CONFERENCE APPLICATIONS AND REPORTS
Applications Previously Approved
June 1, 2023 - August 30, 2023

<u>Online – Enduring Materials</u>

Adjuvant Radiation in Endometrial Cancer
Antimicrobial Stewardship series - Module - Outpatient Doxycycline Prescribing in Adults
Breast Cancer Rehabilitation
Collaborative Intelligence - a Compelling Vision for the Future of Cardiac Care
Compliance Training for Medical Staff
Ethics and Genetics - Renewal
Evidence-based Clinical Care: Enhanced Recovery After Surgery GYN/GYO Protocol
Evidence-based Clinical Care: Pathway Updates eLearning Series (up to 5 Cat. 1 per year)
Evidence-based Clinical Care: Electrolyte Imbalances
Health Disparities: Maternal Health - Module: Giving Birth in Florida
Inflammatory and Gentic Disease
Internal and Family Medicine - Module: Osteoporosis Update
MATE Act Opioid Use Disorders
MATE ACT: Polysubstance Use and Co-occuring Mental Disorders
MATE ACT: Introduction to Substance Use Disorders
MCI Brain Glioblastoma Update
Miami Neuroscience Institute Update on Stroke Prevention, Identification and Treatment
Moderate Sedation and Analgesia for Non-Anesthesiologist Physicians (1 Cat. 1)
Risk Management and Patient Safety Online Series Module-Sexual Misconduct and Sexual Abuse – Identify and Avoid Allegations
Using Antibiotics Wisely: Everyday Insights on Antimicrobial Stewardship

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	Adjuvant Radiation in Endometrial Cancer		
Date	Online Enduring	**Time**	Online Enduring
Location – If Virtual, fill in Zoom info at the end	CMEonline.baptisthealth.net	**Credit Hour(s)**	1.25
Charge	☐ Yes _____ ☒ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.** • **If Surgeons are included, approve for American Board of Surgery MOC as Accredited CME type(CTC questions and Impact assessment required)** • **If Anesthesiologists are included, approve for American Board of Anesthesia MOC as Lifelong Learning CME type (CTC questions and Impact assessment required)**	Radiation Oncologists, Medical Oncologists, Surgical Oncologists, Radiologists, Advanced Practice Registered Nurses, Physician Assistants/Physician Associates, and Nurses.
Commercial 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	In this course, William Small, M.D., discusses roles and techniques in the use of radiation for early-stage and advanced-stage endometrial cancer, including references to several clinical trials and new directions in treatment.

Credit Type	☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ 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)	Michael Chuong, M.D.
CME Manager	Marie Vital Acle
Conference Coordinator and/or Instructional Designer (OLP only)	Betty Blanco (Instructional Designer)
↻ **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives	
☐ Balance across the continuum of care ☐ Diversity & Inclusion ☐ Evidence-based data ☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Overutilization – unnecessary health care costs ☒ Patient-centered care ☐ Public health factors (See commendation.) ☐ Removing redundancy – improving processes

Collaborative Partner:	Miami Cancer Institute – Center of Excellence
Describe initiative:	This educational activity was planned in collaboration with Miami Cancer Institute.

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.* **Check all that apply.**	
☐ Live Course ☐ Regularly Scheduled Series ☐ Internet Live Course (Webinar) ☒ Internet Enduring Material	☐ Journal CME/CE ☐ Manuscript Review ☐ Test-Item Writing ☐ Committee Learning	☐ Performance/Quality Improvement ☐ Internet Searching and Learning ☐ Learning from Teaching ☐ Other/Blended Learning
☒ Didactic Lecture ☐ Question & Answer ☐ ARS ☒ Case Studies	☐ Panel Discussion ☐ Hands-on skill labs ☐ Cadaver labs	☒ Simulation Lab ☐ Mannequins ☐ Round table discussion ☐ Other (specify)

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: CE Educator's Toolkit***
State the educational need that you determined to be the underlying cause for the professional practice gap.	Oncologists may not be aware of the patterns of recurrence in endometrial cancer and the roles of adjuvant radiation in treatment.
Educational needs that underlie the professional practice gaps of learners. ***Check all that apply.***	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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.	Optimal practice is considering all treatment options available and determining when adjuvant radiation would optimize patient outcomes.

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

Educational Objectives	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:	Upon completion of this conference, participants should be better able to: • Identify the patterns of recurrence for endometrial cancer. • Explain the techniques of radiation for early-stage endometrial cancer. • Implement new developments of molecular-driven therapy.

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

References:	León-Castillo, A., de Boer, S. M., Powell, M. E., Mileshkin, L. R., Mackay, H. J., Leary, A., Nijman, H. W., Singh, N., Pollock, P. M., Bessette, P., Fyles, A., Haie-Meder, C., Smit, V. T. H. B. M., Edmondson, R. J., Putter, H., Kitchener, H. C., Crosbie, E. J., de Bruyn, M., Nout, R. A., Horeweg, N., … TransPORTEC consortium (2020). Molecular Classification of the PORTEC-3 Trial for High-Risk Endometrial Cancer: Impact on Prognosis and Benefit From Adjuvant Therapy. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, *38*(29), 3388–3397. https://doi.org/10.1200/JCO.20.00549
• *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	Small, W., Jr, Bosch, W. R., Harkenrider, M. M., Strauss, J. B., Abu-Rustum, N., Albuquerque, K. V., Beriwal, S., Creutzberg, C. L., Eifel, P. J., Erickson, B. A., Fyles, A. W., Hentz, C. L., Jhingran, A., Klopp, A. H., Kunos, C. A., Mell, L. K., Portelance, L., Powell, M. E., Viswanathan, A. N., Yacoub, J. H., … Gaffney, D. K. (2021). NRG Oncology/RTOG Consensus Guidelines for Delineation of Clinical Target Volume for Intensity Modulated Pelvic Radiation Therapy in Postoperative Treatment of Endometrial and Cervical Cancer: An Update. *International journal of radiation oncology, biology, physics*, *109*(2), 413–424. https://doi.org/10.1016/j.ijrobp.2020.08.061 Klopp, A. H., Yeung, A. R., Deshmukh, S., Gil, K. M., Wenzel, L., Westin, S. N., Gifford, K., Gaffney, D. K., Small, W., Jr, Thompson, S., Doncals, D. E., Cantuaria, G. H. C., Yaremko, B. P., Chang, A., Kundapur, V., Mohan, D. S., Haas, M. L., Kim, Y. B., Ferguson, C. L., Pugh, S. L., … Bruner, D. W. (2018, November 28 – 2022, May 20). A Randomized Phase III Study Of Standard Vs. IMRT Pelvic Radiation For Post-Operative Treatment Of Endometrial And Cervical Cancer (TIME-C)--RTOG CCOP Study. Identifier: NCT01672892. https://clinicaltrials.gov/ct2/show/NCT01672892

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	William Small, M.D., FACRO, FACR, FASTRO Professor and Chairman, Department of Radiation Oncology Director, Cardinal Bernardin Cancer Center Stritch School of Medicine Loyola University Chicago Chicago, Illinois

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	William Small, M.D., faculty for this educational activity, is an advisor and member of the data monitoring committee for Novocure, a speaker for Carl Zeiss Medical. He has indicated that the presentation or discussion will not include off-label or unapproved product usage. Michael Chuong, M.D., conference series director, is a researcher with ViewRay, Novocure and AstraZeneca; a consultant with ViewRay; an advisor with ViewRay and Advanced Accelerator Applications; a speaker for ViewRay, Elekta and Sirtex. All of the relevant financial relationships listed for this individual have been mitigated. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies* *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☒ **Pre/Post-Survey** • *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") How confident are you in your ability to determine when an endometrial cancer patient should receive adjuvant radiation as part of their treatment plans.
☐ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☐ **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.	

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.*
☐ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* ***Data must be saved to file.*** ***Explain.***
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**	***Explain.*** ☐ **Sample supplemental materials saved to file.** - Include Impact Assessment results and CME Provider analysis of learner comments. - Add updates/ changes to resources based on learner feedback.
☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	10 multiple-choice questions (Laura)
Course Release Date	9/1/2023
Course Renewal Date	

Course Expiration Date	9/01/2025

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

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	Breast Cancer Rehabilitation		
Date	Online Enduring	**Time**	Online Enduring
Location – If Virtual, fill in Zoom info at the end	Online Enduring	**Credit Hour(s)**	1.75 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.** • **If Surgeons are included, approve for American Board of Surgery MOC as Accredited CME type(CTC questions and Impact assessment required)** • **If Anesthesiologists are included, approve for American Board of Anesthesia MOC as Lifelong Learning CME type (CTC questions and Impact assessment required)**	All physicians, physician assistants/physician associates, advanced practice registered nurses, nurses, occupational therapists, speech-language pathologists, physical therapists, and psychologists.		
Commercial 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	This course reviews case studies that highlight key areas related to breast cancer rehabilitation, including, lymphedema, aromatase inhibitor-induced musculoskeletal symptoms (AIMSS), and upper quadrant pain, and provides ways to improve the rehabilitation of breast cancer patients as it relates to these conditions.		

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**
☐ 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 #**	IEM2023403
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #**

Planning Team

Conference Director(s)	Adrian Cristian, M.D., MHCM, FAAPMR
CME Manager	Marie Vital Acle

Conference Coordinator and/or Instructional Designer (OLP only)	Betty Blanco (Instructional Designer)

♺ **Commendation Goal:** [Engages Interprofessional Teams](#)/IPCE (10% of activities)	**Romer B. Orada, D.O., FAAPMR** Cancer Physiatrist Physical Medicine and Rehabilitation Miami Cancer Institute Miami, Florida **Mary Crosswell, P.T., DPT, CLT** Clinical Rehabilitation Supervisor South Miami Hospital Miami, Florida

BHSF Initiatives

☐ Balance across the continuum of care	☐ Overutilization – unnecessary health care costs
☐ Diversity & Inclusion	☐ Patient-centered care
☐ Evidence-based data	☐ Public health factors (See commendation.)
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Removing redundancy – improving processes

Collaborative Partner:	Miami Cancer Institute
Describe initiative:	This course was created in collaboration with the Miami Cancer Institute Rehabilitation program to address patient morbidity following breast cancer surgery and the benefits of early intervention and involving rehabilitation physicians in the care management team.

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.* ***Check all that apply.***

☐ [Live Course](#)	☐ [Journal CME/CE](#)	☐ [Performance/Quality Improvement](#)
☐ [Regularly Scheduled Series](#)	☐ [Manuscript Review](#)	☐ [Internet Searching and Learning](#)
☐ [Internet Live Course (Webinar)](#)	☐ [Test-Item Writing](#)	☐ [Learning from Teaching](#)
☒ [Internet Enduring Material](#)	☐ [Committee Learning](#)	☐ [Other/Blended Learning](#)

☒ Didactic Lecture	☐ Panel Discussion	☐ Simulation Lab
☐ Question & Answer	☐ Hands-on skill labs	☐ Mannequins
☐ ARS	☐ Cadaver labs	☐ Round table discussion
☒ Case Studies		☐ Other (specify)

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:*** [*CE Educator's Toolkit*](#)

State the educational need that you determined to be the underlying cause for the professional practice gap.	Providers may not be aware of the benefit of including rehabilitation medicine specialists in the treatment of breast cancer patients. Providers may not be aware of the latest methods for early-diagnosing breast cancer-related lymphedema.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge** - *Deficit in medical knowledge.* ☒ **Competence** - *Deficit in ability to perform strategy or skill.* ☐ **Performance** - *Able to implement 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:	☒ **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.	Providers will consistently use the American Physical Therapy Associate (APTA) guidelines and best practice recommendations for the early diagnosis of breast cancer-related lymphedema. Providers will implement appropriate supportive treatments to breast cancer patients with aromatase inhibitor-induced musculoskeletal systems (AIMSS) or upper quadrant pain.

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: • Identify early instances of lymphedema in breast cancer rehabilitation patients. • Assess appropriate supportive treatments for breast cancer patients with aromatase inhibitor-induced musculoskeletal symptoms (AIMSS) or upper quadrant pain.

References	Ensure Content is Valid
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

☐ Other need identified. **Please explain.**

Baptist Health 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.***	Khanna, A. [2021]. "Chapter 14: Role of Interventional Pain Management in Breast Cancer." *Breast Cancer and Gynecologic Cancer Rehabilitation by Adrian Cristian.* Elsevier. pp 141-148. Gärtner, R., Jensen, M. B., Nielsen, J., Ewertz, M., Kroman, N., & Kehlet, H. (2009). Prevalence of and factors associated with persistent pain following breast cancer surgery. *JAMA*, 302(18), 1985–1992. https://doi.org/10.1001/jama.2009.1568 Bundred, N. J., Barrett, E., Todd, C., Morris, J., Watterson, D., Purushotham, A., Riches, K., Evans, A., Skene, A., Keeley, V., & Investigators of BEA/PLACE studies (2023). Prevention of lymphoedema after axillary clearance by external compression sleeves PLACE randomised trial results. Effects of high BMI. Cancer medicine, 12(5), 5506–5516. https://doi.org/10.1002/cam4.5378 Bundred, N., Foden, P., Todd, C., Morris, J., Watterson, D., Purushotham, A., Bramley, M., Riches, K., Hodgkiss, T., Evans, A., Skene, A., Keeley, V., & Investigators of BEA/PLACE studies (2020). Increases in arm volume predict lymphoedema and quality of life deficits after axillary surgery: a prospective cohort study. *British journal of cancer*, 123(1), 17–25. https://doi.org/10.1038/s41416-020-0844-4 Ridner, S. H., Dietrich, M. S., Boyages, J., Koelmeyer, L., Elder, E., Hughes, T. M., French, J., Ngui, N., Hsu, J., Abramson, V. G., Moore, A., & Shah, C. (2022). A Comparison of Bioimpedance Spectroscopy or Tape Measure Triggered Compression Intervention in Chronic Breast Cancer Lymphedema Prevention. *Lymphatic research and biology*, 20(6), 618–628. https://doi.org/10.1089/lrb.2021.0084 Rafn, B. S., Christensen, J., Larsen, A., & Bloomquist, K. (2022). Prospective Surveillance for Breast Cancer-Related Arm Lymphedema: A Systematic Review and Meta-Analysis. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, 40(9), 1009–1026. https://doi.org/10.1200/JCO.21.01681 Donahue, P. M. C., MacKenzie, A., Filipovic, A., & Koelmeyer, L. (2023). Advances in the prevention and treatment of breast cancer-related lymphedema. Breast cancer research and treatment, 200(1), 1–14. https://doi.org/10.1007/s10549-023-06947-7

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Adrian Cristian, M.D., MHCM, FAAPMR** Chief of Cancer Rehabilitation Miami Cancer Institute Miami, Florida **Romer B. Orada, D.O., FAAPMR** Cancer Physiatrist Physical Medicine and Rehabilitation Miami Cancer Institute Miami, Florida **Mary Crosswell, P.T., DPT, CLT** Clinical Rehabilitation Supervisor South Miami Hospital South Miami, 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	**Romer B. Orada, D.O., FAAPMR, and Mary Crosswell, P.T., DPT, CLT,** faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentation(s) or discussion(s) will not include off-label or unapproved product usage. **Adrian Cristian, M.D., MHCM, FAAPMR,** conference director, has indicated that he is an editor of medical books for Elsevier Medical Publishers. 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. *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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	    • 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?
	    • 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.
	☒ **Pre/Post-Survey**
	    • ***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")
	    How confident are you in your ability to:
	      1. Follow current American Physical Therapy Association (APTA) guideline recommendations for early diagnosis of breast cancer-related lymphedema?
	      2. Identify appropriate supportive treatments for breast cancer patients with aromatase inhibitor-induced musculoskeletal symptoms (AIMSS) or upper quadrant pain?

☒ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☒ **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** 60 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.*
	    1. As a result of your participation in this course, have you been able to follow the American Physical Therapy Association (APTA) recommended guidelines for early detection of breast cancer-related lymphedema?
	      • Yes
	        ▪ If yes: How long have you been implementing these guidelines?
	          • I am now implementing these guidelines based on the recommendations of this presentation.
	          • I was following these guidelines before I attended this course.
	      • No
	        ▪ If no: I am not following these recommendations due to:
	          • Not applicable to my practice.
	          • I do not agree with the recommendations presented.
	          • I am retired.
	      • Other {Open text}
	    2. What barriers have you encountered that have prevented you from following the recommended guidelines? {Open text}
	    3. Considering this course and your ability to implement improvements in your practice, what additional topics, information or tools could Baptist CME offer during future conferences to help you achieve change? {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.	

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.*
☒ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.* **Commitment to Change** As a result of my participation in this Breast Cancer Rehabilitation course, I commit to make the following changes to my clinical practice: (Select all that apply.) ▪ I will implement the American Physical Therapy Association (APTA) guideline recommendations for early detection of breast cancer-related lymphedema. ▪ Not applicable to my practice. ▪ I do not agree with the recommendations presented. ▪ I am retired.
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. **Data must be saved to file.*** *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
    • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
    • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	  - Include Impact Assessment results and CME Provider analysis of learner comments.
	  - Add updates/ changes to resources based on learner feedback.

☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	10 quiz questions
Course Release Date	August 2023
Course Renewal Date	
Course Expiration Date	August 2025

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

🔄 **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	Collaborative Intelligence: A Compelling Vision for the Future of Cardiac Care

Date		**Time**	
Location – If Virtual, fill in Zoom info at the end		**Credit Hour(s)**	.75 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Family physicians, internal medicine physicians, cardiologists, residents, fellows, advanced practice registered nurses, physician associates/physician assistants, allied health professionals, pharmacists, pharmacy technicians and dietitians.
Commercial 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	Collaborative intelligence is the concept that advance analytics and computing power along with clinicians that are responsible for interpreting data offered with the intention of <u>together</u> becoming more intelligent. This course will review the concept of collaborative intelligence and the role it could play within cardiovascular care.

Credit Type	
☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct ☐ Joint	**PARS ID #**	IEM2023400
Publish to CME Passport	☐ Yes ☒ No	**Publish to CEBroker** ☐ Yes ☐ No	**CEBroker #**

Planning Team

Conference Director(s)	Zuanel Diaz, Ph.D.
CME Manager	Gabriela Fernandez/ Alexandra Sanford

Conference Coordinator and/or Instructional Designer (OLP only)	
↻ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	Planning Team Agueda Hernandez, M.D. Zuanel Diaz, Ph.D. Nohemi Sadule Rios, Ph.D., APRN Judy Bowling, Ph.D., R.N. Robert Kraljevich, Pharm.D., BCPS

BHSF Initiatives	
☐ Balance across the continuum of care ☐ Diversity & Inclusion ☐ Evidence-based data ☒ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Overutilization – unnecessary health care costs ☐ Patient-centered care ☐ Public health factors (See commendation.) ☒ Removing redundancy – improving processes

Collaborative Partner:	Baptist Health Academics
Describe initiative:	This lecture was part of the Baptist Health Academic Week which is an annual program that will provide resources to residents, fellows, students, as well as internal BH clinical and administrative employees involved in academic programs.

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.***

☒ Live Course ☐ Regularly Scheduled Series ☒ Internet Live Course (Webinar) ☐ Internet Enduring Material	☐ Journal CME/CE ☐ Manuscript Review ☐ Test-Item Writing ☐ Committee Learning	☐ Performance/Quality Improvement ☐ Internet Searching and Learning ☐ Learning from Teaching ☐ Other/Blended Learning
☒ Didactic Lecture ☐ Question & Answer ☐ ARS ☐ Case Studies	☐ Panel Discussion ☐ Hands-on skill labs ☐ Cadaver labs	☒ Simulation Lab ☐ Mannequins ☐ Round table discussion ☐ Other (specify)

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: CE Educator's Toolkit***
State the educational need that you determined to be the underlying cause for the professional practice gap.	Providers may not be aware of the role of collaborative intelligence in medical practice and how this emerging field could apply to cardiac care.

Educational needs that <u>underlie</u> the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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.	Providers can formulate a vision for the use of collaborative intelligence in cardiac care.

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: • Explain the concept of collaborative intelligence and appreciate the role of collaborative intelligence in clinical practice. • Formulate a mechanism to incorporate collaborative intelligence into cardiovascular care.

References	*Ensure Content is Valid*

How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☐ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☐ Other need identified. *Please explain.*		
Baptist Health 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.*	Bhatt, A., & Bae, J. (2022, June 3). *Innovating health care: The rise of collaborative intelligence: How do we instill trust in a nonhuman "brain"?* American College of Cardiology. https://www.acc.org/latest-in-cardiology/articles/2022/05/01/01/42/innovating-health-care-the-rise-of-collaborative-intelligence-how-do-we-instill-trust-in-a-nonhuman-brain Quer G, Arnaout R, Henne M, Arnaout R. Machine Learning and the Future of Cardiovascular Care: JACC State-of-the-Art Review. J Am Coll Cardiol. 2021 Jan 26;77(3):300-313. doi: 10.1016/j.jacc.2020.11.030. PMID: 33478654; PMCID: PMC7839163. Lee, S., Chu, Y., Ryu, J., Park, Y. J., Yang, S., & Koh, S. B. (2022). Artificial Intelligence for Detection of Cardiovascular-Related Diseases from Wearable Devices: A Systematic Review and Meta-Analysis. *Yonsei medical journal*, *63*(Suppl), S93–S107. https://doi.org/10.3349/ymj.2022.63.S93	

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Example:** *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	**See below.**
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☐ **Pre/Post-Survey** • ***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")
☐ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☐ **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.*
☐ **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.	***Baptist Health Center for Advanced Analytics Presentation:***

☐ **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.***
☐ **Improves Performance** • **Goal: 10% of activities** • **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.	***See Evaluation Methods section for required elements.*** ***Follow-up data is Required.***
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	***Explain.***
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	***Requires quantitative data documenting improvements to patient or community health.*** **Data must be saved to file.** ***Explain.***
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**

☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**	*Explain.* ☐ **Sample supplemental materials saved to file.** - Include Impact Assessment results and CME Provider analysis of learner comments. - Add updates/ changes to resources based on learner feedback.
☐ **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.

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**	☐ **YES**	☐ ____ AMA PRA Category 1 Credits
	☐ **Executive Committee**	☐ **NO**	☐ ____ APA Approval Level: _____
	☐ **Live Committee**		☐ ____ Dental Approval
			☐ ____ Podiatry Approval

Graduate Medical Education - Grand Rounds (Cat. 1) –
Collaborative Intelligence: A Compelling Vision for the Future of Cardiac Care

This course will enable learners to formulate a mechanism to incorporate collaborative intelligence into a specific area of cardiovascular care.

Faculty
Ami B. Bhatt, M.D., FACC
Chief Innovation Officer, American College of Cardiology
Director, Adult Congenital Heart Disease Program
Director, Outpatient Cardiology
Massachusetts General Hospital
Boston, Massachusetts

Disclosures
Ami B. Bhatt, M.D., FACC, faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

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.

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

Objectives
- Recognize the concept of collaborative intelligence.
- Demonstrate the role of collaborative intelligence in clinical practice.
- Formulate a mechanism to incorporate collaborative intelligence into a specific area of cardiovascular care.

References:

https://www.acc.org/latest-in-cardiology/articles/2022/05/01/01/42/innovating-health-care-the-rise-of-collaborative-intelligence-how-do-we-instill-trust-in-a-nonhuman-brain

Quer G, Arnaout R, Henne M, Arnaout R. Machine Learning and the Future of Cardiovascular Care: JACC State-of-the-Art Review. J Am Coll Cardiol. 2021 Jan 26;77(3):300-313. doi: 10.1016/j.jacc.2020.11.030. PMID: 33478654; PMCID: PMC7839163.

🔄 **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	Compliance Training for Medical Staff – Avoiding Medicare and Medicaid Fraud, Waste and Abuse (ARE Republishing with Year Annually)

Date	Online Enduring	**Time**	Online Enduring
Location	Online Enduring	**Credit Hour(s)**	1.0
Charge	☐ Yes _____ ☒ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health considerations for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	All Baptist Health Medical Group employed providers.
Commercial 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	This annual compliance course is required for all Baptist Health Medical Group employed providers.

Credit Type	☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ 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)	Arturo Fridman, M.D.	CME Manager	Marie Vital Acle
Conference Coordinator and/or Instructional Designer (OLP only)	**Ana Navarrete**, Corporate Compliance Director **Karen Brady**, Corporate VP and Chief Compliance Officer **Beth Gillis**, AVP Audit & Compliance **Betty Blanco**, Instructional Designer	↻ Commendation Goal: **Engages Interprofessional Teams**/IPCE (10% of activities)	**Mark Hauser, M.D., FACP, FCCP** **President, Medical Staff Affairs** Clinical Enterprise Baptist Health South Florida **Ana Navarrete, MSN, R.N., CHC** Corporate Compliance Director Baptist Health South Florida

BHSF Initiatives

- ☐ Balance across the continuum of care
- ☐ Diversity & Inclusion
- ☐ Evidence-based data
- ☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services
- ☐ Overutilization – unnecessary health care costs
- ☐ Patient-centered care
- ☐ Public health factors (See commendation.)
- ☐ Removing redundancy – improving processes

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. Check all that apply.

- ☒ Didactic Lecture
- ☐ Question & Answer
- ☐ ARS
- ☐ Case Studies
- ☐ Panel Discussion
- ☐ Interactive
- ☐ Hands-on skill labs
- ☐ Cadaver labs
- ☐ Simulation Lab
- ☐ Mannequins
- ☐ Round table discussion
- ☐ Other (specify)

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 underlying cause for the professional practice gap.	Busy practitioners would benefit from annual refresher education related to Federal Healthcare Compliance requirements, such as Fraud, Waste, and Abuse, and Stark and Anti-kickback statutes as many of these laws and rules may not be understood as it applies to a variety of healthcare scenarios.
Educational needs that underlie the professional practice gaps of learners. **Check all that apply.**	☒ **Knowledge** - *Deficit in medical knowledge.* ☒ **Competence** - *Deficit in ability to perform strategy or skill.* ☐ **Performance** - *Able to implement 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:	☒ **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.	Medical staff will have current information related to Federal Healthcare Compliance requirements. Baptist Health expects that all medical staff will be able to perform their jobs in compliance with all federal healthcare requirements, when issues arise they will know what is required by federal law and who to contact with any potential issues or compliance discussion items.

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

Educational Objectives	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:	Upon completion of this conference, participants should be better able to: • Recognize Baptist Health's commitment to ethical business practices and compliance with all applicable laws, rules, and regulations. • Comply with these federal laws by identifying "red flags" that could lead to potential liability in law enforcement and administrative actions.

References	Ensure Content is Valid	
How are educational needs identified? *Check all that apply and explain below.*	☐ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☐ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☒ Other need identified. *Please explain.*	State and Federal laws	
Baptist Health 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. 4 citations required.***	- Chapter 14 Section 32 - 2018 Florida Statutes - The Florida Senate (flsenate.gov) - Laws Against Health Care Fraud https://www.cms.gov/files/document/overviewfwalawsagainstfactsheet072616pdf

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Mark Hauser, M.D., FACP, FCCP** **President, Medical Staff Affairs** Clinical Enterprise Baptist Health South Florida **Narrator:** **Ana Navarrete, MSN, R.N., CHC** Corporate Compliance Director Baptist Health South Florida

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. **Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.* **Non-clinical content**: All activities that are considered non-clinical must be vetted by the Department Director. If there is no *opportunity* to affect the content of CME concerning the products or services of a commercial interest, then there can be **no relevant financial relationships or conflicts of interest**. Both the following statements **must apply**. *Reference SOP "Disclosures for Activities with Non-Clinical Content" for further instructions and necessary steps to ensure compliance.* ☒ CME Activity content is not related to products or services of commercial interests. ☒ CME Activity content is non-clinical.
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☐ **Pre/Post-Survey** • *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")
☐ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☐ <u>**CME Impact Assessment**</u> **include Commitment to Change question.** ☐ **Add** <u>**Commitment to Change Ethos object.**</u> ☐ Add commitment to change **evaluation** question. (CME Registrar) ☐ Trigger **follow-up survey** 45 days post conference. (CME Registrar) ☐ Include handout or resource in follow-up email. (CME Manager/ Registrar) ☐ 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.
☐ **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**	*Check all that apply.*

Teaches strategies that learners can use to achieve improvements in population health.
    • **Goal: 10% of activities**
	☐ Health behaviors ☐ Access to care
	☐ Economic, social, and environmental ☐ Health disparities
	   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.*
☐ **Improves Performance** • **Goal: 10% of activities**	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*

☐ **Improves Healthcare Quality**
Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality
    • **Goal: Two examples per accreditation cycle.**
    • **Examples: EBCC**
	Explain.

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	*Explain.* ☐ **Sample supplemental materials saved to file.**
☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	2022 Annual Medical Staff Compliance | Review 360 (articulate.com)
Course Handout URL	https://cmeonline.baptisthealth.net/sites/default/files/2022%20Annual%20Medical%20Staff%20Compliance.pdf
Multiple Choice Questions	13 questions
Course Release Date	9/1/2019
Course Renewal Date	1/1/2023; 6/19/2023 (No 2024 Changes)
Course Expiration Date	12/31/2023 ; 12/31/2024

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

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	Covid Three Years Later: The Long Tail of Long Covid		
Date		**Time**	
Location – If Virtual, fill in Zoom info at the end	Internet Enduring Material	**Credit Hour(s)**	1 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Internal Medicine Physicians, General Practitioners, Gastroenterologists, Surgeons, Pharmacists, Physician Associates/Physician Assistants, Residents, Advanced Practice Registered Nurses, and all other interested healthcare professionals.		
Commercial 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	In this online course, Dr. Robert Wachter addresses long Covid, three years after the start of the pandemic. Dr. Wachter gives a brief update regarding what is currently known about long Covid and provides recommendations for basics of clinical management.		

Credit Type	
☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct ☐ Joint		**PARS ID #**	IEM2023401
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker**	☒ Yes ☐ No	**CEBroker #**

Planning Team

Conference Director(s)	John F. Rubin, M.D. FACP
CME Manager	Marie Vital Acle

Conference Coordinator and/or Instructional Designer **(OLP only)**	Jessica Armenteros
🔄 **Commendation Goal:** **Engages Interprofessional Teams**/**IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

☐ Balance across the continuum of care	☐ Overutilization – unnecessary health care costs
☐ Diversity & Inclusion	☐ Patient-centered care
☒ Evidence-based data	☐ Public health factors (See commendation.)
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Removing redundancy – improving processes

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.* **Check all that apply.**

☐ Live Course	☐ Journal CME/CE	☐ Performance/Quality Improvement
☐ Regularly Scheduled Series	☐ Manuscript Review	☐ Internet Searching and Learning
☐ Internet Live Course (Webinar)	☐ Test-Item Writing	☐ Learning from Teaching
☒ Internet Enduring Material	☐ Committee Learning	☐ Other/Blended Learning

☒ Didactic Lecture	☐ Panel Discussion	☒ Simulation Lab
☐ Question & Answer	☐ Hands-on skill labs	☐ Mannequins
☐ ARS	☐ Cadaver labs	☐ Round table discussion
☐ Case Studies		☐ Other (specify)

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:* **CE Educator's Toolkit**
State the educational need that you determined to be the underlying cause for the professional practice gap.	Long term COVID is an evolving condition with emerging treatment guidelines and providers may not know how to develop treatment plans to address these long-term last effects of COVID infection.
Educational needs that underlie the professional practice gaps of learners. **Check all that apply.**	☒ **Knowledge - *Deficit in medical knowledge.*** ☐ **Competence - *Deficit in ability to perform strategy or skill.*** ☐ **Performance - *Able to implement 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:	☒ **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.	Providers will review and implement current evidence supporting long term treatment guidelines for long-term sequelae following COVID infection.

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: • Differentiate long COVID symposiums/post-COVID conditions from underlying co-existing medical conditions. • Discuss the incidence and probability of Long COVID following a COVID infection.

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

References:	Wulf Hanson, S., Abbafati, C., Aerts, J. G., Al-Aly, Z., Ashbaugh, C., Ballouz, T., Blyuss, O., Bobkova, P., Bonsel, G., Borzakova, S., Buonsenso, D., Butnaru, D., Carter, A., Chu, H., De Rose, C., Diab, M. M., Ekbom, E., El Tantawi, M., Fomin, V., … Vos, T. (2022). Estimated Global Proportions of Individuals With Persistent Fatigue, Cognitive, and Respiratory Symptom Clusters Following Symptomatic COVID-19 in 2020 and 2021. *JAMA*, *328*(16), 1604–1615.
• *Provide evidence-based, peer reviewed references supporting best practice guidelines.*	
• *APA Citations should be no older than 10 years old.*	Swank, Z., Senussi, Y., Manickas-Hill, Z., Yu, X. G., Li, J. Z., Alter, G., & Walt, D. R. (2023). Persistent Circulating Severe Acute Respiratory Syndrome Coronavirus 2 Spike Is Associated With Post-acute Coronavirus Disease 2019 Sequelae. *Clinical infectious diseases: an official publication of the Infectious Diseases Society of America*, *76*(3), e487–e490.
	Martínez-Colón, G. J., Ratnasiri, K., Chen, H., Jiang, S., Zanley, E., Rustagi, A., Verma, R., Chen, H., Andrews, J. R., Mertz, K. D., Tzankov, A., Azagury, D., Boyd, J., Nolan, G. P., Schürch, C. M., Matter, M. S., Blish, C. A., & McLaughlin, T. L. (2022). SARS-CoV-2 infection drives an inflammatory response in human adipose tissue through infection of adipocytes and macrophages. *Science translational medicine*, *14*(674), eabm9151.

Faculty

Faculty List	**Robert M. Wachter, M.D.**
For more than two (2) faculty members, include the list at end of application.	Professor and Chair, Department of Medicine
	Holly Smith Distinguished Professor in Science and Medicine
	Marc and Lynne Benioff Endowed Chair in Hospital Medicine
	University of California, San Francisco

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	**Robert M. Wachter, M.D.,** faculty for this educational activity, is an adviser for Curai Health and Forward Health. He has indicated that the presentation or discussion will not include off-label or unapproved product usage. All of the relevant financial relationships listed for this individual has been mitigated.
	John F. Rubin, M.D., FACP, co-conference director of this educational activity, indicated that he is a shareholder in AstraZeneca and Bristol-Myers Squibb. All of the relevant financial relationships listed for this individual have been mitigated.
	Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*
	*Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	    • 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?
	    • 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.
	☒ **Pre/Post-Survey**
	    • ***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")
	    • Differentiate long COVID symposiums/post-COVID conditions from underlying co-existing medical conditions.
	    • **Treat Covid patients with Nirmatrelvir and Metformin in order to decrease the probability of Long Covid.**
	    • **Discuss recommendations such as vaccination and continuing to wear masks with patients.**

☒ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☒ **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.*
	    • **As a result of your participation in this course, have you been able to differentiate** long COVID symposiums/post-COVID conditions from underlying co-existing medical conditions.
	    1. **As a result of your participation in this course, have you been able to discuss recommendations such as vaccination and continuing to wear masks with patients?**
	    2. *If no, what barriers have you encountered that have prevented you from making the recommendations? {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.	

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.*
☐ **Improves Performance** • **Goal: 10% of activities** • **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.		*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**		*Explain.*

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. **Data must be saved to file.*** *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
    • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
    • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	    - Include Impact Assessment results and CME Provider analysis of learner comments.
	    - Add updates/ changes to resources based on learner feedback.

☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	July 2023
Course Renewal Date	
Course Expiration Date	July 2025

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

Baptist Health South Florida
Continuing Medical Education

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	Evidence-based Clinical Care: Electrolyte Imbalances and Metabolic Disorders		
Date	Online Enduring	**Time**	Online Enduring
Location – If Virtual, fill in Zoom info at the end	Cmeonline.baptisthealth.net	**Credit Hour(s)**	1 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	n/a
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.** • **If Surgeons are included, approve for American Board of Surgery MOC as Accredited CME type(CTC questions and Impact assessment required)** • **If Anesthesiologists are included, approve for American Board of Anesthesia MOC as Lifelong Learning CME type (CTC questions and Impact assessment required)**	Endocrinologists, Nephrologists, Advanced Practice Registered Nurses and Physician Assistants/Physician Associates.		
Commercial 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	This Evidence-based Clinical Care electrolyte imbalance & metabolic disorders online course will review strategies to reduce clinical variation in the care of patients who receive treatment throughout Baptist Health South Florida by engaging the care team in improved processes related to the treatment of patients presenting to respective emergency departments, direct admissions or inpatient. **Note to Physicians: Be sure to bookmark this course to access all protocols, pathways, policies and procedures at your convenience via your CME Portal account. All power plans are available in Cerner. All EBCC deliverables will be available on the EBCC website.**		

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**
	☐ 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 #**	IEM2023176
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #** 20-738142

Planning Team

Conference Director(s)	Mark Hauser, M.D.
CME Manager	Marie Vital Acle
Conference Coordinator and/or Instructional Designer (OLP only)	Lellany Ruiz, MBA-HC, CSSGB Bianca Capella, APRN Betty Blanco (Instructional Designer)
🔄 **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

☐ Balance across the continuum of care	☐ Overutilization – unnecessary health care costs
☐ Diversity & Inclusion	☐ Patient-centered care
☒ Evidence-based data	☐ Public health factors (See commendation.)
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Removing redundancy – improving processes

Collaborative Partner:	Evidence-based Clinical Care Committee
Describe initiative:	This course is planned in collaboration with the evidence-based clinical care committee in support of system-wide standardization.

Appropriate Formats

*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.***

☐ Live Course	☐ Journal CME/CE	☐ Performance/Quality Improvement
☐ Regularly Scheduled Series	☐ Manuscript Review	☐ Internet Searching and Learning
☐ Internet Live Course (Webinar)	☐ Test-Item Writing	☐ Learning from Teaching
☒ Internet Enduring Material	☐ Committee Learning	☐ Other/Blended Learning

☒ Didactic Lecture	☐ Panel Discussion	☒ Simulation Lab
☐ Question & Answer	☐ Hands-on skill labs	☐ Mannequins
☐ ARS	☐ Cadaver labs	☐ Round table discussion
☐ Case Studies		☐ Other (specify)

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: CE Educator's Toolkit**
State the educational need that you determined to be the underlying cause for the professional practice gap.	Physicians may not be aware of evidence-based standardization efforts throughout Baptist Health that are impacting algorithms of care. This course reviews the electrolyte imbalances and metabolic disorder clinical pathways at Baptist Health.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge - *Deficit in medical knowledge.*** ☒ **Competence - *Deficit in ability to perform strategy or skill.*** ☒ **Performance - *Able to implement 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:	☒ **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 power plans for electrolyte imbalances and metabolic disorders consistently as evidenced by clinical pathway utilization.

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to:

Upon completion of this conference, participants should be better able to:
- Explain the evidence-based data supporting the creation of a clinical pathway for electrolyte disorders and metabolic imbalances.
- Describe the methods for standardization and implementation of evidence-based best practices.
- Define clinical goals and specifications.
- Review the current standards for management and treatment of affected patients.
- Discuss mechanisms to measure adherence to the clinical pathways.
- Explain the value of multidisciplinary teams to facilitate transitions and optimize outcomes from the emergency department/observation, inpatient and outpatient.
- Educate patients on community resources to maximize accessibility for patient follow-up and to ensure compliance upon discharge.

References	*Ensure Content is Valid*
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

☐ Other need identified. *Please explain.*

Baptist Health 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.*	• Aylwin, S., Burst, V., Peri, A., Runkle, I., & Thatcher, N. (2015). 'Dos and don'ts' in the management of hyponatremia. *Current medical research and opinion*, 31(9), 1755-1761. • Bernard, J. B., Munoz, C., Harper, J., Muriello, M., Rico, E., & Baldwin, D. (2011). Treatment of inpatient hyperglycemia beginning in the emergency department: A randomized trial using insulins aspart and detemir compared with usual care. *Journal of hospital medicine*, 6(5), 279-284. • Borresen, S. W., Klose, M., Baslund, B., Rasmussen, Å K., Hilsted, L., Friis-Hansen, L., . . . Feldt-Rasmussen, U. (2017). Adrenal insufficiency is seen in more than one-third of patients during ongoing low-dose prednisolone treatment for rheumatoid arthritis. *European journal of endocrinology*, 177(4), 287-295. **Resources:** How to save power plans (EBCC order sets) to your favorites on CERNER? Click here to access video tutorial.

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Jorge C. Busse, M.D.** Nephrologist Baptist, South Miami, Homestead and West Kendall Baptist Hospitals **Pascual De Santis, M.D.** Endocrinologist Baptist Hospital and Baptist Health Medical Group Baptist Health South 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	Physician Champions: **Antony Farias, M.D., Jorge C. Busse, M.D., Alberto Esquenazi, M.D., and Marcos Esquenazi, M.D.** Operational Champions: **Heidi Clarke, Pharm.D., and Lois Exelbert, R.N.** **Narrators:** **Jorge C. Busse, M.D.,** has indicated that he is a member of the speakers' bureau with Relypsa and he will not include off-label or unapproved product usage in his presentation or discussion. **Pascual De Santis, M.D.,** has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage. **Physician Champions:** **Marcos B. Esquenazi, M.D.,** has indicated that he is a member of the speakers' bureau with Velphoro. **Antony Adrian Farias, M.D.,** has indicated that he is a member of the speakers' bureau with Relypsa. **Design Team:** **Rosemary K. Lee, ARNP,** has indicated that she is an educator with Medline/Protero. All of the relevant financial relationships listed for these individuals have been mitigated. All content contributors, including all electrolyte disorders and metabolic imbalances team members, including design team, 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. Non-faculty contributors, all other team members and those involved in the narration, planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. **Ineligible companies — Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.*
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	    • 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?
	    • 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.
	☐ **Pre/Post-Survey**
	    • *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")

☒ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☒ <u>**CME Impact Assessment**</u> include Commitment to Change question.
	☒ Add <u>**Commitment to Change Ethos object**</u>.
	☐ 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)
	
	As a result of completing EBCC: Electrolyte Imbalances and Metabolic Disorders course, have you been able to implement the following changes to your clinical practice:
	Select all that apply.
	    1. Implement the AACE/ADA guidelines for recommended target glucose levels in ICU patients.
	    2. Implement the AACE/ADA guidelines for recommended target glucose levels in non-ICU patients.
	    3. Not applicable to my practice.
	    4. I do not agree with the recommendations presented.
	    5. I am retired.
	
	If 1 and/or 2 selected:
	When did you implement these guidelines?
	    • I am now adhering to these guidelines based on the recommendations of this presentation.
	    • I was adhering to these guidelines before I attended this course
	
	If 3, 4, or 5 selected:
	I am not adhering to these guidelines due to:
	Select all that apply.
	    • It is not applicable to my practice.
	    • I do not agree with the recommendations presented.
	    • I am retired.
	    • Other [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. EBCC Metrics Data to be provided to CME department 6 months and 12 months post go-live date.
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 environmental conditions ☐ Health disparities ☐ Population's physical environment ☐ Healthcare and payer systems
☐ **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.*
☒ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.* **Commitment to Change:** As a result of my participation in this EBCC: Electrolyte Imbalances and Metabolic Disorders course, I commit to making the following changes to my clinical practice: Select all that apply. • I will implement the AACE/ADA guidelines for recommended target glucose levels in ICU patients. • I will implement the AACE/ADA guidelines for recommended target glucose levels in non-ICU patients. • Not applicable to my practice. • I do not agree with the recommendations presented. • I am retired.

☐ **Improves Healthcare Quality**
Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality
    • **Goal: Two examples per accreditation cycle.**
    • **Examples: EBCC**
	Explain.

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* *Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
    • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
    • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	   - Include Impact Assessment results and CME Provider analysis of learner comments.
	   - Add updates/ changes to resources based on learner feedback.

☐ **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	Evidence-based Clinical Care: Electrolyte Imbalances and Metabolic Disorders
Multiple Choice Questions	10-questions
Course Release Date	8/1/2019
Course Renewal Date	8/1/2021, 8/1/2023
Course Expiration Date	8/1/2025

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

🔄 **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	Evidence-based Clinical Care: Enhanced Recovery After Surgery GYN/GYO Protocol

Date	Online Enduring	**Time**	
Location – If Virtual, fill in Zoom info at the end		**Credit Hour(s)**	1 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Gynecology and Oncology Providers, Surgeons, Anesthesiologists, Physician Assistants, Advanced Practice Registered Nurses, Nurses and the Preoperative Team
Commercial 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	This course will provide the healthcare team with an introduction to the Baptist Health ERAS GYN/GYO section protocol – an evidence-based and multidisciplinary perioperative pathway – to achieve early recovery, reduce length of stay and reduce opioid use and morbidities associated with GYN/GYO surgeries.

Credit Type		
☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☒ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☒ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ 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)	**Thomas Morrissey, M.D., FACOG, FACS**
CME Manager	**Marie Vital Acle, MPH, MCHES**

Conference Coordinator and/or Instructional Designer (OLP only)	Tiffani D. Francis
↻ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	List 2+ professions here. M.D. Required. Thomas Morrissey, M.D., FACOG, FACS Cara Santos, MSN, RN, CNML Andrew A. Letayf M.D.

BHSF Initiatives

☐ Balance across the continuum of care	☐ Overutilization – unnecessary health care costs
☐ Diversity & Inclusion	☐ Patient-centered care
☐ Evidence-based data	☐ Public health factors (See commendation.)
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Removing redundancy – improving processes

Collaborative Partner:	Evidence-based Clinical Care Team
Describe initiative:	This course is planned in collaboration with the evidence-based clinical care committee in support of system-wide standardization efforts.

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.* **Check all that apply.**

☐ Live Course	☐ Journal CME/CE	☐ Performance/Quality Improvement
☐ Regularly Scheduled Series	☐ Manuscript Review	☐ Internet Searching and Learning
☒ Internet Live Course (Webinar)	☐ Test-Item Writing	☐ Learning from Teaching
☐ Internet Enduring Material	☐ Committee Learning	☐ Other/Blended Learning

☒ Didactic Lecture	☐ Panel Discussion	☒ Simulation Lab
☒ Question & Answer	☐ Hands-on skill labs	☐ Mannequins
☐ ARS	☐ Cadaver labs	☐ Round table discussion
☐ Case Studies		☐ Other (specify)

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:*** *CE Educator's Toolkit*

State the educational need that you determined to be the underlying cause for the professional practice gap.	The Baptist Health Enhanced Recovery After Surgery surgical pathway for GYN/GYO was updated to the current practice, based on new evidence. The northern entities of Baptist Health (Boca Raton & Bethesda Hospitals) are now adopting the surgical pathway and the healthcare team requires education on the implementation and practice of this protocol. As familiarity with protocols vary between entities there is a need to standardize the utilization of ERAS protocols throughout Baptist Health facilities.

Educational needs that <u>underlie</u> the professional practice gaps of learners. *Check all that apply.*	☒ Knowledge - *Deficit in medical knowledge.* ☒ Competence - *Deficit in ability to perform strategy or skill.* ☐ Performance - *Able to implement 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:	☒ 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.	The Healthcare team at Bethesda consistently utilize ERAS GYN/GYO protocols – an evidence-based and multidisciplinary peri-operative pathway – to achieve early recovery, reduce length of stay (LOS), and reduce opioid use and morbidities associated with GYN/GYO surgeries.

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to:
	• Utilize ERAS GYN/GYO approved protocols – an evidence-based and multidisciplinary peri-operative pathway.
	• Distinguish the role of each team member in achieving the clinical milestones in each phase of the patient's surgical journey.
	• Reduce opioid utilization in this patient population by using the multimodal pain management approach.
	• Promote early recovery, shorten length of stay, reduce costs and encourage the patient to take an active role in his/her/their recovery.
	• Maximize use of established patient education to clarify expectations and foster patient engagement and satisfaction.

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

References:	Dowdy, S. ,Kalogera, E., & Nelson G., (2021) Enhanced recovery in gynecologic surgery. *Journal of Gynecologic Surgery.* 2021 (37:2), 122-127. Retrieved July 22, 2022, from www.liebertpub.com.
• *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	Kim, S.R., Laframboise, S., & McCluskey, S.A. (2022). Enhanced recovery after minimally invasive gynecologic oncology surgery to improve same day discharge: a quality improvement project. Retrieved July 23, 2022 from https://www.ncbi.nlm.nih.gov/pubmed/34987097. Nelson, G., Bakkum-Gamez, J., & Kalogera, E. (2019). Guidelines for perioperative care in gynecologic/oncology: Enhanced Recovery After Surgery (ERAS) Society recommendations—2019 update. *International Journal of Gynecological Cancer*, *2019*(29), 651–668. Retrieved July19,2022, from http://ijgc.bmj.com/. Yuwei, S., Feng, L, & Gangming, W. (2021). Impact of enhanced recovery after surgery protocol compliance on patients' outcome in benign hysterectomy and establishment of a predictive nomogram model. *Shen et al. BMC Anesthesiology*, 2021 (21:289). Retrieved July 19, 2022, from https://doi.org/10.1186/s12871-021-01509-0. Bibliography – • Dowdy, S. ,Kalogera, E., & Nelson G., (2021) Enhanced recovery in gynecologic surgery. *Journal of Gynecologic Surgery.* 2021 (37:2), 122-127. • Yuwei, S., Feng, L, & Gangming, W. (2021). Impact of enhanced recovery after surgery protocol compliance on patients' outcome in benign hysterectomy and establishment of a predictive nomogram model. Shen et al. *BMC Anesthesiology,* 2021 (21:289). • Kim, S. R., Laframboise, S., Nelson, G., McCluskey, S. A., Avery, L., Kujbid, N., ... & Bouchard-Fortier, G. (2022). Enhanced recovery after minimally invasive gynecologic oncology surgery to improve same day discharge: a quality improvement project. *International Journal of Gynecologic Cancer*, 32(4).

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Thomas Morrissey, M.D., FACOG, FACS** Director of Gynecologic Oncology Eugene M. & Christine E. Lynn Cancer Institute Boca Raton Regional Hospital Baptist Health South Florida **Cara Santos, MSN, R.N., CNML** Nurse Manager Baptist Hospital Perioperative Services Baptist Health South Florida **Andrew A. Letayf, M.D.** Chief of Anesthesiology and Pediatric Anesthesiology Director of Obstetrical Services Bethesda Hospital East and West Baptist Health South Florida **Moderators** **Erika Gonzalez MSN, R.N., CCRN, NE-BC** Assistant Vice President Evidence-Based Clinical Care Baptist Health South Florida **Tara Sanchez** Clinical Manager Evidence-Based Clinical Care Baptist Health South 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	**Thomas Morrissey, M.D., FACOG, FACS, Andrew A. Letayf, M.D. and Cara Santos, MSN, R.N., CNML,** faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentation or discussion will not include off-label or unapproved product usage. **Erika Gonzalez, MSN, R.N., CCRN, NE-BC and Tara Sanchez,** moderators of this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentation or discussion will not include off-label or unapproved product usage. Non-faculty contributors and those involved in the narration, planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies -- Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
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:** ☐ Subjective ↻ ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☐ **Pre/Post-Survey** • *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")
☒ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☒ **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** 60 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.* **Commitment to Change || ADD TO Evaluation** I will now utilize the CERNER ERAS GYN/GYO protocols to achieve early recovery, reduce length of stay (LOS), and reduce opioid use and morbidities associated GYN/GYO surgeries. As a result of completing this webinar, what other changes did you commit to changing in your practice? **{Open}** **IMPACT ASSESSMENT** I have utilized the CERNER ERAS GYN/GYO protocols to achieve early recovery, reduce length of stay (LOS), and reduce opioid use and morbidities associated GYN/GYO surgeries 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.	

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 environmental ☐ Health disparities 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.*
☒ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.* *LMS Specialist NOTE: See commitment to change questions and impact assessment questions.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* ***Data must be saved to file.*** *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**	*Explain.* ☐ **Sample supplemental materials saved to file.** - Include Impact Assessment results and CME Provider analysis of learner comments. - Add updates/ changes to resources based on learner feedback.
☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	June 2023
Course Renewal Date	
Course Expiration Date	June 2025

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

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	Evidence-based Clinical Care: Pathway Updates e-Learning Series		
Date	Online Enduring	**Time**	Online Enduring
Location – If Virtual, fill in Zoom info at the end	CMEonline.baptisthealth.net	**Credit Hour(s)**	Up to a maximum of 5 Cat 1 for parent course. See children credit hours below.
Charge	☐ Yes _____ ☒ No	**SMS Code:**	**n/a**

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.** • **If Surgeons are included, approve for American Board of Surgery MOC as Accredited CME type(CTC questions and Impact assessment required)** • **If Anesthesiologists are included, approve for American Board of Anesthesia MOC as Lifelong Learning CME type (CTC questions and Impact assessment required)**	Parent: Evidence-based Clinical Care: Pathway Updates eLearning Series Baptist Health Medical Staff, Baptist Health Quality Network, and all other interested healthcare providers. Child: Heparin-Induced Thrombocytopenia (HIT) Credit: (.25 Cat. 1) TA: Cardiovascular Disease Prevention Physicians, Cardiologists, Critical Care Medicine Physicians, eICU Physicians, Emergency Department Physicians, Family Medicine Physicians, Geriatric Medicine Physicians, Hematologists, Oncologists, Hospitalists, Internal Medicine Physicians, Interventional and Clinical Pulmonologists, Interventional Cardiologists, Neuro-critical Care Physicians, Palliative Care Physicians, Preventive Medicine Physicians, Physician Assistants/Physician Associates, and Pulmonologists Child: Management of Blood Pressure in Stroke Patients Credit: (.50 Cat. 1) TA: Hospitalists, Internal Medicine Physicians, Physician Assistants/Physician Associates, Emergency Department Physicians, Intensivists, Neuro Intensivists, Neuro Endovascular Surgeons, Neurointerventional Radiologists, Neurosurgeons and Neurologists. Child: Mechanical Ventilator Liberation Patient Management Credit: (.25 Cat. 1) TA: Intensivists, Pulmonologists, Hospitalists, Advanced Practice Registered Nurses (General), Physician Assistants/Physician Associates.
Commercial 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	Parent: Evidence-based Clinical Care: Pathway Updates eLearning Series
	The Evidenced- Based Clinical Care initiatives provide the structure and guidance for Baptist Health in the design, adoption, and implementation of relevant and up-to-date synthesized research-based clinical pathways and protocols that can be measured in real-time across the entire patient episode of care, to eliminate clinical variation, improve patient safety and reduce cost. **Clinical pathways are continually updated and adjusted.**
	Enrollment in this virtual community of practice will ensure that you receive timely updates relevant to Baptist Health clinical staff.
	Child: Heparin-Induced Thrombocytopenia (HIT)
	(Credit: .25 Cat. 1)
	Overview: This vignette details the new clinical decision support (CDS) that was developed to facilitate a provider's workup and diagnosis of heparin-induced thrombocytopenia (HIT). When ordering a PF4 lab, the completion of the 4T score assessment is now mandatory. Additionally, alerts have been developed for providers, pharmacists, and nursing to ensure that all roles are aware of any pending or resulting PF4 labs.
	Child: Management of Blood Pressure in Stroke Patients
	(Credit: .50 Cat. 1)
	Overview: This vignette details the clinical decision support (CDS) that was developed to assess and manage blood pressure in acute ischemic stroke including an overview of the American Heart Association's latest Stroke Guidelines for the management of blood pressure in different types of stroke (acute ischemic stroke, intracerebral hematoma and subarachnoid hemorrhage).
	Child: Mechanical Ventilator Liberation Patient Management
	(Credit: .25 Cat. 1)
	Overview: This vignette details the benefits of using a ventilator weaning protocol to improve care coordination for patients who are mechanically ventilated. The workflow updates covered in this course serve as guidance to physicians and interdisciplinary teams to increase collaboration, with the goal of liberating patients who tolerate Spontaneous Awakening Trial (SAT) and Spontaneous Breathing Trial (SBT) from mechanical ventilation.

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**
☐ Podiatry CE		☐ Surgery - **Self-assessment**
☐ Interprofessional (IPCE) 🔄 **Commendation**		☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment**
Engages Teams – See Planning Team section		☐ Pathology - **Lifelong Learning**
☐ MOC Points - **MOC Checklist / Self-assessment**		☐ Pediatrics - **Lifelong Learning**
☐ Pediatrics - **Self-assessment**		

Providership	☒ Direct ☐ Joint	PARS ID #	
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #**

Planning Team	
Conference Director(s)	Mark Hauser, M.D.
CME Manager	Marie Vital Acle

Conference Coordinator and/or Instructional Designer (OLP only)	Meagan Rodriguez (EBCC) Tatiana Posada (EBCC) Betty Blanco (Instructional Designer)
↻ Commendation Goal: **Engages Interprofessional Teams**/IPCE (10% of activities)	List 2+ professions here. M.D. Required.

BHSF Initiatives

- [ ] Balance across the continuum of care
- [ ] Diversity & Inclusion
- [x] Evidence-based data
- [ ] High-reliability tools – Use of prior experiences to improve systems, processes, and services

- [ ] Overutilization – unnecessary health care costs
- [ ] Patient-centered care
- [ ] Public health factors (See commendation.)
- [ ] Removing redundancy – improving processes

Collaborative Partner:	Evidence-based Clinical Care Department
Describe initiative:	The CME Department collaborated with the EBCC department on the development of the education modules that support the implementation of new standards of care.

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.***

- [ ] Live Course
- [ ] Regularly Scheduled Series
- [ ] Internet Live Course (Webinar)
- [x] Internet Enduring Material

- [ ] Journal CME/CE
- [ ] Manuscript Review
- [ ] Test-Item Writing
- [ ] Committee Learning

- [ ] Performance/Quality Improvement
- [ ] Internet Searching and Learning
- [ ] Learning from Teaching
- [ ] Other/Blended Learning

- [x] Didactic Lecture
- [ ] Question & Answer
- [ ] ARS
- [ ] Case Studies

- [ ] Panel Discussion
- [ ] Hands-on skill labs
- [ ] Cadaver labs

- [x] Simulation Lab
- [ ] Mannequins
- [ ] Round table discussion
- [ ] Other (specify)

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: CE Educator's Toolkit***
State the educational need that you determined to be the underlying cause for the professional practice gap.	Physicians may not be aware of evidence-based standardization efforts throughout Baptist Health that are impacting algorithms of care and the implications these changes will have on documentation and utilization of the electronic medical record.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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 successfully utilize the electronic medical record to implement power plans consistently as evidenced adherence to pathways.

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

Educational Objectives	*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:	Parent: Evidence-based Clinical Care: Pathway Updates eLearning Series • Utilize the electronic medical record to adhere to evidence-based clinical care pathways. • See additional learning objectives per vignette. Child: Heparin-Induced Thrombocytopenia (HIT) Credit: (.25 Cat. 1) • Utilize the electronic medical record to adhere to evidence-based clinical care pathways. • Explain the 4T score and clinical indications for ordering of a PF4 lab. • Recognize the importance of the multidisciplinary approach when testing patients when suspected of heparin-induced thrombocytopenia. (HIT) Child: Management of Blood Pressure in Stroke Patients Credit: (.50 Cat. 1) • Apply clinical decision support for blood pressure management in acute ischemic stroke. Child: Mechanical Ventilator Liberation Patient Management Credit: (.25 Cat. 1) • Apply ventilator weaning protocols for mechanically ventilated patients, including using optimal sedation and pairing of SAT/SBT.

References	*Ensure Content is Valid*

How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☒ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☐ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☒ Patient care data ☐ Process improvement initiatives
☒ Other need identified. ***Please explain.***	EBCC initiative	
Baptist Health 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.*

Heparin-Induced Thrombocytopenia (HIT)

- Cuker, A., Arepally, G. M., Chong, B. H., Cines, D. B., Greinacher, A., Gruel, Y., Linkins, L. A., Rodner, S. B., Selleng, S., Warkentin, T. E., Wex, A., Mustafa, R. A., Morgan, R. L., & Santesso, N. (2018). American Society of Hematology 2018 guidelines for management of venous thromboembolism: heparin-induced thrombocytopenia. *Blood advances*, *2*(22), 3360–3392.
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Management of Blood Pressure in Stroke Patients

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Mechanical Ventilator Liberation Patient Management

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Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	<mark>Management of Blood Pressure in Stroke Patients</mark> **Felipe De Los Rios, M.D., FAHA** Medical Director, Baptist Hospital Comprehensive Stroke Center & Miami Neuroscience Institute Stroke Network Voluntary Associate Professor of Neurology University of Cincinnati Department of Neurology & Rehabilitation Medicine Florida International University, Herbert Wertheim College of Medicine <mark>Heparin-Induced Thrombocytopenia (HIT)</mark> **Content Contributors:** **Meagan Rodriguez** **Henry Triana, Jr.** <mark>Mechanical Ventilator Liberation Patient Management</mark> **Content Contributors:** **Eduardo Martinez-DuBouchet, M.D.** Medical Director BHSF Telehealth Center eICU & Transfer Center Baptist Health South Florida **Lellany Ruiz, MBA-HC, CSSGB** Senior EBCC Project Manager Evidence-Based Clinical Care (EBCC) Baptist Health South 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	**Management of Blood Pressure in Stroke Patients** **Felipe De Los Rios, M.D., FAHA**, faculty for this educational activity, has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage. Content contributors 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. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies -- Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.* **Heparin-Induced Thrombocytopenia (HIT)** Vignettes developed and designed by the Evidence-Based Clinical Care Team. Content Contributors: • Meagan Rodriguez • Henry Triana Jr. Content contributors have no relevant financial relationship with ineligible companies* to disclose and have indicated that the presentation or discussion will not include off-label or unapproved product usage. Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies -- Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.* **Mechanical Ventilator Liberation Patient Management** Vignettes developed and designed by the Evidence-Based Clinical Care Team. **Content Contributors:** **Eduardo Martinez-DuBouchet, M.D.** Medical Director BHSF Telehealth Center eICU & Transfer Center Baptist Health South Florida **Lellany Ruiz, MBA-HC, CSSGB** Senior EBCC Project Manager Evidence-Based Clinical Care (EBCC) Baptist Health South Florida Content contributors have no relevant financial relationship with ineligible companies* to disclose and have indicated that the presentation or discussion will not include off-label or unapproved product usage. Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies -- Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	   • 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?
	   • 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.
	☒ **Pre/Post-Survey**
	   • ***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")
	
	==Management of BP in Stroke Patients==
	How confident are you in your ability to:
	   • Assess blood pressure in acute ischemic stroke patients
	   • Manage blood pressure in acute ischemic stroke patients
	
	==Mechanical Ventilator Liberation Patient Management==
	How confident are you in your ability to:
	   • Utilize ventilator-weaning protocol to liberate mechanically ventilated patients.

☒ **Changes in performance.** 　• Commitment to Change **Improves Performance** **Commendation Goal**	☒ <u>**CME Impact Assessment**</u> **include Commitment to Change question.** ☒ **Add** <u>**Commitment to Change Ethos object.**</u> ☐ 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.* **Heparin-Induced Thrombocytopenia (H.I.T.)** As a result of completing this course, have you been able to: Utilize the electronic medical record to adhere to evidence-based clinical care pathway for diagnosing heparin-induced thrombocytopenia If Yes: How long have you been adhering to this evidence-based clincial pathway for diagnosing HIT? 　• I am now adhering to this clinical pathway based on the recommendations of this presentation. 　• I was adhering to this clinical pathway before I attended this course. If No 　• I am not adhering to this clinical pathway for diagnosing HIT due to: 　• It is not applicable to my practice. 　• I do not agree with the recommendations presented. 　• I am retired. 　• Other [open text] Mechanical Ventilator Liberation Patient Management As a result of completing this course, have you been able to: Adhere to this clinical pathway for applying ventilator weaning protocols for mechanically ventilated patients, including using optimal sedation and pairing of spontaneous awakening trial (SAT) and spontaneous breathing trial (SBT) If Yes How long have you been adhering to this clinical pathway for applying ventilator weaning protocols for mechanically ventilated patients? 　• I am now adhering to this clinical pathway based on the recommendations of this presentation. 　• I was adhering to this clinical pathway before I attended this course. If No 　• I am not adhering to this clinical pathway for applying ventilator weaning protocols for mechanically ventilated patients due to: 　• It is not applicable to my practice. 　• I do not agree with the recommendations presented. 　• I am retired. 　• Other [open text] Management of Blood Pressure in Stroke Patients As a result of completing this course, have you been able to: Implement the American Heart Association's latest Stroke Guidelines for the management of blood pressure in stroke patients? If Yes 　• How long have you been adhering to these guidelines? 　• I am now adhering to these guidelines based on the recommendations of this presentation. 　• I was adhering to these guidelines before I attended this course. If No I am not adhering to these guidelines due to: 　• It is not applicable to my practice.

	• I do not agree with the recommendations presented. • I am retired. • Other [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.	

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.*

☒ **Improves Performance**
• **Goal: 10% of activities**
• **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.
	Commitment to change captured upon completion of course, with a follow-up impact assessment email 45 days post course completion.
	
	Commitment to Change
	<mark>Heparin-Induced Thrombocytopenia (H.I.T.)</mark>
	As a result of my participation in this HIT course, I commit to making the following changes to my clinical practice:
	    • I will implement utilizing the electronic medical record to adhere to this evidence-based clinical care pathway for diagnosing heparin-induced thrombocytopenia.
	    • Not applicable to my practice.
	    • I do not agree with the recommendations presented.
	    • I am retired.
	
	<mark>Mechanical Ventilator Liberation Patient Management</mark>
	As a result of my participation in this Mechanical Ventilator Liberation Patient Management course, I commit to making the following changes to my clinical practice:
	    • I will implement utilizing the electronic medical record to adhere to this evidence-based clinical care pathway for applying ventilator weaning protocols for mechanically ventilated patients, including optimal sedation and pairing of spontaneous awakening trial (SAT) and spontaneous breathing trial (SBT)
	    • Not applicable to my practice.
	    • I do not agree with the recommendations presented.
	    • I am retired.
	
	<mark>Management of Blood Pressure in Stroke Patients</mark>
	As a result of my participation in this Management of Blood Pressure in Stroke Patients course, I commit to making the following changes to my clinical practice:
	    • I will implement the American Heart Association's latest Stroke Guidelines for the management of blood pressure in stroke patients.
	    • Not applicable to my practice.
	    • I do not agree with the recommendations presented.
	    • I am retired.

☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* ***Data must be saved to file.*** *Explain.*

☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
   • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
   • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	  - Include Impact Assessment results and CME Provider analysis of learner comments.
	  - Add updates/ changes to resources based on learner feedback.

☐ **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 Title	Management of Blood Pressure in Stroke Patients	Heparin-Induced Thrombocytopenia (HIT)	Mechanical Ventilator Liberation Patient Management
Course Video URL			
Course Handout URL			cmeonline.baptisthealth.net/sites/default/files/Mechanical%20Ventilation_0.pdf
Multiple Choice Questions	4 quiz questions	4 quiz questions	5 quiz questions
Course Release Date	12/1/2020	8/1/2020	10/1/2021
Course Renewal Date	8/1/2023	8/1/2023	8/1/2023
Course Expiration Date	8/1/2025	8/1/2025	8/1/2025

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

Baptist Health South Florida
Continuing Medical Education

🔄 **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	Ethics and Genetics	
Date		**Time**
Location – If Virtual, fill in Zoom info at the end	Online - Enduring	**Credit Hour(s)**	1.75 Cat. 1
Charge	☐ Yes _____ ☐ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Physicians, Physician Assistants, Nurses, Nurse Practitioners, Pharmacists, Clinical Chaplains, Medical Students and other interested healthcare professionals.	
Commercial 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	Medical genetics has widened the boundaries of case evaluation for clinicians. With the advances in genetic testing comes the rise of ethical challenges in medicine regarding the circumstances under which genetic testing is appropriate, the process through which genetic testing is pursued and the clinical utility of genetic test results. Recent advances in genetic testing technologies, in hand with the reduced cost and accessibility to testing, are only expected to bring more questions than answers. Please join us in this very informative and interactive education session as Arelis E. Martir-Negron, M.D., discusses ethics and genetics.	

Credit Type	☐ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☐ Direct ☐ Joint	**PARS ID #**	2020IEM216
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker**	☒ Yes ☐ No	**CEBroker #**	702411

Planning Team

Conference Director(s)	Ana Viamonte-Ros, M.D., MPH
CME Manager	**Katie Deane**
Conference Coordinator and/or Instructional Designer (OLP only)	
↻ **Commendation Goal:** **Engages Interprofessional Teams**/**IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

- ☐ Balance across the continuum of care
- ☐ Diversity & Inclusion
- ☐ Evidence-based data
- ☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services

- ☐ Overutilization – unnecessary health care costs
- ☐ Patient-centered care
- ☐ Public health factors (See commendation.)
- ☐ Removing redundancy – improving processes

Collaborative Partner:	Provide internal stakeholder here.
Describe initiative:	

Appropriate Formats

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.* **Check all that apply.**

- ☐ Live Course
- ☐ Regularly Scheduled Series
- ☐ Internet Live Course (Webinar)
- ☐ Internet Enduring Material

- ☐ Journal CME/CE
- ☐ Manuscript Review
- ☐ Test-Item Writing
- ☐ Committee Learning

- ☐ Performance/Quality Improvement
- ☐ Internet Searching and Learning
- ☐ Learning from Teaching
- ☐ Other/Blended Learning

- ☒ Didactic Lecture
- ☐ Question & Answer
- ☐ ARS
- ☐ Case Studies

- ☐ Panel Discussion
- ☐ Hands-on skill labs
- ☐ Cadaver labs

- ☒ Simulation Lab
- ☐ Mannequins
- ☐ Round table discussion
- ☐ Other (specify)

Educational Needs

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:*** *CE Educator's Toolkit*
State the educational need that you determined to be the underlying cause for the professional practice gap.	
Educational needs that underlie the professional practice gaps of learners. ***Check all that apply.***	☒ **Knowledge** - *Deficit in medical knowledge.* ☒ **Competence** - *Deficit in ability to perform strategy or skill.* ☐ **Performance** - *Able to implement 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:	☒ **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.	

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

Educational Objectives	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:	Upon completion of this conference, participants should be better able to: • Recognize ethical, legal and social issues relevant to genetic counseling and testing. • Address foreseen ethical dilemmas related to new advances in medical genetics. • Apply learned bioethical principles in challenging genetics cases.

References	*Ensure Content is Valid*	
How are educational needs identified? *Check all that apply and explain below.*	☐ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☐ Research/literature review ☐ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives

☐ Other need identified. ***Please explain.***	
Baptist Health 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.***	**Bibliography** • Clayton, E. W., Evans, B. J., Hazel, J. W., & Rothstein, M. A. (2019). The law of genetic privacy: applications, implications, and limitations. *Journal of Law and the Biosciences*, 6(1), 1-36. • Caplan, A. L. (2016). The Gene, An Intimate History by Siddhartha Mukherjee: Scribner, New York, 2016. • Sterling, R. L. (2011). Genetic research among the Havasupai: a cautionary tale. *AMA Journal of Ethics,* 13(2), 113-117.

Faculty
Faculty List ***For more than two (2) faculty members, include the list at end of application.***	**Arelis E. Martir-Negron, M.D., FACMG** Medical Geneticist and Medical Director of the Division of Clinical Genetics Miami Cancer Institute

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	**Arelis E. Martir-Negron, M.D., FACMG**, faculty for this educational activity, has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage. Conference Director: **Ana Viamonte-Ros, M.D., MPH,** has no relevant financial relationship with ineligible companies* to disclose. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies -- Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☐ **Changes in competence.**
• Intent to change
• Confidence in ability
	☐ **CME Evaluation Form**
	    • 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?
	    • 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.
	☐ **Pre/Post-Survey**
	    • ***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")

☐ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☐ <u>**CME Impact Assessment**</u> **include Commitment to Change question.**
	☐ **Add** <u>**Commitment to Change Ethos object**</u>**.**
	☐ 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.	

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.*
☐ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. **Data must be saved to file.*** *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
   • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
   • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	- Include Impact Assessment results and CME Provider analysis of learner comments.
	- Add updates/ changes to resources based on learner feedback.

☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	https://cdn.baptisthealth.net/cme/vol01/olp/Ethics_and Genetics_BD.mp4
Course Handout URL	cmeonline.baptisthealth.net/sites/default/files/Ethics%20and%20Genetics%20handout_0.pdf
Multiple Choice Questions	
Course Release Date	June 2020
Course Renewal Date	June 2023
Course Expiration Date	June 2023; June 2026

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

Baptist Health South Florida
Continuing Medical Education

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	Health Disparities: Underserved Populations	
Date		**Time**	
Location – If Virtual, fill in Zoom info at the end	Enduring Online course	**Credit Hour(s)**	2 cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Physicians, residents, fellows, advanced practice registered nurses, nurses, physician associates/physician assistants, dietitians, pharmacists, pharmacy technicians, allied health professionals and students.	
Commercial 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	In President Joe Biden's June 2021 Executive Order on *Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce*, he defined the term "underserved communities" as populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social and civic life. This course addresses communities that are underserved by mental and behavioral health resources, people who are underserved when seeking care for a cancer diagnosis and LGBTQ+ individuals who are medically underserved.	

Credit Type	☒ AMA PRA Category 1 ☐ Psychology - APA & FL ↻ - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ 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)	Zuanel Diaz, Ph.D.
CME Manager	**Gabriela Fernandez (live)/Marie Vital Acle (online)**
Conference Coordinator and/or Instructional Designer (OLP only)	Jeannelle Vega (Academics Department)
↻ **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives	
☐ Balance across the continuum of care ☐ Diversity & Inclusion ☒ Evidence-based data ☒ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Overutilization – unnecessary health care costs ☐ Patient-centered care ☐ Public health factors (See commendation.) ☒ Removing redundancy – improving processes
Collaborative Partner:	Baptist Health Academics
Describe initiative:	This online course includes highlights from the **Inaugural Baptist Health Academic Conference** which highlighted the team-based, interdisciplinary scholarly work—including research and quality improvement projects—being developed at Baptist Health.

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.***

☐ Live Course ☐ Regularly Scheduled Series ☐ Internet Live Course (Webinar) ☒ Internet Enduring Material	☐ Journal CME/CE ☐ Manuscript Review ☐ Test-Item Writing ☐ Committee Learning	☐ Performance/Quality Improvement ☐ Internet Searching and Learning ☐ Learning from Teaching ☐ Other/Blended Learning

☒ Didactic Lecture	☐ Panel Discussion	☒ Simulation Lab
☒ Question & Answer	☐ Hands-on skill labs	☐ Mannequins
☐ ARS	☐ Cadaver labs	☐ Round table discussion
☐ Case Studies		☐ Other (specify)

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: CE Educator's Toolkit**
State the educational need that you determined to be the underlying cause for the professional practice gap.	Participants may not be aware of the dynamics of social determinants in terms of health and communities and how those factors impact individual decision-making and clinical outcomes. In addition, through the presentation of current research projects, participants will learn about new research and quality improvement projects poised to impact the future of patient care at Baptist Health.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge** - *Deficit in medical knowledge.* ☒ **Competence** - *Deficit in ability to perform strategy or skill.* ☐ **Performance** - *Able to implement 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:	☒ **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.	Participants will learn how social determinants impact 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. Through research presentations, clinicians will engage in networking opportunities, nurture collaborations, and contribute to developing knowledge poised to improve patient care throughout Baptist Health.

Competencies	*The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*	
ABMS/ACGME	☐ Patient care and procedural skills ☒ Medical knowledge ☐ Practice-based learning and improvement	☒ Interpersonal and communication skills ☐ Professionalism ☒ Systems-based practice
Institute of Medicine	☐ Provide patient-centered care ☒ Work in interdisciplinary teams ☒ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics

Interprofessional Education Collaborative	☒ Values/ethics for interprofessional practice ☐ Roles/responsibilities	☒ Interprofessional communication ☒ Teams and teamwork

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: • See below.

References	*Ensure Content is Valid*
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
☐ Other need identified. *Please explain.*	
Baptist Health 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.* | <u>Abstract Presentations References</u>

 Buljac-Samardzic M, Doekhie KD, van Wijngaarden JDH. Interventions to improve team effectiveness within health care: a systematic review of the past decade. Hum Resour Health. 2020 Jan 8;18(1):2. doi: 10.1186/s12960-019-0411-3. PMID: 31915007; PMCID: PMC6950792.

 Ritchie MJ, Parker LE, Kirchner JE. From novice to expert: methods for transferring implementation facilitation skills to improve healthcare delivery. Implement Sci Commun. 2021 Apr 8;2(1):39. doi: 10.1186/s43058-021-00138-5. PMID: 33832549; PMCID: PMC8033694.

 Provvidenza C, Townley A, Wincentak J, Peacocke S, Kingsnorth S. Building knowledge translation competency in a community-based hospital: a practice-informed curriculum for healthcare providers, researchers, and leadership. Implement Sci. 2020 Jul 3;15(1):54. doi: 10.1186/s13012-020-01013-y. PMID: 32620129; PMCID: PMC7333339.

 Tait H, Williamson A. A literature review of knowledge translation and partnership research training programs for health researchers. Health Res Policy Syst. 2019 Dec 16;17(1):98. doi: 10.1186/s12961-019-0497-z. PMID: 31842896; PMCID: PMC6916221.

 Daudelin DH, Selker HP, Leslie LK. Applying Process Improvement Methods to Clinical and Translational Research: Conceptual Framework and Case Examples. Clin Transl Sci. 2015 Dec;8(6):779-86. doi: 10.1111/cts.12326. Epub 2015 Sep 1. PMID: 26332869; PMCID: PMC4703431.

 Bennett LM, Gadlin H. Collaboration and team science: from theory to practice. J Investig Med. 2012 Jun;60(5):768-75. doi: 10.2310/JIM.0b013e318250871d. PMID: 22525233; PMCID: PMC3652225. |

Faculty	
Faculty List *For more than two (2) faculty members, include the list at end of application.*	**List all faculty in chart 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	**Zuanel Diaz, AVP**, conference director for this educational activity, has no relevant financial relationships with ineligible companies* to disclose. Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships with ineligible companies* to disclose. *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 ☐ Other:	☐ Welcome Slides	☒ Faculty Slides	☐ Handout

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:** ☐ Subjective ↺ ☐ Objective ↺	**Measurement Type:** ☐ Subjective ↺ ☐ Objective ↺

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☐ **Pre/Post-Survey** • ***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") • Identify components of quality health information as defined by the National Quality Forum. • Address delivery of quality health information to my patients with low health literacy. • Adequately provide mental health and substance use treatment services to my patients to improve their clinical outcomes. • Identify barriers that may hinder providing clinical care across cultures in my practice. • Provide mental healthcare resources to my patients that could help delay physical disability in their aging process. • Implement strategies for reducing disparities in LGBTQ+ healthcare to improve patient outcomes.

☒ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☒ <u>**CME Impact Assessment**</u> include Commitment to Change question.
	☒ Add <u>**Commitment to Change Ethos object.**</u>
	☐ 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 adjusted how I deliver quality health information to my patients with low health literacy to make a greater impact on their health outcomes.
	    • I adequately provide mental health and substance use treatment services to my patients to improve their clinical outcomes.
	    • I have been able to identify barriers which may hinder providing clinical care across cultures in my practice.
	    • I provide mental health care resources to my patients that could help delay physical disability in their aging process.
	    • I have incorporated strategies to reduce disparities in LGBTQ+ healthcare to improve patient outcomes.
	
	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.	

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.* https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf ☐ 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. **(4 different samples per accreditation)**	***Describe the collaborative efforts.***
☒ **Improves Performance** • **Goal: 10% of activities** • **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.	***See Evaluation Methods section for required elements.*** ***Follow-up data is Required.***
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	***Explain.***
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.*** ***Explain.***
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
• **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	  - Include Impact Assessment results and CME Provider analysis of learner comments.
	  - Add updates/ changes to resources based on learner feedback.

☐ **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.

Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	August 2023
Course Renewal Date	
Course Expiration Date	August 2025

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

Course	Objectives	Bibliography
Working with Community Members and Organizations: A Promising Approach to Improve Mental Health Services for Underserved Populations	• Transform mental health and substance use treatment services in clinical practice to improve patient outcomes. • Identify barriers that may hinder providing clinical care across cultures. • Provide mental healthcare resources to patients that could help delay physical disability in their aging process.	• Thomeer, M. B., Moody, M. D., & Yahirun, J. (2023). Racial and Ethnic Disparities in Mental Health and Mental Health Care During The COVID-19 Pandemic. *Journal of Racial and Ethnic Health Disparities, 10*(2), 961–976. • Alegría, M., O'Malley, I. S., Smith, R., Useche Rosania, A., Boyd, A., Cuervo-Torello, F., Williams, D. R., & Acevedo-Garcia, D. (2023). Addressing health inequities for children in immigrant families: Psychologists as leaders and links across systems. *American Psychologist, 78*, 173–185. • Suárez-Orozco, C., Motti-Stefanidi, F., Marks, A., & Katsiaficas, D. (2018). An integrative risk and resilience model for understanding the adaptation of immigrant-origin

		children and youth. *American Psychologist, 73*, 781–796

Faculty
Margarita Alegria, Ph.D.
Professor, Harvard Medical School
Chief, Disparities Research Unit
Massachusetts General Hospital
Boston, Massachusetts

Margarita Alegria, Ph.D., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussions will not include off-label or unapproved product usage.

Overview
The dominant model of mental healthcare in the United States is individual therapy and pharmacological treatment provided by highly trained mental health professionals. However, healthcare professionals have been prompted to shift their conceptualization of care from a focus on the individual to structural factors (e.g., inequalities in wealth, education, and neighborhood conditions) linked to mental health outcome disparities. Given the evidence that the quality of mental healthcare for marginalized individuals has not meaningfully improved in the past 20 years, it is imperative that we, as a field, answer the long-standing calls for a paradigm shift to make mental healthcare more equitable, and recognize how community-based mental health services are important for reducing inequities in mental health outcomes.

Course	Objectives	Bibliography
Minimizing Racial Disparities in Cancer Care	- Assess the significant disparity in the care of cancer patients who are minority in origin in the United States. - Formulate strategies to increase the minority enrollment to clinical trials and bridge this gap of minorities in cancer clinical trials.	- Florida Lung Cancer Rates. American Lung Association, 2022. Accessed March 6, 2023 - Regnante, J. M., Richie, N., Fashoyin-Aje, L., Hall, L. L., Highsmith, Q., Turner, K., ... & Chen Jr, M. S. (2020). Operational strategies in US cancer centers of excellence that support the successful accrual of racial and ethnic minorities in clinical trials. *Contemporary Clinical Trials Communications, 17*, 100532. - Henley, S. J., Anderson, R. N., Thomas, C. C., Massetti, G. M., Peaker, B., & Richardson, L. C. (2017). Invasive cancer incidence, 2004–2013, and deaths, 2006–2015, in nonmetropolitan and metropolitan counties—United States. *MMWR Surveillance Summaries, 66*(14), 1.

Faculty
Manmeet Ahluwalia, M.D., MBA
Fernandez Family Foundation Endowed Chair in Cancer Research
Chief of Medical Oncology
Chief Scientific Officer & Deputy Director
Miami Cancer Institute
Baptist Health South Florida
Miami, Florida

Manmeet Ahluwalia, M.D., faculty for this activity, is a researcher for AstraZeneca, Bayer, Bristol-Myers Squibb, Incyte, Merck, Mimivax, Novocure and Pharmacyclics. He is a consultant for Apollomics, Bayer, Caris Life Sciences, Celularity, GSK, Insightec, Janssen, Kiyatec, Novocure, Prelude, Pyramid Biosciences, SDP Oncology, Tocagen, ViewRay, Voyager Therapeutics, Xoft, Varian Medical System and CAIRN Therapeutics. He has individual stocks/stock options with Cytodyn, Doctible and Medinnovat. Dr. Ahluwalia 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.

Overview

Cancer health disparities are adverse differences in cancer burden experienced by racial and ethnic minorities and other medically underserved populations, which includes those living in rural areas, individuals from sexual and gender minorities, and those living in persistent poverty.

In recent decades, overall cancer incidence and mortality rates have declined for all racial and ethnic minorities in the United States. There is a growing recognition of the heterogeneity among individuals within each of the racial and ethnic minority groups, highlighting the need for disaggregated cancer data to develop effective strategies for achieving health equity.

Research has identified complex factors, such as socioeconomic, cultural, social, and environmental factors, that influence each other to drive and perpetuate cancer health disparities.

Course	Objectives	Bibliography
LGBTQ+ Health Disparities	- Define health disparities and identify several examples of disparities in LGBTQ+ healthcare. - Identify contributing factors to disparities in LGBTQ+ healthcare. - Implement strategies for reducing disparities in LGBTQ+ healthcare to improve patient outcomes.	- Buchholz, K., & Richter, F. (2023, February 28). *Infographic: 7.2 percent of U.S. adults identify as LGBT*. Statista Infographics. - Billy A. Caceres. Circulation. Assessing and Addressing Cardiovascular Health in LGBTQ Adults: A Scientific Statement From the American Heart Association, Volume: 142, Issue: 19, Pages: e321-e332. - Casey LS, Reisner SL, Findling MG, Blendon RJ, Benson JM, Sayde JM, Miller C. Discrimination in the United States: Experiences of lesbian, gay, bisexlua, transgender, and queer Americans. Health Serv Res. 2019 Dec;54 Suppl 2(Suppl 2):1454-1466.

Faculty
Don Parris, Ph.D., MPH
Assistant Vice President
Center for Advanced Analytics
Baptist Health South Florida
Miami, Florida

Don Parris, Ph.D., MPH, 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.

Overview

Lesbian, gay, bisexual, and transgender (LGBTQ) people present poorer mental and physical health results compared to the heterosexual and cisgender population. There are barriers in the healthcare system that increase these 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.

Research has identified complex factors, such as socioeconomic, cultural, social, and environmental factors, that influence each other to drive and perpetuate cancer health disparities.

Baptist Health South Florida
Continuing Medical Education

CME ACTIVITY APPLICATION
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	Inflammatory and Genetic Diseases of the Aorta and Peripheral Vessels		
Date	Online	**Time**	
Location – If Virtual, fill in Zoom info at the end	Enduring Material	**Credit Hour(s)**	1 cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Cardiologists, Interventional Radiologists, Interventional Cardiologists, Primary Care Physicians, Podiatrists, Emergency Medicine Physicians, General Internists, Nurses, Physician Assistants/Physician Associates, Advanced Practice Registered Nurses and other interested healthcare providers.		
Commercial 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	Inflammatory changes to the aortic wall can be caused by a multitude of diseases. The broad spectrum of pathogenic factors and nonspecific clinical presentation often delay initial diagnosis; however, a precise determination of the underlying pathology is essential for successful management. The aim of this lecture is to describe the pathogenesis, symptoms and diagnosis of aortitis and equip healthcare providers with the knowledge required to perform adequate treatment following an appropriate diagnostic workup.		

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**
	☐ 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 #**	2021IEM302
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #** 877992

Planning Team	
Conference Director(s)	Barry Katzen, M.D., and Howard Katzman, M.D.
CME Manager	Gabriela Fernandez (Live); Marie Vital Acle (Online)
Conference Coordinator and/or Instructional Designer **(OLP only)**	
↻ **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives	
☐ Balance across the continuum of care	☐ Overutilization – unnecessary health care costs
☐ Diversity & Inclusion	☐ Patient-centered care
☐ Evidence-based data	☐ Public health factors (See commendation.)
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Removing redundancy – improving processes

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.* **Check all that apply.**	

☐ Live Course   ☐ Journal CME/CE   ☐ Performance/Quality Improvement
☐ Regularly Scheduled Series   ☐ Manuscript Review   ☐ Internet Searching and Learning
☐ Internet Live Course (Webinar)   ☐ Test-Item Writing   ☐ Learning from Teaching
☒ Internet Enduring Material   ☐ Committee Learning   ☐ Other/Blended Learning

☒ Didactic Lecture   ☐ Panel Discussion   ☐ Simulation Lab
☐ Question & Answer   ☐ Hands-on skill labs   ☐ Mannequins
☐ ARS   ☐ Cadaver labs   ☐ Round table discussion
☐ Case Studies   ☐ Other (specify)

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: CE Educator's Toolkit***
State the educational need that you determined to be the underlying cause for the professional practice gap.	Physicians consider current research that may influence the diagnosis and recommendations for management genetic and inflammatory diseases of the aorta.
Educational needs that underlie the professional practice gaps of learners. ***Check all that apply.***	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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.	Providers will be able to implement first-line treatment for inflammatory genetic disease as a result of the strategies discussed in this online course. This course will improve providers ability to determine imaging modality to identify inflammatory genetic disease.

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

Educational Objectives	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:	Upon completion of this conference, participants should be better able to: • Recognize the important imaging characteristics of large vessel vasculitis (Takayasu's Arteritis, Giant Cell Arteritis, IgG4-Related Disease). • Effectively identify patients with the three most common underlying genetic diseases of the aorta (Marfan Syndrome, Loeys-Dietz Syndrome, Ehler-Danlos Syndrome (Type IV). • Implement evidence-based management strategies for inflammatory and genetic vascular diseases.

References	*Ensure Content is Valid*

How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☒ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☐ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives

☐ Other need identified. *Please explain.*

Baptist Health 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.*	Inflammatory changes to the aortic wall can be caused by a multitude of different diseases. The broad spectrum of pathogenic factors and nonspecific clinical presentation often delay initial diagnosis; however, a precise determination of the underlying pathology is essential for successful management. The aim of this lecture is to describe the pathogenesis, symptoms and diagnosis of aortitis and equip healthcare providers with the knowledge required to perform adequate treatment following an appropriate diagnostic work-up. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4974292/ Imaging techniques are required to secure the diagnosis of large-vessel vasculitides, and to monitor the disease course. Both morphological and metabolic imaging are involved. It has an important increasing role in diagnosis, extent assessment and disease activity and therapy response evaluation. In the near future, the concomitant development of increasingly powerful PET/CT scanners, of new radiopharmaceuticals more specific for inflammation, and of new PET/MRI hybrid scanners probably will lead to a further new step forward in the diagnosis and clinical management of LVV. https://www.ncbi.nlm.nih.gov/pubmed/29166756 Sehayi, E. (2017) Takayasu arteritis: an update. *Current opinion in rheumatology,* 29(1), 51-56. Tarkin, J. M., Gopalan, D., & Mason, J.C. (2020). A Woman in Her 20s With Chest Pain and Arm Claudication. *JAMA cardiology*, 5(4), 482-482. Frank, M., Adham, S., Seigle, S., Legrand, A., Mirault, T., Henneton, P., ... & Jeunemaitre, X. (2019). Vascular Ehlers-Danlos syndrome: long-term observational study. *Journal of the American College of Cardiology,* 73(15), 1948-1957.

Category: Heart and Circulatory System

Condition/Procedure: Major Thoracic & Abdominal Vascular Procedures

Age Group: All Adults, Ages 18+

Time Period: April 2018 through March 2019

Time Period (15 Day Readmission rate): October 2017 through September 2018

Facility	Total Hospitalizations	Average Length of Stay	15 day Readmission Rate	View Pricing List
STATEWIDE	**3,437**	**8.4 days**	**10.81%**	
AVENTURA HOSPITAL AND MEDICAL CENTER - 100131	N/A	N/A	★★	
BAPTIST HOSPITAL OF MIAMI - 100008	62	10.7 days	★★	
CORAL GABLES HOSPITAL - 100183	N/A	N/A	N/A	
HIALEAH HOSPITAL - 100053	N/A	N/A	N/A	
JACKSON MEMORIAL HOSPITAL - 100022	38	11.0 days	★★	
JACKSON NORTH MEDICAL CENTER - 100114	N/A	N/A	N/A	
JACKSON SOUTH MEDICAL CENTER - 100208	N/A	N/A	N/A	
KENDALL REGIONAL MEDICAL CENTER - 100209	N/A	N/A	★★	
LARKIN COMMUNITY HOSPITAL - 100181	N/A	N/A	★	
LARKIN COMMUNITY HOSPITAL PALM SPRINGS CAMPUS - 100050	N/A	N/A	N/A	
MERCY HOSPITAL, A CAMPUS OF PLANTATION GENERAL HOSPITAL - 100061	N/A	N/A	★★	
MOUNT SINAI MEDICAL CENTER - 100034	53	8.0 days	★★	
NICKLAUS CHILDREN'S HOSPITAL - 110199	N/A	N/A	N/A	
NORTH SHORE MEDICAL CENTER - 100029	N/A	N/A	★★	
PALMETTO GENERAL HOSPITAL - 100187	N/A	N/A	★	

SOUTH MIAMI HOSPITAL - 100154	N/A	N/A	★★	
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS-UHEALTH TOWER - 100009	N/A	N/A	★★	

What the readmission rate means:

★★★   - Fewer readmissions than expected given how sick patients were (Better than expected)

★★   - Expected number of readmissions given how sick patients were (As expected)

★   - More readmissions than expected given how sick patients were (Worse than expected)

N/A   - Not enough data to calculate.

https://www.floridahealthfinder.gov/Comparecare/CompareFacilities.aspx

Faculty
Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Jeffrey W. Olin, D.O., FACC, FAHA, MSVM** Professor of Medicine (Cardiology) Director, Vascular Medicine and Vascular Diagnostic Laboratory Zena and Michael A. Wiener Cardiovascular Institute and Marie-Josée and Henry R. Kravis Center for Cardiovascular Health Icahn School of Medicine at Mount Sinai New York, N.Y.

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	**Jeffrey W. Olin, D.O.,** 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. Conference Directors and Planning Committee Members **Barry T. Katzen, M.D.**, conference director of this educational activity, has indicated that he is a consultant for Boston Scientific, Philips Medical and W.L. Gore. **Howard Katzman, M.D.,** conference director of this educational activity, has no relevant financial relationship to disclose with ineligible companies.* All of the relevant financial relationships listed for these individuals have been mitigated. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies -- Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☐ **CME Evaluation Form** • 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? • 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. ☐ **Pre/Post-Survey** • ***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")

☐ **Changes in performance.**
    • Commitment to Change
 	
Improves Performance Commendation Goal
	☐ **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.

☐ **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.*

☐ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* ***Data must be saved to file.*** *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**	*Explain.* ☐ **Sample supplemental materials saved to file.** - Include Impact Assessment results and CME Provider analysis of learner comments. - Add updates/ changes to resources based on learner feedback.
☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	https://cdn.baptisthealth.net/cme/vol01/olp/Genetic_and_Inflammatory_Diseases_of_the_Aorta_BD.mp4
Course Handout URL	https://cmeonline.baptisthealth.net/sites/default/files/Inflammatory%20Genetic%20Handout_0.pdf
Multiple Choice Questions	
Course Release Date	8/1/2021
Course Renewal Date	8/1/2023
Course Expiration Date	8/1/2023; 8/1/2024

APPROVAL			
Date Reviewed	**Reviewed By**	**Approved**	**Credits**

	☐ **Accelerated Approval** ☒ **Executive Committee** ☐ **Live Committee**	☐ **YES** ☐ **NO**	☐ _1___ AMA PRA Category 1 Credits ☐ ____ APA Approval Level: _____ ☐ ____ Dental Approval ☐ ____ Podiatry Approval

Follow-up Survey:
Thank you for your participation in the Inflammatory and Genetic Diseases of the Aorta and Peripheral Vessels online course.

Since completion of this online course, have you treated patients with inflammatory and genetic diseases of the aorta?*
Yes
No

If Yes,
Were you able to implement first-line treatment. YES/NO

At the time of delivering care, how confident were you in your ability to:
5 – Extremely confident
4 – Somewhat confident
3 – Neutral
2 – Slightly confident
1 – Not at all confident
Select the appropriate treatment strategy for these patients.

🔄 **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	Internal and Family Medicine e-Learning Series

Date		**Time**	
Location	Internet Enduring Materials	**Credit Hour(s)**	**See Chart Below**
Charge	☐ Yes _____ ☒ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Internal Medicine Physicians, Family Medicine Physicians, Obstetricians, Hospitalists, Fellows, Physician Assistants/Physician Associates, Residents, Advanced Practice Registered Nurses, Nurses, Pharmacists, Pharmacy Technicians and all other interested healthcare providers.
Commercial 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	The primary care provider for internal and family medicine usually sees patients with a wide variety of symptoms. The goal of this series is to provide consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care. Topics for this lecture series include coronary artery calcifications, infection caused by periodontitis, hemostasis thrombosis, B12 deficiency, lung cancer screening, cardiac amyloidosis, health equity, inpatient hypertension, psoriasis, tremors, unusual vascular diseases such as malformations anatomic variants and collagen vascular diseases, drug Interactions, headaches, functional neurosurgery, weight management, premature ventricular contractions, osteoporosis, prostate cancer, insulin, and adult vaccines.

Credit Type	☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☒ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct ☐ Joint	**PARS ID #**	IEM2022358
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #**

Planning Team

Conference Director(s)	John Rubin, M.D.
CME Manager	Nina Doleyres

Conference Coordinator and/or Instructional Designer **(OLP only)**	Jessica Armenteros

↻ **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

- ☒ Balance across the continuum of care
- ☒ Diversity & Inclusion
- ☒ Evidence-based data
- ☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services

- ☒ Overutilization – unnecessary health care costs
- ☒ Patient-centered care
- ☒ Public health factors (See commendation.)
- ☐ Removing redundancy – improving processes

Collaborative Partner:	Boca Raton Regional Hospital/Baptist Health South Florida and Florida Atlantic University
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. **Check all that apply.***

- ☒ Didactic Lecture
- ☐ Question & Answer
- ☐ ARS
- ☐ Case Studies

- ☐ Panel Discussion
- ☐ Interactive
- ☐ Hands-on skill labs
- ☐ Cadaver labs

- ☐ Simulation Lab
- ☐ Mannequins
- ☐ Round table discussion
- ☐ Other (specify)

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 underlying cause for the professional practice gap.	**Current physician practice does not include consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care.**
Educational needs that underlie the professional practice gaps of learners. Check all that apply.	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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.	

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

Educational Objectives	*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:** | Upon completion of this conference, participants should be better able to: |

Module Learning Objectives

Coronary Artery Calcification in Women: More Than Meets the Eye (1 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025
- Examine research updates on female-specific and female-predominant cardiovascular risk factors.
- Discuss evidence-based recommendations for the use of coronary artery calcium scans in women.
- Evaluate research updates on the relationship between coronary artery and breast arterial calcification in women.
- Review evidence-based cardiovascular risk reduction strategies for women with arterial calcification.

Interactions Between Periodontitis and Systemic Diseases (1.25 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025
- Identify the pathogenesis of periodontitis and be able to question a patient regarding periodontal health status based on signs and symptoms of periodontal disease.
- Discuss the common denominators of inflammation through many chronic diseases and how periodontitis can significantly elevate systemic inflammatory markers.
- Recognize how bacteremia from oral sources can seed periodontal pathogens to remote sites, causing pathology from the brain to vascular, cardiac, prosthetic and other structures.
- Describe the relationship between oral dysbiosis and gut dysbiosis and associated disease processes.

An Approach to Hemostasis and Thrombosis for the Internist (1 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025
- Explain the basics of primary and secondary hemostasis and identify the tests used to evaluate hemostasis.
- Describe the approach to evaluate and treat prolonged prothrombin time (PT) and activated partial thromboplastin time (aPTT).
- Explain the approach to evaluate and treat thrombocytopenia and basics of immune thrombocytopenia (ITP), thrombotic thrombocytopenic purpura (TTP), heparin-induced thrombocytopenia (HIT).
- Explain the basics of hypercoagulability testing and discuss the approach to duration of anticoagulation.

B12 Deficiency (1 Cat.1)
Course Review Date: September 2022 Course Expiration: September 2025
- Explain the pathophysiology of B12 deficiency and identify its clinical features and causes in clinical practice.
- Implement the appropriate testing for B12 deficiency and recognize the limitations of testing. Select appropriate treatments to optimize patient outcomes**.**

Screening for Lung Cancer Is Standard Therapy (1 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025
- Implement lung cancer screening according to the latest evidence-based guidelines for high-risk patients.

Psoriasis Update (1.50 Cat. 1)
Course Review Date: September 2022 Course Expiration: September 2025
- Identify psoriasis based on clinical presentation and implement essential screening for a patient with new-onset psoriasis.
- Assess psoriasis symptoms in patients with underlying conditions such as chronic liver diseases and vascular diseases.
- Appraise current systemic approaches to the treatment of psoriasis, including antimetabolites, systemic immunosuppressants, interferon and interleukin antagonists.

Attaining Health Equity: Focusing Our Lens on What's Important (1 Cat. 1)
Course Review Date: September 2022   Course Expiration: September 2025
- Define health equity and various terms associated with this, such as structural inequity, racism, and social determinants of health.
- Identify health disparities and health equity and assess factors that play a role in this.
- Examine the rationale behind the importance of addressing health disparities and health equity, including factors that contribute to these disparities.
- Review ways in which physicians can play a role in addressing health disparity and health equity to optimize medical care for these patient populations.

Cardiac Amyloidosis: An Increasingly Recognized Entity (1.25 Cat.1)
Course Review Date: September 2022   Course Expiration: September 2025
- Review the pathophysiology and subtypes of cardiac amyloidosis.
- Establish the clinical clues for when to suspect cardiac amyloidosis.
- Identify the key principles in making the diagnosis of cardiac amyloidosis.
- Evaluate the available and emerging therapies for cardiac amyloidosis.

Inpatient Management of Hypertension (1.25 Cat.1)
Course Review Date: September 2022   Course Expiration: September 2025
- Identify the proper management of hypertensive emergency.
- Identify the proper management of hypertensive urgency in asymptomatic patients both in the emergency department and inpatient settings.
- Determine the management of chronic hypertension in the inpatient setting.

Tremors Update 2022 (1.25 Cat.1)
Course Review Date: November 2022   Course Expiration: September 2025
- Identify the principle clinical features of essential tremor and Parkinson's Disease.
- Analyze imaging to assist in differential diagnosis of Parkinson's Disease versus essential tremor.
- Identify the current medication and surgical treatments for Parkinson's Disease and Essential tremor.
- Discuss the application of MRI guided ultrasound lesioning for tremor.

Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases (1.25 Cat.1)
Course Review Date: November 2022   Course Expiration: September 2025
- Implement strategies to participate in more goals of care and advance care planning conversations.
- Deliver care to reduce suffering and improve quality of life for both the patient and the family.
- Collaborate with the multidisciplinary team to support end-of-life care.

Drug Interactions of Clinical Importance (1.25 Cat.1)
Course Review Date: November 2022   Course Expiration: September 2025
- Identify the safety nets that assist in preventing harm due to drug-drug interactions.
- Recognize drug combinations that should be avoided.
- Discuss risk factors that affect probability of harm from drug-drug interactions.
- List considerations that affect the risk associated with drug combinations.

Update on Headache Management (1 Cat.1)
Course Review Date: November 2022   Course Expiration: September 2025
- Identify different headache types.
- Discuss migraine, cluster headache and tension headache management.
- Discuss headache treatment guidelines and the effects of medication overuse.

Functional Neurosurgery: Where We Are and Where We Are Going (1.25 Cat.1)
Course Review Date: November 2022   Course Expiration: September 2025
- Discuss the current neuromodulation technology for pain and movement disorders.

- Identify the appropriate candidates for neuromodulation.
- Identify the determinants in selecting the appropriate deep brain stimulation for emerging indications.

Strategies for Weight Management as a Gastroenterologist (1.25 Cat.1)
Course Review Date: December 2022   Course Expiration: September 2025
- Identify noninvasive strategies for weight management such as medical nutritional therapy, pharmacotherapy and endo-bariatrics in order to optimize patient outcomes.
- Identify common post-bariatric complications and solutions to provide better patient care post-operation.

Premature Ventricular Contractions (PVCs): Are They All Benign? (1.25 Cat.1)
Course Review Date: May 2023   Course Expiration: May 2026
- Explain premature ventricular contractions mechanisms.
- Discuss prognosis diagnostic evaluation to understand when treatment is indicated.
- Identify treatment options for patients with premature ventricular contractions.

Osteoporosis Update (1.25 Cat.1)
Course Review Date: May 2023   Course Expiration: May 2026
- Identify osteoporosis risk factors, explain available discuss treatment options and implement prevention strategies in clinical practice.
- Analyze controversies and difficulties in osteoporosis management.

Modern Day Screening for Prostate Cancer (1 Cat.1)
Course Review Date: August 2023   Course Expiration: August 2026
- Screen populations at risk for prostate cancer and explain updates in technology and techniques for prostate cancer screening.
- Recognize pitfalls and risks associated with prostate cancer screening.

Insulin Update (1.25 Cat.1)
Course Review Date: August 2023   Course Expiration: August 2026
- Explain the pharmacokinetics of different insulins.
- Select insulin delivery devices to optimize patient outcomes.
- Examine patient treatment regarding insulin dosing.

Overview of Adult Vaccines and Updates (1.25 Cat.1)
Course Review Date: August 2023   Course Expiration: August 2026
- Identify the appropriate patient for vaccines against pneumococcal disease, HPV, Herpes Zoster, Pertussis/Tetanus and Hepatitis B.
- Discuss the indications and contraindications of major vaccinations.

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

| **Baptist Health 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.*

Coronary Artery Calcification in Women: More Than Meets the Eye
DeFillipis EM, et al., European Heart Journal (2020) 41, 4127–4137; doi: 10.1093/eurheartj/ehaa662

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Cardiac Amyloidosis - an Increasingly Recognized Entity
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Faculty	
Faculty List *For more than two (2) faculty members, include the list at end of application.*	See chart 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	**Coronary Artery Calcification in Women: More Than Meets the Eye** **Heather Johnson, M.D., FACC, FAHA, FASPC**, 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.

Interactions Between Periodontitis and Systemic Diseases
Jeffrey Ganeles, DMD, FACD, faculty for this educational activity, is a consultant for Neocis and Osstell AB and an adviser with Supply Clinic, and is on the speakers' bureau for Lynch Biologics. He has individual stock options with Straumann. Dr. Ganeles indicated that the presentation or discussion will not include off-label or unapproved product usage.

An Approach to Hemostasis and Thrombosis for the Internist
Srikanth Nagalla, M.D., M.S., faculty for this educational activity, is a consultant for Alexion and Alnylam and is on the speakers' bureau for Alexion, DOVA, Sanofi and Rigel. Dr. Nagalla indicated that the presentation or discussion will not include off-label or unapproved product usage.

B12 Deficiency
Angelina The, 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.

Screening for Lung Cancer Is Now Standard Therapy
John R. Roberts, M.D., indicated that he is a consultant for Scott Flora Consulting.

Psoriasis Update
John M. Strasswimmer, M.D., is a consultant for Regeneron and Castle Bioscience. He is also on the speakers' bureau for Regeneron, Sanofi and Genentech. Dr. Strasswimmer indicated that he is a researcher for Regeneron, Biofrontera and Almirall.

Drug Interactions of Clinical Importance
Daniel C. Malone, Ph.D., FAMCP, faculty for this educational activity, has indicated that he is a consultant for Sarepta Therapeutics, Pear Therapeutics, Seres Therapeutics, Avidity Biosciences, and a researcher for Otsuka Pharmaceutical. All of the relevant financial relationships listed for these individuals have been mitigated, and has indicated that the presentation will not include off-label or unapproved product usage.

Functional Neurosurgery: Where We Are and Where We Are Going
Julie Pilitsis, M.D., Ph.D., faculty of this educational activity, indicated that she is an advisor for Aim Medical Robotics. She is also a shareholder of Aim Medical Robotics. Dr. Pilitsis also indicated that she is a researcher for Medtronic, Boston Scientific, Abbott, Nevro, and Saluda. All of the relevant financial relationships listed for these individuals have been mitigated.

Osteoporosis Update
Shawn Baca, M.D., F.A.C.R. indicated that he is an independent contractor for Radius. All of the relevant financial relationships listed for these individuals have been mitigated and has indicated that the presentation will not include off-label or unapproved product usage.

Modern Day Screening for Prostate Cancer
David Thiel, M.D., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentations or discussions will not include off-label or unapproved product usage.

Insulin Update
Bryan S. Vinik, M.D., is a speaker for AbbVie Pharmaceuticals. He has indicated that the presentation *will not* include off-label or unapproved product usage. All of the relevant financial relationships listed for this individual have been mitigated.

All:
John Rubin, M.D., indicated that he is a shareholder in AstraZeneca and Bristol Myers Squibb.

Kenneth Rosenthal, M.D., indicated that he is on the speakers' bureau for AbbVie.

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

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

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

Disclosure to the audience:	☒ Ethos Course Page ☐ Other:	☒ Welcome Slides	☐ Faculty Slides	☒ Handout

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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

| ☒ **Changes in competence.**
• Intent to change
• Confidence in ability | ☒ **CME Evaluation Form**
   • 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?
   • 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.
☒ **Pre/Post-Survey**
How confident are you in your ability to:

Coronary Artery Calcification in Women: More Than Meets the Eye
   • Interpret routine mammography reports with findings of breast artery calcification in asymptomatic women and implement a treatment plan to address cardiovascular risk in this patient population
   • Identify female patients that would benefit from a coronary artery calcium scan to screen for cardiovascular risk factors
Interactions Between Periodontitis and Systemic Diseases
   • Evaluate patients on their periodontal health status based on signs and symptoms of periodontal disease
   • Identify prescribed medication that could cause unintentional negative consequences to oral structures
An Approach to Hemostasis and Thrombosis for the Internist
   • Evaluate patients with benign hematologic conditions using laboratory testing.
   • Interpret results from laboratory testing for benign hematologic conditions.
B12 Deficiency
   • Recognize B12 deficiency based on clinical presentation.
   • Identify causes of B12 deficiency.
   • Implement the correct treatment for B12 deficiency based on the underlying cause.
Screening for Lung Cancer is Standard Therapy
   • Speak with patients with risk of lung cancer regarding the importance of screening.
Psoriasis Update
   • Assess psoriasis patients for underlying conditions such as chronic liver and vascular diseases.
   • Identify the appropriate treatment strategies for psoriasis patients
Attaining Health Equity: Focusing Our Lens on What's Important
   • Identify factors in patients that contribute to health disparities and health equity
   • Address identified health disparities to optimize medical care
Cardiac Amyloidosis - an Increasingly Recognized Entity
   • Identify clinical cues for when to suspect cardiac amyloidosis
   • Implement the appropriate testing to identify cardiac amyloidosis
   • Recommend the available and emerging therapies for cardiac amyloidosis to the patient
Inpatient Management of Hypertension
   • Develop a plan of care for asymptomatic high blood pressure patients
   • Manage chronic hypertension in the inpatient setting
Tremors Update 2022
   • Identify clinical features of different types of major tremors.
   • Recommend current medication and surgical treatments for essential tremor.
Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases
   • Develop a plan of care with multidisciplinary teams for patients with vascular diseases.
Drug Interactions of Clinical Importance
   • Recognize drug combinations that should be avoided when prescribing medications.
   • Identify recourses that assist in recognizing possible drug interactions.
Update on Headache Management
   • Develop a management plan for patients experiencing migraines, cluster headaches, or tension headaches.
   • Identify treatment options for medication overuse headaches. |

Functional Neurosurgery: Where We Are and Where We Are Going
- Identify current neuromodulation applications for patients experiencing pain and movement disorders.

Strategies for Weight Management as a Gastroenterologist
- Develop a noninvasive plan of care for patients struggling with weight management such as medical nutritional therapy or endo-bariatrics.

Premature Ventricular Contractions (PVCs): Are They All Benign?
- Develop a treatment plan that identifies goals that aim to eliminate symptoms and either reverse or prevent PVC-induced cardiomyopathy.

Osteoporosis Update
- Re-evaluate a patients current osteoporosis treatment plan.
- Recommend a patient for follow up treatment if they have recently visited the hospital with an old or new fragility fracture.

Modern Day Screening for Prostate Cancer
- Utilize a Prostate -Specific Antigen (PSA) test for prostate cancer screening.

Insulin Update
- Develop an insulin dosing treatment plan based on an individual patient need.

Overview of Adult Vaccines and Updates
- **Implement the current recommendations for vaccinations against invasive pneumococcal disease, HPV, Herpes Zoster, Pertussis/Tetanus and Hepatitis B.**
- **Discuss the importance of vaccination with patients who have vaccination hesitancy by acknowledging fears and providing education.**

☒ **Changes in performance.**
    • Commitment to Change
 	
Improves Performance
Commendation Goal
	☒ <u>**CME Impact Assessment**</u> **include Commitment to Change question.**
	☐ **Add** <u>**Commitment to Change Ethos object**</u>**.**
	☒ Add commitment to change **evaluation** question. (CME Registrar)
	☒ Trigger **follow-up survey** 45 days post conference. (CME Registrar)
	☐ Include handout or resource in follow-up email. (CME Manager/ Registrar)
	☐ 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.*
	Phase I of Impact Assessment
	    1. As a result of your participation in this e-learning series, have you been able to implement any of the following commitments to change?
	        o Screen patients for medical conditions I had not previously considered.
	        o Identify underlying causes for common medical conditions I had not previously considered.
	        o Modify my treatment based on the evidence-based guidelines and recommendations discussed.
	        o Not applicable to my practice.
	        o I do not agree with the recommendations presented.
	        o I am retired.
	    2. Within the last 60 days, I have screened patients for the following conditions I had not previously considered:
	        o Coronary artery calcification
	        o Periodontal disease
	        o Hematologic conditions
	        o B12 deficiency
	        o Lung Cancer
	        o Psoriasis
	        o Cardiac Amyloidosis
	        o Hypertension
	        o Did not implement
	
	    3. Within the last 60 days, I have identified underlying causes of the following medical conditions:
	        o Coronary artery calcification
	        o Periodontal disease
	        o Hematologic conditions
	        o B12 deficiency
	        o Lung Cancer
	        o Psoriasis
	        o Cardiac Amyloidosis
	        o Hypertension
	        o Did not implement
	    4. Within the last 60 days, I have modified my treatment based on the evidence-based guidelines and recommendations discussed:
	        o Coronary artery calcification
	        o Periodontal disease
	        o Hematologic conditions
	        o B12 deficiency
	        o Lung Cancer
	        o Psoriasis
	        o Cardiac Amyloidosis
	        o Hypertension
	        o Did not implement

5. If you have not implemented any of these strategies, what has prevented you from doing so?
   - Current practice is satisfactory
   - Lack of an implementation plan
   - Lack of time
   - Lack of staff resources
   - Lack of material and tools
   - Lack of support for change by administration
   - Administrative/system costs
   - Care costs/insurance coverage
   - Patient barriers
   - I disagreed with recommendations made in the course
   - I am retired
   - Content not applicable to my practice.
   - Other

Phase II of Impact Assessment

Modern Day Screening for Prostate Cancer

1. Within the last 60 days, I have screened patients for prostate cancer in which I had not previously considered:
   {Yes/No}
2. Within the last 60 days, I have identified underlying causes of prostate cancer in patients:
   {Yes/No}
3. Within the last 60 days, I have modified my treatment based on the evidence-based guidelines and recommendations discussed
   {Yes/No}
4. If you have not implemented any of these strategies, what has prevented you from doing so?
   - Current practice is satisfactory
   - Lack of an implementation plan
   - Lack of time
   - Lack of staff resources
   - Lack of material and tools
   - Lack of support for change by administration
   - Administrative/system costs
   - Care costs/insurance coverage
   - Patient barriers
   - I disagreed with recommendations made in the course
   - I am retired
   - Content not applicable to my practice.
   - Other

Insulin Update

1. Within the last 60 days, I have evaluated diabetic patients' treatment plans and insulin dosing.
   {Yes/No}
2. Within the last 60 days, I have modified patients' insulin dosing based on the evidence-based guidelines and recommendations discussed.
   {Yes/No}
3. If you have not implemented any of these strategies, what has prevented you from doing so?
   - Current practice is satisfactory
   - Patient barriers

	o I disagree with the recommendations made in the course
	o Other…
	
	Overview of Adult Vaccines and Updates
	1. Within the last 60 days, I have identified the appropriate patients for vaccinations such as pneumococcal disease, HPV, Herpes Zoster, Pertussis/Tetanus and Hepatitis B. {Yes/No}
	2. Within the last 60 days, I have modified my vaccination recommendations based on the evidence-based guidelines discussed in the presentation.
	3. If you have not modified your vaccination recommendations, what has prevented you from doing so?
	      o Current practice is satisfactory
	      o Care costs/insurance coverage
	      o Lack of support for change by administration
	      o Patient barriers
	      o I disagree with the recommendations made in the course
	      o I am retired
	      o Content not applicable to my practice
	      o Other…

☐ **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 ☐ Population's physical environment ☐ Healthcare and payer systems
☐ **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.* **Impact assessment planned 60 days-post and commitment to change question added at evaluation after course completion. Follow up survey to assess what was put into practice, additional questions added regarding commitment to change on impact assessment.**

☐ **Improves Healthcare Quality**
Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality
  • **Goal: Two examples per accreditation cycle.**
  • **Examples: EBCC**
	Explain.

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* **Data must be saved to file.** *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	*Explain.* ☐ **Sample supplemental materials saved to file.**
☐ **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.

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

Topic	Credit	Speaker(s)	Course Overview	Designed to change
Coronary Artery Calcification in Women: More Than Meets the Eye	**1 Cat. 1**	**Heather Johnson, M.D., FACC, FAHA, FASPC** Preventive Cardiologist Christine E. Lynn Women's Health & Wellness Institute, Boca Raton Regional Hospital Baptist Health South Florida Boca Raton, Florida	Coronary artery calcification is a major risk factor for the development of cardiovascular disease. It is associated with major adverse cardiovascular events, such as vascular injury and inflammation. Dr. Heather Johnson will discuss evidence-based recommendations on the use of coronary artery calcium scans in women, as well as examine research updates on female-specific and female-predominant cardiovascular risk factors.	Practitioners will be better able to identify coronary artery calcification in their female patient population.

| Interactions Between Periodontitis and Systemic Diseases | 1.25 Cat. 1 | Jeffrey Ganeles, DMD, FACD
Private Practice, Boca Raton, Fla.
Diplomate, American Board of Periodontology
Associate Professor, Nova Southeastern University College of Dental Medicine
Assistant Clinical Professor, Boston University, Goldman School of Dental Medicine
Fellow and Board Member, Academy of Osseointegration
Fellow, International Team for Implantology
Boca Raton, Florida | Periodontitis is an immuno-inflammatory chronic disease of the supporting structures of the teeth, which eventually causes tooth loss. It results from complex interactions from dysbiosis of the oral microbiome and the immunologic reactions causing an inflammatory response destroying the bone that supports the teeth. It is estimated that nearly 50% of adults in the U.S. have some degree of periodontitis. The microbial pathogens and inflammatory products associated with periodontitis spread into the vascular system and GI tract. Periodontitis, as one of the most common chronic diseases, is found to be associated with a wide variety of diseases, including diabetes/metabolic disease, cardiovascular disease, Alzheimer's disease, GI disorders including IBD and Crohn's, low birthweight and pre-term births, lower respiratory infections, worse outcomes with Covid-19, and many cancers including colon, pancreatic and some leukemias. | Practitioners may not be current on all emerging healthcare trends or be familiar with the latest evidence-based data and best practice guidelines. This presentation will provide an overview of interactions and pathologic mechanisms for exacerbation of conditions as related to periodontitis, including recommendations for disease assessment, management, and intervention. |
| | | Jeffrey Ganeles, DMD, FACD | | |

			The purpose of this presentation is to provide an overview of interactions and pathologic mechanisms for exacerbation of these conditions. Recommendations for assessment, management and intervention will also be made.	
An Approach to Hemostasis and Thrombosis for the Internist	**1 Cat. 1**	**Srikanth Nagalla, M.D., M.S.** Chief of Benign Hematology Miami Cancer Institute Baptist Health South Florida	Speaker Srikanth Nagalla, M.D., M.S., specializes in treating benign hematologic conditions, including bleeding and clotting disorders, rare blood disorders, high and low platelets, high and low blood counts, bone marrow failure syndromes and myeloproliferative neoplasms. This course will address an array of benign hematologic conditions, hemostasis, interpretation of clotting times, antiplatelet drugs, diagnosis of immediate concern and conditions to monitor long term.	Practitioners select appropriate laboratory tests required to diagnosis and evaluate benign hematologic disorders. Practitioners interpret hypercoagulability testing results to implement treatment plans for benign hematologic conditions or refer patients requiring specialized care appropriately.
B12 Deficiency	**1 Cat. 1**	**Angelina The, M.D.** Hematologist and Medical Oncologist Lynn Cancer Institute Boca Raton Regional Hospital Baptist Health South Florida Boca Raton, Florida	While B12 deficiency is common, it is a serious condition. As a result, its presentation may not always be evident, which can lead to missed diagnosis and treatment. In this online course, Angelina The, M.D., hematologist and	Practitioners will be better able to identify B12 deficiency clinical features and causes in their patients and implement the correct treatment for this deficiency.

			medical oncologist, will discuss the pathophysiology of B12 deficiency, testing and its pitfalls, and will review the different types of treatment options for patients.	
Screening for Lung Cancer is Standard Therapy	1 Cat. 1	**John R. Roberts, M.D.** Board Certified Thoracic Surgery Boca Raton Regional Hospital Baptist Health South Florida Boca Raton, Florida	Lung cancer is the third most common cancer in the United States and more people die from lung cancer than any other type of cancer. Over 80% of these deaths are linked to the use of tobacco and primary prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer is Standard Therapy."	Practitioners will be better able to identify the dangers of lung cancer and examine the strategies to encourage patients with risk of lung cancer to be screened.
Psoriasis Update	1.50 Cat. 1	**John Strasswimmer, M.D., Ph.D., FAAD, FACMS** Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida	Psoriasis is an autoimmune disease that affects patients' quality of life and can be costly. Various treatments are available including topical and systemic agents. John Strasswimmer, M.D. will lead the discussion on Psoriasis from a medical perspective.	Practitioners will be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients.
Attaining Health Equity: Focusing Our Lens on What's Important	1 Cat. 1	**Mishah Azhar, M.D.** PGY-4 Internal Medicine Chief Resident Visiting Assistant Professor of Integrated Medical Science Florida Atlantic University Charles E. Schmidt College of Medicine Boca Raton, Florida **Danielle, Little, M.D.** Second-year Internal Medicine Resident Florida Atlantic University	According to the CDC, "Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of	Practitioners will be able to better identify potential health inequities in patients to provide overall better patient care.

		Charles E. Schmidt College of Medicine Boca Raton, Florida	social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment." health equity. In this online course, guest faculty, Mishah Azhar, M.D., and Danielle Little, M.D., discuss Attaining Health Equity: Focusing Our Lens on What's Important.	
Cardiac Amyloidosis - an Increasingly Recognized Entity	1.25 Cat. 1	**Aaron L. Bush, M.D., FACC, FSCAI** Cardiologist/Interventional Cardiologist Boca Raton Regional Hospital Baptist Health of South Florida Boca Raton, Florida	Most cardiac amyloidosis cases are due to immunoglobulin light chain amyloidosis (AL) and transthyretin amyloidosis (ATTR). Amyloid-induced cardiomyopathy has distinct characteristics compared to non-amyloid cardiomyopathies. As a result, specific management strategies are needed. In this online course, Dr. Bush reviews the pathophysiology and subtypes of cardiac amyloidosis and discuss the available and emerging therapies.	Practitioners will be able to identify the pathophysiology and subtypes of cardiac amyloidosis as well the available and emerging therapies.
Inpatient Management of Hypertension	1.25 Cat. 1	**Marc S. Richards, M.D.** Nephrologist Boca Raton Regional Hospital Baptist Health of South Florida Boca Raton, Florida	Hypertension in hospitalized patients is common. This results in physicians commonly	Practitioners will be able to better manage chronic patient hypertension in inpatient and

				prescribing medication to control the numbers without properly evaluating the patient to determine the reasons behind the elevated numbers. Despite the increased prevalence of high blood pressure among medical inpatients, management guidelines for these patients are limited. In this online course, Dr. Richards discusses the management of hypertensive emergency including in the emergency department and inpatient settings. Management of chronic hypertension in the inpatient setting will also be discussed.	emergency department settings.
Tremors Update 2022	**1.25 Cat. 1**	**Thomas C. Hammond, M.D., FAAN** Board Certified Neurologist Marcus Neuroscience Institute Boca Raton Regional Hospital Baptist Health South Florida Assistant Clinical Professor Florida Atlantic University Boca Raton, Florida Assistant Clinical Professor College of Osteopathic Medicine Nova Southeastern University Davie, Florida		According to the World Health Organization, tremor is most common among middle-aged and older adults, although it can occur at any age. The disorder generally affects men and women equally and is not life threatening, however it can affect an individual's quality of life. Thomas Hammond, M.D. will review 2022 tremor updates in this online course.	Evaluation and Pre- post-survey on Ethos as well as an annual impact assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course.

Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases	1.25 Cat. 1	**Eileen de Grandis, M.D., FACS** Vascular Surgeon and Medical Director, Vein Clinic Lynn Heart and Vascular Institute Boca Raton Regional Hospital Boca Raton, Florida	Vascular anomalies and rare conditions are occurring more and more frequently with advanced imaging and increased awareness of genetic disease. In this online course, Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases with Eileen de Grandis, M.D., FACS, will describe some uncommon conditions that have been seen at Boca Raton Regional Hospital.	Evaluation and Pre- post-survey on Ethos as well as an Annual impact assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course.
Drug Interactions of Clinical Importance	1.25 Cat. 1	**Daniel C. Malone, Ph.D., FAMCP** Professor Department of Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah	This online course offers an engaging and informative discussion on Drug Interactions of Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic.	Evaluation and Pre- post-survey on Ethos as well as an Annual impact assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course.
Update on Headache Management	1 Cat. 1	**Pooja S. Patel, M.D.** Board-Certified Neurologist Boca Raton Regional Hospital Baptist Health South Florida Boca Raton, Florida	In this online course, Dr. Patel will identify different headache types, discuss migraine, cluster headache and tension headache management, as well as headache treatment guidelines and the	Evaluation and Pre- post-survey on Ethos as well as an Annual impact assessment measuring participants' knowledge and whether they are able to implement the strategies

			effects of medication overuse.	shared in the course.
Functional Neurosurgery: Where We Are and Where We Are Going	1.25 Cat. 1	**Julie Pilitsis, M.D., Ph.D.,** Dean of the Charles E. Schmidt College of Medicine and Vice President Medical Affairs, Florida Atlantic University Boca Raton, Florida	In this online course Dr. Julie Pilitsis discusses how functional neurosurgery improves and restores the functionality of patients with treatment resistant neurological disorders and how this branch of medicine has evolved over the past decades.	Practitioners will be better able to identify the dangers of lung cancer and examine the strategies to encourage patients with risk of lung cancer to be screened.
Strategies for Weight Management as a Gastroenterologist	1.25 Cat. 1	**Michelle Pearlman, M.D.** Gastroenterologist CEO and Co-founder Miami, FL	Over the past four decades, there has been a significant increase in obesity among adults. Additionally, a link has been determined between obesity and gastrointestinal disorders. This online course discusses strategies for weight management for the gastroenterologist with Dr. Michelle Pearlman as she defines obesity and discusses its prevalence, trends and complications. Dr. Pearlman also reviews and discusses common post-bariatric complications and nonsurgical management.	Practitioners will be able to identify strategies for weight management and common post-bariatric complications and nonsurgical management.
Premature Ventricular Contractions (PVCs): Are They All Benign?	1.25 Cat. 1	**Eric J. Berkowitz, M.D., FACC** Electrophysiology Baptist Health South Florida Boca Raton Regional Hospital Boca Raton, FL	In this online course Eric J. Berkowitz, M.D., FACC. presents "PVCs: Are They All Benign?". Dr. Berkowitz explains PVC mechanisms, discusses prognosis-	Practitioners will be able to explain PVC mechanisms, discuss prognosis-diagnostic evaluation and when treatment is indicated, and

			diagnostic evaluation and when treatment is indicated, and identify treatment options.	identify treatment options.
Osteoporosis Update	1.25 Cat. 1	**Shawn Baca, M.D., F.A.C.R.** Rheumatology Associates of South Florida (RASF) RASF Clinical Research Clinical Associate Professor Schmidt School of Medicine Florida Atlantic University Baptist Health Boca Raton Regional Hospital Boca Raton, Florida	In this online course Shawn Baca, M.D., FACR presents "Osteoporosis Update". Dr. Baca will define osteoporosis and its risk factors, discuss treatment and prevention of osteoporosis, and analyze controversies and difficulties in osteoporosis management.	Practitioners will be able to define osteoporosis and its risk factors, discuss treatment and prevention of osteoporosis, and analyze controversies and difficulties in osteoporosis management.
Modern Day Screening for Prostate Cancer	1 Cat. 1	**David D. Thiel M.D.** Urologist Mayo Clinic Jacksonville, Florida	In this online course David D. Thiel M.D. will identify which patient populations benefit from prostate cancer screenings as well as discuss updates in technology and techniques available for prostate cancer screening.	Providers will learn about updates in technology and techniques available for prostate cancer screening and will be able to determine possible pitfalls and provider risks associated with prostate cancer screening.
Insulin Update	1.25 Cat. 1	**Bryan S. Vinik, M.D.** Endocrinology and Metabolism Physician Boca Raton Regional Hospital Clinical Associate Assistant Professor FAU Medical School Boca Raton, Florida	In this online course Dr. Vinik describes the discovery and physiology of insulin, the pharmacokinetics of different insulins, identifies insulin delivery devices, and assesses patient treatment with insulin dosing.	Providers will be able to identify the pharmacokinetics of different insulins and different insulin devices in order to better assess patient treatment dosing.
Overview of Adult Vaccines and Updates	1.25 Cat. 1	**Lisa C. Martinez, M.D.** Associate Professor of Medicine Director, Foundations of Medicine Charles E. Schmidt College of Medicine Florida Atlantic University Boca Raton, Florida	In this online course Lisa C. Martinez, M.D. describes the goal of vaccinations; identifies the appropriate patient for pneumococcal,	Providers will be able to identify the indications and contraindications of major vaccinations and appropriately

			shingles, COVID-19, MMR, HPV and Td/Tdap vaccines; describes the indications and contraindications of major vaccinations; and explains the reason for vaccination hesitancy.	identify patients who need the pneumococcal, shingles, COVID-19, MMR, HPV and Td/Tdap vaccines.

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	MATE ACT: Introduction to Substance Use Disorders

Date	Internet Enduring Material	**Time**	
Location – If Virtual, fill in Zoom info at the end		**Credit Hour(s)**	1 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Drug Enforcement Administration (DEA) registered practitioners.
Commercial 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	Federal and state policy over the last decade has sought to overcome the long-term effects of substance misuse impacting individuals, families, communities, and those charged with resource allocation. The recently passed **Medication Access and Training Expansion (MATE) Act**, requires new or renewing Drug Enforcement Administration (DEA) registrants, as of June 27, 2023, to have completed a total of **at least 8 hours of training** on opioid or other substance use disorders, as well as the safe pharmacological management of dental pain. This course is compliant with the MATE Act and will address substance use disorders and effective treatment planning. **FAQ MATE Act ->** LINK HERE MATE_Training_Letter_Final.pdf (baptisthealth.net)

Credit Type	☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct ☐ Joint	**PARS ID #**	IEM2023404
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #**

Planning Team	
Conference Director(s)	Arturo Fridman, M.D.
CME Manager	Marie Vital Acle, MPH, MCHES (Director)
Conference Coordinator and/or Instructional Designer (OLP only)	Jessica Armenteros
♻ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	List 2+ professions here. M.D. Required. **Michelle Krichbaum, Pharm.D., BCPP** Clinical Manager, Pain Management and Palliative Care Baptist Health South Florida **Neil Miransky, D.O.** Chief Medical Officer, Pharmacy Baptist Health South Florida

BHSF Initiatives	
☐ Balance across the continuum of care	☐ Overutilization – unnecessary health care costs
☐ Diversity & Inclusion	☐ Patient-centered care
☐ Evidence-based data	☐ Public health factors (See commendation.)
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Removing redundancy – improving processes

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. **Check all that apply.***

☐ Live Course	☐ Journal CME/CE	☐ Performance/Quality Improvement
☐ Regularly Scheduled Series	☐ Manuscript Review	☐ Internet Searching and Learning
☐ Internet Live Course (Webinar)	☐ Test-Item Writing	☐ Learning from Teaching
☒ Internet Enduring Material	☐ Committee Learning	☐ Other/Blended Learning

☒ Didactic Lecture	☐ Panel Discussion	☒ Simulation Lab
☐ Question & Answer	☐ Hands-on skill labs	☐ Mannequins
☐ ARS	☐ Cadaver labs	☐ Round table discussion
☐ Case Studies		☐ Other (specify)

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: CE Educator's Toolkit***

State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.	A lack of appropriate provider education has been shown to foster negative attitudes towards the provision of medications to treat substance use disorders, but not preventative counseling. Inadequate or poorly delivered training adversely impact patient-practitioner dialogues and contribute to the under-treatment of SUDs by primary care and specialty providers. Comprehensive teaching on substance abuse disorders, addiction, pain management, and treatment modalities has the potential to overcome these deficits and to positively impact practitioners and their patients. There is a need to identify and utilize validated screening tools and motivational interviewing practices so that clinicians and organizations have the necessary resources to assist this population.
Educational needs that <u>underlie</u> the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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.	**Providers will be able to utilize validated screening tools for substance use disorders to identify patients in need of additional support and interventions.**

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to:
	• Describe the clinical impact of screening, brief intervention, and referral to treatment (SBIRT) and motivational interviewing in the healthcare setting. • Discuss the clinical application of validated screening tools. • Describe the limitations of urine drug testing.

References	*Ensure Content is Valid*
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

☐ Other need identified. *Please explain.*

Baptist Health 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.* | Substance Abuse and Mental Health Services Administration. (2023). Recommendations for Curricular Elements in Substance Use Disorders Training. U.S. Department of Health & Human Services.

National Council for Mental Wellbeing. Brief Negotiated Interview (BNI) Steps. (2021) ASK CURRENT DRINKERS (thenationalcouncil.org)

Spencer, M. R., Curtin, S. C., & Garnett, M. (2022). Alcohol-induced death rates in the United States, 2019-2020. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Centers for Disease Control and Prevention. Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023.

SAMHSA Outline – Highlighted Topics addressed in this lecture

• Substance Use Disorders
  • Use of validated screening tools for SUD and risk factors for substance use, including mental disorders[18]
  • Patient and family education on safety and overdose prevention (diversion control; safe storage; use of naloxone)[22]

Substance Abuse and Mental Health Service Administration (SAMHSA). (2023). *Recommendations for curricular elements in substance use disorders training*.

Resources:
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Toolkit:
Screening%2c Brief Intervention%2c and Referral to Treatment (SBIRT) - Addressing Unhealthy Substance Use in Primary Care Settings.pdf (nku.edu) |

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Michelle Krichbaum, Pharm.D., BCPP** Clinical Manager, Pain Management and Palliative Care Baptist Health South Florida Miami, Florida **Neil Miransky, D.O.** Chief Medical Officer, Pharmacy Baptist Health South Florida Miami, 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	**Michelle Krichbaum, Pharm.D., BCPP, and Neil Miransky, D.O.,** faculty of this educational activity, have 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. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
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:** ☐ Subjective ↻ ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻

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

| ☒ **Changes in competence.**
   • Intent to change
   • Confidence in ability | ☒ **CME Evaluation Form**
   • 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?
   • 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.
☒ **Pre/Post-Survey**
   • ***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")
    How confident are you in your ability to:
  1. **Use screening tools to appropriately identify patients with substance use disorders.**
  2. **Implement brief intervention conversations with substance use disorder patients in order to strengthen the patient's own motivation and commitment to positive behavior change.** |

☒ **Changes in performance.**
   • Commitment to Change
 	
Improves Performance
Commendation Goal
	☒ <u>**CME Impact Assessment**</u> include Commitment to Change question.
	☐ Add <u>**Commitment to Change Ethos object**</u>.
	☐ 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. *Commitment to change:*
	As a result of my participation in this online course, I commit to make the following changes to my clinical practice:
	    Reduce and/or remove stigmatic language when speaking with substance use disorder patients. *Utilize initial screenings for alcohol and drug use such as AUDIT-C, single-question screen for alcohol/drugs, TAPS-1, TAPS-2, CRAFFT, DAST-10, or DAST-20.* *Implementing brief intervention tools such as motivational interviewing (OARS) and shared decision making.* *Actively assist or linking patients to appropriate level of substance use disorder treatments.* *Not applicable to my practice.* *I do not agree with the recommendations presented.* *I am retired.*
	Impact Assessment:
	    As a result of your participation in this course, have you
	(Select all that apply) *Reduced and/or removed stigmatic language when speaking with substance use disorder patients.* *Utilized initial screenings for alcohol and drug use such as AUDIT-C, single-question screen for alcohol/drugs, TAPS-1, TAPS-2, CRAFFT, DAST-10, or DAST-20.* *Implemented brief intervention tools such as motivational interviewing (OARS) and shared decision making.* *If no, why not?* *Not applicable.* *I have already been implementing the recommendation.* *I do not agree with the recommendations presented.* *Other…*
	  Have you identified any patients with substance use disorders in clinical practice?
	{Yes/No}
	If yes… *Have you actively assisted or linked those patients to appropriate level of substance use disorder treatments?*
	{Yes/No}
	If yes… *Please indicate the steps you have taken to refer treatment for those patients:* *Identified specialized care provider options in the community.* *Designated and completed the necessary paperwork for the patient's follow-up process* *Other…* *If no, why not?* *Not applicable.* *I do not agree with the recommendations presented.* *Other…*

☐ **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.*
☐ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*

☐ **Improves Healthcare Quality**
Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality
   • **Goal: Two examples per accreditation cycle.**
   • **Examples: EBCC**
	Explain.

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* **Data must be saved to file.** *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
   • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
   • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	  - Include Impact Assessment results and CME Provider analysis of learner comments.
	  - Add updates/ changes to resources based on learner feedback.

☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	August 2023
Course Renewal Date	
Course Expiration Date	August 2025

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

Baptist Health South Florida
Continuing Medical Education

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	MATE Act: Opioid Use Disorders	
Date	Internet Enduring Material	**Time**	
Location – If Virtual, fill in Zoom info at the end		**Credit Hour(s)**	1.50 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Drug Enforcement Administration (DEA) registered practitioners.	
Commercial 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	Federal and state policy over the last decade has sought to overcome the long-term effects of substance misuse impacting individuals, families, communities, and those charged with resource allocation. The recently passed **Medication Access and Training Expansion (MATE) Act**, requires new or renewing Drug Enforcement Administration (DEA) registrants, as of June 27, 2023, to have completed a total of **at least 8 hours of training** on opioid or other substance use disorders, as well as the safe pharmacological management of dental pain. This course is compliant with the MATE Act and will address substance use disorders and effective treatment planning. **FAQ MATE Act ->** LINK HERE MATE_Training_Letter_Final.pdf (baptisthealth.net)	

| **Credit Type** | ☒ AMA PRA Category 1
 ☐ Psychology - APA & FL 🔄 - **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** | ☐ Anesthesia - **Lifelong Learning**
 ☐ Internal Medicine - **Medical Knowledge**
 ☐ Ophthalmology - **Lifelong Learning**
 ☐ Ophthalmology - **Self-assessment**
 ☐ Surgery - **Accredited CME**
 ☐ Surgery - **Self-assessment**
 ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment**
 ☐ Pathology - **Lifelong Learning**
 ☐ Pediatrics - **Lifelong Learning** |

Providership	☒ Direct ☐ Joint		PARS ID #	IEM2023397
Publish to CME Passport	☒ Yes ☐ No	Publish to CEBroker	☒ Yes ☐ No	CEBroker #

Planning Team	
Conference Director(s)	Arturo Fridman, M.D.
CME Manager	Marie Vital Acle, MPH, MCHES (Director)
Conference Coordinator and/or Instructional Designer (OLP only)	
♺ Commendation Goal: **Engages Interprofessional Teams**/IPCE (10% of activities)	List 2+ professions here. M.D. Required. **Michelle Krichbaum, Pharm.D., BCPP** Clinical Manager, Pain Management and Palliative Care Baptist Health South Florida **Neil Miransky, D.O.** Chief Medical Officer, Pharmacy Baptist Health South Florida

BHSF Initiatives	
☐ Balance across the continuum of care ☐ Diversity & Inclusion ☐ Evidence-based data ☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Overutilization – unnecessary health care costs ☐ Patient-centered care ☐ Public health factors (See commendation.) ☐ Removing redundancy – improving processes
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. **Check all that apply.***

☐ Live Course
☐ Regularly Scheduled Series
☐ Internet Live Course (Webinar)
☒ Internet Enduring Material

☐ Journal CME/CE
☐ Manuscript Review
☐ Test-Item Writing
☐ Committee Learning

☐ Performance/Quality Improvement
☐ Internet Searching and Learning
☐ Learning from Teaching
☐ Other/Blended Learning

☒ Didactic Lecture
☐ Question & Answer
☐ ARS
☐ Case Studies

☐ Panel Discussion
☐ Hands-on skill labs
☐ Cadaver labs

☒ Simulation Lab
☐ Mannequins
☐ Round table discussion
☐ Other (specify)

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: CE Educator's Toolkit**

| State the educational need that you determined to be the **underlying cause** for the professional practice gap. | A lack of appropriate provider education has been shown to foster negative attitudes towards the provision of medications to treat substance use disorders, but not preventative counseling.

Inadequate or poorly delivered training adversely impact patient-practitioner dialogues and contribute to the under-treatment of SUDs by primary care and specialty providers.

Comprehensive teaching on substance abuse disorders, addiction, pain management, and treatment modalities has the potential to overcome these deficits and to positively impact practitioners and their patients.

Despite the increased prevalence of individuals using multiple substances at the same time, limited research exists on evidence-based treatment practices that have demonstrated improved outcomes for individuals who use more than one substance. Therefore, there is a need to identify and assess the effectiveness of treatment practices so that clinicians and organizations have the necessary resources and evidence-based practices to assist this population. |
|---|---|
| **Educational needs that underlie the professional practice gaps of learners.** *Check all that apply.* | ☒ **Knowledge -** *Deficit in medical knowledge.*
☒ **Competence -** *Deficit in ability to perform strategy or skill.*
☐ **Performance -** *Able to implement 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:	☒ **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.	Providers use validated screening tools for substance use disorders in patients with risk factors including mental disorders.

Providers initiate treatment of FDA approved medications for SUDs while considering co-occurring mental health disorders. |

Competencies	*The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*	
ABMS/ACGME	☐ Patient care and procedural skills ☒ Medical knowledge ☒ Practice-based learning and improvement	☐ Interpersonal and communication skills ☐ Professionalism ☐ Systems-based practice

Institute of Medicine	☒ Provide patient-centered care ☐ Work in interdisciplinary teams ☒ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice ☐ Roles/responsibilities	☐ Interprofessional communication ☐ Teams and teamwork

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: • Discuss removal of the X waiver and its impact to healthcare provider practice. • Describe appropriate buprenorphine induction and maintenance strategies for opioid use disorder (OUD). • Identify the evidence base for the appropriate use of buprenorphine in OUD. • Apply foundational knowledge of OUD to create individualized patient-centered therapeutic plans.

References	*Ensure Content is Valid*	
How are educational needs identified? *Check all that apply and explain below.*	☐ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☒ Regulatory requirement	☒ Research/literature review ☐ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☐ Other need identified. *Please explain.*		
Baptist Health 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.***
	• American Society of Addiction Medicine. (2014). The ASAM Standards of Care for the Addiction Specialist Physician.
	
	• Medical Education Core Competencies for the Prevention and Management of Prescription Drug Misuse: Recommendations from the Governor's Medical Education Working Group on Prescription Drug Misuse. (2017). (Massachusetts) Governor's Medical Education Working Group on Prescription Drug Misuse.
	
	• The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. (2018).
	
	• Substance Abuse and Mental Health Services Administration. (2021). Treating Concurrent Substance Use Among Adults. National Mental Health and Substance Use Policy Laboratory.
	
	• Substance Abuse and Mental Health Services Administration. (2023). Recommendations for Curricular Elements in Substance Use Disorders Training. U.S. Department of Health & Human Services.
	
	• The American Society of Addiction Medicine. (2015). The ASAM Fundamentals of Addiction Medicine Recognition Program: Competencies and Curriculum Learning Objectives.
	
	• Tran, T., Ball, J., Bratberg, J. P., DeSimone, E. M., Franko, T. S., Hill, L. G., . . . Moore, T. (2020). Report of the 2020 Special Committee on Substance Use and Pharmacy Education. Am J Pharm Educ, 84(11), 8421.
	
	Resources
	  • American Society of Addiction Medicine
	
	  • Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder
	
	  • Clinical Guidance for Treating Pregnant and Parenting Women with OUD
	
	SAMHSA Outline – Highlighted Topics addressed in this lecture
	
	  • Substance Use Disorders
	     • Use of validated screening tools for SUD and risk factors for substance use, including mental disorders[18]
	     • Diagnosis and assessment of individuals who screen positive for SUDs[19]
	     • The initiation and management of FDA approved medications for SUDs (opioids, alcohol and tobacco), including the impact of unique, individual physiology and metabolism on medication pharmacodynamics[20]
	     • Consideration of polysubstance use and co-occurring mental disorders[21]
	     • Patient and family education on safety and overdose prevention (diversion control; safe storage; use of naloxone)[22]
	  • Effective Treatment Planning
	     • Legal and ethical issues involved in the care of patients with SUD[25]
	
	Substance Abuse and Mental Health Service Administration (SAMHSA). (2023). *Recommendations for curricular elements in substance use disorders training.*

	SAMHSA. https://www.samhsa.gov/medications-substance-use-disorders/provider-support-services/recommendations-curricular-elements-substance-use-disorders-training#_edn18

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Michelle Krichbaum, Pharm.D., BCPP** Clinical Manager, Pain Management and Palliative Care Baptist Health South Florida Miami, Florida **Neil Miransky, D.O.** Chief Medical Officer, Pharmacy Baptist Health South Florida Miami, 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:** **Michelle Krichbaum, Pharm.D., BCPP, and Neil Miransky, D.O.,** faculty of this educational activity, have 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. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	    • 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?
	    • 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.
	☒ **Pre/Post-Survey**
	    • *Provide 1-2 goals per lecture to measure changes in competence.*
	    How confident are you in your ability to:
	    1. **Prescribe buprenorphine for the treatment of opioid use disorder.**
	    2. **Address underlying mental health issues to create individualized treatment plans.**

☒ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☒ **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.
	Commitment to change:
	As a result of my participation in this online course, I commit to make the following changes to my clinical practice:
	    • *Prescribe Medication for Opioid Use Disorder (MOUD) in combination with cognitive behavioral therapy and counseling in order to effectively manage opioid use disorder (OUD).*
	    • *Implement the appropriate buprenorphine induction and maintenance strategies for OUD as discussed in the presentation.*
	    • *Not applicable to my practice.*
	    • *I do not agree with the recommendations presented.*
	    • *I am retired.*
	    • *Other…*
	
	Impact Assessment:
	    1. *Have you identified any patients with Opioid Use Disorder (OUD) in clinical practice? {Yes/No}*
	    • *If no – skip to end of survey (conditional)*
	    • *If yes, move to question 2.*
	    2. *Please indicate the strategies you have been able to implement in your practice as a result of your participation in this activity:*
	
	    •Prescribed medication for Opioid Use Disorder (MOUD) in combination with cognitive behavioral therapy and counseling in order to effectively manage OUD.
	    •Implemented appropriate buprenorphine induction and maintenance strategies for OUD when developing recovery plans for patients.
	    •I have not implemented these strategies.

☐ **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.*
☐ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*

☐ **Improves Healthcare Quality**
Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality
   • **Goal: Two examples per accreditation cycle.**
   • **Examples: EBCC**
	Explain.

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
   • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
   • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	  - Include Impact Assessment results and CME Provider analysis of learner comments.
	  - Add updates/ changes to resources based on learner feedback.

☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	June 2023
Course Renewal Date	
Course Expiration Date	June 2025

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

Baptist Health South Florida
Continuing Medical Education

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	MATE ACT: Polysubstance Use and Co-occurring Mental Disorders	
Date	Internet Enduring Material	**Time**	
Location – If Virtual, fill in Zoom info at the end		**Credit Hour(s)**	1 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Drug Enforcement Administration (DEA) registered practitioners.	
Commercial 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	Federal and state policy over the last decade has sought to overcome the long-term effects of substance misuse impacting individuals, families, communities, and those charged with resource allocation. Most recently the **Medication Access and Training Expansion (MATE) Act**, requires new or renewing Drug Enforcement Administration (DEA) registrants, as of June 27, 2023, to have completed a total of **at least 8 hours of training** on opioid or other substance use disorders, as well as the safe pharmacological management of dental pain. This course is compliant with the MATE ACT and will address polysubstance use and co-occurring mental disorders. **FAQ MATE ACT ->** LINK HERE MATE_Training_Letter_Final.pdf (baptisthealth.net)	

Credit Type	
☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ 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)	**Arturo Fridman, M.D.**
CME Manager	**Marie Vital Acle, MPH, MCHES (Director)**
Conference Coordinator and/or Instructional Designer (OLP only)	
↻ **Commendation Goal:** [Engages Interprofessional Teams](#)/IPCE (10% of activities)	List 2+ professions here. M.D. Required.

BHSF Initiatives	
☐ Balance across the continuum of care ☐ Diversity & Inclusion ☐ Evidence-based data ☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Overutilization – unnecessary health care costs ☐ Patient-centered care ☐ Public health factors (See commendation.) ☐ Removing redundancy – improving processes

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. **Check all that apply.***

☐ [Live Course](#) ☐ [Regularly Scheduled Series](#) ☐ [Internet Live Course (Webinar)](#) ☒ [Internet Enduring Material](#)	☐ [Journal CME/CE](#) ☐ [Manuscript Review](#) ☐ [Test-Item Writing](#) ☐ [Committee Learning](#)	☐ [Performance/Quality Improvement](#) ☐ [Internet Searching and Learning](#) ☐ [Learning from Teaching](#) ☐ [Other/Blended Learning](#)
☒ Didactic Lecture ☐ Question & Answer ☐ ARS ☐ Case Studies	☐ Panel Discussion ☐ Hands-on skill labs ☐ Cadaver labs	☒ Simulation Lab ☐ Mannequins ☐ Round table discussion ☐ Other (specify)

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: [CE Educator's Toolkit](#)***

State the educational need that you determined to be the **underlying cause** for the professional practice gap.	A lack of appropriate provider education has been shown to foster negative attitudes towards the provision of medications to treat substance use disorders, but not preventative counseling.
	Inadequate or poorly delivered training adversely impact patient-practitioner dialogues and contribute to the under-treatment of SUDs by primary care and specialty providers.
	Comprehensive teaching on substance abuse disorders, addiction, pain management, and treatment modalities has the potential to overcome these deficits and to positively impact practitioners and their patients.
	Despite the increased prevalence of individuals using multiple substances at the same time, limited research exists on evidence-based treatment practices that have demonstrated improved outcomes for individuals who use more than one substance. Therefore, there is a need to identify and assess the effectiveness of treatment practices so that clinicians and organizations have the necessary resources and evidence-based practices to assist this population.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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.	**Providers will consider co-occurring mental disorders when prescribing polysubstance.** Providers will identify and assess the effectiveness of treatment practices so that clinicians and organizations have the necessary resources and evidence-based practices to assist this population. Substance Abuse and Mental Health Services Administration (SAMHSA): Treating Concurrent Substance Use Among Adults. SAMHSA Publication No. PEP21-06-02-002. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021

Competencies	*The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*

ABMS/ACGME	☐ Patient care and procedural skills ☒ Medical knowledge ☒ Practice-based learning and improvement	☐ Interpersonal and communication skills ☐ Professionalism ☐ Systems-based practice
Institute of Medicine	☒ Provide patient-centered care ☐ Work in interdisciplinary teams ☒ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice ☐ Roles/responsibilities	☐ Interprofessional communication ☐ Teams and teamwork

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: • Review polysubstance use and co-occurring mental disorders. • Discuss consequences of polysubstance use. • Implement strategies to effectively treat polysubstance use and co-occurring mental disorders.

References	*Ensure Content is Valid*
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
☐ Other need identified. *Please explain.*	
Baptist Health Quantitative Data	Insert baseline chart or narrative here.

References:	Substance Abuse and Mental Health Services Administration (SAMHSA): Treating Concurrent Substance Use Among Adults. SAMHSA Publication No. PEP21-06-02-002. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021.
• *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	2.O'Donnell J, Gladden RM, Mattson CL, Hunter CT, Davis NL. Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants — 24 States and the District of Columbia, January–June 2019. *MMWR Morb Mortal Wkly Rep* 2020; 69:1189–1197. DOI: http://dx.doi.org/10.15585/mmwr.mm6935a1
	3.NCHS, National Vital Statistics System. Estimates for 2020 are based on provisional data. Estimates for 2015-2019 are based on final data (available from: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm)
	4. NIDA. 2019, May 16. Methamphetamine DrugFacts. Retrieved from https://www.drugabuse.gov/publications/drugfacts/methamphetamine on 2021, March 11
	5. Substance Abuse and Mental Health Services Administration (SAMHSA): Treating Concurrent Substance Use Among Adults. SAMHSA Publication No. PEP21-06-02-002. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021
	6. https://drugabusestatistics.org/
	7. National Institute of Mental Health . Substance use and co-occurring mental disorders. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health. March 2023
	8. National institute of health. Common Comorbidities with Substance Use Disorders Research Report. https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness .April 2020

Faculty	
Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Example:** **Jennyffer Miller, M.D., MPH** Psychiatrist and Neurologist Board Certified in Addiction Medicine Medical Director, Recovery Village Orlando, 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:** **Jennyffer Miller, M.D., MPH,** faculty of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	  • 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?
	  • 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.
	☒ **Pre/Post-Survey**
	  • *Provide 1-2 goals per lecture to measure changes in competence.* **How confident are you in your ability to:**
	  • **Implement strategies to effectively treat polysubstance use and co-occurring mental disorders.**

☒ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☒ **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.
	Commitment to change:
	As a result of my participation in this online course, I commit to make the following changes to my clinical practice:
	• *Implement treatment strategies as discussed in this presentation to effectively treat polysubstance use.*
	• *Consider potential medication interactions with patients who have an underlying medical and/or psychiatric conditions when developing recovery plans.*
	• *Not applicable to my practice.*
	• *I do not agree with the recommendations presented.*
	• *I am retired.*
	
	Impact Assessment:
	• *Have you identified any patients as polysubstance or concurrent substance users in clinical practice? {Yes/No}*
	• *As a result of your participation in this course, have you implemented strategies to effectively treat polysubstance use as discussed in the presentation? {yes/No}*
	• *If yes, please select which strategy was used:*
	  1. *FDA-approved pharmacotherapy together with counseling.*
	  2. *Contingency management together with FDA-approved pharmacotherapy and counseling*
	  3. *Twelve step facilitation therapy together with FDA-approved pharmacotherapy and counseling*
	• *As a result of your participation in this course, when developing recovery plans with patients, I have considered potential medication interactions with patients who have underlying medical and/or psychiatric conditions. {yes/no}*
	• *If no, why not?*
	  1. *Not applicable.*
	  2. *I have already been taking potential medication interactions into consideration.*
	  3. *I do not agree with the recommendations presented.*
	  4. *Other…*

☐ **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.*
☐ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
   • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
   • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	  - Include Impact Assessment results and CME Provider analysis of learner comments.
	  - Add updates/ changes to resources based on learner feedback.

☐ **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.

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

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 Multispecialty e-Learning Series		
Date		Time	
Location	Enduring - Online	Credit Hour(s)	Up to 10 Cat. 1
Charge	☐ Yes _____ ☒ No	SMS Code:	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Oncologists, Radiation Oncologists, Hematology Oncologists, Radiation Therapists, General Surgeons, General Practitioners, Obstetricians and Gynecologists, Nurses, Advanced Practice Registered Nurses, Physician Assistants/Physician Associates, Social Workers, Patient Navigators and all other interested healthcare professionals.		
Commercial 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	This online educational series features Miami Cancer Institute (MCI) physician experts and national subject matter experts who have presented at our recent grand rounds. Topics highlight the latest advances in cancer imaging, chemotherapy, surgical interventions, radiotherapy and proton therapy and serves to advance the care of patients treated at MCI. Visit us often, as this catalog will be updated frequently.		

Credit Type	☒ AMA PRA Category 1 ☐ Psychology - APA & FL ↻ - **APA Checklist** ☒ Physician Assistant CE ☒ APRNs CE ☒ Dental CE (Oral Precancer – per MAVA) ☐ Podiatry CE ☐ Interprofessional (IPCE) ↻ **Commendation Engages Teams – See Planning Team section** ☐ MOC Points - **MOC Checklist / Self-assessment** ☐ Pediatrics - **Self-assessment**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct ☐ Joint		PARS ID #	IEM2023365 – for parent
Publish to CME Passport	☒ Yes ☐ No	Publish to CEBroker	☒ Yes ☐ No	CEBroker #

Planning Team

Conference Director(s)	Guilherme Rabinowits, M.D. Head and Neck, Endocrine and Cutaneous Medical Oncology Co-Leader, Head and Neck Disease Management Team Miami Cancer Institute
CME Manager	Eleanor Abreu (live)/Marie Vital Acle (Online)
Conference Coordinator and/or Instructional Designer **(OLP only)**	**Martha Falcon (CME Specialist)**
🚫 **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

- [ ] Balance across the continuum of care
- [ ] Diversity & Inclusion
- [ ] Evidence-based data
- [ ] High-reliability tools – Use of prior experiences to improve systems, processes, and services

- [ ] Overutilization – unnecessary health care costs
- [ ] Patient-centered care
- [ ] Public health factors (See commendation.)
- [ ] Removing redundancy – improving processes

Collaborative Partner:	Miami Cancer Institute
Describe initiative:	Miami Cancer Institute strives to continually educate physicians and staff on the latest evidence-based guidelines and research as oncology remains a continually evolving field to provide the best patient care for our community. This online series provides an additional opportunity for practicing physicians and employees to reference education based on their caseloads.

Appropriate Formats

*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.***

- [ ] Live Course
- [ ] Regularly Scheduled Series
- [ ] Internet Live Course (Webinar)
- [x] Internet Enduring Material

- [ ] Journal CME/CE
- [ ] Manuscript Review
- [ ] Test-Item Writing
- [ ] Committee Learning

- [ ] Performance/Quality Improvement
- [ ] Internet Searching and Learning
- [ ] Learning from Teaching
- [ ] Other/Blended Learning

- [x] Didactic Lecture
- [x] Question & Answer
- [ ] ARS
- [x] Case Studies

- [ ] Panel Discussion
- [ ] Hands-on skill labs
- [ ] Cadaver labs

- [x] Simulation Lab
- [ ] Mannequins
- [ ] Round table discussion
- [ ] Other (specify)

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: CE Educator's Toolkit

State the educational need that you determined to be the **underlying cause** for the professional practice gap.	

Educational needs that <u>underlie</u> the professional practice gaps of learners. ***Check all that apply.***	☐ **Knowledge -** *Deficit in medical knowledge.* ☐ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement but noncompliant or inconsistent.*

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.	Oncology remains a continually evolving field with frequent updates and modifications to national treatment guidelines and advances in available treatment options. As the field evolves the healthcare team must ensure they are up to date on all available treatment modalities to ensure the best patient outcomes and latest research. This online series will provide learners with continual updates from local subject matter experts and national experts to ensure Medical Staff and employees are abreast of the latest advances in the screening, imaging and treatment of oncologic and hematologic malignancies.
Educational needs that <u>underlie</u> the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☒ **Performance -** *Able to implement 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:	☒ **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.	Providers will implement latest, evidence-based guidelines and protocols leveraging imaging and pathology findings to develop treatment plans that align with recommend algorithms of care for patients at Miami Cancer Institute operating within an interprofessional care team ensuring optimal delivery of care throughout the continuum of treatment. This activity will review guidelines and protocols as revisions are released nationally and apply to local algorithms of care. This activity will update the interprofessional care team on emerging technologies, medications and adjuvant therapies so that providers are able to implement these new methodologies based on their patient caseload.

Competencies	*The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*

ABMS/ACGME	☒ Patient care and procedural skills	☐ Interpersonal and communication skills
	☒ Medical knowledge	☐ Professionalism
	☐ Practice-based learning and improvement	☒ Systems-based practice
Institute of Medicine	☒ Provide patient-centered care	☐ Apply quality improvement
	☒ Work in interdisciplinary teams	☐ Utilize informatics
	☒ Employ evidence-based practice	
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice	☒ Interprofessional communication
	☐ Roles/responsibilities	☐ Teams and teamwork

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: - Implement evidence-based, best practice guidelines and recommended algorithms of care for cancer patients at the Miami Cancer Institute. - Leverage the interprofessional care team to optimize delivery of care throughout a patient's course of treatment at the Miami Cancer Institute. - Communicate expected treatment risks, side effects and post operative home care with patients and their families to ensure adherence to care plans and address patient anxiety.

References	*Ensure Content is Valid*

How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☒ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☒ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives

☐ Other need identified. ***Please explain.***

Baptist Health 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.*	The oligometastatic paradigm postulates that patients with a limited number of metastases can be treated with ablative local therapy to each site of disease with curative intent. Stereotactic ablative radiotherapy (SABR) is a radiation technique that has become widely used in this setting. However, prospective data are limited and are mainly from single institutional studies. *JAMA Oncol.* 2021;7(1):92-106. doi:10.1001/jamaoncol.2020.6146 Bibliography See individual courses

Faculty
See individual course faculty sections.

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	Disclosures listed below at bottom on chart.
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☐ **Pre/Post-Survey** • *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")
☒ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☒ **CME Impact Assessment** include ==Commitment to Change== question. ☐ Add **Commitment to Change Ethos object**. ☒ Add commitment to change ==evaluation== question. (CME Registrar) ☒ Trigger ==follow-up survey== 90 days post conference. (CME Registrar) ☐ Include handout or resource in follow-up email. (CME Manager/ Registrar) ☐ 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.* *Have you been able to implement any of the following commitments to change? Please indicate the strategies you have been able to implement. *** *Please select all that apply.* *Screen patients based on guidelines discussed.* *Apply evidence-based data and recommendations discussed to modify or enhance treatment plans.* *Created a comprehensive treatment plan including results from pathology and imaging and in adherence with Commission on Cancer accreditation standards for compliance.* *Not applicable to my practice*

☐ **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.*

☐ **Improves Performance**
   • **Goal: 10% of activities**
   • **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.
	See Evaluation Methods section for required elements.
	Follow-up data is Required.

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

APPROVAL

Date Reviewed	Reviewed By	Approved	Credits
	☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ **YES** ☐ **NO**	☒ __1__ AMA PRA Category 1 Credits ☐ ____ APA Approval Level: _____ ☐ ____ Dental Approval ☐ ____ Podiatry Approval

Course name (child)	Objectives	Bibliography
Ablative Therapy for Oligometastatic Disease: Where Are We Now and Where Are We Going? **1 Cat. 1** **February 2023 – February 2025**	• Define the various stages of oligometastatic disease and the biologic implications of each. • Analyze the current oligometastatic literature and the rationale for ablative therapy. • Summarize future directions, including randomized trials, that explore the role of ablative therapy in oligometastatic disease.	Kissel, M., Martel-Lafay, I., Lequesne, J. *et al.* Stereotactic ablative radiotherapy and systemic treatments for extracerebral oligometastases, oligorecurrence, oligopersistence and oligoprogression from lung cancer. *BMC Cancer* **19**, 1237 (2019) Patchell, R. A., Tibbs, P. A., Walsh, J. W., Dempsey, R. J., Maruyama, Y., Kryscio, R. J., ... & Young, B. (1990). A randomized trial of surgery in the treatment of single metastases to the brain. *New England Journal of Medicine*, *322*(8), 494-500. Gomez, D. R., Blumenschein Jr, G. R., Lee, J. J., Hernandez, M., Ye, R., Camidge, D. R., ... & Heymach, J. V. (2016). Local consolidative therapy versus maintenance therapy or observation for patients with oligometastatic non-small-cell lung cancer without progression after first-line systemic therapy: a multicentre, randomised, controlled, phase 2 study. *The lancet oncology*, *17*(12), 1672-1682.

| | | Palma, D. A., Olson, R., Harrow, S., Gaede, S., Louie, A. V., Haasbeek, C., ... & Senan, S. (2019). Stereotactic ablative radiotherapy versus standard of care palliative treatment in patients with oligometastatic cancers (SABR-COMET): a randomised, phase 2, open-label trial. *The Lancet, 393*(10185), 2051-2058. |

FACULTY

Daniel Gomez, M.D., MBA
Director of Thoracic Radiation Oncology and
Vice Chair of Clinical Operations
Department of Radiation Oncology
Memorial Sloan Kettering Cancer Center
New York, New York

Daniel Gomez, M.D., faculty for this educational activity, is a researcher for Varian, AstraZeneca, Merck and BMS. He is a consultant for GRAIL, Olympus, Medtronic, Johnson and Johnson and Varian; and a member of the speakers' bureau for MedLearning Group. Dr. Gomez has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Guilherme Rabinowits, M.D., conference director, has indicated that he is an advisor with Sanofi-Genzyme, Regeneron, Castle and Boston Gene.

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

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

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

Gap: Physicians may not be aware of the various states of oligometastatic disease and the biologic implications of each. This course will address these aspects so that practitioners are better able to screen, identify possible treatment pathways and appropriately determine next steps in patients with oligometastatic disease.

Needs Assessment: Metastatic cancer is a heterogeneous entity on a spectrum that ranges from a single metastasis to widely disseminated disease. Historically, patients with metastatic disease were generally considered incurable whereby palliative systemic therapy is the primary treatment and radiotherapy is reserved for palliation of symptoms. Today, the concept of oligometastases has diffused into the medical vernacular, and it represents an intermediate state between locoregionally confined cancer and widespread metastases whereby the number of metastases and organs are limited, typically between 1 and 5 lesions. By nature of having limited spread, it has been postulated that with aggressive metastasis-directed therapy, one can achieve better than expected survival, and in some scenarios, cure.

Overview: The oligometastatic state is a proposed stage between localized cancer and widely metastatic disease, comprising an intermediate subset of metastatic cancer patients. Daniel Gomez, M.D., will discuss the future directions, including randomized trials, that explore the role of ablative therapy in oligometastatic disease.

Course name (child)	Objectives	Bibliography
Primary- and Metastasis-directed Radiation Therapy in Patients With Oligometastatic Prostate Cancer: The Drive and the Data **1.25 Cat. 1** **February 2023 – February 2025**	• Analyze rationales for primary- and metastases-directed therapy (MDT) in managing patients with newly diagnosed/asymptomatic (oligo) metastases. • Assess evidence on the value of focal therapy in the setting of low-volume metastatic prostate cancer (mPC).	Kelly, S. P., Rosenberg, P. S., Anderson, W. F., Andreotti, G., Younes, N., Cleary, S. D., & Cook, M. B. (2017). Trends in the incidence of fatal prostate cancer in the United States by race. European urology;4(1):121-7. Kamperis, E., Kodona, C., & Vasileios, G. (2017). Oligometastatic Prostate Cancer: Is it Real. J. Cancer Prev Curr Res, 8(5), 00295.

		Boeve, L.M., Hulshof, M.C., Vis, A.N., Zwinderman, A.H., Twisk, J.W., Witjes, W.P., … & van Andel, G. (2019). Effect on survival of androgen deprivation therapy alone compared to androgen deprivation therapy combined with concurrent radiation therapy to the prostate in patients with primary bone metastic prostate cancer in a prospective clinical trail: data from the HORRAD trial. European urology, 75(3), 410-418.

Faculty
Neha Vapiwala, M.D.
Professor of Radiation Oncology
Dean of Admissions
University of Pennsylvania School of Medicine
Philadelphia, P.A.

Neha Vapiwala, M.D., faculty for this educational activity, has received an honorarium for being a co-editor of Career Development in Radiation Oncology. Dr. Vapiwala has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Guilherme Rabinowits, M.D., conference director, has indicated that he is an advisor with Sanofi-Genzyme, Regeneron, Castle and Boston Gene.

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

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

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

Overview
Approximately 30% of patients treated for what is believed to be localized, nonmetastatic prostate cancer will progress to advanced disease. During this conference, Dr. Neha Vapiwala will discuss the evolving definitions and emerging literature on oligometastatic prostate cancer.

Course name (child)	Objectives	Bibliography
Management of Long Bones Metastatic Disease: Concepts That We All Know but Don't Always Remember 1 Cat. 1 **March 2023 – March 2025**	• Identify patients at risk for pathological fractures and refer them to orthopedic oncologists. • List factors taken into consideration for surgical indication in patients being treated for orthopedic oncology. • Identify nonoperative as well as operative alternatives when managing metastatic disease in long bones.	• Younis, M. H., Fuentes-Rivera, L., Summers, S., & Pretell-Mazzini, J. (2021). Survival in patients with carcinomas presenting with bone metastasis at diagnosis: a SEER population-based cohort study. Archives of orthopaedic and trauma surgery, 141, 367-373. • Younis, M. H., Summers, S., & Pretell-Mazzini, J. (2020). Bone metastasis in extremity soft tissue sarcomas: risk factors and survival analysis using the SEER registry. Musculoskeletal surgery, 1-10.

| | | • Boden, A. L., Patel, M., Hoyt, A., Subhawong, T., Conway, S., & Pretell-Mazzini, J. (2021). Development of distal femoral metastasis is rare in cases of isolated proximal femoral metastases. JAAOS-Journal of the American Academy of Orthopaedic Surgeons, 29(9), e465-e470. |

Overview

This course focuses on reviewing the basic concepts of care of patients with metastatic disease to long bones from the surgical standpoint. Juan A. Pretell, M.D., will provide nonsurgical specialists with the main concepts for identifying patients at risk for pathological fractures that need to be referred to an orthopedic oncologist.

Juan A. Pretell, M.D., FAAOS
Chief, Musculoskeletal Oncology Division, Miami Cancer Institute
Clinical Professor of Orthopedics
Florida International University, Herbert Wertheim College of Medicine
Miami, Florida

Juan A. Pretell, 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.

Guilherme Rabinowits, M.D., conference director, has indicated that he is an advisor with Sanofi-Genzyme, Regeneron, Castle and Boston Gene. All of the relevant financial relationships listed for this individual have been mitigated.

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

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

Course name (child)	Objectives	Bibliography
Oral Precancers – New Management Options 1 Cat. 1 August 2023 – August 2025	• Identify the clinical presentation of oral precancers. • Implement current management strategies for oral precancerous lesions. • Discuss new treatment options for oral precancers.	• Spira, A., Yurgelun, M. B., Alexandrov, L., Rao, A., Bejar, R., Polyak, K., ... & Lippman, S. M. (2017). Precancer atlas to drive precision prevention trials. Cancer research, 77(7), 1510-1541. • Chaturvedi, A. K., Udaltsova, N., Engels, E. A., Katzel, J. A., Yanik, E. L., Katki, H. A., ... & Silverberg, M. J. (2020). Oral leukoplakia and risk of progression to oral cancer: a population-based cohort study. JNCI: Journal of the National Cancer Institute, 112(10), 1047-1054. • Hanna, G. J., Villa, A., Mistry, N., Jia, Y., Quinn, C. T.,

| | | Turner, M. M., ... & Hodi, F. S. (2021). Comprehensive immunoprofiling of high-risk oral proliferative and localized leukoplakia. Cancer Research Communications, 1(1), 30-40. |

Gap: Oral precancers are associated with an increased risk of malignant transformation. Precancerous lesions of the oral cavity are commonly treated by surgical excision However, surgical management is not always possible in multifocal/proliferative lesions. Non-surgical approaches such as vitamin A, tocopherol, β-carotene, and photodynamic therapy have failed to demonstrate adequate efficacy.

Overview
Accurate assessment of the carcinogenic potential of oral mucosal diseases can significantly reduce the prevalence of oral cancer. During the grand rounds, participants will learn about current management strategies for precancerous oral lesions and discuss new treatment options for oral precancers.

Alessandro Villa, DDS, Ph.D., MPH
Oral Medicine Associates, P.A.
Chief of Oral Medicine, Oral Oncology and Dentistry
Professor, Herbert Wertheim College of Medicine
Florida International University
Miami, Florida

Alessandro Villa, DDS, Ph.D., faculty for this educational activity, is a consultant for Merck, Lipella Pharmaceuticals and AFYX Therapeutics and a researcher for PCCA. He has indicated that the presentation or discussion will include off-label or unapproved product usage.

Guilherme Rabinowits, M.D., conference director of this educational activity, is a consultant/advisor with Sanofi-Genzyme, Regeneron, Castle Biosciences and Boston Gene.

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

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

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

Course name (child)	Objectives	Bibliography
Breast Radiotherapy – Harnessing New Technology to Mitigate Toxicity .75 Cat. 1 August 2023 – August 2025	• Review the indications and clinical potential of volumetric arc therapy (VMAT) and proton therapy for mitigating the late effects of breast radiotherapy. • Assess the current state and future possibilities of MR-guided radiotherapy and FLASH technology for breast cancer. • Analyze ongoing and future opportunities for research/learning.	• Simonetto, C., Eidemüller, M., Gaasch, A., Pazos, M., Schönecker, S., Reitz, D., ... & Corradini, S. (2019). Does deep inspiration breath-hold prolong life? Individual risk estimates of ischaemic heart disease after breast cancer radiotherapy. Radiotherapy and Oncology, 131, 202-207. • Kamran, S. C., Light, J. O., & Efstathiou, J. A. (2019). Proton versus photon-based radiation therapy for prostate cancer: emerging evidence and considerations in the era of value-based cancer care. Prostate cancer and

		prostatic diseases, 22(4), 509-521.
		• Franceschini, D., Fogliata, A., Spoto, R., Dominici, L., Faro, L. L., Franzese, C., ... & Scorsetti, M. (2021). Long term results of a phase II trial of hypofractionated adjuvant radiotherapy for early-stage breast cancer with volumetric modulated arc therapy and simultaneous integrated boost. Radiotherapy and Oncology, 164, 50-56.

Gap: The current practice for physicians is to treat the majority of locally advanced breast cancer patients with conventional radiotherapy.

Overview
Over the past decade, breast cancer radiotherapy has increasingly focused on technology to improve treatment precision and limit toxicity. Rapid developments in the technological delivery of radiation via both volumetric arc therapy and proton beam radiation have shown promise in improving target coverage and normal tissue sparing for breast cancer patients. Cutting edge innovations, including MR-guided radiotherapy and FLASH technology are now being explored as means to further improve treatment precision and decrease toxicity. The purpose of this talk is to highlight and discuss these advances in radiotherapy, review the existing evidence to support their use in the treatment of breast cancer, and detail specific patient populations that are most likely to benefit. Discussion will also focus on ongoing and future research aimed at improving our understanding and utilization of these novel advances in care.

Rachel Jimenez, M.D.
Chair, Quality and Safety
Department of Radiation Oncology
Massachusetts General Hospital
Boston, Massachusetts

Rachel Jimenez, 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.

Guilherme Rabinowits, M.D., conference director of this educational activity, is a consultant/advisor with Sanofi-Genzyme, Regeneron, Castle Biosciences and Boston Gene.

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

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.

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

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 Skin Cancer		
Date		**Time**	
Location – If Virtual, fill in Zoom info at the end	Online - Enduring	**Credit Hour(s)**	1.50 Cat. 1
Charge	☒ Yes ☐ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Primary Care Physicians, Dermatologists, Otolaryngologists, Radiologists, Medical Oncologists, Radiation Oncologists, Plastic Surgeons, General Surgeons, Pathologists, Hospitalists, Physician Assistants/Physician Associates and Nurses.		
Commercial 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	Novel technologies combined with innovative approaches to screening, detection and treatment of skin cancers are revolutionizing the management of melanoma and non-melanoma skin cancers. This Miami Cancer Institute Skin Cancer course highlights the multidisciplinary approach to surveillance and personalized treatment for skin cancer, including lectures on the use of surgery, medicine and radiation therapy to manage melanoma and nonmelanoma skin 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**
☐ Podiatry CE	☐ Surgery - **Self-assessment**
☐ Interprofessional (IPCE) 🔄 **Commendation**	☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment**
Engages Teams – See Planning Team section	
☐ MOC Points - **MOC Checklist / Self-assessment**	☐ Pathology - **Lifelong Learning**
☐ Pediatrics - **Self-assessment**	☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct	☐ Joint	**PARS ID #**	IEM2023402	
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker**	☒ Yes ☐ No	**CEBroker #**	

Planning Team

Conference Director(s)	Naiara Braghiroli, M.D.
CME Manager	Eleanor Abreu (Live)/Marie Vital Acle (Online)
Conference Coordinator and/or Instructional Designer (OLP only)	
↻ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	Naiara Braghiroli, M.D. (conference director)

BHSF Initiatives

- ☐ Balance across the continuum of care
- ☐ Diversity & Inclusion
- ☐ Evidence-based data
- ☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services
- ☐ Overutilization – unnecessary health care costs
- ☒ Patient-centered care
- ☐ Public health factors (See commendation.)
- ☐ Removing redundancy – improving processes

Collaborative Partner:	Provide internal stakeholder here. Miami Cancer Institute
Describe initiative:	This course is planned in partnership with MCI to address skin cancer knowledge gaps within Medical Staff and community providers.

Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.**

- ☐ Live Course
- ☐ Regularly Scheduled Series
- ☐ Internet Live Course (Webinar)
- ☒ Internet Enduring Material
- ☐ Journal CME/CE
- ☐ Manuscript Review
- ☐ Test-Item Writing
- ☐ Committee Learning
- ☐ Performance/Quality Improvement
- ☐ Internet Searching and Learning
- ☐ Learning from Teaching
- ☐ Other/Blended Learning

- ☒ Didactic Lecture
- ☐ Question & Answer
- ☐ ARS
- ☐ Case Studies
- ☐ Panel Discussion
- ☐ Hands-on skill labs
- ☐ Cadaver labs
- ☒ Simulation Lab
- ☐ Mannequins
- ☐ Round table discussion
- ☐ Other (specify)

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:*** *CE Educator's Toolkit*
State the educational need that you determined to be the underlying cause for the professional practice gap.	Skin cancer is the most prevalent type of cancer in the world. Its early diagnosis is the main factor for a optimal patient outcome. Primary care physicians may not consistently and appropriately screen high-risk patients. Providers may not initially refer high-risk patients with more advanced cases to a tertiary center with a multidisciplinary approach.
Educational needs that underlie the professional practice gaps of learners. ***Check all that apply.***	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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.	This course will focus on providing strategies for primary care providers on early diagnosis of skin cancers. This includes recognizing the high-risk patients and techniques to monitor atypical skin lesions and preventive therapies. Oncologist will be more aware of the latest advances in systemic and surgical treatment of the most common cutaneous tumors.

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

Educational Objectives	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:	Upon completion of this conference, participants should be better able to: • Recognize patients at high risk for developing skin cancer and make appropriate referrals to dermatologists and tertiary centers. • Implement management and follow-up strategies for high-risk patients. • Discuss the latest research in a new class of systemic anticancer therapies. • Explain surgical aspects of skin cancer treatment.

References	*Ensure Content is Valid*

How are educational needs identified? *Check all that apply and explain below.*	☐ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☐ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☐ Other need identified. ***Please explain.***		
Baptist Health 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.***	==Teledermatology is one of the most important and commonly employed subsets of telemedicine, a special alternative to face-to-face doctor-patient consultation that refers to the use of electronic telecommunication tolls to facilitate the provision of healthcare between the "seeker" and the "provider". It is used for consultation, education, second-opinion and monitoring medical conditions.== ==Indian Dermatolgy Online J. 2020 Jan-Feb; 11(1): 12-20== https://journals.lww.com/idoj/pages/default.aspx Delete these – See children **Bibliographies** – see below.	

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Naiara Braghiroli, M.D.** Chief of the Skin Cancer Clinic Baptist Health Miami Cancer Institute Miami, Florida **Ramon E. Jimenez., M.D., FACS** Chief of Melanoma and Soft Tissue Sarcoma Surgery Baptist Health Miami Cancer Institute Miami, Florida **Noah S. Kalman, M.D., MBA** Radiation Oncology Baptist Health Miami Cancer Institute Miami, Florida **Geoffrey D. Young, M.D., Ph.D., FACS, FSSO** Chief of Head and Neck Surgery Baptist Health Miami Cancer Institute Vice Chair, Surgery Florida International University Herbert Wertheim College of Medicine Miami, 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:** **Naiara Braghiroli, M.D.,** conference director and faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentations or discussions will not include off-label or unapproved product usage. **Ramon E. Jimenez, M.D.,** and **Geoffrey D. Young, M.D.,** faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentation or discussion will not include off-label or unapproved product usage. **Noah S. Kalman, M.D.,** faculty for this educational activity, is an adviser for Naveris. He has indicated that the presentation or discussion will not include off-label or unapproved product usage. All relevant financial relationships listed for this individual have been mitigated. Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships with ineligible companies* to disclose. *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:** ☐ Subjective ↻ ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻

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

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	    o 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?
	    o 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.
	☒ **Pre/Post-Survey**
	PRE-Self Assessment Questions:
	    How confident are you in your ability to:
	    o Recognize patients at high risk for developing skin cancer and make appropriate referrals to dermatologists and tertiary centers with a multidisciplinary team
	    o Implement management and follow-up strategies for high-risk patients
	    o Discuss the latest research in a new class of systemic anticancer therapies
	
	    POST Self-Assessment Questions:
	    How confident are you in your ability to:
	    o Recognize high risk patients for skin cancer and appropriately referral to a dermatologist and tertiary centers with a multidisciplinary team.
	    o Implement management and follow up strategies for high-risk patients.
	    o Discuss the latest research on new class of systemic anticancer therapies.

☒ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☒ **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)
	
	As a result of completing the MCI Skin Cancer Conference, what changes have you made in your practice?
	    • I have implemented management and follow-up strategies for high-risk patients
	    • I have discussed the latest research on new class of systemic anticancer therapies
	    • I have discussed surgical aspects of skin cancer treatment

☐ **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**	*Check all that apply.*

Teaches strategies that learners can use to achieve improvements in population health.
  • **Goal: 8 activities**
	☐ 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.*

Improves Performance ☐
  • **Goal: 10% of activities**
  • **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.
	See Evaluation Methods section for required elements.
	Follow-up data is Required.

Improves Healthcare Quality ☐
Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality
  • **Goal: Two examples per accreditation cycle.**
  • **Examples: EBCC**
	Explain.

Improves Patient and/or Community Health ☐ The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* *Data must be saved to file.* *Explain.*
Optimizes Communication Skills ☐ Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**

☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**	*Explain.* ☐ **Sample supplemental materials saved to file.** - Include Impact Assessment results and CME Provider analysis of learner comments. - Add updates/ changes to resources based on learner feedback.
☐ **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.

Topic	Objectives	Bibliography
Challenges of SLNB for Advanced Skin Cancers of the Head and Neck	**On PowerPoint** • **Review indication for sentinel lymph node biopsy.** • **Review anatomical challenges in the head and neck lymph node basins.** • **Discuss the use of genomic testing in decisions regarding sentinel lymph node biopsy.** **Faculty** **Geoffrey D. Young, M.D., Ph.D., FACS, FSSO** Chief of Head and Neck Surgery Baptist Health Miami Cancer Institute Vice Chair, Surgery, Florida International University, Herbert Wertheim College of Medicine Miami, Florida	**Pasha, T., Arain, Z., Buscombe, J., Aloj, L., Durrani, A., Patel, A., & Roshan, A. (2023). Association of complex lymphatic drainage in head and neck cutaneous melanoma with sentinel lymph node biopsy outcomes: a cohort study and literature review.** *JAMA Otolaryngology–Head & Neck Surgery.*

Topic	Objectives	Bibliography
Innovative Technologies for Screening and Early Detection of Melanoma	See general objectives. **Faculty –** **Naiara Braghiroli, M.D., Ph.D.** **Chief of the Skin Cancer Clinic** **Baptist Health Miami Cancer Institute** **Miami, Florida**	Alarcon, I., Carrera, C., Palou, J., Alos, L., Malvehy, J., & Puig, S. (2014). Impact of in vivo reflectance confocal microscopy on the number needed to treat melanoma in doubtful lesions. *British Journal of Dermatology*, *170*(4), 802-808. Adler, N. R., Kelly, J. W., Guitera, P., Menzies, S. W., Chamberlain, A. J., Fishburn, P., Button- Sloan, A. E., Heal, C., Soyer, H. P., & Thompson, J. F. (2019). Methods of melanoma detection and of skin monitoring for individuals at high risk of melanoma: new Australian clinical practice. The Medical Journal of Australia, 210(1), 41–47.

Topic	Objectives	Bibliography
New Developments in Radiation Oncology for Skin Cancers	**See general objectives** **Faculty:** **Noah S. Kalman, M.D., MBA** **Radiation Oncology** **Baptist Health Miami Cancer Institute** **Miami, Florida**	**Romesser, P. B., Cahlon, O., Scher, E., Zhou, Y., Berry, S. L., Rybkin, A., ... & Lee, N. Y. (2016). Proton beam radiation therapy results in significantly reduced toxicity compared with intensity-modulated radiation therapy for head and neck tumors that require ipsilateral radiation. *Radiotherapy and Oncology*, *118*(2), 286-292.** **Popovtzer, A., Rosenfeld, E., Mizrachi, A., Bellia, S. R., Ben-Hur, R., Feliciani, G., ... & Keisari, Y. (2020). Initial safety and tumor control results from a "first-in-human" multicenter prospective trial evaluating a novel alpha-emitting radionuclide for the treatment of locally advanced recurrent squamous cell carcinomas of the skin and head and neck. *International Journal of Radiation Oncology* Biology* Physics*, *106*(3), 571-578.**

Topic	Objectives	Bibliography
Technical Surgical Factors that may Affect an Accurate Melanoma Staging and SLNB Results	**See general objectives** **Faculty:** **Ramon E. Jimenez, M.D., FACS**	**Jimenez R.E., Panageas K, Busam K.J., Brady M.S. Prognostic implications of multiple lymphatic basin drainage in patients with truncal melanoma. J Clin Oncol. 2005 Jan 20;23(3):518-24.**

Chief of Melanoma and Soft Tissue Sarcoma Surgery
Baptist Health Miami Cancer Institute
Miami, Florida

TNM Staging, *The American Academy of Dermatology*

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	August 2023
Course Renewal Date	
Course Expiration Date	August 2026

APPROVAL			
Date Reviewed	**Reviewed By**	**Approved**	**Credits**
	☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ YES ☐ NO	☐ _2.25___ AMA PRA Category 1 Credits ☐ ____ APA Approval Level: _____ ☐ ____ Dental Approval ☐ ____ Podiatry Approval

Baptist Health South Florida
Continuing Medical Education

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 Cardiac & Vascular Institute Grand Rounds e-Learning Series		
Date		**Time**	
Location – If Virtual, fill in Zoom info at the end	Online Enduring	**Credit Hour(s)**	**Up to 5 cat. 1**
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Cardiologists, interventional cardiologists, cardiothoracic surgeons, vascular surgeons, interventional radiologists, echocardiographers, pulmonologists, hematologists, general internists, primary care physicians, intensivists, emergency medicine physicians, hospitalists, nurses, pharmacists, respiratory therapists and other interested healthcare providers.		
Commercial 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	The Miami Cardiac & Vascular Institute Grand Rounds e-Learning Series provides a sound and up-to-date clinical framework with which to approach patients with common and complex cardiac and vascular symptoms. This e-Learning series uses a combination of didactic and case-base studies given by leading experts in the field as they cover a broad range of topics.		

Credit Type

Left column:
- ☒ AMA PRA Category 1
- ☐ Psychology - APA & FL 🔄 - **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**

Right column:
- ☐ Anesthesia - **Lifelong Learning**
- ☐ Internal Medicine - **Medical Knowledge**
- ☐ Ophthalmology - **Lifelong Learning**
- ☐ Ophthalmology - **Self-assessment**
- ☐ Surgery - **Accredited CME**
- ☐ Surgery - **Self-assessment**
- ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment**
- ☐ Pathology - **Lifelong Learning**
- ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct	☐ Joint	**PARS ID #**	IEM2023374
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #**	

Planning Team

Conference Director(s)	**Eli M. Friedman, M.D.; Brian Schiro, M.D.**
CME Manager	**Katie Deane**

Conference Coordinator and/or Instructional Designer **(OLP only)**	
↻ **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

☐ Balance across the continuum of care	☐ Overutilization – unnecessary health care costs
☐ Diversity & Inclusion	☐ Patient-centered care
☒ Evidence-based data	☐ Public health factors (See commendation.)
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Removing redundancy – improving processes

Collaborative Partner:	The Baptist Health CME Department has collaborated with the MCVI leadership to determine the educational needs of the MCVI and Baptist Health clinicians to provide current, evidence-based care to patients.
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.* **Check all that apply.**	
☒ Live Course	☐ Journal CME/CE	☐ Performance/Quality Improvement
☐ Regularly Scheduled Series	☐ Manuscript Review	☐ Internet Searching and Learning
☒ Internet Live Course (Webinar)	☐ Test-Item Writing	☐ Learning from Teaching
☐ Internet Enduring Material	☐ Committee Learning	☐ Other/Blended Learning

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: CE Educator's Toolkit*
State the educational need that you determined to be the underlying cause for the professional practice gap.	Clinicians may not be familiar with the changes from the updated 2020 Hypertrophic Cardiomyopathy guidelines and may not be familiar with the new mainstream medication therapies available for disease management.
Educational needs that underlie the professional practice gaps of learners. **Check all that apply.**	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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.	Clinical care is optimized for patients with Hypertrophic Cardiomyopathy through the implementation of current evidence-based guidelines for the methods for diagnosis, diagnosis, disease management and clinical decision making.

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: • See objectives below.

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

References:	Martinez, M. W. (2022). Hypertrophic cardiomyopathy and exercise: mutually exclusive or beneficial?. *Clinics in Sports Medicine*, *41*(3), 473-484.
• *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	Abdelfattah, O. M., Martinez, M., Sayed, A., ElRefaei, M., Abushouk, A. I., Hassan, A., ... & Maron, M. S. (2022). Temporal and Global Trends of the Incidence of Sudden Cardiac Death in Hypertrophic Cardiomyopathy. *JACC: Clinical Electrophysiology*. Rowin, E. J., Maron, M. S., Adler, A., Albano, A. J., Varnava, A. M., Spears, D., ... & Maron, B. J. (2022). Importance of newer cardiac magnetic resonance–based risk markers for sudden death prevention in hypertrophic cardiomyopathy: An international multicenter study. *Heart Rhythm*, *19*(5), 782-789.

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**See individual courses 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	**See individual courses below.**
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:** ☐ Subjective ↻ ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻

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

☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☐ **Pre/Post-Survey (for Hyper Cardio course)** • ***Provide 1-2 goals per lecture to measure changes in competence.***
☐ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☐ **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.	

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.*
☐ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	*Explain.* ☐ **Sample supplemental materials saved to file.**
☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	January 2023
Course Renewal Date	
Course Expiration Date	January 2025

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

Course Name	Objectives	CE Broker # (if more than 1 cat. 1)
Hypertrophic Cardiomyopathy: An Update on Patient Care Jan. 2023 – Dec. 5, 2024 1.25 Cat. 1	• Identify methods for making accurate hypertrophic cardiomyopathy diagnoses. • List changes outlined in the updated guideline for the management of hypertrophic cardiomyopathy symptoms. • Utilize current evidence-based guidelines for the diagnosis and treatment of patients with hypertrophic cardiomyopathy.	**994740**

Overview

The assessment, diagnosis, management and clinical decision making for patients with hypertrophic cardiomyopathy continues to evolve. Dr. Matthew Martinez discusses the clinical application of the updated Hypertrophic Cardiomyopathy Guideline and mainstream medication therapies available for disease management.

Faculty

Matthew W. Martinez, M.D., FACC
Director, Hypertrophic Cardiomyopathy and Sports Cardiology Program
Atlantic Health System, Morristown Medical Center
Morristown, New Jersey

Matthew Martinez, M.D., faculty for this educational activity, is an adviser for Bristol-Myers Squibb, and has indicated that the presentation or discussion will include off-label or unapproved product usage.

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

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

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

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

Bibliography

Maron, B. J. (2018). Clinical course and management of hypertrophic cardiomyopathy. *New England Journal of Medicine*, *379*(7), 655-668.

Lakdawala NK, Thune JJ, Maron BJ, Cirino AL, Havndrup O, Bundgaard H, Christiansen M, Carlsen CM, Dorval JF, Kwong RY, Colan SD, Køber LV, Ho CY. Electrocardiographic features of sarcomere mutation carriers with and without clinically overt hypertrophic cardiomyopathy. Am J Cardiol. 2011 Dec 1;108(11):1606-13.

Maron, M. S., Rowin, E. J., Wessler, B. S., Mooney, P. J., Fatima, A., Patel, P., ... & Maron, B. J. (2019). Enhanced American College of Cardiology/American Heart Association strategy for prevention of sudden cardiac death in high-risk patients with hypertrophic cardiomyopathy. *JAMA cardiology*, *4*(7), 644-657.

Course Name	Objectives	CE Broker
A Comprehensive Approach to the Diagnosis and Management of Acute Pulmonary Embolism July 2023 – July 2025 1 Cat. 1	• Utilize appropriate testing and Cerner order sets for acute pulmonary embolism • Consult the Pulmonary Embolism Response Team (PERT) regarding patients with intermediate or high-risk PE	**20-1084996**

	• Initiate anticoagulation immediately on suspected diagnosis of PE	

Overview

Pulmonary embolism (PE) is a complex disease that requires a multidisciplinary approach to diagnoses and management. Please join us to hear our panel of experts discuss the complexities of the disease process, the importance of engaging the Pulmonary Embolism Response Team (PERT) and the current treatment algorithms for acute PE.

Topics include:
- **Pulmonary Embolism**
- **Current Treatment Paradigm of Submassive Pulmonary Embolism**
- **Surgical Embolectomy and ECMO Support for High-Risk/Massive Pulmonary Embolisms**

Example:

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

Ripal Gandhi, M.D.
Diagnostic Radiology, Vascular Interventional Radiology
Miami Cancer Institute and Miami Cardiac & Vascular Institute
Baptist Health South Florida
Professor of Interventional Radiology
Florida International University Herbert Wertheim College of Medicine
Miami, Florida

Marc Gibber, M.D.
Chief of Cardiothoracic Surgery
Bethesda Hospital
Baptist Health South Florida
Boynton Beach, Florida

Ian Del Conde Pozzi, M.D., faculty for this educational activity, is on the speakers' bureau for Pfizer, Abbott, Janssen and Boston Scientific, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.
Ripal Gandhi, M.D., faculty for this educational activity, is on the speakers' bureau for Penumbra, Sirtex, Medtronic and Inari Medical; a consultant for Inari Medical, Boston Scientific, Medtronic Cordis, Argon Medical, Sirtex and BD; and an advisor for Trisalus Life Sciences. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.
Marc Gibber, M.D., faculty for this educational activity, have 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.
Brian Schiro, M.D., director of this educational activity, is a consultant for Phillips and a member of the speakers' bureau for Medtronic, Phillips, Penumbra, Cook and Sirtex.

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

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

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

Bibliography

Piazza G. (2020). Advanced Management of Intermediate- and High-Risk Pulmonary Embolism: JACC Focus Seminar. *Journal of the American College of Cardiology*, *76*(18), 2117–2127.

Tapson, V. F., & Weinberg, A. S. (2020). Overview of Management of Intermediate- and High-Risk Pulmonary Embolism. *Critical care clinics*, *36*(3), 449–463.

Bashir, R., Foster, M., Iskander, A., Darki, A., Jaber, W., Rali, P. M., ... & Sista, A. K. (2022). Pharmacomechanical catheter-directed thrombolysis with the Bashir endovascular catheter for acute pulmonary embolism: the RESCUE study. *Cardiovascular Interventions*, *15*(23), 2427-2436.

Giri, J., Sista, A. K., Weinberg, I., Kearon, C., Kumbhani, D. J., Desai, N. D., ... & Barnes, G. D. (2019). Interventional therapies for acute pulmonary embolism: current status and principles for the development of novel evidence: a scientific statement from the American Heart Association. *Circulation*, *140*(20), e774-e801.

Goldberg, J. B., Giri, J., Kobayashi, T., Ruel, M., Mittnacht, A. J., Rivera-Lebron, B., ... & American Heart Association Council on Cardiovascular Surgery and Anesthesia; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Lifestyle and Cardiometabolic Health; and Council on Peripheral Vascular Disease. (2023). Surgical management and mechanical circulatory support in high-risk pulmonary embolisms: historical context, current status, and future directions: a scientific statement from the American Heart Association. *Circulation*, *147*(9), e628-e647.

Baptist Health South Florida
Continuing Medical Education

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	Moderate Sedation and Analgesia for Non-Anesthesiologist Physicians		
Date	Online Enduring	**Time**	Online Enduring
Location – If Virtual, fill in Zoom info at the end	CMEonline.baptisthealth.net	**Credit Hour(s)**	1 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	n/a
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.** • **If Surgeons are included, approve for American Board of Surgery MOC as Accredited CME type(CTC questions and Impact assessment required)** • **If Anesthesiologists are included, approve for American Board of Anesthesia MOC as Lifelong Learning CME type (CTC questions and Impact assessment required)**	All physicians, physician assistants/physician associates, and nurse practitioners who administer moderate sedation for surgical and endoscopic procedures.		
Commercial 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	Providers using moderate sedation should be able to allay the patient's fear and anxiety when using analgesia. Moderate sedation involves managing the care of patients receiving sedative or analgesic medications. Course participants will be better able to assess patients for conscious sedation and review the pharmacology and administration of commonly used sedatives. Proper airway management and assessing potential respiratory complications are critical care elements of conscious sedation. This course meets Baptist Health Medical Staff re-credentialing requirements.		

Credit Type	

☒ AMA PRA Category 1
 ☐ Psychology - APA & FL 🔄 - **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**
	☐ Anesthesia - **Lifelong Learning**
	   ☐ Internal Medicine - **Medical Knowledge**
	   ☐ Ophthalmology - **Lifelong Learning**
	   ☐ Ophthalmology - **Self-assessment**
	   ☐ Surgery - **Accredited CME**
	   ☐ Surgery - **Self-assessment**
	   ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment**
	   ☐ Pathology - **Lifelong Learning**
	   ☐ 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)	Arturo Fridman, M.D.
CME Manager	Marie Vital Acle

Conference Coordinator and/or Instructional Designer (OLP only)	Bianca Capella, RN (EBCC) Betty Blanco (Instructional Designer)
↻ **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

☐ Balance across the continuum of care	☐ Overutilization – unnecessary health care costs
☐ Diversity & Inclusion	☐ Patient-centered care
☒ Evidence-based data	☐ Public health factors (See commendation.)
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Removing redundancy – improving processes

Collaborative Partner:	This course was planned in collaboration with the EBCC team.
Describe initiative:	The Baptist, Mariners, and South Miami Hospitals Medical Executive Committees passed resolutions that all physicians who administer moderate sedation must have 1 Continuing Medical Education credit on the subject for reappointment. There are no other courses that would meet this requirement. Also, this was a request from medical staff members and chiefs of department.

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.* ***Check all that apply.***

☐ Live Course	☐ Journal CME/CE	☐ Performance/Quality Improvement
☐ Regularly Scheduled Series	☐ Manuscript Review	☐ Internet Searching and Learning
☐ Internet Live Course (Webinar)	☐ Test-Item Writing	☐ Learning from Teaching
☒ Internet Enduring Material	☐ Committee Learning	☐ Other/Blended Learning

☒ Didactic Lecture	☐ Panel Discussion	☒ Simulation Lab
☐ Question & Answer	☐ Hands-on skill labs	☐ Mannequins
☐ ARS	☐ Cadaver labs	☐ Round table discussion
☐ Case Studies		☐ Other (specify)

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: CE Educator's Toolkit***

State the educational need that you determined to be the underlying cause for the professional practice gap.	Current physician practice does not include appropriate/consistent use of evidence-based approaches to administer moderate sedation and analgesia in a non-surgical setting. Physicians are not familiar with appropriate evidenced-based protocols for administering moderate sedation and analgesia in non-surgical settings.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ Knowledge - *Deficit in medical knowledge.* ☒ Competence - *Deficit in ability to perform strategy or skill.* ☐ Performance - *Able to implement 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:	☒ 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 administer moderate sedation and analgesia following evidenced-based best practice parameters.

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: • Define moderate sedation and analgesia. • Describe patient assessment and selection. • Review patient monitoring. • Discuss pharmacology of conscious sedation. • Identify necessary rescue equipment and medications. • Identify potential complications and the treatment. • Explain patient recovery and discharge criteria. • Summarize documentation requirements.

References	Ensure Content is Valid
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

☐ Other need identified. ***Please explain.***	
Baptist Health 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.***	Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists. (2002). *Anesthesiology*, *96*(4), 1004–1017.

Faculty
Faculty List ***For more than two (2) faculty members, include the list at end of application.***	**Jeremy Farkas, M.D.** Anesthesiologist Baptist, Mariners, South Miami and West Kendall Baptist Hospitals Miami, Florida **Alfredo Fernandez, M.D.** Anesthesiologist Baptist Hospital of Miami Miami, 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	**Jeremy Farkas, M.D. and Alfredo Fernandez, M.D.**, faculty of this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentation or discussion will not include off-label or unapproved product usage. **J. Arturo Fridman, M.D.**, conference director for this educational activity, has no relevant financial relationship with ineligible companies* to disclose. Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships with ineligible companies* to disclose. *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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☐ **Pre/Post-Survey** • ***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")
☐ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☐ **CME Impact Assessment** include Commitment to Change question. ☐ **Add** <u>Commitment to Change Ethos object</u>. ☐ 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.	

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.*
☐ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* *Data must be saved to file.* *Explain.*

☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
    • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
    • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	  - Include Impact Assessment results and CME Provider analysis of learner comments.
	  - Add updates/ changes to resources based on learner feedback.

☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	9 quiz questions (75% passing score)
Course Release Date	2/1/2023
Course Renewal Date	8/1/2024
Course Expiration Date	1/31/2024

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

Baptist Health South Florida
Continuing Medical Education

🔄 **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	**Risk Management and Patient Safety Online Series**

Date		**Time**	
Location	Online	**Credit Hour(s)**	up to 5 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Baptist Health physicians, physician assistants, advanced practice registered nurses, nurses, pharmacists, social workers, dentists, podiatrists and other interested clinical employees.
Commercial 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	Baptist Health is dedicated to patient safety every day. Let's join together on our Journey to Zero Harm initiative through this online series providing learners with strategies to improve delivery of care, highlighting lessons learned, documentation best practices, proper incident reporting and patient safety strategies, including a review of high-reliability tools. Additional topics will be continually added to the series. **Samaritan Physicians:** Successful completion of this activity will qualify Samaritan physicians for annual policy discounts. Upon completion, please print your certificate and submit to Samaritan for consideration.

Credit Type		
☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**	

Providership	☐ Direct ☐ Joint	**PARS ID #**	IEM2022355

Publish to CME Passport	☒ Yes ☐ No	Publish to CEBroker	☒ Yes ☐ No	CEBroker #	See table at bottom for CE Broker for each child

Planning Team

Conference Director(s)	Bernardo B. Fernandez, M.D. (Documentation Matters)
CME Manager	Eduardo Cartin
Conference Coordinator and/or Instructional Designer **(OLP only)**	
↻ **Commendation Goal:** **Engages Interprofessional Teams**/IPCE (10% of activities)	Documentation Matters Celia E. Alvarez, BSHA BHMG Risk Manager/Patient Safety Officer Risk Management/Patient Safety Baptist Health South Florida Elizabeth Green Taquechel, MS, RN, CPPS, CPHQ Director, Risk Management Baptist Health South Florida

BHSF Initiatives

☐ Balance across the continuum of care
☐ Diversity & Inclusion
☐ Evidence-based data
☒ High-reliability tools – Use of prior experiences to improve systems, processes, and services

☐ Overutilization – unnecessary health care costs
☐ Patient-centered care
☐ Public health factors (See commendation.)
☐ Removing redundancy – improving processes

Collaborative Partner:	Risk Management and Patient Safety Department, Baptist Health Medical Group, Baptist Health Quality Network
Describe initiative:	This course is planned in collaboration with the Risk Management and Patient Safety department to support integration of best practices and high-reliability tools within Baptist Health Medical Groups and Baptist Health Quality Network affiliated physician groups.

Appropriate Formats

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.* ***Check all that apply.***

☒ Didactic Lecture
☒ Question & Answer
☐ ARS
☐ Case Studies

☐ Panel Discussion
☐ Interactive
☐ Hands-on skill labs
☐ Cadaver labs

☐ Simulation Lab
☐ Mannequins
☐ Round table discussion
☐ Other (specify)

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.	The Risk Management and Patient Safety department identifies ongoing practice gaps within Baptist Health Medical Group and Baptist Health Quality Network related to documentation, incident reports, adverse events, Code 15s and Code 24s. These underlying causes of these incidents are analyzed and lessons learned are used to develop education for Medical Staff (BHMG and BHQN) and Samaritan group physicians.
Educational needs that <u>underlie</u> the professional practice gaps of learners. *Check all that apply.*	☒ Knowledge - *Deficit in medical knowledge.* ☐ Competence - *Deficit in ability to perform strategy or skill.* ☐ Performance - *Able to implement 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:	☒ 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.	Providers will implement patient safety and risk management strategies to mitigate risk of incident reports and adverse events.

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to:
	• Implement patient safety and risk management strategies to mitigate risk, improve delivery of care and promote patient safety.
	• Explain the Baptist Health policies in place to investigate sexual misconduct and abuse allegations and protect victims.
	• Identify the Florida statutes on sexual misconduct, Internal risk management, and regulations of professions and occupations.

References	Ensure Content is Valid	
How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☒ New or updated policy/protocol ☐ Peer review data ☒ Regulatory requirement	☒ Research/literature review ☒ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives

☐ Other need identified. *Please explain.*	

Baptist Health 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.*	See individual courses below. McIntosh, T., Walsh, H., Parsons, M., Solomon, E. D., Mozersky, J., & DuBois, J. M. (2022). Responding to Sexual Abuse in Health Care: Development of a Guide for Patients. Journal of patient-centered research and reviews, 9(2), 117. The Florida Legislature. (2023, February 8). The 2022 Florida Statutes (including Special Session A). Statutes & constitution :view statutes : Online sunshine. Retrieved February 8, 2023, from http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499%2F0456%2FSections%2F0456.063.html

Faculty	
Faculty List *For more than two (2) faculty members, include the list at end of application.*	See individual courses. **Scott L. Mendlestein, Esq.** Falk, Waas, Hernandez, Solomon, Mendlestein & Davis, P.A. Coral Gables, 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 on individual child courses**

Disclosures	**Documentation Matters** Scott L. Mendlestein, faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation will not include off-label or unapproved product usage. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies* *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.* **Sexual Misconduct and Sexual Abuse – Identify and Avoid Allegations** Scott L. Mendlestein, Esq., 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. Mark Hauser, M.D., conference director of this activity, has no relevant financial relationships with ineligible companies* to disclose. Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☒ **Pre/Post-Survey** • *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") **Documentation Matters** **Pre: How confident are you in the accuracy of your documentation?** **Post: As a result of your participation in this activity, will you be implementing any new documentation strategies?**
☐ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☐ **CME Impact Assessment** include Commitment to Change question. ☐ Add **Commitment to Change Ethos object**. ☐ Add commitment to change **evaluation** question. (CME Registrar) ☐ Trigger **follow-up survey** 45 days post conference. (CME Registrar) ☐ Include handout or resource in follow-up email. (CME Manager/ Registrar) ☐ 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.
☐ **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 ☐ Health disparities 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.*
☐ **Improves Performance** • **Goal: 10% of activities**	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* *Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	*Explain.* ☐ **Sample supplemental materials saved to file.**
☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*

Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	June 2022
Course Renewal Date	
Course Expiration Date	June 2025

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

Course Name	Objectives	References	CE Broker #
Documentation Matters 1.5 Cat. 1 June 2022 – June 2025	• Implement proper patient documentation strategies. • Interpret data, incident reports, and patient care complaints to improve quality of care. • Adhere to accurate patient documentation protocols to reduce documentation errors.	Cheng, P., Gilchrist, A., Robinson, K. M., & Paul, L. (2009). The risk and consequences of clinical miscoding due to inadequate medical documentation: a case study of the impact on health services funding. Health Information Management Journal, 38(1), 35-46. Lorenzetti, D. L., Quan, H., Lucyk, K., Cunningham, C., Hennessy, D., Jiang, J., & Beck, C. A. (2018). Strategies for improving physician documentation in the emergency department: a systematic review. BMC emergency medicine, 18(1), 1-12.	20-924864

| Overview |
|---|
| Please join us to hear guest speaker Scott L. Mendlestein, Esq., discuss the importance of timely entries in the medical record, proper documentation, and risk of liability. |

Course Name	Objectives	References	CE Broker #
Sexual Misconduct and Sexual Abuse – Identify and Avoid Allegations 1.25 Cat. 1 Feb. 2023 – June 2025	• Healthcare professionals will be able to describe actions recognized as sexual misconduct. • Audience members will be able to identify at least two patient/hospital staff scenarios that could be perceived by patients as sexual misconduct. • Staff will be able to demonstrate at least two measures they can implement to assist in preventing patient allegations of sexual misconduct. • Audience members will learn about statutory requirements associated with patient allegations of sexual misconduct as well as Risk Management's responsibility, in conjunction with other key parties, to manage these allegations.	**No bibliography.**	**20-982696**
Overview Scott L. Mendlestein, Esq., will discuss the management of patient allegations of sexual misconduct and how to prevent these cases from happening.			

Baptist Health South Florida
Continuing Medical Education

🔄 **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	Using Antibiotics Wisely: Everyday Insights on Antimicrobial Stewardship		
Date		**Time**	
Location – If Virtual, fill in Zoom info at the end	Internet Enduring Material	**Credit Hour(s)**	2 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Family Medicine Physicians, Internal Medicine Physicians, Hospitalists, Pharmacists, Pharmacy Technicians, Nurse Practitioners and all other prescribing providers.		
Commercial 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	In this online course, the Baptist Health Pharmacy provides simple and tailored education on antimicrobial drugs.		

Credit Type	
☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **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**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct	☐ Joint	**PARS ID #**	IEM2023393

Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker**	☒ Yes ☐ No	**CEBroker #**

Planning Team

Conference Director(s)	Agueda Hernandez, M.D. Timothy Gauthier, Pharm.D.
CME Manager	Marie Vital Acle
Conference Coordinator and/or Instructional Designer (OLP only)	Jessica Armenteros (Instructional Designer)
↻ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	List 2+ professions here. M.D. Required.

BHSF Initiatives

☐ Balance across the continuum of care
☐ Diversity & Inclusion
☐ Evidence-based data
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services

☒ Overutilization – unnecessary health care costs
☐ Patient-centered care
☐ Public health factors (See commendation.)
☐ Removing redundancy – improving processes

Collaborative Partner:	Antimicrobial Stewardship Program
Describe initiative:	The overutilization of antibiotics and inaccurate matching of bacteria to antimicrobial can cause extended lengths of stays and complications in our patients. Prescribing the right antimicrobials at the right time will improve the quality of care and improve patient outcomes.

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.***

☐ Live Course
☐ Regularly Scheduled Series
☐ Internet Live Course (Webinar)
☒ Internet Enduring Material

☐ Journal CME/CE
☐ Manuscript Review
☐ Test-Item Writing
☐ Committee Learning

☐ Performance/Quality Improvement
☐ Internet Searching and Learning
☐ Learning from Teaching
☐ Other/Blended Learning

☒ Didactic Lecture
☐ Question & Answer
☐ ARS
☐ Case Studies

☐ Panel Discussion
☐ Hands-on skill labs
☐ Cadaver labs

☐ Simulation Lab
☐ Mannequins
☐ Round table discussion
☐ Other (specify)

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: CE Educator's Toolkit***
State the educational need that you determined to be the underlying cause for the professional practice gap.	Current physician practice does not include consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care. In order to preserve antimicrobial armamentarium and prevent antibiotic resistance, this course will emphasize safe and appropriate use of antimicrobial drugs.

Educational needs that <u>underlie</u> the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement 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:	☒ **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.	Providers will appropriately manage illness with accurate prescribing practices.

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

Educational Objectives	*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:	Upon completion of this conference, participants should be better able to: • Explain antimicrobial stewardship interventions that can improve patient outcomes. • Evaluate how antimicrobial stewardship interventions can be built into normal daily workflows. • Differentiate patient eligibility characteristics for antimicrobial stewardship interventions.

References	*Ensure Content is Valid*

How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☒ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☐ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☐ Other need identified. *Please explain.*		

Baptist Health Quantitative Data	

References: • *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	Center for Disease Control and Prevention (CDC): About Antibiotic Resistance, March 2020. The Joint Commission Perspective: New Antimicrobial Stewardship Standard, July 2016. Center for Disease Control and Prevention: Antibiotic Prescribing and Use in the U.S., August 2019.

Faculty

Faculty List	Nelida (Lydie) Fontana, Pharm.D., BCPS
For more than two (2) faculty members, include the list at end of application.	Clinical Specialist I
	West Kendall Baptist Hospital
	Miami, Florida
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	Clinical Pharmacy Specialist II, Infectious Diseases
	Antimicrobial Stewardship Program
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	Baptist Health South Florida
	Miami, Florida
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	Clinical Pharmacy Specialist, Infectious Diseases/Antimicrobial Stewardship
	PGY-1 Pharmacy Residency Program Director
	PGY-2 Infectious Diseases Pharmacy Residency Program Coordinator
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	Baptist Health South Florida
	Miami, Florida
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	Clinical Pharmacy Specialist, Infectious Diseases
	Bethesda Hospital East
	Baptist Health South Florida
	Boynton Beach, Florida
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	Director, ID PGY2 Pharmacy Residency Program
	Manager, Antimicrobial Stewardship Clinical Program
	Baptist Health South Florida
	Miami, 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 | **Alice Landayan, Lydie Fontana, Marina Zwisler, Wilbert Fuerte and Corey Frederick**, 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.

Timothy Gauthier, Pharm.D., BCPS, BCIDP, planner for this educational activity, has indicated that he is a consultant with Pattern Biosciences (formerly Klaris Diagnostics), DoseMeRx by Tabula Rasa, Pfizer and MeMed. All of the relevant financial relationships listed for this individual have been mitigated.

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

Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients. |
|---|---|
| **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:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • 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? • 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. ☐ **Pre/Post-Survey** • ***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")

☒ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☒ **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.
	1. **Have you engaged in antimicrobial stewardship activities discussed in the presentation?**
	  {Yes/No}
	If yes, the following responses should appear:
	    a. **Building antimicrobial stewardship interventions into normal daily workflows.**
	    b. **Limiting prescriptions to certain antimicrobial agents.**
	    c. **Identifying patient eligibility characteristics for antimicrobial stewardship interventions.**
	    d. **Other…**
	If no, then the following question should appear:
	
	2. **What barriers have you encountered that have prevented you from participating in antimicrobial stewardship activities?**

☐ **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.*
☐ **Improves Performance** • **Goal: 10% of activities** • **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.	*See Evaluation Methods section for required elements. Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**	*Explain.* ☐ **Sample supplemental materials saved to file.** - Include Impact Assessment results and CME Provider analysis of learner comments. - Add updates/ changes to resources based on learner feedback.
☐ **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.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	May 2023
Course Renewal Date	
Course Expiration Date	May 2026

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