# CONFERENCE APPLICATIONS AND REPORTS

## Applications Previously Approved

November 15, 2022 - February 3, 2023

Live

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|---|---|
| 12.07.2022 | MCVI Vascular and Endovascular Lecture Series: Lower Extremity Venous Insufficiency: A Modern Approach to a Chronic Problem (1 Cat. 1) |
| 01.09.2023 | MCI Multispecialty GR: Long Bone Mets Disease (1 Cat. 1) |
| 01.13.23 | OB GYN Conference Series: Fetal Heart Monitoring: The Science Behind What We Do (2 Cat. 1) |
| 01.26.2023 | Critical Care Grand Rounds (1 cat. 1) |
| 01.28.2023 | 2023 Baptist Health Spine Symposium (3 Cat. 1) |
| 02.06.2023 | MCI GammaKnife Training Program (30.75 Cat. 1) |
| 02.06.2023 | Inaugural Precision Oncology Symposium (8.25 Cat. 1 Credit) |
| 02.13.2023 | MCI Multispecialty GR – Updates on Hypoxia and Glioblastoma (1 Cat. 1) |
| 02.15.2023 | Echocardiography and Noninvasive Vascular Testing Lecture Series: Assessment of diastolic function: “What the general cardiologist needs to know?” (1 Cat. 1) |
| 03.10.2023 | MCI Immunotherapy Summit, Fourth Annual |
| 03/6-7/2023 | Miami Cancer Institute – Miami GammaKnife® ICON™ Advanced Users Course (13.5 Cat. 1) |
| 04/17-21/2023 | Baptist Health Academic Week (Up to 8.5 Cat. 1) |
| 04.18.2023 | MCVI Grand Rounds |

Baptist Health South Florida
Continuing Medical Education

**CME ACTIVITY APPLICATION**
Rev. 06/28/2022 _CB

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

Sections highlighted in orange need to be proofread.

## Activity Details

| | | | |
|---|---|---|---|
| **CME Activity Title** | MCVI Vascular and Endovascular Lecture Series: Lower Extremity Venous Insufficiency: A Modern Approach to a Chronic Problem | | |
| **Date** | December 7, 2022 | **Time** | **6-7 p.m.** |
| **Location – If Virtual, fill in Zoom info at the end** | Live Zoom | **Credit Hour(s)** | **1 Cat. 1** |
| **Charge** | ☐ Yes _____<br>☒ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | Primary care physicians, emergency medicine physicians, hospitalists, cardiologists, vascular surgeons, podiatrists, general surgeons, trainees and other interested healthcare providers. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist.**<br>**LOA signed and dated by all parties is required.** | | |
| **Course overview** | **The appropriate diagnosis and treatment of lower extremity venous insufficiency can significantly improve patients' quality of life and while decreasing the ever-rising healthcare costs. Please join us to hear Dr. Michele Taubman discuss the diagnostic workups for patients presenting with underlying chronic venous insufficiency and the various treatment modalities available utilizing data from ongoing clinical trials in the United States.** | | |

**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**

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

## Planning Team

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|---|---|
| **Conference Director(s)** | **Brian Schiro, M.D.** |
| **CME Manager** | **Katie Deane** |

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|---|---|
| **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

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| **Collaborative Partner:** | MCVI |
| **Describe initiative:** | The BHSF CME Department works closely with MCVI to provide education to clinicians on updated risk factors, diagnosis and treatment option for vascular and endovascular diseases. |

## 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

## 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***

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| **State the educational need that you determined to be the underlying cause for the professional practice gap.** | **Clinicians may not be fully aware of underlying chronic venous insufficiency and the long-term health sequelae that can result if not addressed appropriately.** |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☒ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***

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

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| **Explain how this activity is designed to change learner competence, performance or patient outcomes.** | **Clinician will recognize symptoms and appropriately diagnose underlying chronic venous insufficiency of the legs in their patients and will draw from the vast armamentarium of tools available to treat superficial, deep, and perforator venous insufficiency.**<br><br>**Appropriate treatment will contribute to decreasing healthcare costs and will provide the opportunity to significantly improve patients' quality of life.** |

| **Competencies** | ***The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*** | |
|---|---|---|
| ABMS/ACGME | ☒ Patient care and procedural skills<br>☒ Medical knowledge<br>☐ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☐ Professionalism<br>☐ Systems-based practice |
| Institute of Medicine | ☐ Provide patient-centered care<br>☒ Work in interdisciplinary teams<br>☒ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☒ Roles/responsibilities | ☐ Interprofessional communication<br>☒ 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:<br>• **Describe the anatomy and pathophysiology of lower extremity chronic venous insufficiency.**<br>• **Recognize the personal and systemic healthcare burden of this disease.**<br>• **Perform appropriate diagnostic workup for patients presenting with underlying chronic venous insufficiency.**<br>• **Analyze various treatment modalities to determine the best treatment options for superficial, deep, and perforator venous reflux.**<br>• **Access data from ongoing trials within the United States when considering treatment for patients with deep venous insufficiency.**<br>• **Refer patient to vascular surgeon when indicated.** |

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

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|---|---|
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | Youn, Y. J., & Lee, J. (2019). Chronic venous insufficiency and varicose veins of the lower extremities. *The Korean journal of internal medicine*, *34*(2), 269.<br><br>Sachdev, U., Vodovotz, L., Bitner, J., Barclay, D., Zamora, R., Yin, J., ... & Vodovotz, Y. (2018). Suppressed networks of inflammatory mediators characterize chronic venous insufficiency. *Journal of Vascular Surgery: Venous and Lymphatic Disorders*, *6*(3), 358-366.<br><br>Rice, J. B., Desai, U., Cummings, A. K. G., Birnbaum, H. G., Skornicki, M., & Parsons, N. (2014). Burden of venous leg ulcers in the United States. *Journal of medical economics*, *17*(5), 347-356. |

## Faculty

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| **Faculty List**<br>***For more than two (2) faculty members, include the list at end of application.*** | **Example:**<br>**Michele Taubman, M.D., FACS**<br>**Vascular Surgery**<br>**Baptist Health Quality Network** |

| **Disclosure Statement** | ***Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*** |
|---|---|
| **Mitigation Chart** | ☐ **Mitigation chart complete on File Checklist.** |
| **Disclosures** | **Add all faculty disclosures to this section:**<br>• Michele Taubman, M.D., faculty of this educational activity, is on the speakers' bureau for Enveno, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br>• Brian Schiro, M.D., director for this educational activity, has indicated that he is a consultant for Phillips and a member of the speakers' bureau for Medtronic, Phillips, Penumbra and Sirtex.<br>• All relevant financial relationships listed have been mitigated.<br><br>**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<br>☐ Other: |

## Measured Outcomes

| Learner Knowledge | Learner Competence | Learner Performance | Patient Health | Community Health |
|---|---|---|---|---|
| **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

| **Evaluation Methods** | ***Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*** |
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| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☒ **Pre/Post-Survey**<br>• How confident are you in your ability to appropriately diagnose underlying chronic venous insufficiency of the legs of your patients?<br>• How confident are you in your ability to utilize the latest evidence-based data to determine the most appropriate treatment option for patients with chronic venous insufficiency |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).<br>☐ Trigger **impact assessment** 45 days post conference. (LMS Support)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.*<br>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.<br>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.<br><br>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**<br><br>Based on your intention, what changes have you implemented in your practice? **{Open text}** |
| ☐ **Changes in patient outcomes.**<br>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**<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 10% of activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |

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

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| ☐ **Utilizes Support Strategies**<br>Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**<br>• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** | ***Explain.***<br><br>☐ **Sample supplemental materials saved to file.** |
| ☐ **Demonstrates Educational Leadership**<br>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** | Brian Schiro, M.D. – briansc@baptisthealth.net<br>Michele L. Taubman - michelet@baptisthealth.net |
| **Hosts** | Katie Deane – katied@baptisthealth.net |
| **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**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ **YES**<br>☐ **NO** | ☐ ____ AMA PRA Category 1 Credits<br>☐ ____ APA Approval Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |

Baptist Health South Florida
Continuing Medical Education

**CME ACTIVITY APPLICATION**
Rev. 04/28/2022 _MVA

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

**Sections highlighted in orange need to be proofread.**

## Activity Details

| | | | |
|---|---|---|---|
| **CME Activity Title** | Miami Cancer Institute Multispecialty Grand Rounds: Management of Long Bones Metastatic Disease: Concepts That We All Know but Do Not Always Remember | | |
| **Date** | Monday, January 9, 2023 | **Time** | **7:30 – 8:30 a.m.** |
| **Location** | Hybrid – MCI 3N110<br>Zoom – Online | **Credit Hour(s)** | **1 Cat. 1** |
| **Charge** | ☐ Yes _____<br>☒ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | Oncologists, Radiation Oncologists, Hematology Oncologists, Radiation Therapists, Endocrinologists, Pulmonologists, Otolaryngologists, Urologists, Colon Rectal Surgeons, General Surgeons, Orthopedic Surgeons, General Practitioners, Obstetricians and Gynecologists, Nurses, Social Workers, Patient Navigators and all other interested healthcare professionals. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist.**<br>**LOA signed and dated by all parties is required.** | | |
| **Course overview** | This conference 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 to identify patients at risk for pathological fractures that need to be referred to an orthopedic oncologist. | | |

**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**

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

## Planning Team

| | |
|---|---|
| **Conference Director(s)** | Guilherme Rabinowits, M.D. |
| **CME Manager** | Eleanor Abreu |
| **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:** | Miami Cancer Institute |
| **Describe initiative:** | Miami Cancer Institute - Center of Excellence |

## Appropriate Formats

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

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| **State the educational need that you determined to be the underlying cause for the professional practice gap.** | Physicians may not be communicating with specialists when providing care for oncology patients, |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge** - ***Deficit in medical knowledge.***<br>☐ **Competence** - ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance** - ***Follow-up impact assessment and commitment to change.***<br>☐ **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 establish more communication with surgical specialists in order to provide optimal coordination of care. |
|---|---|

| Competencies | *The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).* | |
|---|---|---|
| ABMS/ACGME | ☒ Patient care and procedural skills<br>☒ Medical knowledge<br>☐ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☐ Professionalism<br>☒ Systems-based practice |
| Institute of Medicine | ☒ Provide patient-centered care<br>☒ Work in interdisciplinary teams<br>☒ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☐ Roles/responsibilities | ☐ Interprofessional communication<br>☐ 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:<br>• Identify patients at risk for pathological fractures and refer them to orthopedic oncologists.<br>• List different factors taken into consideration for surgical indication in patients being treated for orthopedic oncology.<br>• Identify different non-operative as well as operative alternatives when managing metastatic disease in long bones. |

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

| | |
|---|---|
| References:<br>• *Provide evidence-based, peer reviewed references supporting best practice guidelines.*<br>• *APA Citations should be no older than 10 years old.* | Bones are the third most common site of metastatic disease. Treatment is rarely curative; rather, it seeks to control disease progression and palliate symptoms. Imaging evaluation of a patient with symptoms of metastatic bone disease should begin with plain X-rays. Further imaging consists of a combination of (PET)-CT scan and bone scintigraphy. We recommend performing a biopsy after imaging workup has been conducted. Metastatic bone disease is managed with a combination of systemic treatment, radiotherapy (RT), and surgery. External beam RT (EBRT) is used for pain control and postoperatively after fracture stabilization. Single-fraction and multiple-fractions schemes are equally effective achieving pain control. Adequate assessment of fracture risk should guide the decision to stabilize an impending fracture. Despite low specificity, plain X-rays are the first tool to determine risk of impending fractures. CT scan offers a higher positive predictive value and can add diagnostic value. Surgical management depends on the patient's characteristics, tumor type, and location of fracture/bone stock. Fixation options include plate and screw fixation, intramedullary (IM) nailing, and endoprostheses. Despite widespread use, the need for prophylactic stabilization of the entire femur should be individually analyzed in each patient due to higher complication rates of long stems.<br><br>Orthop Res Rev 2022 Nov 10;14:393-406. doi: 10.2147/ORR.S379603. eCollection 2022.<br><br>https://pubmed.ncbi.nlm.nih.gov/36385751/ |

| Faculty | |
|---|---|
| **Faculty List**<br>***For more than two (2) faculty members, include the list at end of application.*** | **Juan A. Pretell, M.D., FAAOS**<br>Professor of Orthopedics<br>Florida International University, Herbert Wertheim College of Medicine<br>Miami Cancer Institute<br>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:**<br>• 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.<br><br>**List all director, planner and reviewer disclosures in this section:**<br>• Guilherme Rabinowits, M.D., conference director of this educational activity, is a consultant with Sanofi and Regeneron.<br><br>**List non-faculty contributor disclosures in this section:**<br>• 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*<br><br>**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<br>☐ Other: |

| Measured Outcomes | | | | |
|---|---|---|---|---|
| **Learner Knowledge** | **Learner Competence** | **Learner Performance** | **Patient Health** | **Community Health** |
| **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

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

| | |
|---|---|
| ☐ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☐ **Pre/Post-Survey**<br>• ***Provide 1-2 goals per lecture to measure changes in competence.***<br>**Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls") |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change **evaluation** question. (CME Registrar)<br>☐ Trigger **follow-up survey** 45 days post conference. (CME Registrar)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Registrar)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.* |
| ☐ **Changes in patient outcomes.**<br>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**<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 10% of activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities** | ***See Evaluation Methods section for required elements.***<br>***Follow-up data is Required.*** |

| | |
|---|---|
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br><br>***Explain.*** |
| ☐ **Optimizes Communication Skills**<br>Designed to improve communication skills of learners.<br>• **Example: Sim Lab** | ☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.<br>☐ Course leader provides formative feedback to each learner about observed communication skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Optimizes Technical and/or Procedural Skills**<br>Designed to optimize/improve technical and procedural skills of learners.<br>• **Example: Gamma Knife** | ☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.<br>☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Utilizes Support Strategies**<br>Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**<br>• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** | ***Explain.***<br><br>☐ **Sample supplemental materials saved to file.** |
| ☐ **Demonstrates Educational Leadership**<br>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** | Guilherme Rabinowits, M.D. - GuilhermeR@baptisthealth.net<br>Juan A. Pretell, M.D. - Juan.pretell@baptisthealth.net |
| **Hosts** | Insert names and email addresses for at least one of these:<br>Eleanor Abreu – eleanora@baptisthealth.net<br>Anna Busto - AnnaB@baptisthealth.net |
| **Zoom Account** | ☒ **CME Zoom Account** ☐ **Partner Zoom Account** |
| **Zoom Link** | |

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

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

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** | OB GYN Conference Series: Fetal Heart Monitoring: The Science Behind What We Do | | |
| **Date** | January 13, 2023 | **Time** | **8:00 a.m. – 10:00 a.m.** |
| **Location – If Virtual, fill in Zoom info at the end** | BHM Auditorium & Zoom | **Credit Hour(s)** | **2 Cat. 1** |
| **Charge** | ☐ Yes _____<br>☒ No | **SMS Code:** | |
| **Target Audience –** | Obstetricians, Gynecologists, General Practitioners, Family Physicians, Physician Assistants, Advanced Practice Registered Nurses, Nurse Midwives, Pharmacists, Labor & Delivery Nurses, other interested healthcare professionals. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist.**<br>**LOA signed and dated by all parties is required.** | | |
| **Course overview** | **This course is designed to provide a better understanding of the physiology behind fetal heart rate tracing. Please join us to hear Dr. Leo Brancazio, chair of the West Virginia University Department of Obstetrics and Gynecology, discuss how to apply the basic science behind the use of fetal heart rate monitoring toward lowering the NTSV rate with appropriate interpretation of fetal heart rate tracings and indications for critical interventions or allowing natural labor to progress.** | | |

**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)** | **Larry S. Spiegelman, 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<br>☐ Diversity & Inclusion<br>☒ Evidence-based data<br>☒ High-reliability tools – Use of prior experiences to improve systems, processes, and services | ☐ Overutilization – unnecessary health care costs<br>☐ Patient-centered care<br>☐ Public health factors (See commendation.)<br>☐ 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<br>☐ Regularly Scheduled Series<br>☒ Internet Live Course (Webinar)<br>☐ Internet Enduring Material | ☐ Journal CME/CE<br>☐ Manuscript Review<br>☐ Test-Item Writing<br>☐ Committee Learning | ☐ Performance/Quality Improvement<br>☐ Internet Searching and Learning<br>☐ Learning from Teaching<br>☐ Other/Blended Learning |
| ☒ Didactic Lecture<br>☒ Question & Answer<br>☐ ARS<br>☐ Case Studies | ☐ Panel Discussion<br>☐ Hands-on skill labs<br>☐ Cadaver labs | ☒ Simulation Lab<br>☐ Mannequins<br>☐ Round table discussion<br>☐ Other (specify) |

| Educational Needs | ***What practice-based problem (gap) will this education address?***<br>*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.*<br>***External Resource: CE Educator's Toolkit*** |
|---|---|
| **State the educational need that you determined to be the underlying cause for the professional practice gap.** | **► The nulliparous term singleton vertex (NTSV) cesarean delivery rate has been recognized as a meaningful benchmark. Variation in the NTSV cesarean delivery rate among hospitals and providers suggests many hospitals may be able to safely improve their rates.**<br><br>**Currently the Baptist Health System has a NTSV rate above the JACHO standard. Practitioners have identified that one of the main reasons is misinterpretation of fetal heart rate tracings.** |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☒ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance** - ***Follow-up impact assessment and commitment to change.***<br>☐ **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 is designed to provide a better understanding of the physiology behind the fetal heart rate tracing in order to remove a barrier to achieving the JACHO recommended benchmark.**<br><br>**Practitioner will appropriately utilize fetal heart rate tracing allow natural labor to progress longer when appropriate.** |

| **Competencies** | ***The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*** | |
|---|---|---|
| ABMS/ACGME | ☒ Patient care and procedural skills<br>☒ Medical knowledge<br>☐ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☐ Professionalism<br>☐ Systems-based practice |
| Institute of Medicine | ☒ Provide patient-centered care<br>☐ Work in interdisciplinary teams<br>☒ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☐ Roles/responsibilities | ☒ Interprofessional communication<br>☐ 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:<br>• **Describe physiological goals for the laboring patient as reflected in fetal monitoring patterns.**<br>• **Interpret the fetal monitoring patterns that indicate the need for critical interventions.**<br>• **Apply the basic science behind the use of fetal heart rate monitoring toward lowering the NTSV rate with appropriate interpretation of fetal heart rate tracings and labor management.** |

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

| | |
|---|---|
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | Intrapartum Fetal Heart Rate Monitoring: Nomenclature, Interpretation, and General Management Principles, CLINICAL MANAGEMENT GUIDELINES FOR OBSTETRICIAN–GYNECOLOGISTS NUMBER 106*(Replaces Practice Bulletin Number 70, December 2005. Reaffirmed 2021)*<br><br>Vadnais, M. A., Hacker, M. R., Shah, N. T., Jordan, J., Modest, A. M., Siegel, M., & Golen, T. H. (2017). Quality improvement initiatives lead to reduction in nulliparous term singleton vertex cesarean delivery rate. *The Joint Commission Journal on Quality and Patient Safety*, *43*(2), 53-61.<br><br>Cahill, A. G., Tuuli, M. G., Stout, M. J., López, J. D., & Macones, G. A. (2018). A prospective cohort study of fetal heart rate monitoring: deceleration area is predictive of fetal acidemia. *American journal of obstetrics and gynecology*, *218*(5), 523-e1.<br><br>AWHONN. (2017). Advanced Fetal Monitoring Course 5th Ed. Kendall Hunt Publishing Co. |

## Faculty

| | |
|---|---|
| **Faculty List**<br>***For more than two (2) faculty members, include the list at end of application.*** |  <br>**Leo Brancazio, M.D., FACOG**<br>Chair, Department of Obstetrics and Gynecology<br>West Virginia University Hospitals<br>Morgantown, W.Va. |

| **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:**<br>• Leo Brancazio, M.D., FACOG, 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.<br>• Larry Spiegelman, M.D., director of this activity, has indicated that he is a consultant for OrganaBio.<br>• All relevant financial relationships listed for these individuals have been mitigated.<br><br>**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<br>☐ Other: |

## Measured Outcomes

| Learner Knowledge | Learner Competence | Learner Performance | Patient Health | Community Health |
|---|---|---|---|---|

| Measurement Type: | Measurement Type: | Measurement Type: | Measurement Type: | Measurement Type: |
|---|---|---|---|---|
| ☒ Subjective<br>☐ Objective | ☒ Subjective<br>☐ Objective | ☐ Subjective<br>☐ Objective | ☐ Subjective<br>☐ Objective | ☐ Subjective<br>☐ Objective |

| **Evaluation Methods** | ***Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*** |
|---|---|
| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☒ **Pre/Post-Survey**<br>• ***Provide 1-2 goals per lecture to measure changes in competence.***<br>**Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls")<br>• How confident are you in your ability to interpret the fetal monitoring patterns that indicate the need for critical interventions?<br>• How confident are you in your ability to appropriately utilize fetal heart rate tracing allow natural labor to progress longer when appropriate? |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).<br>☐ Trigger **impact assessment** 45 days post conference. (LMS Support)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.*<br>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.<br>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.<br><br>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**<br><br>Based on your intention, what changes have you implemented in your practice? **{Open text}** |
| ☐ **Changes in patient outcomes.**<br>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**<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 8 activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. **(4 different samples per accreditation)** | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities**<br>• **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.***<br>***Follow-up data is Required.*** |
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br>***Explain.*** |

| | |
|---|---|
| ☐ **Optimizes Communication Skills**<br>Designed to improve communication skills of learners.<br>• **Example: Sim Lab** | ☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.<br>☐ Course leader provides formative feedback to each learner about observed communication skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Optimizes Technical and/or Procedural Skills**<br>Designed to optimize/improve technical and procedural skills of learners.<br>• **Example: Gamma Knife** | ☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.<br>☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Utilizes Support Strategies**<br>Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**<br>• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**<br>• **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback** | ***Explain.***<br><br>☐ **Sample supplemental materials saved to file.**<br>- Include Impact Assessment results and CME Provider analysis of learner comments.<br>- Add updates/ changes to resources based on learner feedback. |
| ☐ **Demonstrates Educational Leadership**<br>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:<br>***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**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ **YES**<br>☐ **NO** | ☐ ____ AMA PRA Category 1 Credits<br>☐ ____ APA Approval Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |

Baptist Health South Florida
Continuing Medical Education

**CME ACTIVITY APPLICATION**
Rev. 04/28/2022 _MVA

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

**Sections highlighted in orange need to be proofread.**

## Activity Details

| | | | |
|---|---|---|---|
| **CME Activity Title** | Critical Care Grand Rounds January 2023 | | |
| **Date** | January to October 2023 | **Time** | **7:30am to 8:30am** |
| **Location** | Live Webinar | **Credit Hour(s)** | **1 cat. 1 per session** |
| **Charge** | ☐ Yes _____<br>☒ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | Critical Care Physicians, Cardiologists, Surgeons, Anesthesiologists, Emergency Medicine Physicians, Nephrologists, Pulmonologists, Infectious Disease Physicians, Neurologists, Gastroenterologists, Hospitalists, Physician Assistants, Nurse Practitioners, Nurses, Respiratory Therapists, Pharmacists and other interested healthcare providers. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.** | | |
| **Course overview** | Please join us for January's Critical Care Grand Rounds lecture, a multidisciplinary conference that will update practitioners on Surrogate Decision-Making and Shared Decision-Making in the ICU. | | |

**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)** | **Karel Fuentes, M.D.** |

| | |
|---|---|
| **CME Manager** | **Eduardo E. Cartin** |
| **Conference Coordinator and/or Instructional Designer (OLP only)** | |
| **Commendation Goal:**<br>**Engages Interprofessional Teams/IPCE (10% of activities)** | List 2+ professions here. M.D. Required.<br>Karel Fuentes, M.D.<br>Arlene Torres DNP APRN CCRN ACNP-BC<br>Elizabeth Prol, ARNP |

## 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 <u>underlying cause</u> for the professional practice gap.** | **Healthcare providers in the ICU may be unable to define the strategies to increase the goals of care and advance care planning conversations with patient and their families. As well as the decision-making process for those end-of-life patients in the ICU.** |
| **Educational needs that <u>underlie</u> the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☒ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance** - ***Follow-up impact assessment and commitment to change.***<br>☐ **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.** | **Healthcare providers will be able to comprehend the needs and goals of discussions making in the ICU. Discuss decision made based on evaluation of risk/benefits and expected outcome with patients and their families.** |

| **Competencies** | ***The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*** | |
|---|---|---|
| ABMS/ACGME | ☐ Patient care and procedural skills<br>☒ Medical knowledge<br>☒ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☐ Professionalism<br>☐ Systems-based practice |
| Institute of Medicine | ☒ Provide patient-centered care<br>☒ Work in interdisciplinary teams<br>☐ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☒ Roles/responsibilities | ☒ Interprofessional communication<br>☐ 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:<br>• Identify who can make decisions for incapacitated patients and differentiate between critical and end-of-life decisions.<br>• Define strategies to increase goals of care and advanced care planning conversations.<br>• Demonstrate a clear comprehension of the goals of care discussions in the ICU. |

| **References** | ***Ensure Content is Valid*** |
|---|---|

| | |
|---|---|
| **How are educational needs identified?** ***Check all that apply and explain below.*** | ☐ Best practice parameters<br>☐ Disease prevention (Mission)<br>☐ Mortality/morbidity statistics<br>☐ National/regional data<br>☐ New or updated policy/protocol<br>☒ Peer review data<br>☐ Regulatory requirement<br>☒ Research/literature review<br>☐ Consensus of experts<br>☐ Joint Commission initiatives<br>☐ National Patient Safety Goals<br>☐ New diagnostic/therapeutic modality (Mission)<br>☐ Patient care data<br>☐ Process improvement initiatives |
| ☐ Other need identified. ***Please explain.*** | |
| **Baptist Health Quantitative Data** | Insert baseline chart or narrative here. |
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | Pope, T.M., Making Medical Decisions for Patients Without Surrogates. New England Journal of Medicine. 2013. 369;21:1976-8.<br><br>Sulmasy, D. et al. Substituted Interests and Best Judgements. Journal of American Medical Association. 2010. 304;17:1946-7.<br><br>Torke, A., et al. Scope and Outcome of Surrogate Decision Making Among Hospitalized Adults. Journal of American Medical Association. 2014. Published electronically January 20, 2014.<br><br>Bernat, James L. Medical futility: definition, determination, and disputes in critical care. Neurocritical Care. 2005;2(2):198-205.<br><br>Connolly, C. et al, End-of-life in the ICU: moving from 'withdrawal of care' to a palliative care, patient-centred approach. British Journal of Anaesthesia. 2016. 117;2:143–5.<br><br>Ito, K., et al. Primary palliative care recommendations for critical care clinicians. Journal of Intensive Care. 2022. Published electronically April 15, 2022.<br><br>Nelson et al. End-of-life care for the critically ill: A national intensive care unit survey. Critical Care Medicine. 2006. 34;10:2547-53.<br><br>Florida Statutes, Chapter 765 |

| Faculty | |
|---|---|
| **Faculty List**<br>***For more than two (2) faculty members, include the list at end of application.*** | **Brenda Daniels, M.D.**<br>Associate Medical Director of Palliative Medicine<br>Baptist Health South Florida<br>Miami, Fla. |

| **Disclosure Statement** | ***Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*** |
|---|---|
| **Mitigation Chart** | ☒ **Mitigation chart complete on File Checklist.** |
| **Disclosures** | **Add all faculty disclosures to this section:**<br>• Brenda Daniels, 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.<br>**List all director, planner and reviewer disclosures in this section:**<br>• Karel Fuentes, M.D., conference director of this 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.<br>**List non-faculty contributor disclosures in this section:**<br>• Eduardo Cartin – 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*.<br>• Arlene Torres and Elizabeth Prol – Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*.<br><br>**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<br>☐ Other: |

| Measured Outcomes | | | | |
|---|---|---|---|---|
| **Learner Knowledge** | **Learner Competence** | **Learner Performance** | **Patient Health** | **Community Health** |
| **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

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

| | |
|---|---|
| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☐ **Pre/Post-Survey**<br>• ***Provide 1-2 goals per lecture to measure changes in competence.***<br>**Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls") |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change **evaluation** question. (CME Registrar)<br>☐ Trigger **follow-up survey** 45 days post conference. (CME Registrar)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Registrar)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.* |
| ☐ **Changes in patient outcomes.**<br>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**<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 10% of activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities** | ***See Evaluation Methods section for required elements.***<br>***Follow-up data is Required.*** |

| | |
|---|---|
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br><br>***Explain.*** |
| ☐ **Optimizes Communication Skills**<br>Designed to improve communication skills of learners.<br>• **Example: Sim Lab** | ☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.<br>☐ Course leader provides formative feedback to each learner about observed communication skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Optimizes Technical and/or Procedural Skills**<br>Designed to optimize/improve technical and procedural skills of learners.<br>• **Example: Gamma Knife** | ☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.<br>☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Utilizes Support Strategies**<br>Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**<br>• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** | ***Explain.***<br><br>☐ **Sample supplemental materials saved to file.** |
| ☐ **Demonstrates Educational Leadership**<br>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.<br>Brenda Daniells, M.D., - BrendaDan@BaptistHealth.net |
| **Hosts** | Insert names and email addresses for at least one of these:<br>***DG-Telepresence / CME Manager and Assistant / Host Department***<br>Eduardo E. Cartin Eduardo.Cartin@baptisthealth.net<br>Elizabeth Maya elizabeth.maya001@gmail.com<br>Arlene C. Torres ArleneT@baptisthealth.net |
| **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**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ **YES**<br>☐ **NO** | ☐ _1___ AMA PRA Category 1 Credits (3 Max)<br>☐ ____ APA Approval Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |

Baptist Health South Florida
Continuing Medical Education

**CME ACTIVITY APPLICATION**
Rev. 06/28/2022 _CB

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

**Sections highlighted in orange need to be proofread.**

## Activity Details

| | | | |
|---|---|---|---|
| **CME Activity Title** | 2023 Baptist Health Spine Symposium | | |
| **Date** | January 28, 2023 | **Time** | **9 a.m. – 12 noon** |
| **Location – If Virtual, fill in Zoom info at the end** | Live Virtual - Zoom | **Credit Hour(s)** | **3 Cat. 1** |
| **Charge** | ☐ Yes _____<br>☒ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | Primary care physicians, family medicine physicians, neurologists, pain specialists, physician assistants, nurse practitioners, respiratory therapists, integrative medicine physicians, clinical pharmacists and all other healthcare professionals interested in the treatment of common spinal disorders. | | |
| **Commercial Support – C8** | ☒ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist.**<br>**LOA signed and dated by all parties is required.** | | |
| **Course overview** | The Baptist Health Spine Symposium will present state-of-the-art, evidence-based spine care, utilizing clinical trial data from the last 18 months.<br>Symposium attendees will participate in short, goal-directed lectures from experts across multiple subspecialties with the opportunity for direct feedback.<br>We encourage all interested healthcare professionals who treat patients with common spinal disorders to join us for a full morning of interactive lectures and lively panel discussions. | | |

**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)** | **Melissa M. Guanche, M.D. – Symposium Director**<br>**Robert J. Rothrock, M.D. – Symposium Director** |

| | |
|---|---|
| **CME Manager** | **Katie Deane** |
| **Conference Coordinator and/or Instructional Designer (OLP only)** | **Michael W. McDermott, M.D. – Planning Committee**<br>**Ronald B. Tolchin, D.O. – Planning Committee** |
| **Commendation Goal:**<br>**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 Neuroscience Institute |
| **Describe initiative:** | The Baptist Health CME department has partnered with the Miami Neuroscience Institute to provide education on the latest state-of-the-art, evidence-based spine care, utilizing clinical trial data from the last 18 months. |

## 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

## 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 the current clinical course of evaluation and medical management for patients with spine complaints.** |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☒ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance -** ***Follow-up impact assessment and commitment to change.***<br>☐ **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 apply appropriate clinical course of evaluation and medical management for patients with spine complaints.** |

| Competencies | *The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).* | |
|---|---|---|
| ABMS/ACGME | ☒ Patient care and procedural skills<br>☒ Medical knowledge<br>☒ Practice-based learning and improvement | ☒ Interpersonal and communication skills<br>☒ Professionalism<br>☒ Systems-based practice |
| Institute of Medicine | ☒ Provide patient-centered care<br>☒ Work in interdisciplinary teams<br>☒ Employ evidence-based practice | ☒ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☒ Roles/responsibilities | ☒ Interprofessional communication<br>☐ 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:<br>• **Recognize red flags that guide expert evaluation and medical management for patients with spine complaints.**<br>• **Review evidence-based, peer-reviewed publications from the last 18 months regarding the diagnosis and medical management of common spinal conditions.**<br>• **Examine the role of surgery and conservative management in the treatment of common degenerative pathology of the spine.**<br>• **Describe the complex socioeconomic implications and behavioral expectations for patients and their caregivers**<br>• **Explain clinical options for improving neurological outcomes in the treatment of spinal pathology.** |

| References | *Ensure Content is Valid* | |
|---|---|---|
| **How are educational needs identified?** ***Check all that apply and explain below.*** | ☒ Best practice parameters<br>☐ Disease prevention (Mission)<br>☐ Mortality/morbidity statistics<br>☐ National/regional data<br>☐ New or updated policy/protocol<br>☐ Peer review data<br>☐ Regulatory requirement | ☒ Research/literature review<br>☒ Consensus of experts<br>☐ Joint Commission initiatives<br>☐ National Patient Safety Goals<br>☐ New diagnostic/therapeutic modality (Mission)<br>☐ Patient care data<br>☐ Process improvement initiatives |
| ☐ Other need identified. ***Please explain.*** | | |
| **Baptist Health Quantitative Data** | Insert baseline chart or narrative here. | |
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | ►Alizadeh, A., Dyck, S. M., & Karimi-Abdolrezaee, S. (2019). Traumatic Spinal Cord Injury: An Overview of Pathophysiology, Models and Acute Injury Mechanisms. Frontiers in neurology, 10, 282.<br>►J Orthop Sports Phys Ther 2020;50(7):350–372. Epub 21 May 2020. doi:10.2519/jospt.2020.9971<br>►Bagley, C., MacAllister, M., Dosselman, L., Moreno, J., Aoun, S. G., & El Ahmadieh, T. Y. (2019). Current concepts and recent advances in understanding and managing lumbar spine stenosis. F1000Research, 8, F1000 Faculty Rev-137. https://doi.org/10.12688/f1000research.16082.1 | |

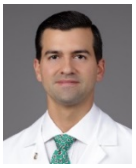
## Faculty

**Faculty List**

***For more than two (2) faculty members, include the list at end of application.***

**Example:**

**SYMPOSIUM DIRECTORS**



**Robert J. Rothrock, M.D.**
Spinal Neurosurgeon
Director, Spinal Oncology
Miami Neuroscience Institute
Baptist Health Quality Network
Baptist and South Miami Hospitals
Assistant Professor, Neurosurgery
Herbert Wertheim College of Medicine, Florida International University
Miami, Florida

**Melissa M. Guanche, M.D.**
Director, Interventional Spine
Pain Medicine, Physical Medicine and Rehabilitation
Miami Neuroscience Institute Spine Center
Baptist Health Surgery Center at Kendall and South Miami
Baptist and South Miami Hospitals
Miami, Florida

**PLANNING GROUP**

**Michael W. McDermott, M.D., FAANS**
Chair, Division of Neurosurgery
Chief Medical Executive
Miami Neuroscience Institute
Miami, Florida

**Ronald B. Tolchin, D.O.**
Physical Medicine & Rehabilitation
Medical Director, Miami Neuroscience Institute Spine Center
Baptist Health Medical Group
Baptist Health Quality Network
Baptist Hospital of Miami
Miami, Florida

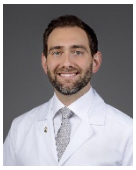
**PRESENTERS**

**Michael E. Gomez, M.D., FAANS**
Director, Minimally Invasive Spine Surgery
Miami Neuroscience Institute
Baptist Health Medical Group
Baptist Health Quality Network
Baptist, Doctors and South Miami Hospitals
Miami, Florida

**Akshay Goyal, M.D.**
Anesthesiology, Pain Medicine
Miami Neuroscience Institute
Baptist Health Medical Group
Baptist Health Quality Network

**Melissa M. Guanche, M.D.**
Director, Interventional Spine
Pain Medicine, Physical Medicine and Rehabilitation
Miami Neuroscience Institute Spine Center
Baptist Health Surgery Center at Kendall and South Miami
Baptist and South Miami Hospitals

**Eduardo Icaza, M.D.**
Anesthesiology, Pain Medicine
Miami Neuroscience Institute
Baptist Health Medical Group

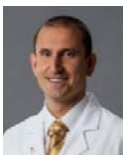


**Jason Liounakos, M.D.**
Director, Outpatient Spine Surgery
Miami Neuroscience Institute
Baptist Health Medical Group

**German Ojeda-Correal, M.D.**
Director, Musculoskeletal Rehabilitation
Miami Neuroscience Institute Spine Center
Baptist Health Medical Group

**Jose Andres Restrepo, M.D., FAAPMR**
Medical Director, Outpatient Rehabilitation
Physical Medicine and Rehabilitation Physician, Miami Neuroscience Institute Spine Center
Baptist Health Medical Group
Baptist Health Quality Network
Baptist and South Miami Hospitals
Miami, Florida

**Robert J. Rothrock, M.D.**
Spinal Neurosurgeon
Director, Spinal Oncology
Miami Neuroscience Institute
Baptist Health Quality Network
Baptist and South Miami Hospitals
Assistant Professor, Neurosurgery
Herbert Wertheim College of Medicine, Florida International University
Miami, Florida



**Vitaly Siomin, M.D.**
Neurosurgeon and Medical Director
Brain Tumor Program
Director, Cerebrovascular Neurosurgery
Co-Director, Skull Base Surgery
Miami Neuroscience Institute
Miami Cancer Institute
Baptist Hospital of Miami
Miami, Florida

**Justin M. Sporrer, M.D.**
Director, Functional Neurosurgery
Neurosurgeon
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**Justin M. Thottam D.O.**
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**Ronald B. Tolchin, D.O.**
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**Raul A. Vasquez-Castellanos, M.D.**
Director, Complex Spine Neurosurgery
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Baptist, Doctors and South Miami Hospitals
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**Christine M. Villoch, M.D., FAAPMR**
Vice Chair, Division of Physical Medicine & Rehabilitation and Pain Management
Miami Neuroscience Institute Spine Center

| | |
|---|---|
| | Health Medical Group<br>Baptist Health Quality Network<br>Baptist Health Surgery Center at Kendall and South Miami<br>Baptist and South Miami Hospitals<br>Miami, Florida<br><br>  <br>**Jobyna Whiting, M.D.**<br>Director, Degenerative Spine Surgery<br>Miami Neuroscience Institute<br>Baptist Health Medical Group<br>Baptist Health Quality Network<br>Baptist, Doctors and South Miami Hospitals<br>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** | **Pending Forms from: Akshay Goyal, M.D., German Ojeda-Correal, M.D.**<br>**Add all faculty disclosures to this section:**<br>• Eduardo Icaza, M.D., Jason Liounakos, M.D., Jose Andres Restrepo, M.D., Vitaly Siomin, M.D., Justin M. Sporrer, M.D., Justin M. Thottam D.O., Ronald B. Tolchin, D.O., Raul A. Vasquez-Castellanos, M.D., Christine Villoch, M.D., and Jobyna Whiting, M.D., faculty of this educational activity, have 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.<br>• Michael Gomez, M.D., faculty of this educational activity, disclosed that he is a consultant to Depuy, and that his presentation will not include discussion of off-label or unapproved usage.<br>• All of the relevant financial relationships listed for these individuals have been mitigated.<br><br>**List all director, planner, and reviewer disclosures in this section:**<br>• Melissa Guanche, M.D., speaker and co-conference director for this educational activity, indicated that she has no relevant financial relationships with ineligible companies to disclose, and that her presentation will not include discussion of off-label or unapproved usage.<br>• Michael McDermott, M.D., planner for this educational activity, disclosed that he is a consultant for Deinde Medical and Stryker.<br>• Robert Rothrock, M.D., speaker and co-conference director for this educational activity, indicated that he has no relevant financial relationships with ineligible companies to disclose, and that his presentation will not include discussion of off-label or unapproved usage.<br>**List non-faculty contributor disclosures in this section:**<br>• 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*<br><br>**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<br>☐ Other: |

| Measured Outcomes | | | | |
|---|---|---|---|---|
| **Learner Knowledge** | **Learner Competence** | **Learner Performance** | **Patient Health** | **Community Health** |
| **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

| Evaluation Methods | *Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.* |
|---|---|
| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☒ **Pre/Post-Survey**<br>• ***Provide 1-2 goals per lecture to measure changes in competence.***<br>• How confident are you in your ability to apply appropriate clinical course of evaluation for patients with spine complaints?<br>• How confident are you in your ability to utilize appropriate medical management for patients with spine complaints? |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).<br>☐ Trigger **impact assessment** 45 days post conference. (LMS Support)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.*<br>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.<br>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.<br><br>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**<br><br>Based on your intention, what changes have you implemented in your practice? **{Open text}** |
| ☐ **Changes in patient outcomes.**<br>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**<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 10% of activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities**<br>• **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.***<br>***Follow-up data is Required.*** |
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br>***Explain.*** |
| ☐ **Optimizes Communication Skills**<br>Designed to improve communication skills of learners.<br>• **Example: Sim Lab** | ☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.<br>☐ Course leader provides formative feedback to each learner about observed communication skills.<br>☐ **Sample completed evaluation saved to file.** |

| | |
|---|---|
| ☐ **Optimizes Technical and/or Procedural Skills**<br>Designed to optimize/improve technical and procedural skills of learners.<br>• **Example: Gamma Knife** | ☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.<br>☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Utilizes Support Strategies**<br>Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**<br>• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** | ***Explain.***<br><br>☐ **Sample supplemental materials saved to file.** |
| ☐ **Demonstrates Educational Leadership**<br>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** | Melissa Guanche, M.D. - MelissaGua@BaptistHealth.net<br>Robert Rothrock, M.D. - Robert.Rothrock@BaptistHealth.net<br>Michael E. Gomez, M.D. - MichaelEG@baptisthealth.net<br>Akshay Goyal, MD - akshay.goyal@baptisthealth.net<br>Eduardo Icaza, MD - eduardo.icaza@baptisthealth.net<br>Jason Liounakos, MD - jliounakos@icloud.com<br>German Ojeda-Correal, M.D. - german.ojedacorreal@baptisthealth.net<br>Jose Andres Restrepo, M.D. - JoseRe@baptisthealth.net<br>Vitaly Siomin, M.D. - VitalyS@BaptistHealth.net<br>Justin M. Sporrer, M.D. - JustinSp@BaptistHealth.net<br>Justin M. Thottam, M.D. - JustinMT@baptisthealth.net<br>Ronald B. Tolchin, D.O. - RonaldBT@baptisthealth.net<br>Raul A. Vasquez, M.D. - RaulAV@baptisthealth.net<br>Christine M. Villoch, M.D. - ChristinV@baptisthealth.net<br>Jobi Whiting, M.D. - JobiW@baptisthealth.net |
| **Hosts** | Insert names and email addresses for at least one of these:<br>***DG-Telepresence / CME Manager and Assistant / Host Department***<br>Katie Deane<br>Audrey Gurskis<br>Ariel Lizzo<br>Micaela B. Royo Correa |
| **Zoom Account** | ☒ **CME Zoom Account** ☐ **Partner Zoom Account** |
| **Zoom Link** | Insert link here. |

## Schedule

| START | STOP | MINS | TITLE | SPEAKER |
|---|---|---|---|---|
| 8:30 | 8:55 | 0:25 | ***Registration & Virtual Exhibits*** | |

| | | | | |
|---|---|---|---|---|
| 8:55 | 9:00 | 0:05 | Welcome & Introductions | Robert J. Rothrock, M.D.<br>Melissa M. Guanche, M.D. |
| | | | **Theme of Session** | **Moderator: Melissa M. Guanche, M.D.** |
| 9:00 | 9:10 | 0:10 | Evaluation of Acute Neck Pain | Christine M. Villoch, M.D. |
| 9:10 | 9:20 | 0:10 | Whiplash - What is it? | Ronald B. Tolchin, D.O. |
| 9:20 | 9:30 | 0:10 | Diagnosis of Cervical Facet Pain | Melissa M. Guanche, M.D. |
| 9:30 | 9:40 | 0:10 | Evaluation of Cervical Radiculopathy | German Ojeda-Correal, M.D. |
| 9:40 | 9:50 | 0:10 | Neck pain in the Postsurgical Patient | Justin M. Thottam, M.D. |
| 9:50 | 10:00 | 0:10 | EMG.NCV in Cervical Radiculopathy | Jose Andres Restrepo, M.D. |
| 10:00 | 10:10 | 0:10 | Spinal Cord Stimulator for Neck Pain | Akshay Goyal, M.D. |
| 10:10 | 10:20 | 0:10 | Evaluation of Thoracic Pain | Eduardo Icaza, M.D. |
| 10:20 | 10:30 | 0:10 | Panel with Questions & Answers | Spine Center Physicians |
| 10:30 | 10:40 | 0:10 | ***Break & Visit Exhibits*** | |
| | | | **Neurosurgery** | **Moderator: Robert J. Rothrock, M.D.** |
| 10:40 | 10:50 | 0:10 | Endoscopic-Assisted Transforanminal Lumbar Discectomy - Gimme or Gimmick? | Robert J. Rothrock, M.D. |
| 10:50 | 11:00 | 0:10 | Lateral Lumbar Fusion as a Minimimally Invasive Treatment for Adjacent Segment Disease | Michael E. Gomez, M.D. |
| 11:00 | 11:10 | 0:10 | Understanding Proximal Kyphosis and Junctional Level | Raul A. Vasquez, M.D. |
| 11:10 | 11:20 | 0:10 | Lumbar Fusion versus Dicectomy for Recurrent Disc Herniation | Jobi Whiting, M.D. |
| 11:20 | 11:30 | 0:10 | Cervical Laminoplasty | Jason Liounakas, MD |
| 11:30 | 11:40 | 0:10 | Prophylactic Kyphoplasty as High Risk Levels and Adjacent Segments | Justin M. Sporrer, M.D. |
| 11:40 | 11:50 | 0:10 | Intramedullay Spinal Cord Tumors | Vitaly Siomin, M.D. |
| 11:50 | 12:00 | 0:10 | **Panel with Questions & Answers** | Neurosurgeons |
| 12:00 | | | ***Adjourn*** | |

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

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** | Inaugural Miami Cancer Institute – Precision Oncology Symposium | | |
| **Date** | February 3 – 4, 2023 | **Time** | Friday, February 3, 2023: 9a.m. – 4p.m.<br><br>Saturday, February 4, 2023: 9a.m. – 12:30 p.m. |
| **Location – If Virtual, fill in Zoom info at the end** | The Biltmore Hotel | **Credit Hour(s)** | Friday, February 3, 2023: 5.0 Cat. 1 Credits<br><br>Saturday, February 4, 2023: 3.25 Cat. 1 Credits<br><br>Total: 8.25 Cat. 1 Credits |
| **Charge** | ☒ Yes _____<br>☐ No<br><br>Physicians: $240*<br>Advanced Practice Providers: $95*<br>Residents/Fellows: $55**<br>BHSF Employees: $35<br><br>**20% Group discounts available for **three or more providers who register together as a group by Friday, January 13**. No add-ons. Call for details.*<br><br>***Registration must be accompanied by a letter from the Fellowship/Residency Director.* | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | This educational program is directed toward hematologists, oncologists, pathologists, radiation oncologists, palliative care staff, oncology, hematology nurses, pharmacists and other allied health care team members interested in the treatment of patients with solid tumor malignancies. | | |
| **Commercial Support – C8** | ☒ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.** | | |

| | |
|---|---|
| **Course overview** | Given the increasing discovery of oncogenic-driven tumors, targeted treatments with novel agents have transformed the outcomes in these patients. Clinical decision making and management therefore have become more complex. There is a need to provide an opportunity for medical oncologists, radiation oncologists, pathologists, allied health professionals, oncology nurses and pharmacists to engage in thoughtful discussions with experts in these fields. In addition, there is emerging data about the biology of these malignancies impacting optimal management of patients with these disorders.<br>This one-and-a-half-day symposium has been designed to provide an overview and opportunity to learn about the most recent advances in the treatment of solid tumors, including lung cancer, breast cancer, gastrointestinal tumors, genitourinary tumors, head and neck tumors, melanoma, sarcoma, brain tumors by novel targeted agents and treatment combinations. Updates on evolving molecular-based system therapies will be profiled and discussed. |

| | | | |
|---|---|---|---|
| **Credit Type** | ☒ AMA PRA Category 1<br>☐ Psychology - APA & FL - **APA Checklist**<br>☒ Physician Assistant CE<br>☒ APRNs CE<br>☐ Dental CE<br>☐ Podiatry CE<br>☐ Interprofessional (IPCE) **Commendation**<br>**Engages Teams – See Planning Team section**<br>☐ MOC Points - **MOC Checklist / Self-assessment**<br>☐ Pediatrics **- Self-assessment** | ☐ Anesthesia - **Lifelong Learning**<br>☐ Internal Medicine - **Medical Knowledge**<br>☐ Ophthalmology - **Lifelong Learning**<br>☐ Ophthalmology - **Self-assessment**<br>☐ Surgery - **Accredited CME**<br>☐ Surgery - **Self-assessment**<br>☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment**<br>☐ Pathology - **Lifelong Learning**<br>☐ 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)** | **Manmeet Ahluwalia, M.D., MBA**<br>Fernandez Family Foundation Endowed Chair in Cancer Research<br>Chief of Medical Oncology<br>Chief Scientific Officer & Deputy Director<br>Miami Cancer Institute,<br>Baptist Health South Florida<br>Miami, Florida |
| **CME Manager** | **Eleanor Abreu** |
| **Conference Coordinator and/or Instructional Designer (OLP only)** | |
| **Commendation Goal:**<br>**Engages Interprofessional Teams/IPCE (10% of activities)** | List 2+ professions here. M.D. Required. |

## BHSF Initiatives

| | |
|---|---|
| ☐ Balance across the continuum of care<br>☐ Diversity & Inclusion<br>☐ Evidence-based data<br>☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services | ☐ Overutilization – unnecessary health care costs<br>☐ Patient-centered care<br>☐ Public health factors (See commendation.)<br>☐ 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<br>☐ Regularly Scheduled Series<br>☐ Internet Live Course (Webinar)<br>☐ Internet Enduring Material | ☐ Journal CME/CE<br>☐ Manuscript Review<br>☐ Test-Item Writing<br>☐ Committee Learning | ☐ Performance/Quality Improvement<br>☐ Internet Searching and Learning<br>☐ Learning from Teaching<br>☐ Other/Blended Learning |
| ☒ Didactic Lecture<br>☒ Question & Answer<br>☐ ARS<br>☒ Case Studies | ☒ Panel Discussion<br>☐ Hands-on skill labs<br>☐ Cadaver labs | ☐ Simulation Lab<br>☐ Mannequins<br>☐ Round table discussion<br>☐ Other (specify) |

| **Educational Needs** | ***What practice-based problem (gap) will this education address?***<br>*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.*<br>***External Resource: CE Educator's Toolkit*** |
|---|---|
| **State the educational need that you determined to be the underlying cause for the professional practice gap.** | The pace of clinical development in oncology has reached such a point that it may be outpacing clinicians' ability to absorb and process new information and to actually use that information to develop therapeutic strategies that could improve patient health and ultimately patient outcomes. |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☐ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance -** ***Follow-up impact assessment and commitment to change.***<br>☐ **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<br>☒ Medical knowledge<br>☒ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☐ Professionalism<br>☒ Systems-based practice |
| Institute of Medicine | ☒ Provide patient-centered care<br>☒ Work in interdisciplinary teams<br>☐ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☐ Roles/responsibilities | ☐ Interprofessional communication<br>☐ 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:<br>• Summarize the evolving therapeutic strategies in the treatment of solid tumor malignancies.<br>• Provide an update of new molecular and targeted treatments being developed for these diseases.<br>• Discuss the rationale for new targeted diagnostic and therapeutic strategies for lung cancer, breast cancer, Gastrointestinal tumors, Genitourinary tumors, Head and Neck tumors, Melanoma, Sarcoma, Brain tumors• Review the role and timing of diagnostic tests, molecular profiling and potential combinations of targeted therapy treatment options. |

| References | *Ensure Content is Valid* | |
|---|---|---|
| **How are educational needs identified?** ***Check all that apply and explain below.*** | ☒ Best practice parameters<br>☐ Disease prevention (Mission)<br>☐ Mortality/morbidity statistics<br>☐ National/regional data<br>☐ New or updated policy/protocol<br>☒ Peer review data<br>☐ Regulatory requirement | ☒ Research/literature review<br>☒ Consensus of experts<br>☐ Joint Commission initiatives<br>☐ National Patient Safety Goals<br>☐ New diagnostic/therapeutic modality (Mission)<br>☐ Patient care data<br>☐ Process improvement initiatives |
| ☐ Other need identified. ***Please explain.*** | | |
| **Baptist Health Quantitative Data** | Insert baseline chart or narrative here. | |
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | *See individual lectures below. | |

# Faculty

**Faculty List**

***For more than two (2) faculty members, include the list at end of application.***

**Neeraj Agarwal, M.D.**
Urologic Oncologist
Senior Director of Clinical Research Innovation
Huntsman Cancer Institute
University of Utah
Salt Lake City, Utah

**Charu Aggarwal, M.D.**
Medical Oncologist
Associate Director
Penn Center for Precision Oncology
Associate Professor
Lung Cancer Excellence
Philadelphia, PA

**Tanios Bekaii-Saab, M.D.**
Medical Oncologist
Medical Director
Cancer Clinical Research Office
Chief Medical Oncologist
Mayo Clinic
Phoenix, Arizona

**Jenny C. Chang, M.D.**
Emily Herrmann Presidential Distinguished Chair in Cancer Research
Dr. Mary and Ron Neal Cancer Center
Professor of Medicine in Oncology
Academic Institute
Full Member, Research Institute
Houston Methodist
Weill Cornell Medical College
Houston, Texas

**John Diaz, M.D.**
Chief of Gynecologic Oncology
Medical Director of Robotic Surgery, Baptist Health South Florida
Medical Director of Baptist Health Surgical Center, Plantation
Lead Physician Clinical Research, Gynecologic Oncology Clinical Trials
Miami Cancer Institute
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**Luis Diaz, M.D.**
Medical Oncologist
Head of the Division of Solid Tumor Oncology
Grayer Family Chair
Memorial Sloan Kettering
New York, New York

**Pauline Funchain, M.D.**

**Julie Gralow, M.D.**
Professor of Medical Oncology
Director of Breast Medical Oncology
University of Washington
Fred Hutchinson Cancer Research Center
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|---|---|
| | **Jonathan C. Trent, M.D., PhD**<br>Professor of Medicine<br>Associate Director for Clinical Research<br>Director, Sarcoma Medical Research Program<br>Sylvester Comprehensive Cancer Center<br>University of Miami, Miller School of Medicine<br>Miami, Florida<br><br>**Everett Vokes, M.D.**<br>John E. Ultmann Professor<br>Chairman, Department of Medicine<br>Physician-in-Chief, University of Chicago Medicine and Biological Sciences<br>Chicago, Illinois<br><br>**Patrick Wen, M.D.**<br>Neuro-oncology<br>Dana-Farber Cancer Institute<br>Boston, Massachusetts |

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|---|---|
| **Mitigation Chart** | ☒ **Mitigation chart complete on File Checklist.** |

| Disclosures | **Add all faculty disclosures to this section:**<br>• Neeraj Agarwal, M.D., faculty of this educational activity, is a researcher for Arnivas, Astellas, AstraZeneca, Bavarian Nordic, Bristol Myers Squibb, Calithera, Celldex, Clovis, Crispr, Eisai, Eli Lilly, EMD Serono, Exelixis, Genentech, Gilead, Glaxo Smith Kline, Immunomedics, Janssen, Lava, Medivation, Merck, Nektar, Neoleukin, New Link Genetics, Novartis, Oric, Pfizer, Prometheus, Rexahn, Roche, Sanofi, Seattle Genetics, Takeda and Tracon. He is a consultant for Merck, Aveo, Exelixis, Lilly and Foundation Medicine and has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br><br>• Charu Aggarwal, M.D., faculty of this education activity, is a researcher with Genentech/Roche, Incyte, Macrogenics, Merck. Sahrp & Dohme, Astra/Zeneca and MedImmune. She is a consultant with Genentech, Lilly, Cerlgene, Merck, Astra/Zeneca, Blueprint Genetics, Shionogi, Daiichi, Sankyo/AstraZeneca, Regenoron/Sanofi, Elsai, BeiGene, Turning Point, Pfizer, Janssen and Boehringer Ingelheim. She has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br><br>• Charu Aggarwal, M.D., faculty of this educational activity, is a consultant with Genentech, Lilly, Celgene, Merck, Astra Zeneca, Blueprint Genetics, Shlonogi, Dalichi, Sankyo, Rgeneron, Sanofi, Eisai, BeiGene, Turning Point, Pfizer, Janssen and Boehringer Ingelheim, He is also a researcher with Genentech/Roche, Incyte, Macrogenics, Merck, Sharp & Dohme and AstraZeneca/MedImmune and has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br><br>• Manmeet Ahluwalia, M.D., faculty and planner of this educational 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, Cellularity, GSK, Insightec, Janssen, Kiyatec, Novocure, Prelude, Pyramid Biosciences, SDP Oncology, Tocagen, Viewray, Voyager Therapeutics, Xoft, Varian Medical System and CAIRIN Therapeutics. He has individual stocks/stock options with Cytodyn, Doctible, Medinnovate Advisors LLC, and Mimivax. He has indicated that the presentation or discussions will not include off-label or unapproved product usage.<br><br>• Tanios Bekaii Saab, M.D., faculty of this educational activity, has received research funding from Agios, Arys, Arcus, Atreca, Boston Biomedical, Bayer, Eisai, Celgene, Lilly, Ipsen, Clovis, Seattle Genetics, Genentech, Novartis, Mirati, Merus, Abgenomics, Incyte, Pfizer, BMS. He is a consultant with Stemline, AbbVie, Boehringer Ingelheim, Janssen, Daiichi Sankyo, Natera, TreosBio, Celularity, Caladrius Biosciences, Exact Science, Sobi, Beigene, Kanaph, Astra Zeneca, Deciphera, MJH Life Sciences, Aptitude Health, Illumina and Foundation Medicine, *IDMC/DSMB:* Fibrogen, Suzhou Kintor, Astra Zeneca, Exelixis, Merck/Eisai, PanCan and 1Globe. He is on the scientific advisory board with Imugene, Immuneering, Xilis, Replimune, Artiva and Sun Biopharma. He received royalties from Uptodate and has invention/patents with WO/2018/183488: HUMAN PD1 PEPTIDE VACCINES AND USES THEREOF – Licensed to Imugene WO/2019/055687: METHODS AND COMPOSITIONS FOR THE TREATMENT OF CANCER CACHEXIA – Licensed to Recursion. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br><br>• Jenny Chang, M.D., faculty of this educational activity, is an advisor with AstraZeneca, Lilly and Merck and has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br>• John Diaz, M.D., faculty of this educational activity, is an researcher with Merck and Astra/Zeneca. He is a consultant with Dysis. He is an advisor with Seagen and on the speakers bureau with Astra/Zeneca. He has indicated that the presentation or discussion will not include off-label or unapproved product usage. |
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- Sumanta K. Pal, M.D., faculty of this educational activity, has received travel assistance with CRISPR and IPSON. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

- Luis E. Raez, M.D., faculty of this educational activity, is a researcher with BMS, Genentech, Merck, Velos, Lilly Oncology, Loxo, Nanthealth, Bio Pharma, Guardant Health, Natera, Syndax and AstraZeneca and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

- Hope S. Rugo, M.D., faculty of this educational activity, is a researcher with Pfizer, Novartis, Eli Lilly, Genentech/Roche, OBI, Merck, Gilead Sciences, Daiichi Sankyo, Seattle Genetics, Sermonix, AstraZeneca, and Astellas, Veru, GSK, Taiho, AMBRX and Pionyr. She is a Consultancy/advisory support from Puma, NAPO and Blueprint, she has received Travel support to academic meetings from Merck, Astra Zeneca and Gilead. She has indicated that the presentation or discussion will not include off-label or unapproved product usage.

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

| 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.* |
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| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☒ **Pre/Post-Survey**<br>• ***Provide 1-2 goals per lecture to measure changes in competence.***<br>**Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls")<br>**PRE-Self-Assessment Questions:**<br>**How competent are you in your ability to implement these strategies:**<br>• Properly diagnose and manage solid tumor malignancies.<br>• Provide an update of new molecular and targeted treatments being developed for solid tumors..<br><br>**POST-Self-Assessment Questions:**<br>**How competent are you in your ability to implement these strategies:**<br>• Properly diagnose and manage solid tumor malignancies.<br>• Provide an update of new molecular and targeted treatments developed for solid tumors. |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).<br>☐ Trigger **impact assessment** 45 days post conference. (LMS Support)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.*<br>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.<br>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.<br><br>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**<br><br>Based on your intention, what changes have you implemented in your practice? **{Open text}** |
| ☐ **Changes in patient outcomes.**<br>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.** | |

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| **Baptist Health Commendation Goals** | ***CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*** |

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| ☐ **Advances Data Use**<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 8 activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. **(4 different samples per accreditation)** | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities**<br>• **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.***<br>***Follow-up data is Required.*** |
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br>***Explain.*** |

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

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|---|---|
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| **Hosts** | Insert names and email addresses for at least one of these:<br>***DG-Telepresence / CME Manager and Assistant / Host Department*** |
| **Zoom Account** | ☐ **CME Zoom Account** ☐ **Partner Zoom Account** |
| **Zoom Link** | Insert link here. |

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

**Miami Cancer Institute's Precision Oncology Symposium**
**Friday-Saturday, February 3-4, 2023**
The Biltmore Hotel
Coral Gables, Florida

Friday, February 3, 2023

Luis Diaz, M.D.
**Immunoablative Therapy**
- Identify subsets of cancer highly responsive to immune therapy.
- Assess clinical scenarios of high clinical impact.

Reference:
Neoadjuvant chemotherapy and radiation followed by surgical resection of the rectum is a standard treatment for locally advanced rectal cancer. A subset of rectal cancer is caused by a deficiency in mismatch repair. Because mismatch repair–deficient colorectal cancer is responsive to programmed death 1 (PD-1) blockade in the context of metastatic disease, it was hypothesized that checkpoint blockade could be effective in patients with mismatch repair–deficient, locally advanced rectal cancer.

PD-1 Blockade in Mismatch Repair–Deficient, Locally Advanced Rectal Cancer | NEJM

Vivek Subbiah, M.D.
**Re-imaging the (R) Evolution in the Precision Oncology Paradigm**
- Analyze current next generation sequencing technologies.
- Assess tissue agnostic precision medicine.

Reference:
The pace of genomic and immunologic breakthroughs in oncology is accelerating, making it likely that large randomized trials will increasingly become outdated before their completion. Traditional clinical research/practice paradigms must adapt to the reality unveiled by genomics, especially the need for customized drug combinations, rather than one-size-fits-all monotherapy. Precision oncology's *raison-d'être* is to offer ***"the right drug for the right patient at the right time, "*** a

process enabled by transformative tissue and blood-based genomic technologies. Genomically-targeted therapies are most suitable in early disease, when molecular heterogeneity is less pronounced, while immunotherapy is most effective against tumors with unstable genomes. Next-generation cancer research/practice models will need to overcome the tyranny of tradition and emphasize an innovative, precise and personalized patient-centric approach.

Trends Cancer. 2018 Feb; 4(2): 101–109. Published online 2018 Jan 12. doi: 10.1016/j.trecan.2017.12.004

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5822744/

Tanios Bekaii-Saab, M.D.
**Precision Oncology in Advanced Colorectal Cancer (aCRC)**

- Identify the role and timing of next generation testing in patients with aCRC.
- List which actionable mutations can be paired up with specific molecularly targeted agents.

Reference:
Amplification of ERBB2 (formerly referred to as HER2) is present in nearly 3% of patients with metastatic colorectal cancer overall and 5% of patients with KRAS and NRAS wild-type tumors. Despite the availability of several ERBB2-targeted therapeutic options for patients with ERBB2-positive breast and gastric/gastroesophageal tumors, to date, there are currently no approved therapies for patients with ERBB2-positive metastatic colorectal cancer, although ERBB2-targeted therapies are recommended in National Comprehensive Cancer Network guidelines. Recent evidence indicates that anti-ERBB2 therapeutic strategies are active in patients with ERBB2-positive metastatic colorectal cancer and could potentially represent a new standard-of-care.

JAMA Oncol 2022 May 1;8(5):760-769. doi: 10.1001/jamaoncol.2021.8196.
Diagnosis and Treatment of ERBB2-Positive Metastatic Colorectal Cancer: A Review - PubMed (nih.gov)

Neeta Somaiah, M.D.
**Dividing and Conquering Sarcomas Through Precision Oncology**

- Assess he approach to treating soft tissues and bone sarcomas.
- Identify advance in treatment of sarcoma with adoption of precision oncology, sub-type specific molecularly targeted treatments.

Reference:
Sarcomas are a heterogeneous group of rare malignancies that exhibit remarkable heterogeneity, with more than 50 subtypes recognized. Advances in next-generation sequencing technology have resulted in the discovery of genetic events in these mesenchymal tumors, which in addition to enhancing understanding of the biology, have opened up avenues for molecularly targeted therapy and immunotherapy. This review focuses on how incorporation of next-generation sequencing has affected drug development in sarcomas and strategies for optimizing precision oncology for these rare cancers. In a significant percentage of soft tissue sarcomas, which represent up to 40% of all sarcomas, specific driver molecular abnormalities have been identified. The challenge to evaluate these mutations across rare cancer subtypes requires the careful characterization of these genetic alterations to further define compelling drivers with therapeutic implications. Novel models of clinical trial design also are needed. This shift would entail sustained efforts by the sarcoma community to move from one-size-fits-all trials, in which all sarcomas are treated similarly, to divide-and-conquer subtype-specific strategies.

JCO Precis Oncol. 2019; 3: PO.18.00247. Published online 2019 Apr 25. doi: 10.1200/PO.18.00247
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7446356/

Hope Rugo, M.D.
**Targeted Therapy for ER+/HER2-MBC: CDK4/6 Inhibition and Beyond**

Jenny Chang, M.D.
**HER2 Targeted Treatments: How Low Can You Go**

- Implement HER2 testing.
- Identify HER2 mechanism of action.
- Implement treatments including monoclonal antibodies and antibody drug conjugates.

Reference:
Among breast cancers without human epidermal growth factor receptor 2 (HER2) amplification, overexpression, or both, a large proportion express low levels of HER2 that may be targetable. Currently available HER2-directed therapies have been ineffective in patients with these “HER2-low” cancers.

July 7, 2022 N Engl J Med 2022; 387:9-20 DOI: 10.1056/NEJMoa2203690
https://www.nejm.org/doi/full/10.1056/NEJMoa2203690

Johnathan Trent, M.D.
**Gastrointestinal Stromal Tumors: The GIST of Precision Medicine**

- Identify the diverse types of bone and soft tissue sarcoma.
- Develop knowledge of the mutations which occur in select bone and soft tissue carcinoma.

Reference:
The discovery of activated KIT mutations in gastrointestinal (GI) stromal tumors (GISTs) in 1998 triggered a sea change in our understanding of these tumors and has ushered in a new paradigm for the use of molecular genetic diagnostics to guide targeted therapies. KIT and PDGFRA mutations account for 85-90% of GISTs; subsequent genetic studies have led to the identification of mutation/epimutation of additional genes, including the succinate dehydrogenase (SDH) subunit A, B, C, and D genes. This review focuses on integrating findings from clinicopathologic, genetic, and epigenetic studies, which classify GISTs into two distinct clusters: an SDH-competent group and an SDH-deficient group. This development is important since it revolutionizes our current management of affected patients and their relatives, fundamentally, based on the GIST genotype.

Trends Cancer . 2018 Jan;4(1):74-91. doi: 10.1016/j.trecan.2017.11.006. Epub 2017 Dec 23.
https://pubmed.ncbi.nlm.nih.gov/29413424/

Luis Raez, M.D.
**Precision Oncology Approaches in Un-Common Mutations in Lung Cancer**

- Identify uncommon genetic aberrations in lung cancer and implement molecular testing.
- Implement new targeted therapies and treatment options for patients with uncommon genetic alterations in lung cancer.

Reference:
Although most patients with **cancer** prefer to know their prognosis, prognostic communication between oncologists and patients is often insufficient. Targeted therapies for **lung cancer** improve survival yet are not curative and produce variable responses. This study sought to describe how oncologists communicate about prognosis with patients receiving targeted therapies for **lung cancer**.

**Cancer**. 128(16):3120-3128, 2022 08 15.
https://ovidsp.dc2.ovid.com/ovid-a/ovidweb.cgi?&S=MDAJFPPBPMEBEJMFJPMJKGJELJKGAA00&Complete+Reference=S.sh.21%7c2%7c1&Counter5=SS_view_found_complete%7c35731234%7cmedf%7cmedline%7cmedl&Counter5Data=35731234%7cmedf%7cmedline%7cmedl

Charu Aggarwal, M.D.
**Precision Oncology Approaches in Lung Cancer**

- Identify the actionable and targetable mutations in lung cancer.
- Implement the use of plasma based liquid biopsy approached for molecular testing.
- Analyze the current guidelines for testing of molecular alterations.

Reference:
Non-small cell **lung cancer** (NSCLC), since the recognition **of** epidermal growth factor receptor (EGFR) mutations that sensitized tumors to EGFR tyrosine kinase inhibitors, has been a poster child for **precision oncology** in solid tumors. The emergence **of** resistance to the EGFR tyrosine kinase inhibitors led to the unveiling **of** multiple resistance mechanisms

that are now recognized to be frequent mechanisms across multiple tumor types. Coevolution of technological advancements in testing methods available to clinical laboratories now has identified a growing number of molecularly defined subsets of NSCLC that have new therapeutic implications. In addition, identifying patients eligible for immunotherapy is another goal for **precision oncology**. Recently, studies suggest that TMB may be a promising biomarker for selecting patients with NSCLC for immunotherapy. This review focuses on emerging potentially targetable alterations specifically in RET, ERBB2 (HER2), MET, and KRAS and current evidence and controversies surrounding TMB testing.

Advances in Anatomic Pathology. 27(1):3-10, 2020 Jan.
https://ovidsp.dc2.ovid.com/ovid-a/ovidweb.cgi?&S=MDAJFPPBPMEBEJMFJPMJKGJELJKGAA00&Complete+Reference=S.sh.28%7c1%7c1&Counter5=SS_view_found_complete%7c31567128%7cmedf%7cmedline%7cmed17&Counter5Data=31567128%7cmedf%7cmedline%7cmed17

Nagla Karim, M.D.
**Precision Oncology Approaches in Phase 1 Trials**

- Identify patients to matched targeted therapy based on their “actionable” molecular aberrations in Phase 1 Studies.
- Summarize historical goals of Phase 1 Programs.

Reference:
The advancement of therapeutic strategies in oncology such as precision oncology has generated significant interest in better estimating the response of modern phase I cancer clinical trials. These estimates have varied widely. In this commentary, we provide an umbrella review of phase I response rates and discuss methodological reasons for variation in prior estimates which include limited use of unpublished data, the inclusion of expansion cohorts that artificially raise response rates of cumulative response rates, varying enrolment of haematologic malignancies, and increased next in class drugs.
European Journal of Cancer, 2020-11-01, Volume 139, Pages 20-26, Copyright © 2020 Elsevier Ltd

Roisin O’Cearbhail, M.D.
**Endometrial Cancer Therapy During the Era of Precision Medicine**

- Articulate how advances in precision cancer medicine are leading to improved outcomes.
- Incorporate the latest research finding regarding immunotherapy, targeted and combination therapied to guide the optimal management of endometrial cancer.

Reference:
In this phase 3 trial, we randomly assigned, in a 1:1 ratio, patients with advanced endometrial cancer who had previously received at least one platinum-based chemotherapy regimen to receive either lenvatinib (20 mg, administered orally once daily) plus pembrolizumab (200 mg, administered intravenously every 3 weeks) or chemotherapy of the treating physician’s choice (doxorubicin at 60 mg per square meter of body-surface area, administered intravenously every 3 weeks, or paclitaxel at 80 mg per square meter, administered intravenously weekly [with a cycle of 3 weeks on and 1 week off]). The two primary end points were progression-free survival as assessed on blinded independent central review according to the Response Evaluation Criteria in Solid Tumors, version 1.1, and overall survival. The end points were evaluated in patients with mismatch repair–proficient (pMMR) disease and in all patients. Safety was also assessed.

N engl j med 386;5 nejm.org february 3, 2022
Lenvatinib plus Pembrolizumab for Advanced Endometrial Cancer (nejm.org)

Pauline Funchain, M.D.
**Melanoma as a Paradigm for Precision Immuno-Oncology**

- Describe how the use of genomic information can lead to improvement in outcomes in systemic therapy selection for melanoma.
- Evaluate the use of genomic biomarkers in immune-oncology.
- Recognize the clinical and biologic significance of inherited genetics in melanoma.

Reference:
Rapidly advancing genomic sequencing technologies are changing all areas of cancer, from diagnosis to surveillance, and prognostication to treatment. The role of genomic testing in melanoma is expanding, and multiple genomically based tests are available, including somatic tumor sequencing for actionable genetic alterations and tumor mutational burden, prognostic gene expression profiling from tumor tissue, and germline genetic testing from blood. The available testing options have varying levels of supporting data, from robust to preliminary. Here we summarize the available genomic and

genetic tests for melanoma, and the level of evidence supporting each of these. We also discuss the current impact of genomic sequencing on the management of melanoma, as well as roles it may play in the near future.

Oncology (Williston Park). 2018 Mar 15;32(3):98-101, 104.
**https://pubmed.ncbi.nlm.nih.gov/29548064/**

Everett Vokes, M.D.
**Precision Oncology Opportunities in Head and Neck Cancer**

- Implement monitoring treatment responses for HPV ct DNA.
- Describe the various treatment de-escalation approaches to head and neck cancer therapy.

Reference:
The phase III KEYNOTE-048 (ClinicalTrials.gov identifier: NCT02358031) trial of pembrolizumab in recurrent or metastatic (R/M) head and neck squamous cell carcinoma (HNSCC) included planned efficacy analyses in the total population and in participants with programmed death ligand-1 (PD-L1) combined positive score (CPS) ≥ 1 and CPS ≥ 20. To further characterize the predictive value of PD-L1 expression on outcome, we conducted efficacy analyses in the PD-L1 CPS < 1 and CPS 1-19 subgroups in KEYNOTE-048.

Ferris et al ECOG 3311; Burtness et al KN-048 JCO 2022
**https://ascopubs.org/doi/full/10.1200/JCO.21.02198**

Thomas Herzog, M.D.
**Targeted Therapy for the Management of Cervical Cancer**

- Describe the changing treatment landscape in cervical cancer.
- Analyze barriers to adoption of novel therapies in clinical practice.
- Identify future treatment options in the development of cervical cancer.

Reference:
Pembrolizumab has efficacy in programmed death ligand 1 (PD-L1)–positive metastatic or unresectable cervical cancer that has progressed during chemotherapy. We assessed the relative benefit of adding pembrolizumab to chemotherapy with or without bevacizumab.

Colombo N, et al. *N Engl J Med.* 2021. doi:10.1056/NEJMoa2112435
https://www.nejm.org/doi/full/10.1056/NEJMoa2112435

John Diaz, M.D.
Role of Precision Medicine in the Management of Ovarian Cancer

- Analyze the advances in precision medicine and its impact on ovarian cancer outcomes.
- Discuss the future of precision medicine in the management of ovarian cancer.

Reference:
Ovarian cancer is the deadliest of all gynecologic malignancies claiming the lives of nearly 14,000 women in the United States annually. Despite therapeutic advances, the ovarian cancer mortality rate has remained stagnant since the 1980's. The molecular heterogeneity of ovarian cancers suggest they may be more effectively treated via precision medicine. Current guidelines recommend germline and somatic testing for all new epithelial ovarian cancer diagnoses to assist providers in identifying candidates for targeted therapies. Next generation sequencing (NGS) identifies targetable, driver, and novel mutations used to guide treatment decisions. Performing NGS is standard of care in many other malignancies, but for ovarian cancer the use of NGS in daily practice is still emerging. This review discusses the targetable genetic mutations and role of NGS and molecular biomarker testing in the treatment of ovarian cancer.
Diagnostics (Basel). 2022 Apr; 12(4): 842.
Next Generation Sequencing and Molecular Biomarkers in Ovarian Cancer—An Opportunity for Targeted Therapy - PMC (nih.gov)

Hope Rugo, M.D.
**Targeted Therapy for ER+/HER2-MBC:CDK4/6 Inhibition and Beyond**

Tiffany Triana, M.D.
**Updates and Future Directions in the Management of Metastatic TNBC**

- Identify the role of checkpoint inhibition for patients with PDL1+ advanced TNBC.

- Assess available antibody drug conjugates for the treatment of metastatic TNBC.
- Discuss emerging therapeutic options for TNBC including novel ADC's, AKT inhibitors, AR antagonists and other targeted therapies.

Reference:
Triple-negative **breast** **cancer** (TNBC) has a worse prognosis and remains the most challenging **breast** **cancer** subtype to treat. This is largely related to the heterogeneity **of** this disease and the lack **of** reliable oncological targets. In this review, we discuss the current standard-of-care **treatment** options **for** **metastatic** TNBC, including recent advances with the use **of** immunotherapy, PARP inhibitors and antibody-drug conjugates. This review also explores new agents and novel combinations arising in the field **for** the **treatment** **of** advanced TNBC.

Current Oncology. 29(7):4748-4767, 2022 07 07.
https://ovidsp.dc2.ovid.com/ovid-a/ovidweb.cgi?&S=MDAJFPPBPMEBEJMFJPMJKGJELJKGAA00&Complete+Reference=S.sh.60%7c2%7c1&Counter5=SS_view_found_complete%7c35877237%7cmedf%7cmedline%7cmedl&Counter5Data=35877237%7cmedf%7cmedline%7cmedl

**Miami Cancer Institute's Precision Oncology Symposium**
**Friday-Saturday, February 3-4, 2023**
The Biltmore Hotel
Coral Gables, Florida

Saturday, February 4, 2023

Petros Grivas, M.D.
**Updates in the Management of Advance Metastatic Urothelial Carcinoma**
- Describe current evidence-based strategies in the management of advanced urothelial cancer.
- Analyze data emerging from clinical trials in the field of advanced urothelial cancer.

Reference:
Platinum-based chemotherapy is standard-of-care first-line treatment for advanced urothelial carcinoma. However, progression-free survival and overall survival are limited by chemotherapy resistance.

Avelumab Maintenance Therapy for Advanced or Metastatic Urothelial Carcinoma | NEJM

Neeraj Agarwal, M.D.
**Precision Oncology in Metastatic Prostate Cancer: Current and Emerging Paradigms**
- Analyze the current treatment paradigm of metastatic prostate cancer.
- Identify the current role of precision oncology in the management of metastatic prostate cancer.
- Implement emerging treatment paradigms utilizing precision oncology in metastatic prostate cancer.

Reference:

Management of metastatic prostate cancer has undergone a revolution over the past decade with the introduction of several novel agents and repurposing of others. Several clinical trials reported improved outcomes with the intensification of androgen deprivation therapy by the addition of docetaxel chemotherapy or novel hormonal agents (abiraterone, enzalutamide, or apalutamide) in the metastatic castration-sensitive state. Relugolix has been recently approved as the first oral gonadotropin-releasing hormone receptor antagonist agent with a superior cardiovascular side-effect profile, and serum testosterone suppression compared with a gonadotropin-releasing hormone agonist, leuprolide. Poly-ADP ribose polymerase inhibitors (olaparib and rucaparib) have demonstrated significant clinical benefit for patients harboring deleterious mutations in genes belonging to the homologous recombination repair pathway and have received Food and Drug Administration approval. Recently, lutetium-177-prostate-specific membrane antigen-617 with standard of care treatment has shown to improve overall survival in men with advanced-stage prostate-specific membrane antigen-positive metastatic castration-resistant prostate cancer. These recent approvals, successes, and the ongoing investigation of multiple novel agents are expected to continue to dramatically improve survival outcomes of men with metastatic prostate cancer in the coming years.

JCO Oncol Pract 2022 Jan;18(1):45-55. doi: 10.1200/OP.21.00206. Epub 2021 Sep 2.
Recent Advances in the Management of Metastatic Prostate Cancer - PubMed (nih.gov)

Sumanta Pal, M.D.

**Applying Precision Medicine to Rare Subtypes of Renal Cell Carcinoma**

- Summarize the current standard of care for patients with advanced papillary renal cell carcinoma.
- Assess the current landscape of therapeutic studies for advanced non-clear cell renal cell carcinoma.
- Discuss the application of genomics to patients with advanced non-clear renal carcinoma.

Reference:
MET (also known as hepatocyte growth factor receptor) signalling is a key driver of papillary renal cell carcinoma (PRCC). Given that no optimal therapy for metastatic PRCC exists, we aimed to compare an existing standard of care, sunitinib, with the MET kinase inhibitors cabozantinib, crizotinib, and savolitinib for treatment of patients with PRCC.

Pal, Sumanta K., Catherine Tangen, Ian M. Thompson, Naomi Balzer-Haas, Daniel J. George, Daniel Y. C. Heng, Brian Shuch, et al. "A Comparison of Sunitinib with Cabozantinib, Crizotinib, and Savolitinib for Treatment of Advanced Papillary Renal Cell Carcinoma: A Randomised, Open-Label, Phase 2 Trial." *Lancet (London, England)* 397, no. 10275 (February 20, 2021): 695–703. https://doi.org/10.1016/S0140-6736(21)00152-5.

Julie Gralow, M.D.
**ASCO's Journey of Precision Medicine: The TAPUR Experience**

- Identify the pragmatic design components of the ASCO TAPUR (Targeted Agent and Profiling Utilizatin Registry) study.
- Analyze the outcomes of closed and expanded cohorts within the TAPUR study.

Reference:
Case reports and small prospective trials suggest that administering targeted therapies to patients with advanced cancer and an identified genomic target may be associated with clinical benefit. The TAPUR Study, a phase II, prospective, non-randomized, multi-basket, pragmatic clinical trial aims to identify signals of drug activity when Food and Drug Administration (FDA) approved drugs are matched to pre-specified genomic targets in patients with advanced cancer, outside of approved indications.

JCO Precis Oncol 2018;2018:10.1200/PO.18.00122. doi: 10.1200/PO.18.00122. Epub 2018 Jul 11.
https://pubmed.ncbi.nlm.nih.gov/30603737/

Patrick Wen, M.D.
**Precision Oncology Approaches in Gliomas**

- Describe the role of tumor genotyping in the diagnosis and treatment of gliomas.
- Analyze the challenges of targeted therapied for gliomas.

Reference:
Despite therapeutic advances for other malignancies, gliomas remain challenging solid tumors to treat. Complete surgical resection is nearly impossible due to gliomas' diffuse infiltrative nature, and treatment is hampered by restricted access to the tumors due to limited transport across the blood–brain barrier. Recent advances in genomic studies and next-generation sequencing techniques have led to a better understanding of gliomas and identification of potential aberrant signaling pathways. Targeting the specific genomic abnormalities via novel molecular therapies has opened a new avenue in the management of gliomas, with encouraging results in preclinical studies and early clinical trials. However, molecular characterization of gliomas revealed significant heterogeneity, which poses a challenge for targeted therapeutic approaches. In this context, leading neuro-oncology researchers and clinicians, industry innovators, and patient advocates convened at the inaugural annual Remission Summit held in Orlando, FL in February 2019 to discuss the latest advances in immunotherapy and precision medicine approaches for the treatment of adult and pediatric brain tumors and outline the unanswered questions, challenges, and opportunities that lay ahead for advancing the duration and quality of life for patients with brain tumors. Here, we provide historical context for precision medicine in other cancers, present emerging approaches for gliomas, discuss their limitations, and outline the steps necessary for future success. We focus on the advances in small molecule targeted therapy, as the use of immunotherapy as an emerging precision medicine modality for glioma treatment has recently been reviewed by our colleagues.

*Neuro-Oncology Advances*, Volume 3, Issue 1, January-December 2021,vdaa145, https://doi.org/10.1093/noajnl/vdaa145

https://academic.oup.com/noa/article/3/1/vdaa145/5937383

Manmeet Ahluwalia, M.D.
**Precision Oncology in Brain Metastases: Past, Present and Future**

- Assess the genomics and transcriptomics in brain metastases.
- Implement precision medicine approached in brain metastase.

Reference:
The management of breast cancer (BC) has rapidly evolved in the last 20 years. The improvement of systemic therapy allows a remarkable control of extracranial disease. However, brain (BM) and leptomeningeal metastases (LM) are frequent complications of advanced BC and represent a challenging issue for clinicians. Some prognostic scales designed for metastatic BC have been employed to select fit patients for adequate therapy and enrollment in clinical trials. Different systemic drugs, such as targeted therapies with either monoclonal antibodies or small tyrosine kinase molecules, or modified chemotherapeutic agents are under investigation. Major aims are to improve the penetration of active drugs through the blood–brain barrier (BBB) or brain–tumor barrier (BTB), and establish the best sequence and timing of radiotherapy and systemic therapy to avoid neurocognitive impairment. Moreover, pharmacologic prevention is a new concept driven by the efficacy of targeted agents on macrometastases from specific molecular subgroups. This review aims to provide an overview of the clinical and molecular factors involved in the selection of patients for local and/or systemic therapy, as well as the results of clinical trials on advanced BC. Moreover, insight on promising therapeutic options and potential directions of future therapeutic targets against BBB and microenvironment are discussed.

Int J Mol Sci. 2020 Nov; 21(22): 8534.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7698162/

Pauline Funchain, M.D.
**Melanoma as a Paradigm for Precision Imunno-Oncology**

- Recognize the clinical and biologic significance of inherited genetics in melanoma.
- Implement the use of genomics biomarkers in immune-oncology.

Refence:
Rapidly advancing genomic sequencing technologies are changing all areas of cancer, from diagnosis to surveillance, and prognostication to treatment. The role of genomic testing in melanoma is expanding, and multiple genomically based tests are available, including somatic tumor sequencing for actionable genetic alterations and tumor mutational burden, prognostic gene expression profiling from tumor tissue, and germline genetic testing from blood. The available testing options have varying levels of supporting data, from robust to preliminary. Here we summarize the available genomic and genetic tests for melanoma, and the level of evidence supporting each of these. We also discuss the current impact of genomic sequencing on the management of melanoma, as well as roles it may play in the near future.

Oncology (Williston Park) 2018 Mar 15;32(3):98-101, 104.
https://pubmed.ncbi.nlm.nih.gov/29548064/

**AGENDA**

| | **Friday, February 3, 2023** | |
|---|---|---|
| | **Precision Oncology Keynotes** | |
| 9:00am | Immunoablative Therapy | **Luis Diaz, M.D.** |
| 9:30am | Re-imagining the (r)evolution in the Precision Oncology paradigm | **Vivek Subbiah, M.D.** |
| | **GI & Sarcoma** | |
| 10:00am | Precision Oncology in advanced colorectal cancer (aCRC) | **Tanios Bekaii-Saab, M.D.** |
| 10:20am | Dividing and Conquering Sarcomas Through Precision Oncology | **Neeta Somaiah, M.D.** |
| 10:40am | Gastrointestinal Stromal Tumors: The GIST of Precision Medicine | **Jonathan Trent, M.D.** |
| **11:00am** | **Break** | |
| | **Lung** | |

| | | |
|---|---|---|
| 11:15am | Precision Oncology approaches in un-common mutations in lung cancer | **Luis Raez, M.D.** |
| 11:35am | Precision Oncology approaches in common mutations in lung cancer | **Charu Aggarwal, M.D.** |
| 11:55am | Precision Oncology approaches in Phase 1 trials | **Nagla Karim, M.D.** |
| **12:15pm** | **Lunch Break** | |
| **12:45pm** | **Product Theater** | |
| **1:15pm** | **Exhibits** | |
| | **GYN-ONC** | |
| 1:45pm | Endometrial cancer therapy during the era of precision medicine | **Roisin O'Cearbhaill, M.D.** |
| 2:05pm | Targeted therapy for the management of cervical cancer | **Thomas Herzog, M.D.** |
| 2:25pm | Role of precision medicine in the management of ovarian cancer | **John Diaz, M.D.** |
| **2:45pm** | **Break** | |
| | **Breast** | |
| 3:00pm | Targeted Therapy for ER+/HER2- MBC: CDK4/6 inhibition and Beyond | **Hope Rugo, M.D.** |
| 3:20pm | HER2 Targeted Treatments: How Low Can You Go? | **Jenny Chang, M.D.** |
| 3:40pm | Updates and Future Directions in the Management of Metastatic TNBC | **Tiffany Traina, M.D.** |
| 4:00pm | Closing Remarks | **Manmeet Ahluwalia, M.D.** |
| **4:30pm** | **Product Theater** | |
| **5:00pm** | **Exhibits** | |
| **5:30pm** | **Networking** | |
| | | |
| | **Saturday 2.4.23** | **Speaker** |
| **8:00am** | **Product Theater** | |
| 9:00am | Welcome | **Manmeet Ahluwalia, M.D.** |
| | **GU** | |
| 9:00am | Updates in the management of advanced/metastatic urothelial carcinoma | **Petros Grivas, M.D.** |
| 9:20am | Precision Oncology in Metastatic prostate cancer: current and emerging paradigms | **Neeraj Agarwal, M.D.** |

| | | |
|---|---|---|
| 9:40am | Applying Precision Medicine to Rare Subtypes of Renal Cell Carcinoma | **Pal Sumanta, M.D.** |
| | **Symposium Keynote Address** | |
| | Keynote Speaker Introduction | **Manmeet Ahluwalia, M.D.** |
| 10:00am | ASCO's Journey of Precision Medicine: The TAPUR Experience | **Julie R. Gralow, M.D.** |
| **10:30am** | **Break** | |
| | **CNS** | |
| 10:50am | Precision Oncology approaches in gliomas | **Patrick Wen, M.D.** |
| 11:10am | Precision Oncology in Brain Metastases: Past, Present and Future | **Manmeet Ahluwalia, M.D.** |
| | **Head & Neck & Skin** | |
| 11:30am | Precision Oncology approaches in Melanoma | **Pauline Funchain, M.D.** |
| 11:50am | Precision Oncology Opportunities in Head and Neck Cancer | **Everett Vokes, M.D.** |
| 12:10pm | TBD | TBD |
| | | |
| 12:30pm | Closing Remarks | **Manmeet Ahluwalia, M.D.** |
| **1:00pm** | **Product Theater** | |
| **1:30pm** | **Networking** | |

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** | Miami Cancer Institute – Miami GammaKnife® ICON™ Advanced Users Course | | |
| **Date** | March 6-7, 2023 | **Time** | See Schedule below |
| **Location – If Virtual, fill in Zoom info at the end** | Miami Cancer Institute | **Credit Hour(s)** | **Total:** 13.5 Cat. 1 Credits |
| **Charge** | ☒ Yes $5,000_____<br>☐ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | Neurosurgeons, medical physicists, radiation oncologists and neurootolaryngolists. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist.**<br>**LOA signed and dated by all parties is required.** | | |
| **Course overview** | The Miami Cancer Institute Department of Radiation Oncology, Miami Neuroscience Institute, and the Florida International University Herbert Wertheim College of Medicine are pleased to present the *Miami Gamma Knife® ICON™ Advanced Users Course* for radiation oncologists, neurosurgeons, medical physicists,neuro-otolaryngologists, and other healthcare professionals.<br><br>This educational program provides an opportunity to enhance the practitioner's knowledge about the practical aspects of stereotactic radiosurgery using the GammaKnife® ICON™. Participants will review clinical implications and clinical outcomes of stereotactic radiosurgery, identify radiation safety principles and apply treatment planning considerations and principles of stereotactic radiosurgery treatment hardware. | | |

**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)** | **Rupesh Kotecha, M.D., Michael McDermott, M.D., Minesh Mehta, M.D.** |
| **CME Manager** | **Eleanor Abreu** |
| **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:** | This training course is aligned with the Baptist Health CME Mission to provide education to improve physician competence and/or performance in order to improve patient care and treatment outcomes. This will be accomplished through this organized educational activity that focuses on new therapeutic modalities available at Miami Cancer Institute. |
| **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 <u>underlying cause</u> for the professional practice gap.** | After purchasing complex radiosurgery equipment, clinicians need clinical and quality assurance training to ensure its safe and effective use. |
| **Educational needs that <u>underlie</u> the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☐ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance -** ***Follow-up impact assessment and commitment to change.***<br>☐ **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 participant's range of treatment options will include the safe and effective use of this precise form of stereotactic radiosurgery. |

| **Competencies** | ***The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*** | |
|---|---|---|
| **ABMS/ACGME** | ☐ Patient care and procedural skills<br>☒ Medical knowledge<br>☐ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☐ Professionalism<br>☒ Systems-based practice |
| **Institute of Medicine** | ☒ Provide patient-centered care<br>☒ Work in interdisciplinary teams<br>☐ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| **Interprofessional Education Collaborative** | ☐ Values/ethics for interprofessional practice<br>☐ Roles/responsibilities | ☐ Interprofessional communication<br>☐ 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:<br><br>• Recognize the basic principles and physics of stereotactic radiosurgery and how they relate to day-to-day patient treatment to optimize clinic workflows.<br>• Review the clinical implications, treatment parameters, and clinical outcomes of radiosurgery with specific coverage of advanced topics for experienced users.<br>• Identify radiation safety principles and potential issues of radiosurgery.<br>• Apply principles of advanced stereotactic frame and mask application, imaging, and radiosurgery treatment hardware. |
| | |

| **References** | ***Ensure Content is Valid*** | |
|---|---|---|
| **How are educational needs identified?** ***Check all that apply and explain below.*** | ☒ Best practice parameters<br>☐ Disease prevention (Mission)<br>☐ Mortality/morbidity statistics<br>☐ National/regional data<br>☐ New or updated policy/protocol<br>☐ Peer review data<br>☐ Regulatory requirement | ☒ Research/literature review<br>☒ Consensus of experts<br>☐ Joint Commission initiatives<br>☐ National Patient Safety Goals<br>☐ New diagnostic/therapeutic modality (Mission)<br>☐ Patient care data<br>☐ Process improvement initiatives |
| ☐ Other need identified. ***Please explain.*** | | |
| **Baptist Health Quantitative Data** | Insert baseline chart or narrative here. | |
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | One of the primary objectives of the ISRS is to elucidate best practices and provide guidance for safe and effective practice of radiosurgery and SBRT. During the past several years, a number of important intra-cranial guidelines have been published under the direction of, and with input from, global experts who form the committees. Additional guidelines are in development with a new focus on extra-cranial SBRT.<br>The guideline development process reflects our commitment to mentoring young professionals in the field of SRS/SBRT, as each junior guideline lead is partnered with a senior committee member to guide the process and writing of the guideline. The intent is to foster the next generation of leaders in SRS/SBRT. The ISRS is grateful for the considerable time and effort of each of the contributors. Most of the following guidelines may be accessed free of charge via open access by clicking on the publication titles.<br><br>Clinical Practice Guidelines / ISRS - INTERNATIONAL STEREOTACTIC RADIOSURGERY SOCIETY (isrsy.org) | |

## Faculty

| | |
|---|---|
| **Faculty List**<br>***For more than two (2) faculty members, include the list at end of application.*** | **COURSE DIRECTORS**<br>Rupesh Kotecha, M.D.<br>Professor<br>Chief, Radiosurgery<br>Director, CNS Metastasis Program<br>Radiation Oncology<br>Miami Cancer Institute<br>Member, Memorial Sloan Kettering Cancer Alliance<br>Miami, Florida<br><br>Michael McDermott, M.D., FAANS<br>Chair, Division of Neurosurgery<br>Chief Medical Executive<br>Miami Neuroscience Institute<br>Irma & Kalman Bass Endowed Chair in Clinical Neuroscience<br>Miami, Florida<br><br>Minesh Mehta, M.D., FASTRO<br>Deputy Director and Chief of Radiation Oncology<br>Miami Cancer Institute<br>Member, Memorial Sloan Kettering Cancer Alliance<br>Miami, Florida<br><br>**FACULTY LIST:**<br>▪ Kevin J. Abrams, M.D. - Medical Director of Neuroradiology and MRI, Chief of Radiology, Baptist Hospital of Miami<br>▪ Manmeet Ahluwalia, M.D. – Neuro and Medical Oncologist, Deputy Director, Chief Scientific Officer, Chief of Solid Tumor Medical Oncology, Miami Cancer Institute<br>▪ Haley R. Appel, PA-C, MMS - Physician Assistant, Miami Cancer Institute<br>▪ Carolina G. Benjamin, M.D. – Director for Center of Advanced Radiosurgery, Director of CANES Skull Base Laboratory, Assistant Professor of Neurologic Surgery, Department of Neurological Surgery University of Miami & Jackson Hospital Systems.<br>▪ Alonso N. Gutierrez, Ph.D., MBA - Assistant Vice President, Chief Physicist, Miami Cancer Institute<br>▪ Matthew D. Hall, M.D., MBA - Lead Pediatric Radiation Oncologist, Director of Live Like Bella® Pediatric Radiation Oncology Program, Miami Cancer Institute<br>▪ Clare Morales, RN, BSN – Expert Nurse, Miami Cancer Institute<br>▪ Yazmin Odia, MD, MS, FAAN - Chief of Neuro-Oncology, Miami Cancer Institute<br>▪ Ranjini Tolakanahalli, PhD, DABR – Senior Physicist, Miami Cancer Institute<br>▪ D Jay Wieczorek, PhD - Senior Physicist, 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 | **Add all faculty disclosures to this section:**<br><br>**COURSE DIRECTORS**<br>Rupesh Kotecha, M.D., faculty and planner for this educational activity, is a researcher for Medtronic, Blue Earth Diagnostics, Novocure, GT Medical Technologies, AstraZeneca, Exelixis, Viewray and Brainlab, consultant with Accuray, Elekta AB, Viewray, Novocure, Elsevier and Brainlab, on the speakers bureau with Novovure. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br><br>Michael McDermott, M.D., faculty and planner for this educational activity, is a consultant with Deide, Stryker, Insightec, and ZAP Surgical. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br><br>Minesh Mehta, M.D., faculty and planner for this educational activity, is a consultant with Karyopharm, Mevion, Sapience and Xoft. He has an executive role with Oncoceutics BOD and has individual stocks/stock options with Chimerix. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br><br>**FACULTY:**<br>The following individuals involved in the planning, development, review, presentation, authoring and/or editing of the course content have disclosed relevant financial relationships with commercial interest companies, and the CME Department has resolved these potential conflicts of interest. Their presentation(s) **will not include** discussion of off-label or unapproved usage.<br><br>▪ **Kevin J. Abrams, M.D.,** is a consultant for Keystone Heart and Viz Ai and a stock shareholder for Keystone Heart, Cleerly and Viz Ai. He is also an employee with Radiology Partners – Radiology Associates of South Florida.<br>▪ **Manmeet Ahluwalia, M.D.** has received grant/research support from Abbvie, Roswell Pakk, Astrz-Zeneca, Bayer, BMS, Incyte, Merck, Mimivax, Novartis, Novocure, Pharmacyclics and Velosano. He is a consultant with BMS, Novocure, Celularity, Elsevier, insightec, Kiyatec, Novocure and Xoft. He is a stockholder with Mimivax, Cytodyn, Doctible and MedInnovate Advisors, LLC.<br>▪ **Haley R. Appel, PA-C, MMS**, is a consultant with Novocure.<br>▪ **Carolina G. Benjamin, M.D.,** is a consultant with Medtronic and Stryker. Dr. Benjamin is also a speaker with Elekta.<br>▪ **Alonso N**. **Gutierrez, Ph.D., MBA** is a speaker with IBA, ViewRay, Accuray and Elekta.<br>▪ **Rupesh Kotecha, M.D.,** has received honorariums from Elekta, Elsevier, ViewRay, Novocure, Brainlab and Accuray, Inc., and serves on the Clinical Advisory Boards for Accuray, Inc., and Novocure. He has received research support from Medtronic, B Earth Diagnostics, Novocure, Exelixis, Astrazeneca, Viewray and Brainlab.<br>▪ **Michael W. McDermott**, **M.D.,** is a consultant for Deinde Medical, Stryker and ZAP Surgical.<br>▪ **Minesh P. Mehta, M.D., FASTRO,** is on the Board of Directors for Oncoceutics, serves on the Medical Advisory Board for Mevion and is a consultant for Karyopharm, Sapience and Xoft and is a stock/share holder with Chimerix.<br>▪ **Yazmin Odia, M.D., M.S., FAAN,** has received research support from Novocure – trial support BMS, is a consultant with Istari Oncology, Inc., and on the scientific safety monitoring board with Gammatile GT.<br><br>• Matthew Hall, M.D., MBA, Clare Morales, R.N., BSN, Ranjini Tolakanahalli, Ph.D., DABR, D. Jay Wieczorek, Ph.D., faculty of this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation(s) or discussion(s) will not include off-label or unapproved product usage.<br><br>**List all director, planner, and reviewer disclosures in this section:**<br><br>**List non-faculty contributor disclosures in this section:** |
|---|---|

| | |
|---|---|
| | • J. Arturo Fridman, M.D., 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*<br><br>**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<br>☐ Other: |

| Measured Outcomes | | | | |
|---|---|---|---|---|
| **Learner Knowledge** | **Learner Competence** | **Learner Performance** | **Patient Health** | **Community Health** |
| **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

| Evaluation Methods | *Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.* |
|---|---|
| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☐ **Pre/Post-Survey**<br>• ***Provide 1-2 goals per lecture to measure changes in competence.***<br>**Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls") |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).<br>☐ Trigger **impact assessment** 45 days post conference. (LMS Support)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.*<br>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.<br>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.<br><br>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**<br><br>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**<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 8 activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. **(4 different samples per accreditation)** | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities**<br>• **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.***<br>***Follow-up data is Required.*** |

| | |
|---|---|
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br><br>***Explain.*** |
| ☐ **Optimizes Communication Skills**<br>Designed to improve communication skills of learners.<br>• **Example: Sim Lab** | ☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.<br>☐ Course leader provides formative feedback to each learner about observed communication skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Optimizes Technical and/or Procedural Skills**<br>Designed to optimize/improve technical and procedural skills of learners.<br>• **Example: Gamma Knife** | ☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.<br>☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Utilizes Support Strategies**<br>Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**<br>• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**<br>• **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback** | ***Explain.***<br><br>☐ **Sample supplemental materials saved to file.**<br>- Include Impact Assessment results and CME Provider analysis of learner comments.<br>- Add updates/ changes to resources based on learner feedback. |
| ☐ **Demonstrates Educational Leadership**<br>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:<br>***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** |
| 12-30-2022 | ☒ **Accelerated Approval**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ **YES**<br>☐ **NO** | ☐ _13.5___ AMA PRA Category 1 Credits<br>☐ ____ APA Approval Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |

March 6, 2023

| TIME | TITLE | FACULTY |
|---|---|---|
| 7:30 AM | BREAKFAST | |
| 7:50 AM | Introductions and Course Outline | Rupesh Kotecha, M.D. |
| 8:00 AM | Advanced Stereotactic Frame Placement | Michael W. McDermott, M.D |
| 8:30 AM | Imaging Considerations in Patients Undergoing SRS | Kevin J. Abrams, M.D. |
| 9:15 AM | Stereotactic Radiosurgery in Clinical Practice: What Are the Questions We Should Be Asking? | Minesh P. Mehta, M.D. |
| 10:00 AM | BREAK | |
| 10:15 AM | Intracranial SRS Technologies Overview | Alonso N. Gutierrez, Ph.D. |
| 10:45 AM | Gamma Knife ICON™ Technology Additions: Frameless Treatments, CBCT, and HDMM | Ranjini Tolakanahalli, Ph.D. |
| 11:15 AM | Advanced Radiosurgery Planning Strategies | D Jay Wieczorek, Ph.D. |
| 11:45 AM | LUNCH | |
| 12:45 PM | The Great Debates:<br>Pre-Op SRS vs. Post-Op SRS | Minesh P. Mehta, M.D.<br>Rupesh Kotecha, M.D. |
| 1:45 PM | The Great Debates:<br>Staged SRS vs. Fractionated SRT | Rupesh Kotecha, M.D.<br>Minesh Mehta, M.D. |
| 2:45 PM | BREAK | |
| 3:00 PM | Radiosurgery Workflow Demonstrations<br>- Stereotactic Frame Principles<br>- Creating the Optimal Mask | Michael W. McDermott, M.D<br>D Jay Wieczorek, Ph.D.<br>Gamma Knife® Therapists |
| 5:00 PM | ADJOURN | |

## March 7, 2023

| TIME | TITLE | FACULTY |
|---|---|---|
| 7:30 AM | BREAKFAST | |
| 7:50 AM | Recap and Questions | Rupesh Kotecha, M.D. |
| 8:00 AM | Forward vs. Inverse vs. Lightening Planning Techniques | D Jay Wieczorek, Ph.D. |
| 8:30 AM | Radiosurgery Program Development Strategies | Rupesh Kotecha, M.D. |
| 9:00 AM | Programmatic Essentials: Patient Preparation and Pre-Op - Nursing Care and Coordination of the Gamma Knife® Patient | Clare M. Morales, R.N.<br>Haley R. Appel, PA-C |
| 9:30 AM | BREAK | |
| 9:45 AM | Radiosurgery for Benign Tumors: Pituitary Adenomas | Matthew D. Hall, M.D. |
| 10:15 AM | Radiosurgery for Benign Tumors: Meningiomas | Michael W. McDermott, M.D. |
| 10:45 AM | Radiosurgery for Benign Tumors:<br>Vestibular Schwannomas | Carolina Benjamin, M.D. |
| 11:15 AM | Radiosurgery Strategies for<br>Arterio-Venous Malformations | Michael W. McDermott, M.D. |
| 11:45 AM | LUNCH | |
| 12:45 PM | Radiosurgery for Brain Metastasis | Rupesh Kotecha, M.D. |
| 1:30 PM | Integration of Systematic Therapy and SRS | Manmeet S. Ahluwalia, M.D. |
| 2:00 PM | Radiation Necrosis:<br>Diagnostic Considerations and Treatment Strategies | Yazmin Odia, M.D. |
| 2:45 PM | BREAK | |
| 3:00 PM | SRS Lessons Learned | Matthew D. Hall, M.D. |
| 3:30 PM | Q&A Discussion | All Faculty |
| 4:00 PM | ADJOURN and COURSE COMPLETION | Rupesh Kotecha, M.D. |

Baptist Health South Florida
Continuing Medical Education

**CME ACTIVITY APPLICATION**
Rev. 04/28/2022 _MVA

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

**Sections highlighted in orange need to be proofread.**

| Activity Details | | | |
|---|---|---|---|
| **CME Activity Title** | Miami Cancer Institute Multispecialty Grand Rounds: Updates on Hypoxia and Glioblastoma | | |
| **Date** | Monday, February 13, 2023 | **Time** | **7:30 – 8:30 a.m.** |
| **Location** | Zoom – Online | **Credit Hour(s)** | **1 Cat. 1** |
| **Charge** | ☐ Yes _____<br>☒ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | Oncologists, Radiation Oncologists, Hematology Oncologists, Radiation Therapists, Endocrinologists, Pulmonologists, Otolaryngologists, Urologists, Colon Rectal Surgeons, Neurologists, General Surgeons, Orthopedic Surgeons, General Practitioners, Obstetricians and Gynecologists, Nurses, Social Workers, Patient Navigators and all other interested healthcare professionals. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist.**<br>**LOA signed and dated by all parties is required.** | | |
| **Course overview** | Glioblastoma is the most common and aggressive primary brain tumor. The presence of necrosis in glioblastoma is an important diagnostic feature. Clinical studies indicate that as the degree of necrosis advances, the patient's prognosis worsens. Studies have concluded that pseudopalisades represent a wave of actively migrating tumor cells that are moving away from an area of central hypoxia. This makes the GBM central necrosis/hypoxia an angle for designing novel 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)** | Guilherme Rabinowits, M.D. |
| **CME Manager** | Eleanor Abreu |
| **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<br>☐ Diversity & Inclusion<br>☐ Evidence-based data<br>☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services | ☐ Overutilization – unnecessary health care costs<br>☐ Patient-centered care<br>☐ Public health factors (See commendation.)<br>☐ Removing redundancy – improving processes |
| **Collaborative Partner:** | Miami Cancer Institute |
| **Describe initiative:** | Miami Cancer Institute - Center of Excellence |

| Appropriate Formats | *The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.* ***Check all that apply.*** | |
|---|---|---|
| ☒ Didactic Lecture<br>☒ Question & Answer<br>☐ ARS<br>☒ Case Studies | ☐ Panel Discussion<br>☒ Interactive<br>☐ Hands-on skill labs<br>☐ Cadaver labs | ☐ Simulation Lab<br>☐ Mannequins<br>☐ Round table discussion<br>☐ 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.** | Hypoxia and central necrosis are the hallmark of GBM that has been noticed for a century. It is thought to be a driven force for the migration and invasion of this tough malignant tumor. But so far there has not been a successful treatment to address this issue. The outcome of GBM is still very poor. |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge** - ***Deficit in medical knowledge.***<br>☐ **Competence** - ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance** - ***Follow-up impact assessment and commitment to change.***<br>☐ **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 optimal treatment to GBM will be a treatment that is not only kills the cancer cells (either by cytotoxic or immune check point blockade or antiangiogenetic etc.), but also prevents them from migration (invasion). |

| **Competencies** | ***The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*** | |
|---|---|---|
| ABMS/ACGME | ☒ Patient care and procedural skills<br>☒ Medical knowledge<br>☐ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☐ Professionalism<br>☒ Systems-based practice |
| Institute of Medicine | ☒ Provide patient-centered care<br>☒ Work in interdisciplinary teams<br>☒ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☐ Roles/responsibilities | ☐ Interprofessional communication<br>☐ 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:<br>• Summarize the central necrosis/hypoxia as the pathognomonic hallmark of GBM.<br>• Examining the mechanism behind the central necrosis/hypoxia phenomenon and explore the angles to intervene that can lead to new therapy. |

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

| | |
|---|---|
| References:<br>• *Provide evidence-based, peer reviewed references supporting best practice guidelines.*<br>• *APA Citations should be no older than 10 years old.* | Evofosfamide (Evo or TH302) is a hypoxia-activated prodrug which is reduced leading to the release of alkylating agent bromo-isophosphoramide mustard, which has shown safety and signals of efficacy in a prior phase 1 study in recurrent glioblastoma. We performed a dual center single-arm Phase II study to expand on the safety and efficacy of Evo plus bevacizumab in bevacizumab refractory glioblastoma. 33 patients with bevacizumab refractory GBM received Evo 670 mg/m$^2$ in combination with Bevacizumab 10 mg/kg IV every 2 weeks. Assessments included adverse events, response, and survival. Median age of patients was 47 (range 19-76) and 24 (69%) were male. At the time of study entry, 9 (26%) had ongoing corticosteroid use. ECOG performance status was 0 or 1 in 83% of patients. Patients were mostly heavily pretreated with 77% have three or more prior regimens. A total of 12 patients (36%) suffered grade 3-4 drug associated adverse event (AE); no grade 5 AE were reported. Of the 33 evaluable patients, best response was PR in 3 (9%), SD in 14 (43%), and PD in 16 (48%) with responses confirmed by a second reviewer. Median time to progression of disease was 53 days (95% CI 42-113) and Median time to death was 129 days (95% CI 86-199 days). Progression free survival at 4 months (PFS-4) on Evo-Bev was 31%, which was a statistically significant improvement over the historical rate of 3%. The median overall survival of patients receiving Evo-Bevacizumab was 4.6 months (95% CI 2.9-6.6). The progression free survival of patients on Evo-Bevacizumab met the primary endpoint of progression free survival at 4 months of 31%, although the clinical significance of this may be limited. Given the patient population and Phase II design, these clinical outcomes will need further validation.<br><br>Sci Rep 2021 Jan 27;11(1):2306. doi: 10.1038/s41598-021-81841-0. |

| Faculty | |
|---|---|
| **Faculty List**<br>***For more than two (2) faculty members, include the list at end of application.*** | **Zhijian Chen M.D., Ph.D.**<br>Neuro-oncologist<br>Miami Cancer Institute<br>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:**<br>• Zhijian Chen, 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.<br><br>**List all director, planner and reviewer disclosures in this section:**<br>• Guilherme Rabinowits, M.D., conference director of this educational activity, is a consultant with Sanofi and Regeneron.<br><br>**List non-faculty contributor disclosures in this section:**<br>• 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*<br><br>**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<br>☐ Other: |

| Measured Outcomes | | | | |
|---|---|---|---|---|
| **Learner Knowledge** | **Learner Competence** | **Learner Performance** | **Patient Health** | **Community Health** |
| **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

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

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|---|---|
| ☐ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☐ **Pre/Post-Survey**<br>• ***Provide 1-2 goals per lecture to measure changes in competence.***<br>**Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls") |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change **evaluation** question. (CME Registrar)<br>☐ Trigger **follow-up survey** 45 days post conference. (CME Registrar)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Registrar)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.* |
| ☐ **Changes in patient outcomes.**<br>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**<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 10% of activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities** | ***See Evaluation Methods section for required elements.***<br>***Follow-up data is Required.*** |

| | |
|---|---|
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br><br>***Explain.*** |
| ☐ **Optimizes Communication Skills**<br>Designed to improve communication skills of learners.<br>• **Example: Sim Lab** | ☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.<br>☐ Course leader provides formative feedback to each learner about observed communication skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Optimizes Technical and/or Procedural Skills**<br>Designed to optimize/improve technical and procedural skills of learners.<br>• **Example: Gamma Knife** | ☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.<br>☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Utilizes Support Strategies**<br>Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**<br>• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** | ***Explain.***<br><br>☐ **Sample supplemental materials saved to file.** |
| ☐ **Demonstrates Educational Leadership**<br>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** | Guilherme Rabinowits, M.D. - GuilhermeR@baptisthealth.net<br>Zhijian Chen, M.D. - zhijian.chen@baptisthealth.net |
| **Hosts** | Insert names and email addresses for at least one of these:<br>Eleanor Abreu – eleanora@baptisthealth.net<br>Anna Busto - AnnaB@baptisthealth.net |
| **Zoom Account** | ☒ **CME Zoom Account** ☐ **Partner Zoom Account** |
| **Zoom Link** | |

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

| **APPROVAL** | | | |
|---|---|---|---|
| **Date Reviewed** | **Reviewed By** | **Approved** | **Credits** |
| 01.18.2023 | ☒ **Accelerated Approval**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ **YES**<br>☐ **NO** | ☐ __1__ AMA PRA Category 1 Credits<br>☐ ____ APA Approval Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |

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** | **Echocardiography and Noninvasive Vascular Testing Lecture Series: Assessment of diastolic function: "What the general cardiologist needs to know?"** | | |
| **Date** | February 15, 2023 | **Time** | 6:00 p.m. – 7:00 p.m. |
| **Location – If Virtual, fill in Zoom info at the end** | Live Zoom Webinar | **Credit Hour(s)** | 1 Cat. 1 |
| **Charge** | ☐ Yes _____<br>☒ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | Cardiologists, vascular surgeons, interventional radiologists, echocardiography and noninvasive vascular testing specialists, nurses, sonographers, pharmacists, respiratory therapists. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist.**<br>**LOA signed and dated by all parties is required.** | | |
| **Course overview** | Left ventricular (LV) diastolic dysfunction is a condition of impaired LV relaxation and increased LV chamber stiffness, which can lead to elevated LV filling pressures. Diastolic dysfunction by echocardiography is one of the criteria for the diagnosis of heart failure with preserved ejection fraction. This lecture will discuss available echocardiographic methods for assessment of LV diastolic function. | | |

**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)** | **Elliott Elias, M.D., Brian J. Schiro, M.D.** |

| | |
|---|---|
| **CME Manager** | **Katie Deane** |
| **Conference Coordinator and/or Instructional Designer (OLP only)** | **Muhammad Hasan, MBBch, RPVI** |
| **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.** | **Clinicians may not be familiar with the role of echocardiography in the evaluation of LV diastolic function. The many not be familiar with the techniques and the significance of diastolic parameters, as well as recommendations for nomenclature and reporting of diastolic data in adults.** |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☒ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance** - ***Follow-up impact assessment and commitment to change.***<br>☐ **Patient Outcomes** - ***Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*** |
| **Explain how this activity is designed to change learner competence, performance or patient outcomes.** | **Clinicians utilize evidence-based recommendations for echocardiography protocol and diagnostic criteria in the assessment of LV diastolic function.** |

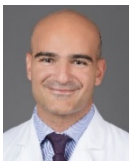
| **Competencies** | ***The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*** | |
|---|---|---|
| ABMS/ACGME | ☒ Patient care and procedural skills<br>☒ Medical knowledge<br>☐ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☒ Professionalism<br>☐ Systems-based practice |
| Institute of Medicine | ☐ Provide patient-centered care<br>☐ Work in interdisciplinary teams<br>☒ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☒ Roles/responsibilities | ☐ Interprofessional communication<br>☐ 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:<br>• **Identify echocardiographic tools available for assessment of LV diastolic function.**<br>• **Utilize echocardiography step-by-step protocol and diagnostic criteria used for assessment of LV diastolic function.** |

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

| | |
|---|---|
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | Nagueh, S. F., Appleton, C. P., Gillebert, T. C., Marino, P. N., Oh, J. K., Smiseth, O. A., ... & Evangelisa, A. (2009). Recommendations for the evaluation of left ventricular diastolic function by echocardiography. *European journal of echocardiography*, *10*(2), 165-193. |

## Faculty

| | |
|---|---|
| **Faculty List**<br>***For more than two (2) faculty members, include the list at end of application.*** |  <br>**Socrates V. Kakoulides, M.D.**<br>Medical Director, Diagnostic Center<br>Miami Cardiac & Vascular Institute<br>Baptist Health Medical Group |

| **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:**<br>**Socrates V. Kakoulides, M.D.**, speaker at this educational activity, has no relevant financial relationships with ineligible companies to disclose, and his presentation will not include discussion of off-label or unapproved usage.<br><br>**Elliott J. Elias, M.D**., co-conference director of this educational activity, disclosed that he is a member of the speakers' bureau for Abbott Laboratories, Boston Scientific, Philips Healthcare and Bioventrix. All of the relevant financial relationships listed for this individual have been mitigated.<br><br>**Brian J. Schiro, M.D**., co-conference director of this educational activity, disclosed that he is a consultant for Philips Medical and a member of the speakers' bureau for Philips Medical, Medtronic, Penumbra and Sirtex. All of the relevant financial relationships listed for this individual have been mitigated.<br><br>**Mohammad Hasan, MBBch, RPVI,** moderator for this educational activity, has no relevant financial relationships with ineligible companies to disclose, and his participation will not include discussion of off-label or unapproved usage.<br><br>Other non-faculty contributors involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose.<br><br>**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<br>☐ Other: |

| Measured Outcomes | | | | |
|---|---|---|---|---|
| **Learner Knowledge** | **Learner Competence** | **Learner Performance** | **Patient Health** | **Community Health** |
| **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

| Evaluation Methods | *Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.* |
|---|---|
| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☐ **Pre/Post-Survey**<br>• How confident are you in your ability to implement evidence-based recommendations for echocardiography protocol and diagnostic criteria in the assessment of LV diastolic function? |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).<br>☐ Trigger **impact assessment** 45 days post conference. (LMS Support)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.*<br>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.<br>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.<br><br>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**<br><br>Based on your intention, what changes have you implemented in your practice? **{Open text}** |
| ☐ **Changes in patient outcomes.**<br>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**<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 8 activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. **(4 different samples per accreditation)** | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities**<br>• **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.***<br>***Follow-up data is Required.*** |
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br>***Explain.*** |

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

| **Live Webinar Details** ***For Internet Live Webinar Courses ONLY*** | |
|---|---|
| **Panelists** | **Speaker:** Socrates Kakoulides, M.D. – SocratesK@BaptistHealth.net – Cell: 917-603-4043<br>**Moderator:** Muhammad Hasan, MBBch, RPVI **–** mhasan@baptisthealth.net – Cell: 305-788-2202/Ascom – 786-594-9922<br>**Panelist:**Brian J. Schiro, M.D. – briansc@baptisthealth.net – Cell: 786-478-1745<br>**Panelist:**Elliott Elias, M.D. – ElliottE@baptisthealth.net – Cell: 954-214-6977 |
| **Hosts** | Insert names and email addresses for at least one of these:<br>***Katie Deane – katied@baptisthealth.net – Cell: 305-790-1148***<br>***Micaela B. Royo Correa - micaela.royocorrea@baptisthealth.net – Cell: 786-250-9083*** |
| **Zoom Account** | ☒ **CME Zoom Account** ☐ **Partner Zoom Account** |
| **Zoom Link** | Insert link here. |

| **APPROVAL** | | | |
|---|---|---|---|
| **Date Reviewed** | **Reviewed By** | **Approved** | **Credits** |

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

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** | Miami Cancer Institute –Immunotherapies Summit for Hematologic Malignancies, Fourth Annual | | |
| **Date** | March 10 – 11, 2023 | **Time** | |
| **Location – If Virtual, fill in Zoom info at the end** | The Ritz-Carlton, Coconut Grove, Miami, Florida | **Credit Hour(s)** | 11.0 Cat 1<br>Friday – 6.0 Cat. 1<br>Saturday – 5.0 Cat. 1 |
| **Charge** | ☒ Yes _____<br>☐ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | This educational program is directed toward hematologists, oncologists, pathologists, radiation oncologists, palliative care staff, oncology, hematology nurses, pharmacists and other allied health care team members interested in the treatment of patients with hematologic malignancies. | | |
| **Commercial Support – C8** | ☒ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.** | | |
| **Course overview** | Given the increasing frequency of hematologic malignancies, complexities of treatments with novel agents and particularly with immunotherapeutic approaches, there is a need to provide an opportunity for oncologists, hematologists, oncology nurses and pharmacists to engage in thoughtful discussions with experts in these fields. In addition, there is emerging data about the biology of these malignancies impacting optimal management of patients with these disorders. Clinical decision making and management therefore have become more complex.<br>This one-and-a-half-day symposium has been designed to provide an overview and opportunity to learn about the most recent advances in the treatment of leukemia, lymphoma, multiple myeloma and stem cell transplantation by novel immunotherapies and treatment combinations. Updates on evolving immunologically and molecular based system therapies will be profiled and discussed. | | |

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

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

## Planning Team

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| **Conference Director(s)** | Guenther Koehne, M.D., Ph.D. |
| **CME Manager** | Eleanor Abreu |
| **Conference Coordinator and/or Instructional Designer (OLP only)** | |
| **Commendation Goal:**<br>**Engages Interprofessional Teams/IPCE (10% of activities)** | List 2+ professions here. M.D. Required. |

## BHSF Initiatives

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| ☐ 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 |

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| **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.***

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| ☒ 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 |

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| ☒ 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*** |
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| **State the educational need that you determined to be the underlying cause for the professional practice gap.** | The pace of clinical development in oncology has reached such a point that it may be outpacing clinicians' ability to absorb and process new information and to actually use that information to develop therapeutic strategies that could improve patient health and ultimately patient outcomes. |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☐ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance -** ***Follow-up impact assessment and commitment to change.***<br>☐ **Patient Outcomes -** ***Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*** |
| **Explain how this activity is designed to change learner competence, performance or patient outcomes.** | Physicians and the oncology care team will apply evidence-based strategies in the diagnosis and management of hematologic malignancies to improve patient outcomes. |

| Competencies | ***The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*** | |
|---|---|---|
| ABMS/ACGME | ☒ Patient care and procedural skills<br>☒ Medical knowledge<br>☐ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☐ Professionalism<br>☐ Systems-based practice |
| Institute of Medicine | ☒ Provide patient-centered care<br>☐ Work in interdisciplinary teams<br>☒ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☐ Roles/responsibilities | ☐ Interprofessional communication<br>☐ 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…* |
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| **Objectives:** | Upon completion of this conference, participants should be better able to:<br>• Summarize the evolving therapeutic strategies in the treatment of hematologic malignancies.<br>• Provide an update of new molecular and immunological treatments being developed for these diseases.<br>• Discuss the rationale for new targeted diagnostic and therapeutic strategies for lymphoma, myeloma and leukemia.<br>• Review the role and timing of hematopoietic cell transplantation and potential combinations of immunotherapeutic treatment options. |

| **References** | ***Ensure Content is Valid*** | |
|---|---|---|
| **How are educational needs identified?** ***Check all that apply and explain below.*** | ☒ Best practice parameters<br>☐ Disease prevention (Mission)<br>☐ Mortality/morbidity statistics<br>☐ National/regional data<br>☐ New or updated policy/protocol<br>☒ Peer review data<br>☐ Regulatory requirement | ☒ Research/literature review<br>☒ Consensus of experts<br>☐ Joint Commission initiatives<br>☐ National Patient Safety Goals<br>☐ New diagnostic/therapeutic modality (Mission)<br>☐ Patient care data<br>☐ Process improvement initiatives |
| ☐ Other need identified. ***Please explain.*** | | |
| **Baptist Health Quantitative Data** | Insert baseline chart or narrative here. | |
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | Gilteritinib is a potent and selective *FLT3* kinase inhibitor with single-agent clinical efficacy in relapsed/refractory *FLT3*-mutated acute myeloid leukemia (AML). In this context, however, gilteritinib is not curative, and response duration is limited by the development of secondary resistance. To evaluate resistance mechanisms, we analyzed baseline and progression samples from patients treated on clinical trials of gilteritinib. Targeted next-generation sequencing at the time of AML progression on gilteritinib identified treatment-emergent mutations that activate RAS/MAPK pathway signaling, most commonly in *NRAS* or *KRAS.* Less frequently, secondary *FLT3*-F691L gatekeeper mutations or *BCR–ABL1* fusions were identified at progression<br><br>DOI: 10.1158/2159-8290.CD-18-1453 Published August 2019<br>https://cancerdiscovery.aacrjournals.org/content/9/8/1050 | |

## Faculty

**Faculty List**

***For more than two (2) faculty members, include the list at end of application.***

**Adam D. Cohen, M.D.**
Associate Professor, Medicine
Abramson Cancer Center
University of Pennsylvania
Philadelphia, Pennsylvania

**Corey Cutler, M.D., MPH**
Medical Director, Adult Stem Cell Transplant Program
Associate Professor of Medicine, Harvard Medical School
Dana-Farber Cancer Institute
Boston, Massachusetts

**Aleksandra Filipovic, M.D.**
Department of Surgery and Cancer
Imperial College of London
London, England

**Nitin Jain, M.D.**
Associate Professor of Medicine
Department of Leukemia
MD Anderson Cancer Center
Houston, Texas

**Matthew J. Matasar, M.D.**
Section Lead, Aggressive B-cell Lymphoma
Associate Member, Lymphoma Service
Memorial Sloan Kettering Cancer Center
New York, New York

**Alison Moskowitz, M.D.**
Medical Oncologist
Memorial Sloan Kettering Cancer Center
New York, New York

**Siddhartha Mukherjee, M.D., DPhil**
Professor of Medicine
Columbia University Irving Medical Center
New York, New York

**Marcelo Pasquini, M.D.**
Medical Oncologist
Medical College of Wisconsin
Milwaukee, Wisconsin

**Raajit K. Rampal, M.D., Ph.D.**
Associate Member
Clinical Director
Leukemia Service
Memorial Sloan Kettering Cancer Center
New York, New York

**Paul G. Richardson, M.D.**
Clinical Program Leader and Director
of Clinical Research
Jerome Lipper Multiple Myeloma Center
Dana-Farber Cancer Institute
RJ Corman Professor of Medicine
Harvard Medical School
Boston, Massachusetts

**Michel Sadelain, M.D.**
Director
Center for Cell Engineering
Memorial Sloan Kettering Cancer Center
New York, New York

**Craig Sauter, M.D.**
Hematology and Medical Oncology
Director, Blood and Marrow Transplant Program
Cleveland Clinic Main Campus
Cleveland, Ohio

**David Scheinberg, M.D.**
Director, Experimental Therapeutics Center
Deputy Director, SKI for Therapeutic Discovery
Memorial Sloan Kettering Cancer Center
New York, New York

**Gunjan Shah, M.D.**
Hematologic Oncologist
Assistant Attending Physician
Memorial Sloan Kettering Cancer Center
New York, New York

**Robert Soiffer, M.D.**
Chief, Division of Hematologic Malignancies
Dana-Farber Cancer Institute
Professor of Medicine
Harvard Medical School
Boston, Massachusetts

**Eytan M. Stein, M.D.**
Assistant Attending Physician
Director, Program for Drug Development in Leukemia
Leukemia Service, Department of Medicine
Memorial Sloan Kettering Cancer Center
New York, New York

**Wendy Stock, M.D., M.A.**
Anjuli Seth Nayak Professor of Leukemia Research
Section Hematology/Oncology
University of Chicago Medicine and Comprehensive Cancer Center
Chicago, Illinois

**Richard Stone, M.D.**
Chief of Staff, Dana-Farber Cancer Institute
Professor of Medicine
Harvard Medical School
Boston, Massachusetts

**Marcel R.M. van den Brink, M.D.**
Medical Oncologist
Head, Division of Hematologic Malignancies
Memorial Sloan Kettering Cancer Center
New York, New York

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| | |

| **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:** |
|---|---|

Adam Cohen, M.D., faculty for his educational activity is a researcher with Novartis, Janssen, GSK and Genentech. He is a consultant for GSK, BMS/Celgene, Genentech/Roche, Janssen, Pfizer, AbbViie, Arcellx and Ichnos. He receives royalties from Novartis. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Corey Cutler, M.D., faculty for this educational activity, is a consultant with Editas, Deciphera, Incyte, Mallinckrodt, Sanofi, Janssen, CTI Biopharma, Jazz, Equillium, Omeros and CSL Behring. He also has individual stocks/stock options with Cimeio and Oxford Immune Algorithmics. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Aleksandra Filipovic, M.D., Ph.D., faculty for this educational activity, is an employee of Puretech Health. She is an advisor to SPCC Sharing Progress in Cancer Care. She is on the speakers bureau with Imperial College London and a practicing medical oncologist. She has indicated that her presentation and discussion will be limited to pre-clinical research, drug discovery and the methodologies of research. She will not make any care recommendations.

Nitin Jain, M.D., faculty for this educational activity is a researcher with Pharmacyclics, AbbVie, Genentech, AstraZeneca, BMS, Pfizer, Servier, ADC Therapeutics, Cellectis, Adaptive Biotechnologies, Incyte, Precision Biosciences, Aprea Therapeutics, Fate Therapeutics, Kite/Gilead, Mingsight, Takeda, Medisix, Loxo Oncology, Novalgen, Dialectic Therapeutics, Newave, TransThera Sciences and Novartis. He is a consultant with AbbVie, Adaptive Biotechnologies, AstraZeneca US, BeiGene, Bristol Myers Squibb, CareDx, Cellectis, Genentech, Inc., Ipsen US, Janssen Biotech, Kite/Gilead, Pharmacyclics, MEI Pharma, Precision BioSciences, Servier Pharmaceuticals and TG Therapeutics. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Matthew Matasar, M.D., faculty for this educational activity, is a researcher for Astra-Zeneca, Bayer, Genentech, IGM Biosciences, Janssen, Pharmacyclics, Roche and Seattle Genetics. He is a consultant with ADC Therapeutics, Astra Zeneca, Bayer, Daiichi Sankyo, Epizyme, F. Hoffmann-La Roche, Genentech, IMV Therapeutics, Juno Therapeutics, Karyopharm, Merck, MEI Pharma, Rocket Medical, Seattle Genetics, TG Therapeutics and Teva. He is an advisee for ADC Therapeutics, Astra Zeneca, Bayer, Daiichi Sankyo, Epizyme, F. Hoffmann-La Roche, Genentech, IMV Therapeutics, Juno Therapeutics, Karyopharm, Merck, MEI Pharma, Rocket Medical, Seattle Genetics, TG Therapeutics and Teva. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Alison Moskowitz, M.D., faculty for this educational activity, is a researcher for ADC Therapeutics, BeiGene, Miragen, Seattle Genetics, Merck, Bristol-Myers Squibb, Incyte, and SecuraBio. She is a consultant with and member of the speakers bureau of Seagen, Affimed, Imbrium Therapeutics L.P./Purdue, Janpix, Merck, Seattle Genetics, and Takeda. She is an advisee for SAB member for Lymphoma Hub. She is on the scientific review committee for Gilead Science. She has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Siddhartha Mukherjee, M.D., faculty for this educational activity, is a consultant with Immuneel Therapeutics, Pure Tech, Cellenkos and Brahnma Therapeutics. He has stock options with VOR. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Marcelo C. Pasquini, M.D., faculty for this educational activity is a researcher for BMS, Kite Pharma, Janssen and Novartis. He is a consultant for BMS. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Raajit Rampal, M.D., faculty for this educational activity, is an advisor for Morphosys/Constellation, CTI, Sierra/GSK, Stemline, Blueprint, SDP, Servier, Zentalis, BMS, Galecto, Pharmaessentia and Abbvie. He is on the speakers bureau for Protagonist and Karyopharm. He is an independent contractor with Morphosys, Stemline, Ryvu and Zentalis. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Paul Richardson, M.D., faculty of this educational activity, is a researcher with Oncopeptides, Celgene/BMS, Karyopharm and Takeda. He is a consultant with Oncopeptides, Celgene/BMS, Karyopharm, Sanofi, Secura Bio, GSK, Astra Zeneca, Takeda and Janssen. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Michel Sadelain, M.D., faculty for this educational activity is a researcher for Takeda Therapeutics, Atarabio, Fate Therapeutics and Mnemo. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Craig Sauter, M.D., faculty for this educational activity is a researcher for Juno Therapeutics, Celgene/BMS, Bristol-Myers Squibb, Precision Biosciences, Actinium Pharmaceuticals, Sanofi-Genzyme and NKARTA. He is a consultant for Juno Therapeutics, Sanofi-Genzyme, Spectrum Pharmaceuticals, Novartis, Genmab, Precision Biosciences, Kite/a Gilead Company, Celgene/BMS, Gamida Cell, Karyopharm Therapeutics, Ono Pharmaceuticals, MorphoSys, CSL Behring, Syncopation Life Sciences, CRISPR Therapeutics and GSK. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

David Scheinberg, M.D., faculty for this educational activity, is a researcher with Columnune, Artiva and Eureka. He is an advisee with Eureka, Columnune, Actinium, Repertoire, Oncopep, Pfizer, Sellas and Sapience. He receives royalties/patent benefits from Sellas, Actinium, Colmmune, Clase and Artiva. He has stock/stock options with Sellas, Actinium, Pfizer, Sapience, Eureka, Colmmune and ISRG. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Gunjan Shah, M.D., faculty for this educational activity is a researcher with Janssen, Amgen and Beyond Spring. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Robert Soiffer, M.D., faculty for this educational activity is a consultant with Cugene, Jasper, CSL Behring, Neovii and Vor Biopharma. He is on the board of directors of NMPD – Be the Match and Kiadis. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Eytan Stein, M.D., faculty for this educational activity is a consultant for Novartis, PinotBio, Janssen, Bristol Myers Squibb, Agios, Jazz, Menarini, Genentech, Genesis, AbbVie, Neoleukin, Gilead, Syndax, OnCusp, CTI Biopharma, Foghorn, Servier, Calithera, Daiichi, Aptose, Syros, Astellas, Ono Pharma, Blueprint. He received an honoraria: Kura. Safety Monitoring: Epizyme, Cellectis. Research Funding: Eisai and Bristol Myers Squibb. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Wendy Stock, M.D., faculty for this educational activity is on the advisory board of Agios, Amgen, AstrZeneca, Beam, GSK, Jazz, Kite, Kronos, Kura, Morphosys, Newave, Pfizer, Pluristem, Servier and Syndax,. She has received honorariums from Up to Date, Jazz and Pfizer for research to practice. She has received service honorariums from American Society of Hematology. She has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Richard Stone, M.D., faculty for this educational activity is a consultant for AbbVie, AbbVie/Genetech, Actinium, Aptevo, Arog, AvenCell, BerGen Bio, BMS, Boston Pharmaceuticals, CTI Pharma, Epizyme, GSK, Janssen, Jazz, Kura Onc, Novartis, Syntrix, Syros and Takeda. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Marcel van den Brink, M.D. faculty for this this educational activity, is a researcher with Seres Therapeutics. He is a consultant with Merck & Co., Magenta Therapeutics, WindMIL Therapeutics, Frazier Healthcare Partners, Nektar Therapeutics, Notch Therapeutics, Forty Sevem, Priothera, Ceramedix, Lygenesis, Pluto Therapeutics and Da Volterra. He is and advisor with Rheos and GSK. He receives royalties/patent benefits from Wolters Kluwer. He has an executive role with DKMS. He has individual stocks/stock options with Seres Therapeutics, Notch Therapeutics and Pluto Therapeutics. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

**List all director, planner, and reviewer disclosures in this section:**

Guenther Koehne, 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.

**List non-faculty contributor disclosures in this section:**

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

| | |
|---|---|
| | **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<br>☒ Other: Syllabus |

| Measured Outcomes | | | | |
|---|---|---|---|---|
| **Learner Knowledge** | **Learner Competence** | **Learner Performance** | **Patient Health** | **Community Health** |
| **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

| Evaluation Methods | *Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.* |
|---|---|
| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☒ **Pre/Post-Survey**<br>• How confident are you with implementing therapeutic strategies when treating hematologic malignancies.<br>• How confident are you with assessing your ability to review the role and timing of hematopoietic cell transplantation and potential combinations of immunotherapeutic treatment options. |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).<br>☐ Trigger **impact assessment** 45 days post conference. (LMS Support)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.*<br>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.<br>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.<br><br>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**<br><br>Based on your intention, what changes have you implemented in your practice? **{Open text}** |

| | |
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| ☐ **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<br>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<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 8 activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ Collaborates With Other Organizations<br>The provider collaborates with other organizations to more effectively address population health issues. **(4 different samples per accreditation)** | ***Describe the collaborative efforts.*** |
| ☐ Improves Performance<br>• **Goal: 10% of activities**<br>• **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.***<br>***Follow-up data is Required.*** |

| | |
|---|---|
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br><br>***Explain.*** |
| ☐ **Optimizes Communication Skills**<br>Designed to improve communication skills of learners.<br>• **Example: Sim Lab** | ☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.<br>☐ Course leader provides formative feedback to each learner about observed communication skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Optimizes Technical and/or Procedural Skills**<br>Designed to optimize/improve technical and procedural skills of learners.<br>• **Example: Gamma Knife** | ☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.<br>☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Utilizes Support Strategies**<br>Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**<br>• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**<br>• **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback** | ***Explain.***<br><br>☐ **Sample supplemental materials saved to file.**<br>- Include Impact Assessment results and CME Provider analysis of learner comments.<br>- Add updates/ changes to resources based on learner feedback. |
| ☐ **Demonstrates Educational Leadership**<br>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:<br>***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**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ **YES**<br>☐ **NO** | ☒ _11___ AMA PRA Category 1 Credits<br>☐ ____ APA Approval Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |

**Fourth Annual - Miami Cancer Institute Immunotherapy Symposium**

Friday, March 10 - Saturday, March 11, 2023
Ritz-Carlton Coconut Grove

**Friday, March 10, 2023**

| START | STOP | | TITLE | SPEAKER | INSTITUTION |
|---|---|---|---|---|---|
| 7:30 | 8:30 | 60 | *Registration and Breakfast* | | |
| 8:30 | 8:45 | 15 | *Welcome and Introductions* | Guenther Koehne, M.D., Ph.D. | Miami Cancer Institute |
| | | | **Acute Myeloid Leukemia** | | |
| 8:45 | 9:15 | 30 | Acute Myeloid Leukemia in 2023 | Richard Stone, M.D. | Dana Farber Cancer Institiute |
| 9:15 | 9:45 | 30 | Targeted Therapies in Acute Myeloid Leukemia | Eytan Stein, M.D. | Memorial Sloan Kettering |
| 9:45 | 10:15 | 30 | Myelofibrosis: Current and Emerging Treatments | Raajit Rampal, M.D. | Memorial Sloan Kettering |
| 10:15 | 10:45 | 30 | *Break and Visit Exhibits* | | |
| | | | **Acute Lymphoid Leukemia** | | |
| 10:45 | 11:15 | 30 | Treatment for Acute Lymphoblastic Leukemia | Nitin Jain, M.D. | MD Anderson Cancer Center |
| 11:15 | 11:45 | 30 | Taking the Next Steps to Improving Outcomes in ALL - Translation of Preclinical Work | Wendy Stock, M.D. | University of Chicago |
| 11:45 | 12:15 | 30 | *Lunch and Exhibits* | | |

| | | | | | |
|---|---|---|---|---|---|
| 12:15 | 12:45 | 30 | Product Theater | | |
| 12:45 | 1:15 | 30 | Visit Exhibits | | |
| | | | **Multiple Myeloma** | | |
| 1:15 | 1:45 | 30 | Treatments for Multiple Myeloma | Paul Richardson, M.D. | Dana Farber Cancer Institiute |
| 1:45 | 2:15 | 30 | Targeted Therapies for Myeloma | Adam Cohen, M.D. | Upenn Medicine |
| 2:15 | 2:45 | 30 | Auto SCT vs CAR T in Multiple Myeloma | Gunjan Shah, M.D. | Memorial Sloan Kettering |
| 2:45 | 3:15 | 30 | *Break and Visit Exhibits* | | |
| | | | **Non-Hodgkin Lymphoma and Hodgkins Disease** | | |
| 3:15 | 3:45 | 30 | Updates on Treatment Approaches in Diffuse Large B-Cell Lymphoma (DLBCL) | Matthew Matasar, M.D. | Memorial Sloan Kettering |
| 3:45 | 4:15 | 30 | Updates on Treatment Approaches for Primary (CNS) Lymphoma | Craig Sauter, M.D. | Cleveland Clinic |
| 4:15 | 4:45 | 30 | Updates on Management of Early and Advanced Stage Disease of Hodgkin's Disease | Alison Moskowitz, M.D. | Memorial Sloan Kettering |
| 4:45 | 5:15 | 30 | **Questions and Answers** | Guenther Koehne, M.D., Ph.D. | Miami Cancer Institute |
| 5:15 | | | *Adjourn* | | |
| | | | | | |

**Saturday, March 11, 2023**

| START | STOP | | TITLE | SPEAKER | INSTITUTION |
|---|---|---|---|---|---|
| 7:30 | 8:00 | 30 | Product Theater | | |
| 8:00 | 8:30 | 30 | *Registration and Breakfast* | | |
| | | | **Allogenic Stem Cell Transplants** | | |
| 8:30 | 9:00 | 30 | Prevention and Treatment of Relapse after Allogeneic Transplantation | Robert Soiffer, M.D. | Dana Farber Cancer Institute |
| 9:00 | 9:30 | 30 | Novel Treatment Approaches of Graft-Versus-Host Disease | Corey Cutler, M.D. | Dana Farber Cancer Institute |
| 9:30 | 10:15 | 45 | CD34+-Selected Allografts as Platform for Adoptive Immunotherapy | Guenther Koehne, M.D., Ph.D. | Miami Cancer Institute |
| 10:15 | 10:45 | 30 | The Role of Intestinal Microbiome in Cancer Immunotherapy | Marcel van den Brink, M.D. | Memorial Sloan Kettering Institute |
| 10:45 | 11:00 | 15 | *Break and Exhibits* | | |
| | | | **CAR Cell Therapies** | | |
| 11:00 | 11:30 | 30 | Next Steps in CAR T-cell Therapies | Michel Sadelain, M.D., Ph.D | Memorial Sloan Kettering Institute |
| 11:30 | 12:00 | 30 | CAR T-Cell Therapies for AML | Siddhartha Mukherjee, M.D. | Columbia University |
| 12:00 | 12:30 | 30 | *Lunch* | | |
| 12:30 | 1:00 | 30 | Product Theater | | |
| 1:00 | 1:30 | 30 | *Visit Exhibits* | | |
| 1:30 | 2:00 | 30 | Immunotherapeutic Approaches to undruggable Leukemia Targets | David Scheinberg, M.D., Ph.D. | Memorial Sloan Kettering Institute |

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|---|---|---|---|---|---|
| 2:00 | 2:30 | 30 | LYT-200 A fully Human anti-Galectin-9 antibody as Investigational Therapy forRelapse/Refrectory AML/high-risk MDS | Aleksandra Filipovic, M.D., Ph.D. | Imperial College, London |
| 2:30 | 3:00 | 30 | Do We Need a CAR T Registry | Marcelo Pasquini, M.D. | Medical College of Wisconsin |
| 3:00 | 3:15 | 15 | **Questions and Answers** | | |
| 3:15 | | | Adjourn | | |

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** | Baptist Health Academic Week | | |
| **Date** | 04/17-04/21, 2023 | **Time** | |
| **Location – If Virtual, fill in Zoom info at the end** | Hybrid events | **Credit Hour(s)** | **Up to 8 Cat. 1** |
| **Charge** | ☐ Yes _____<br>☒ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **If limited to Baptist Health Medical Staff only, please indicate here.** | Residents, fellows, physicians, nurses, allied health professionals, students, pharmacists, administrators, biostatisticians, and other healthcare professionals interested in participating. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist.**<br>**LOA signed and dated by all parties is required.** | | |
| **Course overview** | Baptist Health Academic Week will be an annual program that provides resources to residents, fellows and students, as well as internal Baptist Health's clinical and administrative employees involved in academic programs. | | |

**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/ Alexandra Sanford** |
| **Conference Coordinator and/or Instructional Designer (OLP only)** | |

| Commendation Goal:<br>Engages Interprofessional Teams/IPCE (10% of activities) | Planning Team<br>Agueda Hernandez, M.D.<br>Zuanel Diaz, Ph.D.<br>Nohemi Sadule Rios, Ph.D., APRN<br>Judy Bowling, Ph.D., R.N.<br>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:** | The BH Academic Week series is a collaboration with the Baptist Health Academic department as well as other internal departments that support academic programs throughout the organization. |
| **Describe initiative:** | The BH Academic Week will be 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***

| | |
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| **State the educational need that you determined to be the underlying cause for the professional practice gap.** | Currently there is no standardized process for research support throughout Baptist Health South Florida. |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☒ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance** - ***Follow-up impact assessment and commitment to change.***<br>☐ **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.** | With the inception of the Baptist Health Academic Department, the organization is now setting the blueprint for moving Baptist Health into the national research arena by putting into place system-wide standards for research, supporting PI and quality initiatives and leveraging the Baptist Health infrastructure to collaborate internally and externally. |

| **Competencies** | ***The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*** | |
|---|---|---|
| ABMS/ACGME | ☐ Patient care and procedural skills<br>☒ Medical knowledge<br>☐ Practice-based learning and improvement | ☒ Interpersonal and communication skills<br>☐ Professionalism<br>☒ Systems-based practice |
| Institute of Medicine | ☐ Provide patient-centered care<br>☒ Work in interdisciplinary teams<br>☐ Employ evidence-based practice | ☐ Apply quality improvement<br>☒ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☐ Roles/responsibilities | ☒ Interprofessional communication<br>☐ 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:<br>• Identify internal resources for biostatistical support.<br>• Facilitate resources to support the IRB application and successful review processes.<br>• Utilize Baptist Health library services to navigate the research process from literature search to dissemination.<br>• Distinguish allied health professionals and their role in delivering patient care, and recognize opportunities available through the Baptist Health Allied Health Scholar program. |

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

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

| Faculty | |
|---|---|
| **Faculty List**<br>***For more than two (2) faculty members, include the list at end of application.*** | **Example:**<br>***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<br>☐ Other: |

| Measured Outcomes | | | | |
|---|---|---|---|---|
| **Learner Knowledge** | **Learner Competence** | **Learner Performance** | **Patient Health** | **Community Health** |
| **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

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

| | |
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| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• ~~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?~~<br>• ~~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.~~<br>**How satisfied or dissatisfied were you with the Speakers' effectiveness in addressing the learning objectives? Please rate the session(s) you participated on:**<br>• Identify internal resources for biostatistical support.<br>• Facilitate resources to support the IRB application and successful review processes.<br>• Utilize Baptist Health library services to navigate the research process from literature search to dissemination.<br>• Distinguish allied health professionals and their role in delivering patient care, and recognize opportunities available through the Baptist Health Allied Health Scholar program.<br>☐ **Pre/Post-Survey**<br>• ***Provide 1-2 goals per lecture to measure changes in competence.***<br>**Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls") |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).<br>☐ Trigger **impact assessment** 45 days post conference. (LMS Support)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.*<br>I have accessed online resources discussed to make vaccine recommendations in my clinical practice.<br>I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.<br><br>As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**<br><br>Based on your intention, what changes have you implemented in your practice? **{Open text}** |
| ☐ **Changes in patient outcomes.**<br>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.** | |

| | |
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| **Baptist Health Commendation Goals** | ***CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*** |

| | |
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| ☒ **Advances Data Use**<br>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:***<br>Describe the 4 levels of analytics (descriptive, diagnostic, predictive, prescriptive).<br>Assess the application of the 4 levels of analytics.<br>Identify internal resources for biostatistical support. |
| ☐ **Addresses Population Health**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 8 activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. **(4 different samples per accreditation)** | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities**<br>• **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.***<br>***Follow-up data is Required.*** |
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br><br>***Explain.*** |

| | |
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| ☐ **Demonstrates Educational Leadership**<br>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:<br>***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**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ **YES**<br>☐ **NO** | ☐ ____ AMA PRA Category 1 Credits<br>☐ ____ APA Approval Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |

Agenda

| Date | Lecture |
|---|---|
| **Monday, April 17** | |
| | **Organizing Committee**<br>**Welcome and Opening Remarks** |
| 12 noon | Baptist Health Pharmacy<br>**Using Antibiotics Wisely: Insights on Antimicrobial Stewardship for Everyday Practice (2 Cat. 1)**<br>*Overview: The Baptist Health Pharmacy will provide a simple and tailored education on antimicrobial drugs.* |
| **Tuesday, April 18** | |
| 7:30-9:00 a.m. | **Baptist Health Center for Advanced Analytics (1.5 Cat. 1)**<br>**Café With CAA**<br>*Overview: The Center for Advanced Analytics will provide internal resources for biostatistical support, and discuss the four levels of analytics: descriptive, diagnostic, predictive and prescriptive.* |
| | Baptist Health Center for Research: **Elevating Care Through Discovery (1.5 Cat. 1)**<br>*The Center for Research will provide an introduction to its services, operations and quality assurance initiatives for standardizing the conduct of research and post-approval monitoring.*<br>*The presentations will provide an overview of Baptist Health's requirements for conducting human subjects research and maintaining compliance with research requirements, the steps required to begin a physician-initiated research project, how to access and utilize the resources and services that are available from the CR-LARS team and the role and scope of the Office of Research Administration at Baptist Health through study closeout.* |
| **Wednesday, April 19** | **Inaugural Baptist Health Academic Week: Forging Paths to Achieve Health Equity**<br>Hilton Miami Dadeland Hotel<br>*Overview: The 2023 Baptist Health Academic Conference will highlight the team-based, transdisciplinary scholarly work, including research and quality improvement projects being developed at Baptist Health. Prominent academic leaders will join us as speakers to discuss perspectives on forging paths to achieve health equity.* |
| **Thursday, April 20** | |
| **12 noon** | **Exploring Allied Health – Understanding Allied Health Professions and Their Critical Role in Delivering Patient Care (1 Cat. 1)**<br>*Overview: The growing demand for allied health professionals nationwide has provided an opportunity to highlight the critical role they have in delivering patient care. Allied health professionals represent over 60% of all healthcare providers in the US. Participants will learn more about this vital collection of clinical disciplines and Baptist Health Academics' response through the Allied Health Scholars Program.* |
| **5 p.m.** | **Graduate Medical Education: Grand Rounds (2 Cat. 1)**<br>*Details coming soon!* |
| **Friday, April 21** | |
| | **Heath Equity in Nursing**<br>*Not for CME – Nursing CEUs Only* |

| | |
|---|---|
| | *Overview: This program will inform and update nurses on the latest research studies and findings related to health equity in nursing. The Symposium's purpose is to help reduce inequities and improve patient outcomes.* |

**Using Antibiotics Wisely: Everyday Insights on Antimicrobial Stewardship**
April 17, 2023 | 12 noon – 2 p.m.
Virtual

**Faculty**
Lydie Fontana - Pending

Wilbert Fuerte- Pending

**Corey Frederick, PharmD, CPh, BCPS, BCIDP**
Ambulatory Care Infectious Diseases Clinical Coordinator
Baptist Health South Florida

**Alice Landayan, PharmD, BCIDP**
Clinical Pharmacy Specialist, Infectious Diseases/Antimicrobial Stewardship
PGY-1 Pharmacy Residency Program Director
PGY-2 Infectious Diseases Pharmacy Residency Program Coordinator
Department of Pharmacy, South Miami Hospital

Marina Zwisler - Pending

**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.*

**Educational Objectives**
- Define antimicrobial stewardship.
- Discuss antimicrobial stewardship activities.

**References**
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.

**Café With CAA**
April 18 | 7:30 – 9 a.m.
Baptist Hospital, Classroom 5 (*30 max capacity*) and Virtual

**Educational Objectives**
- Describe the four levels of analytics (descriptive, diagnostic, predictive, prescriptive).
- Understand the application of the four levels of analytics.
- Identify internal resources for biostatistical support.

**Faculty**

**Anshul Saxena, BDS, Ph.D., PMP**
Manager, Biostatistics & Predictive Analytics, Center for Advanced Analytics, Baptist Health South Florida
Courtesy Clinical Associate Professor, Department of Translational Medicine, Herbert Wertheim College of Medicine, Florida International University
Courtesy Associate Professor, Department of Health Promotion and Disease Prevention, Robert Stempel College of Public Health & Social Work, Florida International University

**Don Parris, Ph.D., MPH**
Assistant Vice President, Center for Advanced Analytics, Baptist Health South Florida
Voluntary Assistant Professor, Public Health Sciences, Department of Public Health Sciences, University of Miami Miller School of Medicine

**William Arguelles, Ph.D., MSPH**
Manager, Advanced Analytics & Healthcare Initiatives, Center for Advanced Analytics, Baptist Health South Florida
Adjunct Assistant Professor, Division of Health Psychology, Department of Psychology, University of Miami

**Disclosures**
Anshul Saxena, Don Parris and William Arguelles, 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.

Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant
**Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients*.

**Agenda**

| | |
|---|---|
| 7:30 a.m. | Introductions and Overview of CAA Resources and CAA Process |
| 7:50 a.m. | Overview of the Four Levels of Analytics (Descriptive, Diagnostic, Predictive, Prescriptive) |
| 8:05 a.m. | Descriptive/Diagnostic Level Example: “Hemiarthroplasty Versus Total Hip Arthroplasty for Femoral Neck Fractures: 2010-2017 Trends in Complication Rates” |
| 8:20 a.m. | Predictive/Prescriptive Level Example: “Predicting Adverse Events Among Chemotherapy Patients” |
| 8:30 a.m. | Q&A and Networking Activity |

**References**
Khalifa M. Health Analytics Types, Functions and Levels: A Review of Literature. Stud Health Technol Inform. 2018;251:137-140. PMID: 29968621.

Sousa MJ, Pesqueira AM, Lemos C, Sousa M, Rocha Á. Decision-Making Based on Big Data Analytics for People Management in Healthcare Organizations. J Med Syst. 2019 Jul 22;43(9):290. doi: 10.1007/s10916-019-1419-x. PMID: 31332535.

**Center for Research – Elevating Care Through Discovery**

**Overview**
The Center for Research will provide an introduction to its services, operations and quality assurance initiatives for standardizing the conduct of research and post-approval monitoring.

The presentations will provide an overview of Baptist Health's requirements for conducting human subjects research and maintaining compliance with research requirements, the steps required to begin a physician-initiated research project, how to access and utilize the resources and services that are available from the CR-LARS team and the role and scope of the Office of Research Administration at Baptist Health through study closeout.

**Educational Objectives**

- Facilitate resources to support the IRB application and successful review processes.
- Utilize Baptist Health library services to navigate the research process from literature search to dissemination.

**Faculty**
**Paul Papagni, J.D.,**
Assistant Vice President, Center for Research
Baptist Health South Florida

**Lara Arias, MPH**
Director, Research Concept and Protocol Development
Baptist Health South Florida

**Amanda Coltes-Rojas, MPH, CIP, CHRC**
Director, Research Integrity
Baptist Health South Florida

**Draco Forte, MEd, CHRC**
Director, Research Operations and Quality Assurance
Baptist Health South Florida

**Devica Samsundar, MLIS, AHIP**
Director, Library and Research Support
Baptist Health South Florida

**Deborah Suarez, MS, CCRP, CRCP**
Director, Research Administration, Office of Research Administration
Baptist Health South Florida

**Disclosures**
Paul Papagni, Lara Arias, Amanda Coltes-Rojas, Draco Forte, Devica Samsundar and Deborah Suarez, 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.

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*.

**Presentations**
- Establishing a Comprehensive Model for Supporting Research Growth and Innovation.
- How Transforming Research Operations Increases Understanding and Compliance.
- IRB Application Submission and Compliance Processes: Getting It Right the First Time.
- From Concept to Completion: Development Pipeline of Physician-initiated Research Projects.
- Refining Your Innovative Ideas and Disseminating the Outcomes.
- Understanding Study Startup, Financials and Billing Compliance.

**References**

Research Using Human Subjects | NIH: National Institute of Allergy and Infectious Diseases

4.1.15 Human Subjects Protections (nih.gov)

Wolf LE, Walden JF, Lo B. Human subjects issues and IRB review in practice-based research. Ann Fam Med. 2005 May-Jun;3 Suppl 1(Suppl 1):S30-7. doi: 10.1370/afm.302. PMID: 15928216; PMCID: PMC1466958.

## Exploring Allied Health - Understanding Allied Health Professions and Their Critical Role in Delivering Patient Care

The growing demand for allied health professionals nationwide has provided an opportunity to highlight the critical role they have in delivering patient care. Allied health professionals represent over 60% of all healthcare providers in the U.S. health care industry. Participants will learn more about this vital collection of clinical disciplines and Baptist Health Academics' response through the Allied Health Scholars Program.

**Educational Objectives**:
- Distinguish allied health professions and their role in delivering patient care.
- Recognize opportunities to recruit employees through the Baptist Health Allied Health Scholar Program.

Pending Panel Faculty

**Disclosures**
Due to the non-clinical nature of the content discussed, the speakers have no relevant financial relationships to disclose.

This CME presentation 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.

**References**
Martin L, Patel A, Piggott K, Wong A, Patel A, Patel M, Liu Y, Dhesy-Thind S, Wasi P, You JJ. Role of allied health care professionals in goals-of-care discussions with hospitalized patients and perceived barriers: a cross-sectional survey. CMAJ Open. 2018 Jun 22;6(2):E241-E247. doi: 10.9778/cmajo.20170162. PMID: 29934292; PMCID: PMC7868088.

**Graduate Medical Education - Grand Rounds** (2 Cat. 1) – **All Information pending**

**Health Equity in Nursing**
*4.5 Nursing Contact Hours/ No CMEs - Nursing CE Certificate and General only*

**Credit Statement**
This activity has been approved for 4.5 contact hours, CE Broker Course #20-974866, by Florida State Board of Nursing, Baptist Health South Florida. CE Broker Provider #50-182.

**Overview**
*This program will inform and update nurses on the latest research studies and findings related to health equity in nursing. The symposium's purpose is to help reduce inequities and improve patient outcomes.*

**Keynote Speaker**
**Tony Umadhay, Ph.D., CRNA, APRN**
Dean and Professor of Anesthesiology, School of Nursing
Barry University, Miami, Florida

**Objectives**
- Discuss a framework outlining the role of nursing in addressing equity in healthcare.
- Identify nursing education strategies that promote a culture of healthcare equity.
- Examine current research study findings and their implications for nursing.
- Summarize poster presentation topics related to evidence-based practice.

**Program**

| | |
|---|---|
| 8:00 a.m. | Registration/ Breakfast |
| 8:55 a.m. | Introductions/ Housekeeping |
| 9:00 a.m. | Diane Amado-Tate, Vice President of Nursing and CNO, Doctors Hospital |
| 9:15 a.m. | Dr. Tommie Norris, Miami-Dade College Benjamin Leon School of Nursing |
| 9:30 a.m. | Keynote Presentation: Nurses of Tomorrow: Creating a Pathway to Health Equity<br>Dr. Umadhay |
| 10:15 a.m. | Q&A session |
| 10:30 a.m. | Research Studies Presentations Baptist Health |
| 10:45 a.m. | Research Studies Presentations Baptist Health |
| 11:00 a.m. | Research Studies Presentations Baptist Health |
| 11:15 a.m. | Instructions on Posters and Breakout |
| 11:20 a.m. | Posters |
| 12 noon | Adjourn |

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** | MCVI Grand Rounds - A Comprehensive Approach to Diagnosis and Management of Acute Pulmonary Embolism (PE) | | |
| **Date** | April 18, 2023 | **Time** | **6 p.m. – 7 p.m.** |
| **Location – If Virtual, fill in Zoom info at the end** | Hybrid – 5MCVI & Live Zoom | **Credit Hour(s)** | **1 cat. 1** |
| **Charge** | ☐ Yes _____<br>☒ No | **SMS Code:** | |
| **Target Audience –**<br>• **Mental and behavioral health topic(s) required for all symposiums.**<br>• **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 technologists and other interested healthcare providers. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation.<br>*** Notify CME Business Ops Specialist and CME Development Specialist.**<br>**LOA signed and dated by all parties is required.** | | |
| **Course overview** | Pulmonary Embolism (PE) is a complex disease that requires a multi-disciplinary 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) team and the current treatment algorithms for acute PE. | | |

**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)** | **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
- ☐ 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:** | MCVI |
| **Describe initiative:** | 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. |

## 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.** | **Pulmonary Embolism (PE) is a common clinical entity and that is often misdiagnosed and mistreated. Propper treatment is critical for preventing short- and long-term complications of morbidity and mortality.** |
| **Educational needs that underlie the professional practice gaps of learners.** ***Check all that apply.*** | ☒ **Knowledge -** ***Deficit in medical knowledge.***<br>☒ **Competence -** ***Deficit in ability to perform strategy or skill.***<br>☐ **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.***<br>☐ **Performance -** ***Follow-up impact assessment and commitment to change.***<br>☐ **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.** | **Pulmonary Embolism (PE) is a complex disease that requires a multi-disciplinary approach to diagnoses and management. Through panel discussion and case presentations, this course will give the clinicians an opportunity to better understand the complexities of the disease process, the importance of engaging the Pulmonary Embolism Response Team (PERT) team and the current treatment algorithms for acute PE.** |

| **Competencies** | ***The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*** | |
|---|---|---|
| ABMS/ACGME | ☒ Patient care and procedural skills<br>☒ Medical knowledge<br>☐ Practice-based learning and improvement | ☐ Interpersonal and communication skills<br>☐ Professionalism<br>☐ Systems-based practice |
| Institute of Medicine | ☐ Provide patient-centered care<br>☒ Work in interdisciplinary teams<br>☒ Employ evidence-based practice | ☐ Apply quality improvement<br>☐ Utilize informatics |
| Interprofessional Education Collaborative | ☐ Values/ethics for interprofessional practice<br>☐ Roles/responsibilities | ☒ Interprofessional communication<br>☒ 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:<br>• **Utilize appropriate testing and Cerner order sets for acute Pulmonary Embolism**<br>• **Consult Pulmonary Embolism Response Team (PERT) team on patients with intermediate or high-risk Pulmonary Embolism**<br>• **Initiate anticoagulation immediately on suspected diagnosis of Pulmonary Embolism** |

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

| | |
|---|---|
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | Schultz, J., Giordano, N., Zheng, H., Parry, B. A., Barnes, G. D., Heresi, G. A., ... & National PERT Consortium Research Committee. (2019). A multidisciplinary pulmonary embolism response team (PERT)—experience from a national multicenter consortium. *Pulmonary circulation*, *9*(3), 2045894018824563.<br><br>Sista, A. K., Kuo, W. T., Schiebler, M., & Madoff, D. C. (2017). Stratification, imaging, and management of acute massive and submassive pulmonary embolism. *Radiology*, *284*(1), 5-24. |

## Faculty

| | |
|---|---|
| **Faculty List**<br>***For more than two (2) faculty members, include the list at end of application.*** | **Example:**<br>**Ian Del Conde Pozzi, M.D., FACC**<br>Director of Vascular Medicine<br>Associate Director of Cardiology<br>Miami Cardiac & Vascular Institute<br>Baptist Health South Florida<br><br>**Ripal Gandhi, M.D.**<br>Diagnostic Radiology, Vascular Interventional Radiology<br>Miami Cancer Institute and Miami Cardiac & Vascular Institute<br>Professor of Interventional Radiology<br>Florida International University Herbert Wertheim College of Medicine<br>Miami, Florida<br><br>**Marc Gibber, M.D.,**<br>Cardiothoracic Surgery<br>Miami Cardiac & Vascular Institute<br>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** | • **Ian Del Conde, M.D.**, faculty of this educational activity, is on the speakers' bureau for Pfizer, Abbott, Janssen and Boston Scientific, and has indicated that the presentation or discussion will/will not include off-label or unapproved product usage.<br>• **Ripal Gandhi, M.D.**, faculty of this educational activity, is on the speakers' bureau for Penumbra, Sirtex, Medtronic and Inari Medical; is a consultant for Inari Medical, Boston Scientific, Medtronic Cordis, Argon Medical, Sirtex and BD; is an advisor for Trisalus Life Sciences, and has indicated that the presentation or discussion will/will not include off-label or unapproved product usage.<br>• **Marc Gibber, M.D.,** faculty of this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will/will not include off-label or unapproved product usage.<br>• **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 and Sirtex.<br>• All of the relevant financial relationships listed for these individuals have been mitigated.<br><br>**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<br>☐ Other: |
|---|---|

| **Measured Outcomes** | | | | |
|---|---|---|---|---|
| **Learner Knowledge** | **Learner Competence** | **Learner Performance** | **Patient Health** | **Community Health** |
| **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☒ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective | **Measurement Type:**<br>☐ Subjective<br>☐ Objective |

| **Evaluation Methods** | ***Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*** |
|---|---|
| ☒ **Changes in competence.**<br>• Intent to change<br>• Confidence in ability | ☒ **CME Evaluation Form**<br>• 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?<br>• 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.<br>☒ **Pre/Post-Survey**<br>• ***Provide 1-2 goals per lecture to measure changes in competence.***<br>**Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls")<br>• How confident are you in your ability to implement a multi-disciplinary approach to the management of acute pulmonary embolism? |
| ☐ **Changes in performance.**<br>• Commitment to Change<br><br>**Improves Performance Commendation Goal** | ☐ **CME Impact Assessment include Commitment to Change question.**<br>☐ **Add Commitment to Change Ethos object.**<br>☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).<br>☐ Trigger **impact assessment** 45 days post conference. (LMS Support)<br>☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)<br>☐ Additional questions for impact assessment: (CME Manager)<br>• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***<br>***Example:*** *I have implemented the new Baptist Health policy explained in this CME activity.* |
| ☐ **Changes in patient outcomes.**<br>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<br>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**<br>Teaches strategies that learners can use to achieve improvements in population health.<br>• **Goal: 8 activities** | ***Check all that apply.***<br>☐ Health behaviors<br>☐ Economic, social, and environmental conditions<br>☐ Healthcare and payer systems<br>☐ Access to care<br>☐ Health disparities<br>☐ Population's physical environment |
| ☐ **Collaborates With Other Organizations**<br>The provider collaborates with other organizations to more effectively address population health issues. **(4 different samples per accreditation)** | ***Describe the collaborative efforts.*** |
| ☐ **Improves Performance**<br>• **Goal: 10% of activities**<br>• **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.***<br>***Follow-up data is Required.*** |
| ☐ **Improves Healthcare Quality**<br>Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality<br>• **Goal: Two examples per accreditation cycle.**<br>• **Examples: EBCC** | ***Explain.*** |
| ☐ **Improves Patient and/or Community Health**<br>The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB).<br>• **Goal: Two examples per accreditation cycle.** | ***Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.***<br><br>***Explain.*** |
| ☐ **Optimizes Communication Skills**<br>Designed to improve communication skills of learners.<br>• **Example: Sim Lab** | ☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills.<br>☐ Course leader provides formative feedback to each learner about observed communication skills.<br>☐ **Sample completed evaluation saved to file.** |
| ☐ **Optimizes Technical and/or Procedural Skills**<br>Designed to optimize/improve technical and procedural skills of learners.<br>• **Example: Gamma Knife** | ☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills.<br>☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills.<br>☐ **Sample completed evaluation saved to file.** |

| | |
|---|---|
| ☐ **Utilizes Support Strategies**<br>Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**<br>• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**<br>• **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback** | ***Explain.***<br><br>☐ **Sample supplemental materials saved to file.**<br>- Include Impact Assessment results and CME Provider analysis of learner comments.<br>- Add updates/ changes to resources based on learner feedback. |
| ☐ **Demonstrates Educational Leadership**<br>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** | Brian Schiro, M.D. - briansc@baptisthealth.net<br>Ian Del Conde-Pozzi, M.D. - IanD@baptisthealth.net<br>Ripal Gandhi, M.D. - gandhi@baptisthealth.net<br>Marc Gibber, M.D. - marcgibber@icloud.com |
| **Hosts** | Insert names and email addresses for at least one of these:<br>***DG-Telepresence / CME Manager and Assistant / Host Department***<br>Micaela B. Royo Correa - micaela.royocorrea@baptisthealth.net<br>Katie Deane - KatieD@BaptistHealth.net |
| **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**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ **YES**<br>☐ **NO** | ☐ ____ AMA PRA Category 1 Credits<br>☐ ____ APA Approval Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |