Explain the role of PPIs in the medical management of NERD</li> <li>Describe the approach to and management of suspected extraesophageal manifestations of NERD</li> <li>Discuss the evaluation of suspected drug-induced liver injury (DILI)</li> <li>Identify the commonest causes of DILI</li> <li>Outline the classification of DILI based on clinical presentation, mechanism of hepatotoxicity, and histological appearance</li> <li>Recognize the specific treatment options for DILI, including those related to immunotherapy-related liver injury</li> <li>Define gastroparesis</li> <li>List the most common causes of gastroparesis in the US</li> <li>Recognize the pitfalls surrounding the diagnosis of gastroparesis</li> </ul> </li> </ul>

<ul><li>Changes in performance.</li><li>Commitment to Change</li></ul>	<ul> <li><u>CME Impact Assessment</u> include Commitment to Change question.</li> <li>Add <u>Commitment to Change Ethos object</u>.</li> </ul>			
	Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course			
Improves Performance	Builder (OLP).			
Commendation Goal	Trigger <b>impact assessment</b> 45 days post conference. (LMS Support)			
	Include handout or resource in follow-up email. (CME Manager/ Course Builder)			
	Additional questions for impact assessment: (CME Manager)			
	<ul> <li>Repeat pre/post survey and/or provide 3-4 statements based on expected</li> </ul>			
	performance outcomes to be evaluated.			
	<b>Example:</b> I have implemented the new Baptist Health policy explained in this CME activity.			
	Gastroenterology Symposium Impact Assessment			
	As a result of your participation in this symposium have you been able to implement any of the			
	following commitments to change?			
	<ul> <li>Discuss treatment algorithms for the most common post operative complications seen by a GI specialist</li> </ul>			
	<ul> <li>Describe the approach to and management of suspected extraesophageal</li> </ul>			
	manifestations of NERD			
	Outline the classification of DILI based on clinical presentation, mechanism of			
	hepatotoxicity, and histological appearance			
	List the most common causes of gastroparesis			
	Within the last 90 days, I have screened patients for gastro symptoms that I had not previously			
	considered:			
	• Yes			
	• No			
	Within the last 90 days, I have identified underlying causes of the following conditions			
	Metabolic Bariatric Surgery (MBS)			
	Non-erosive Reflux Disease (NERD)			
	Drug-induced Liver Injury (DILI)			
	Gastroparesis			
	Within the last 90 days, I have modified my treatment based on the evidence-based guidelines			
	and recommendations discussed:			
	• Yes			
	• No			
	How many patients in your practice have been impacted by what you learned in this activity?			
	• 1-5			
	• 6-10			
	• 10 -15			
	None			
	If you have not implemented any of these strategies, what has prevented you from doing so? * Please select all that apply.			
	Those strategies are not new to current practice			
	<ul> <li>Lack of an implementation</li> </ul>			
	Lack of time			
	Retired			
	Other			
	Considering this course and your ability to implement improvements in your practice, what			
	additional topics, information or tools could Baptist Health CME offer during future courses to			
	help you achieve change?			

Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.
Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	Use PowerPoint as example.
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 10% of activities	Check all that apply.         Health behaviors       Access to care         Economic, social, and       Health disparities         environmental conditions       Population's physical         Healthcare and payer systems       environment
Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues.	Describe the collaborative efforts.
<ul> <li>Improves Performance</li> <li>Goal: 10% of activities</li> <li>Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.</li> </ul>	See Evaluation Methods section for required elements. Follow-up data is Required.

<ul> <li>Improves Healthcare Quality</li> <li>Collaborates in the process of healthcare quality</li> <li>improvement AND Demonstrates improvement in</li> <li>healthcare quality</li> <li>Goal: Two examples per accreditation cycle.</li> <li>Examples: EBCC</li> </ul>	Explain.
<ul> <li>Improves Patient and/or Community Health</li> <li>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).</li> <li>Goal: Two examples per accreditation cycle.</li> </ul>	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.
<ul> <li>Optimizes Communication Skills</li> <li>Designed to improve communication skills of learners.</li> <li>Example: Sim Lab</li> </ul>	<ul> <li>CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.</li> <li>Course leader provides formative feedback to each learner about observed communication skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Optimizes Technical and/or Procedural Skills</li> <li>Designed to optimize/improve technical and procedural skills of learners.</li> <li>Example: Gamma Knife</li> </ul>	<ul> <li>CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.</li> <li>Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.</li> <li>Sample completed evaluation saved to file.</li> </ul>
<ul> <li>Utilizes Support Strategies</li> <li>Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change.</li> <li>Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps</li> </ul>	Explain.
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	Explain.

Live Webinar Details For Internet Live Webinar Courses ONLY	
Panelists	Insert names and email addresses.
Hosts	Insert names and email addresses for at least one of these: DG-Telepresence / CME Manager and Assistant / Host Department
Zoom Account	CME Zoom Account Partner Zoom Account
Zoom Link	Insert link here.

Panelists	Ken Rosenthal, M.D. (Co-Chair)	krrendoman@gmail.com
	John Rubin, M.D. (Co-Chair)	johnfrubin3@gmail.com
	Shawn Baca, M.D.	sbb61@aol.com
	Lisa Martinez, M.D.	<u>lmartinez@health.fau.edu</u>
	Marc Richards, M.D.	marc.richards@gmail.com
	Donald Heiman, M.D.	dfhidmd@aol.com
	Allison Ferris, M.D.	ferrisa@health.fau.edu
Hosts	Insert names and email addresses for at least one of these:	
	Gary Smith	gsmith@baptisthealth.net
	Nina Doleyres	nina.doleyres@baptisthealth.net
	Jennifer Encarnacion	jennifer.encarnacion@baptisthealth.net
Zoom Account	CME Zoom Account 🗌 Partner	Zoom Account
Zoom Link	https://baptisthealth.zoom.us/webinar/register/WN_ZQ6OS7NnRtS9TPQKzaa6jg	

DATE REVIEWED: <u>06/23/23</u> REVIEWED BY: Accelerated Approval Executive Committee

Live Committee

APPROVED: ☐YES ☐NO ■ Credits: AMA/PRA Category 1 Credits: #<u>4</u>

Continuing Psychology Education Credits: #\_\_\_ N/A 
Continuing Dental Education Credits: # \_\_\_ N/A

**Date/Topics/ Speakers / Disclosures** 

OLP Course Details For OLP Enduring Applications ONLY	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	
Course Renewal Date	
Course Expiration Date	

APPROVAL			
Date Reviewed	Reviewed By	Approved	Credits
	Accelerated Approval		AMA PRA Category 1 Credits
Executive Committee      Live Committee	YES	APA Approval Level:	
		Dental Approval	
			Podiatry Approval

## **BRRH Gastroenterology Symposium Faculty**



Nestor F. de la Cruz-Munoz, M.D., FACS Professor of Clinical Surgery University of Miami Miller School of Medicine Department of Surgery Section Chief, Section of Bariatric Surgery Miami, Florida

#### Lecture Title: What every Gastroenterologist should know about Bariatric Surgery

**Objectives:** At the end of this lecture, participants will be able to:

- Compare weight loss outcomes of the most common metabolic/bariatric surgery (MBS) procedures
- Explain the health benefits of the different MBS
- Review and discuss treatment algorithms for the most common post operative complications seen by a GI specialist

#### References

de Oliveira, V. L., Bestetti, A. M., Trasolini, R. P., de Moura, E. G. H., & de Moura, D. T. H. (2023). Choosing the best endoscopic approach for post-bariatric surgical leaks and fistulas: Basic principles and recommendations. *World Journal of Gastroenterology*, *29*(7), 1173.

Spota, A., Cereatti, F., Granieri, S., Antonelli, G., Dumont, J. L., Dagher, I., ... & Donatelli, G. (2021). Endoscopic management of bariatric surgery complications according to a standardized algorithm. *Obesity surgery*, *31*, 4327-4337.

Kumbhari, V., Cummings, D. E., Kalloo, A. N., & Schauer, P. R. (2021). AGA clinical practice update on evaluation and management of early complications after bariatric/metabolic surgery: expert review. *Clinical Gastroenterology and Hepatology*, *19*(8), 1531-1537.

Dawod, E., Simons, M., Dawod, S., Easwar, N., Cornet, N., Sharaiha, R. Z., & Sampath, K. (2023). When obesity treatment goes too far: nutritional and endoscopic management of bariatric surgery complications. *Endoscopy*, *55*(S 01), E647-E648.



Chair - Division of Community Gastroenterology and Hepatology Department of Internal Medicine Associate Professor of Medicine Mayo Clinic College of Medicine and Science Mayo Clinic Rochester, Minnesota

Lecture Title: Nonerosive Reflux Disease: What Clinicians Need to Know in 2023

**Objectives:** At the end of this lecture, participants will be able to:

- Discuss the diagnostic criteria for Nonerosive reflux Disease
- Explain the role of PPIs in the medical management of NERD
- Describe the approach to and management of suspected extraesophageal manifestations of NERD

### **References:**

Aziz, Q., Fass, R., Gyawali, C. P., Miwa, H., Pandolfino, J. E., & Zerbib, F. (2016). Esophageal disorders. *Gastroenterology*, 150(6), 1368-1379.

Roman, S., Gyawali, C. P., Savarino, E., Yadlapati, R., Zerbib, F., Wu, J., ... & Xiao, Y. (2017). Ambulatory reflux monitoring for diagnosis of gastro-esophageal reflux disease: update of the Porto consensus and recommendations from an international consensus group. *Neurogastroenterology & Motility*, *29*(10), 1-15.

Katz, P. O., Dunbar, K. B., Schnoll-Sussman, F. H., Greer, K. B., Yadlapati, R., & Spechler, S. J. (2022). ACG clinical guideline for the diagnosis and management of gastroesophageal reflux disease. *The American journal of gastroenterology*, *117*(1), 27-56.



**Eric F. Martin, M.D.** Transplant Hepatology Assistant Professor of Clinical Medicine Medical Director of Living Donor Liver Transplant Transplant Hepatology Fellowship Program Director University of Miami Miller School of Medicine Miami, Florida

### Lecture Title: Drug-Induced Liver Injury in GI Practice

**Objectives:** At the end of this lecture, participants will be able to:

- Review the evaluation of suspected drug-induced liver injury (DILI)
- Identify the commonest causes of DILI
- Outline the classification of DILI based on clinical presentation, mechanism of hepatotoxicity, and histological appearance
- Recognize the specific treatment options for DILI, including those related to immunotherapy-related liver injury

### References

Fontana, R. J., Liou, I., Reuben, A., Suzuki, A., Fiel, M. I., Lee, W., & Navarro, V. (2022). AASLD practice guidance on drug, herbal, and dietary supplement-induced liver injury. *Hepatology*, n-a.

Sandhu, N., & Navarro, V. (2020). Drug-induced liver injury in gi practice. *Hepatology communications*, 4(5), 631-645.

Dougan, M., Wang, Y., Rubio-Tapia, A., & Lim, J. K. (2021). AGA clinical practice update on diagnosis and management of immune checkpoint inhibitor colitis and hepatitis: expert review. *Gastroenterology*, *160*(4), 1384-1393.



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

### Lecture Title: Gastroparesis - What is it and who has it?"

**Objectives:** At the end of this lecture, participants will be able to:

- Define gastroparesis
- List the most common causes of gastroparesis in the US
- Recognize the pitfalls surrounding the diagnosis of gastroparesis

#### **References:**

Quigley, E. M. (2023). Drug Treatments for Gastroparesis—Why Is the Cupboard So Bare?. Gastroenterology, 164(4), 522-524.

Koduru, P., Irani, M., & Quigley, E. M. (2018). Definition, pathogenesis, and management of that cursed dyspepsia. *Clinical Gastroenterology and Hepatology*, *16*(4), 467-479.

Pasricha, P. J., Grover, M., Yates, K. P., Abell, T. L., Koch, K. L., McCallum, R. W., ... & Parkman, H. P. (2022). Progress in gastroparesisa narrative review of the work of the Gastroparesis Clinical Research Consortium. *Clinical Gastroenterology and Hepatology*.

Pasricha, P. J., Grover, M., Yates, K. P., Abell, T. L., Bernard, C. E., Koch, K. L., ... & Yates, K. (2021). Functional dyspepsia and gastroparesis in tertiary care are interchangeable syndromes with common clinical and pathologic features. *Gastroenterology*, *160*(6), 2006-2017.

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# 2023 BRRH Gastroenterology Symposium Agenda October 14, 2023

7:55-8 a.m.	Welcome and Introductions Kenneth Rosenthal, M.D.
8-8:45 a.m.	Drug-Induced Liver Injury in GI Practice Eric F. Martin, M.D.
8:45-9 a.m.	Q&A
9-9:45 a.m.	Gastroparesis – What is it and who has it?" Eamonn M. M. Quigley, M.D., FRCP, FACP, MACG, FRCPI, MWGO
9:45-10 a.m.	Q&A
10-10:45 a.m.	Nonerosive Reflux Disease: What Clinicians Need to Know in 2023 Karthik Ravi, M.D.
10:45-11 a.m.	Q&A
11-11:45 a.m.	What Every Gastroenterologist Should Know about Bariatric Surgery <b>Nestor F. de la Cruz-Munoz, M.D., FACS</b>
11:45-12 noon	Q&A and Discussion
12 noon	Closing Remarks: Kenneth Rosenthal, M.D.

Adjourn