CONFERENCE APPLICATIONS AND REPORTS

Applications Previously Approved

November 15, 2022 - February 3, 2023

Online – Enduring Materials

2023 Baptist Outpatient Services Infection Control and OSHA Training (1 Cat. 1) - Renewal 2023 Emergency Medical Treatment and Labor Act (EMTALA): What On-Call Physicians Need to Know (0.5 Cat. 1) - Renewal A Fluroquinolone Story: 1960s to 2020s - Renewal (1 Cat. 1) Appropriate Azithromycin Prescribing in Adults (.25 Cat. 1) Autism Spectrum Disorder Update (1.75 Cat. 1) Renewal Bowel Disorders: Update on Irritable Bowel Syndrome and Irritable Bowel Disease (2 Cat. 1) Evidence-based Clinical Care: Surviving Sepsis (1.25 Cat 1. - Updates) Inequities in Women's Healthcare - Renewal (1.25 Cat 1) Institutional Review Board: Investigator Responsibility When Conduction Human Subjects Research (1.5 Cat. 1 - Renewal) Internal and Family Medicine e-Learning Series - Additional Modules Knock Out Stroke Series (Up to 8 Cat. 1) Life Lessons Learned from Critical Care: Communication with Patients and Families (1 cat. 1) Managing Thoracic Aortic Disease at the Cutting Edge (1 Cat. 1) Renewal Miami-Dade Heat Task Force and Florida Clinicians for Climate Action e-learning (Additional Modules 1.25 Cat. 1) Prescribing Controlled Substances (2 Cat. 1) Renewal Radiosurgery e-Learning Series - Additional Modules The Future of Surgical Revascularization of the Heart (1 Cat. 1) Renewal



Continuing Medical Education

Rev. 09/14/2022_GF



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

Sections highlighted in orange need to be proofread.

| Activity Details | | | | | |
|--|---|--|------------------------|------------|---|
| CME Activity Title | 2 | 2023 Baptist Outpatient Services Infection Control and OSHA Training | | | |
| Date | 1 | 1/1/2023 Time Online Enduring | | | |
| Location – If Virtual, fill in Zoor the end | n info at O | nline Enduring | Credit Hour(s) | 1 Cat. 1 | |
| Charge | | ☐ Yes ☑ No | SMS Code: | | |
| Target Audience – Mental and behavioral health required for all symposiums If limited to Baptist Health M Staff only, please indicate health and staff only. | :h topic(s) P . p Aedical | Baptist Outpatient Services Contracted Physicians, Physician Assistants, Nurse Practitioners, Nurses, Medical Students and other interested healthcare professionals. | | | |
| Commercial Support – C8 | | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | | |
| Course overview | p o c N a P C U | This education is required for the safety of physicians and allied healthcare providers and will educate them on the highest safety standards for occupational safety and health. Safety is focused on infection prevention and control for both employees and the community. NOTE: BOS contracted physicians are required to complete OSHA training annually. Please submit your certificates of completion to: CritiCare Clinics, Inc: Daniela Flores; <u>DaniellaF@baptisthealth.net</u> Urgent Care Physicians of South Florida: Gabriela Picado; <u>GabrielaPi@baptisthealth.net</u> | | | |
| Engages Teams | A & FL 😨 - AP, ant CE al (IPCE) 🔄 Co - See Planning IOC Checklist / | Ophthalmology - Lifelong Learning Ophthalmology - Self-assessment Surgery - Accredited CME Surgery - Self-assessment Otolaryngology – Head and Neck Surgery - Self-Assessment Pathology - Lifelong Learning Pathology - Lifelong Learning Pathology - Lifelong Learning Pathology - Lifelong Learning | | | ical Knowledge g Learning sessment E nt nd Neck Surgery - rning |
| Providership Dir | ect 🗌 Jo | pint PA | RS ID # 2022IEM | 322 | |
| Publish to CME Passport Yes IN | | Publish to CEBroker | 🛛 Yes 🗌 No | CEBroker # | 20-726750 |

| Conference Director(s) | Philip C. Weimer, M.D. | | |
|--|------------------------|---|--|
| CME Manager | Marie Vital Acle | | |
| Conference Coordinator and/or Instructional Designer (OLP only) | | Betty Blanco (Instructional Designer) | |
| Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities) | | Philip C. Weimer, M.D. Medical Director Baptist Hospital of Miami Urgent Care Centers Liz Marjorie Balda, M.T., B.S., CIC Infection Control Prevention Coordinator Baptist Outpatient Services | |

| BHSF Initiatives | | | | |
|--|--|--|--|--|
| Balance across the continuum of care Overutilization – unnecessary health care costs Diversity & Inclusion Patient-centered care Evidence-based data Public health factors (See commendation.) High-reliability tools – Use of prior experiences to improve systems, processes, and services Removing redundancy – improving processes | | | | |
| Collaborative Partner: Provide internal stakeholder her | | | | |
| 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 | <u>-)</u> | 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: <u>CE Educator's Toolkit</u> | | | |
| State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap. | | OSHA (OSHA CFR 1910.1030) mandates that healthcare workers receive annual education on OSHA standards. Contracted physicians may not be aware of infection prevention and OSHA protocols in place within Baptist Outpatient Services (BOS) facilities. This course meets annual required education. | | |
| Educational needs that <u>underlie</u> the professional practice gaps of learners. Check all that apply. | | | dical knowledge. nility to perform strategy or skill. nlement 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: | Perform | nce - CME evaluation and pre/post-survey. Ince - Follow-up impact assessment and commitment to change. Intcomes - 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. | | _ | Practitioners will adhere to BOS infection prevention protocols, implement OSHA processes including proper management of needle sticks, eye splashes and adhere to adequate personal protective equipment application. | |

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

| Educational | | What change(s) in strategy, performance, or patient care would you like this education to help | | |
|-------------|---|--|--|--|
| Objectives | | learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement | | |
| Objectives: | In U A U Se | pletion of this conference, participants should be better able to: nplement infection control practices when exposed to blood and other body fluids. tilize current Baptist Outpatient Services infection control protocols. dhere to Occupational Safety and Health Administration (OSHA) standards for bloodborne pathogens. tilize personal protective equipment (PPE) appropriately. elect appropriate isolation- and transmission-based precautions. nplement infection prevention practices supporting hand hygiene. | | |

| Referenc es | Ensure Content is Valid |
|----------------|-------------------------|
| es | |

| How are educational needs identified? <i>Check all</i> <i>that apply</i> <i>and explain</i> <i>below.</i> | Best practice particle particl | tion (Mission) Consensus of experts bidity statistics Joint Commission initiatives hal data National Patient Safety Goals d policy/protocol New diagnostic/therapeutic modality (Mission) ta Patient care data | | |
|--|--|--|--|--|
| Other nee explain. | ed identified. Please | OSHA requirements | | |
| Baptist Health Quantit ative Data | Health Quantit ative | | | |
| References: Provide evidence -based, peer reviewe d referenc es supporti ng best practice guidelin es. APA Citations should be no older than 10 years old. | bloodborne pathog publication of the In Hooper, J., & Martin Zibbell, J. E., Asher, hepatitis C virus inf 2004 to 2014. Amen Center for Disease of https://www.cdc.go World Health Organ Retrieved from: https://apps.who.in 5C8E2C4EBCA73A6 World Health Organ | hfeld, M. (1994). Implications of the Occupational Safety and Health Administration's en standard for the occupational health professional. Journal of occupational medicine.: official industrial Medical Association, 36(5), 548-555. n, A. (2009). Overview of hepatitis B and C management. US Pharmacist, 34(12), 42-44. A. K., Patel, R. C., Kupronis, B., Iqbal, K., Ward, J. W., & Holtzman, D. (2018). Increases in acute ection related to a growing opioid epidemic and associated injection drug use, United States, rican journal of public health, 108(2), 175-181. Control and Prevention. (n.d.). HIV in the United States: At A Glance. Retrieved from by/hiv/statistics/overview/ataglance.html. hization. (n.d.). Report on the Burden of Endemic Health Care-Associated Infection Worldwide. ht/iris/bitstream/handle/10665/80135/9789241501507_eng.pdf;jsessionid=A45F3180B47617B B5?sequence=1. hization. (n.d.). Infection prevention and control, The evidence for clean hands. Retrieved from: nt/infection-prevention/publications/hh_evidence/en/. | | |
| | | Faculty | | |
| | n two (2) faculty lude the list at | Philip C. Weimer, M.D. Medical Director Baptist Hospital of Miami Urgent Care Centers | | |

| Medical Director |
|---|
| Baptist Hospital of Miami Urgent Care |
| Lis Estevez, R.N., MPH, CIC Infection Control Prevention Nurse |
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| |

Baptist Outpatient Services

end of application.

Liz Marjorie Balda, M.T., B.S., CIC Infection Control Prevention Coordinator Baptist Outpatient Services

| 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 | Philip C. Weimer, M.D., faculty of this educational activity, has no relevant financial relationship with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage. Lis Estevez, R.N., MPH, CIC, and Liz Marjorie Balda, M.T., B.S., CIC, have no relevant financial relationship with ineligible companies* to disclose, and have indicated that the presentation or discussion will not include include off-label or unapproved product usage. | | | |
| | Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies* *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. | | | |
| Disclosure to the audience: | Ethos Course Page Welcome Slides Faculty Slides Handout | | | |

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

| Evaluation Methods | Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. | | |
|---|--|--|--|
| Changes in competence. Intent to change Confidence in ability | CME Evaluation Form What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. Pre/Post-Survey Provide 1-2 goals per lecture to measure changes in competence. Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls") | | |

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

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

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

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

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

| OLP Course Details For OLP Enduring Applications ONLY | | |
|---|---|--|
| Course Video URL | https://360.articulate.com/review/content/faa1c480-e059-4822-8dc9-5b3ac0095519/review | |
| Course Handout URL | | |

| Multiple Choice Questions | Routine hand-washing with soap and water must be performed: a. To remove soiled and transient microorganisms. ** |
|---------------------------|--|
| | b. Before eating and after using the restroom. c. After contact with a patient with C. difficile. d. After multiple use of alcohol-based hand sanitizer (as indicated prior to medication preparation and administration.) *e. All of the above. |
| | 2. When is it important for physicians to practice proper hand hygiene? a. Before and after patient care. b. Before and after donning gloves. c. After having contact with anything in the patient's environment. d. Wearing gloves does not replace the need for hand hygiene. *e. a, b and c. |
| | 3. What does OSHA stand for? a. Occupational Safeguard and Hope Association. *b. Occupational Safety and Health Administration. c. Occupational Bloodborne Pathogen Standard. d. Occupational Needle Sticks and other Sharps Injury. |
| | 4. What document is required by OSHA to prevent transmission of bloodborne pathogens such as HIV, HBV and HCV in a healthcare facility? a. Infection control plan. *b. Exposure control plan. c. Emergency preparedness plan. d. Safety plan. |
| | 5. Name three of OSHA's engineering and work practice controls: a. Personal protective equipment (PPE). b. Post-exposure management. c. Accessibility of hand-washing facilities. d. Procedure involving blood collection. *e. a, b and c. |
| | 6. What are the most common bloodborne pathogens? a. MRSA. b. Herpes virus. c. Hepatitis virus B (HVB). d. Human immunodeficiency virus (HIV). *e. c and d. |
| | 7. What isolation precaution should be implemented with a patient presenting with signs and symptoms of tuberculosis? a. Droplets. b. Contact. *c. Airborne. d. Positive. |
| | 8. Why is it important to follow the sequence of donning and doffing PPE? a. To prevent contamination of the environment. *b. To avoid the spread of infections to self, other staff members and patients. c. To limit opportunities for touching from contaminated environment and equipment. d. To get ready for the next patient. |
| | 9. What mask should be worn by healthcare professionals with a patient needing airborne precautions such as with tuberculosis, measles and chicken pox? a. Regular surgical mask. *b. N95 respirator. c. No mask is required. |

| | d. a and b. |
|------------------------|--|
| | 10. While taking care of a patient with possible seasonal influenza, you should: a. Use an N95 respirator before entering the room. *b. Wear a surgical mask and dispose of it after each use. c. Leave the surgical mask around your neck for the next patient encounter. d. Place a surgical mask on the patient only. |
| | 11. If you have a needle-stick or sharps injury, the first thing you should do is: a. Seek medical treatment. b. Keep working so you don't lose your job. c. Let the patient know immediately. *d. Perform first aid (wash with soap and water). |
| | 12.In caring for a patient with C. difficile diarrhea, you must wash your hands with soap and water, dry them and then use alcohol hand rinse: *a. After any contact. b. After changing a stretcher. c. Before changing a stretcher. d. Before any contact. |
| | 13. When performing hand hygiene, wet your hands, dispense the soap and lather for: a. 1 minute scrub time. *b. 15-20 seconds. ** c. The time it takes to sing the "Happy birthday" song twice. d. Thirty seconds. |
| | 14. When is terminal cleaning done? *a. At the end of the day, even if the room has not been used. b. After each case. c. Once a week. d. When needed. |
| Course Release Date | 1/2022 |
| Course Renewal Date | 1/2023 |
| Course Expiration Date | 12/2023 |

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



Continuing Medical Education

Rev. 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 | Emergency Medical Treatment and Labor Act (EMTALA): What On-Call Physicians Need to Know | | |
| Date | Online Enduring | Time | Online |
| Location – If Virtual, fill in Zoom info at the end | Online | Credit Hour(s) | .5 Cat. 1 |
| Charge | □ Yes SMS Code: ⊠ No | | |
| Target Audience – Mental and behavioral health topic(s) required for all symposiums. If limited to Baptist Health Medical Staff only, please indicate here. | Emergency Department Physicians and On-Call Physicians | | |
| Commercial Support – C8 | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | |
| Course overview | This course serves to remind the On-Call and Emergency Department Physicians about the key elements and physician responsibilities regarding the Emergency Medical Treatment and Labor Act (EMTALA). | | |
| Physician Assistant CE Ophthalmology - Lifelou APRNs CE Ophthalmology - Self-as Dental CE Surgery - Accredited CM Podiatry CE Surgery - Self-assessment | | | edicine - Medical Knowledge blogy - Lifelong Learning blogy - Self-assessment ccredited CME elf-assessment blogy – Head and Neck Surgery - sment - Lifelong Learning |
| Providership Direct | Joint PARS | 5 ID # | 2017IEM16 |
| Publish to CME Passport 🛛 🛛 Yes 🗌 | No Publish to CEBroker | Yes 🗌 No 🛛 | CEBroker # 20-575233 |

| Planning Team | | | |
|---|---------------------|---------------------------------------|--|
| Conference Director(s) | Arturo Fridman, M.D | | |
| CME Manager | Marie Vital Acle | | |
| Conference Coordinator and/or Instructional Designer (OLP only) | | Betty Blanco (Instructional Designer) | |

Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)

List 2+ professions here. M.D. Required.

| BHSF Initiatives | | |
|---|------------------------------------|--|
| Balance across the continuum of care Diversity & Inclusion Evidence-based data High-reliability tools – Use of prior experiences to improve systems, processes, and services | | Overutilization – unnecessary health care costs Patient-centered care Public health factors (See commendation.) Removing redundancy – improving processes |
| Collaborative Partner: | 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 Performance/Quality Improvement Manuscript Review Internet Searching and Learning Test-Item Writing Learning from Teaching Committee Learning 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: <u>CE Educator's Toolkit</u> | | | |
| State the educational need that y determined to be the <u>underlying</u> for the professional practice gap. | use Medical Staff practices. In response, Baptist Health instituted required education | Medical Staff practices. In response, Baptist Health instituted required education and based on compliance goals for the health system will retain this requirement across all hospitals moving forward. This course is an AHCA requirement for | | |
| Educational needs that <u>underlie</u> t professional practice gaps of lear Check all that apply. | | | | |

| 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: | designed to Performance - Follow-up impact assessment and commitment to change. | |

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

Emergency department and on-call physicians consistently adhere to EMTALA federal law.

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

| Educatio Objecti | | What change(s) in strategy, performance, or patient care would you like this education to h learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement | |
|---------------------|--|--|--|
| Objectives: | Upon completion of this conference, participants should be better able to: Comply consistently with the key elements and physician responsibilities regarding the Emergency Medical Treatment and Labor Act (EMTALA). | | |

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

| References: • Provide evidence- based, peer reviewed references supporting | EMTALA is a Federal law. EMTALA requires that if an individual comes to the emergency department requesting care, the hospital must provide an appropriate medical screening exam to determine whether the individual suffers from an emergency medical condition ("EMC"). |
|--|--|
| best practice guidelines. APA Citations should be no older than 10 years old. | According to the Florida Administrative Code regulations for Emergency Care at hospitals: 59A-3.255(6)(a)(2): On-Call Physician Availability At least one physician shall be available within 30 minutes through the medical staff call roster. Initial consultation through two-way voice communication is acceptable for physician presence |
| yeurs olu. | According to Medical Staff Rules & Regulations: Failure by an On-Call Physician to respond to ED call in a timely manner as determined by the ED Physician is a violation of the Rules and Regs. |
| | Excerpt of presentation created by Leslee Gross, AVP Operations, Transport Center |

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

| Disclosure Statement | Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content. | |
|-----------------------------|---|--|
| Mitigation Chart | Mitigation chart complete on File Checklist. | |
| Disclosures | Content contributors have no relevant financial relationship with ineligible companies* to disclose. | |
| | Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. | |
| | *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. | |
| Disclosure to the audience: | Ethos Course Page Welcome Slides Faculty Slides Handout Other: | |

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

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

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

| Baptist Health Commendation Goals | CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements. | | |
|--|--|--|--|
| Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement. | Use PowerPoint as example. | | |
| Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 8 activities | Check all that apply. Health behaviors Access to care Economic, social, and Health disparities environmental conditions Population's physical Healthcare and payer systems environment | | |

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

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

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

| OLP Course Details For OLP Enduring Applications ONLY | | | |
|---|--|--|--|
| Course Video URL https://cdn.baptisthealth.net/cme/vol01/EMTALA/EMTALA_MASTER.mp4 | | | |
| Course Handout URL | | | |

| Multiple Choice Questions | If an on-call physician fails to fulfill his or her legal duties under EMTALA, the physician can be: a. Held personally responsible. b. Terminated from participating in Medicare. c. Penalized up to \$50,000 per violation. *d. All of the above. An ED physician is responsible for which of the following: a. Deciding whether the on-call physician must physically appear in the ED to see the patient. b. Informing the patient of the risks and benefits of the transfer. c. Deciding the mode of transportation. d. All of the above. An on-call physician may not do which of the following? a. Refuse to treat an incoming unstable transfer when the receiving hospital has the capability and capacity to provide treatment. b. Fail to appear in the ED to examine or provide care when requested by the ED physician. c. Request that a patient be transferred to a second hospital for the physician's convenience if the on-call physician is on call simultaneously at another hospital. *d. All of the above. Which of the following are responsibilities of the on-call physician? a. Participating in the evaluation of the patient if contacted by the ED. b. Presenting physically at the ED if requested by the ED. c. Responding by telephone to a request for services within 30 minutes of receiving the call. d. A and C. *e. All of the above. An appropriate transfer includes which of these forms? a. A completed Hospital Transfer Form b. A completed Hospital Receiv |
|---------------------------|---|
| | |
| Course Release Date | 5/1/2017 |
| Course Renewal Date | 1/1/2023 |
| Course Expiration Date | 1/1/2024 |

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

| | | AMA PRA Category 1 Credits |
|---------------------|-----|----------------------------|
| | YES | APA Approval Level: |
| Executive Committee | | Dental Approval |
| Live Committee | | Podiatry Approval |



Continuing Medical Education

Rev. 04/05/2022 _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 Activi | ity Title | | | A Fluoroquinolone Story: 1960s to 2020s | | | | | | |
| Date | | | | | | | Time | | | |
| Location | | | | On | line Enduring Materia | al | Credit I | Hour(s) | 1 Cat. 1 | |
| Charge | | | | | Yes No | | SMS Co | ode: | | |
| - | | | Physicians, physician assistants, advanced practice registered nurses, nurses, pharmacists, pharmacy technicians and other interested healthcare professionals. | | | | | | | |
| Commercia | al Support – | C8 | | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | | | nt Specialist. | | |
| Course overview | | | | Fluoroquinolones are widely used in clinical practice. These antimicrobials come with multiple safety concerns. This course will review scenarios in which fluoroquinolones may be considered the drug of choice and when alternative medications should be considered the primary intervention. | | | | | | |
| Credit Type | | | | mendation Team section elf-assessment | | | Internal N Ophthalm Ophthalm Surgery - Surgery - Otolaryng Self-Asse Pathology | ology - Lifelon ology - Self-as Accredited CM Self-assessmer ology – Head a | ical Knowledge g Learning sessment E nt nd Neck Surgery - rning | |
| Providersh | iip | | Direct | Joi | nt | PAR | S ID # | | | |
| Publish to CME Passport | | | lo | Publish to CEBroke | r [| Yes 🗌 | No | CEBroker # | | |

| Planning Team | | | | |
|---|------------------------------|--|--|--|
| Conference Director(s) Stacey Baker, M.D. | | | | |
| CME Manager Marie Vital Acle | | | | |
| Conference Coordinator and/or Instru | ictional Designer (OLP only) | Timothy P. Gauthier, Pharm.D. / Jessica Armenteros | | |

Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)

List 2+ professions here. M.D. Required.

| BHSF Initiatives | | | | | |
|---|--|--|--|--|--|
| Balance across the continuum of care Diversity & Inclusion Evidence-based data High-reliability tools – Use of prior experiences to improve systems, processes, and services | | Overutilization – unnecessary health care costs Patient-centered care Public health factors (See commendation.) Removing redundancy – improving processes | | | |
| Collaborative Partner: 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. | | Physicians may not be aware of several FDA-alerts that were released regarding th safety of fluoroquinolones (FQs). Physicians may not know when and when not to use FQs. Physicians may not know what collateral damage is associated with FQs. | |
| Educational needs that <u>underlie</u> the professional practice gaps of learners. Check all that apply. | | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. | |

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

| Explain how this activity is designed to change learner competence, performance or patient outcomes. | Physicians only use FQs when there is a specific reason to use one, when first line drugs are not reasonable options. Physicians appropriately identify clinical scenarios when FQs are appropriate or inappropriate. Physicians counsel patients regarding the potential unintended |
|--|--|
| | consequences of FQ use (side effects & ecological consequences). FQs are only used when other alternatives have been exhausted and provide documented reason for FQ selection in their notes. |

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

| Educati Objecti | | What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement |
|--------------------|--|--|
| Objectives: | • E; fl • U cl • C: • D | pletion of this conference, participants should be better able to: xplain the history of fluoroquinolones in clinical practice and delineate safety concerns related to uoroquinolones. tilize the Food and Drug Administration guidelines on the appropriate use of fluoroquinolones in inical practice. ounsel patients regarding the potential unintended consequences of fluoroquinolones. ocument reason for fluoroquinolones accurately in the medical record when other alternatives ave been exhausted. |

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

| Baptist Health Quantitative Data | | Insert baseline chart or narrative here. | | |
|---|---|---|--|--|
| References: Provide evidence- based, peer reviewed references supporting | rupture | od and Drug Administration. Drug Safety Communication: FDA warns about increased risk of s or tears in the aorta blood vessel with fluoroquinolone antibiotics in certain patients. per 20, 2018. | | |
| best practice guidelines. • APA Citations should | - | Lee MG, Chen YS, et al. Risk of Aortic dissection and aortic aneurysm in patients taking oral uinolone. JAMA Int Med 2015;175(11):1839-1847. | | |
| be no older than 10 years old. | | ak B, Inghammar M, Svanstrom H. Fluoroquinolone use and risk of aortic aneurysm and on: nationwide cohort study. BMJ. 2018;360:k678. | | |
| | Daneman N, Lu H, Redelmeier DA. Fluoroquinolones and collagen associated severe adverse a longitudinal cohort study. BMJ Open. 2015;5(11):e010077. Lee CC, Lee MG, Hsieh R, et al. Oral fluoroquinolone and the risk of aortic dissection. J Am Co Cardiol. 2018;72(12):1369-1378. | | | |
| | | | | |
| | | l DPJ, Banerjee A, Fairchild JF, et al. Age-specific incidence, risk factors and outcome of bdominal aortic aneurysms in a defined population. BJS 2015;102:907-915. | | |
| | | n, D. L. (2004). "Collateral damage" from cephalosporin or quinolone antibiotic therapy. Infectious Diseases, 38(Supplement_4), S341-S345. | | |

| Faculty | | | |
|--|---|--|--|
| Faculty List | Timothy P. Gauthier, Pharm.D., BCPS, BCIDP | | |
| For more than two (2) faculty members, include the list at | Director, ID PGY2 Pharmacy Residency Program Manager, Antimicrobial Stewardship Clinical Program | | |
| end of application. | Baptist Health South Florida | | |
| | Miami, Florida | | |
| | Stacey Baker, M.D. | | |
| | Infectious Diseases Specialist | | |
| | Baptist, South Miami, Doctors Hospitals | | |
| | Antimicrobial Stewardship Continuing Education Subcommittee | | |
| | Stacey Baker, M.D. | | |
| | Infectious Diseases Specialist | | |
| | Baptist, South Miami, Doctors Hospitals | | |
| | Richard Levine, M.D. | | |
| | Infectious Diseases Specialist | | |
| | Baptist, South Miami, Doctors Hospitals | | |
| | Jorge Murillo, M.D. | | |
| | Infectious Diseases Specialist | | |
| | Baptist, South Miami, Doctors Hospitals | | |

| 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 | Stacey Baker, M.D., conference director and speaker and Timothy P. Gauthier, Pharm.D., BCPS, BCIDP, speaker of this educational activity, have no relevant financial relationships with ineligible companies* to disclose and has indicated that their presentation or discussion will not include off-label or unapproved product usage. Jorge Murillo, M.D., subcommittee member, is on the speakers' bureau for Merck. All of the relevant financial relationships listed for this individual has been mitigated. | | | | |
| | Richard Levine, M.D., subcommittee member, non-faculty contributors, and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. | | | | |
| | *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. | | | | |
| Disclosure to the audience: | Ethos Course Page Welcome Slides Faculty Slides Handout Other: | | | | |

| Learner Knowledge | Learner Competence | Learner Performance | Patient Health | Community Health |
|-------------------|--|--|-------------------|-------------------|
| Measurement Type: | Measurement Type: Subjective Objective | Measurement Type: Subjective Objective | Measurement Type: | Measurement Type: |

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

| Baptist Health Commendation Goals | ۲ | CME Registrar will route application to Ope documentation of additional requirement e | |
|--|---|---|---|
| Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement. | | Use PowerPoint as example. | |
| Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 10% of activities | | Check all that apply. Health behaviors Economic, social, and environmental conditions Healthcare and payer systems | Access to care Health disparities Population's physical environment |

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

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

| Zoom Account | CME Zoom Account Partner Zoom Account |
|--------------|---------------------------------------|
| Zoom Link | Insert link here. |

| OLP Course Details For OLP Enduring Applications ONLY | | |
|---|---------------|--|
| Course Video URL | | |
| Course Handout URL | | |
| Multiple Choice Questions | | |
| Course Release Date | February 2020 | |
| Course Renewal Date | February 2023 | |
| Course Expiration Date | February 2026 | |

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



Continuing Medical Education

Rev. 04/05/2022 _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 Activi | ity Title | Antimicrobial Stewardship e-Learning Series | | |
| Date | | | Time | |
| Location | | Enduring Internet Materials | Credit Hour(s) | Up to 5 Cat. 1 |
| Charge | | ☐ Yes ⊠ No | SMS Code: | |
| require • If limite | dience – and behavioral health topic(s) d for all symposiums. ed to Baptist Health Medical aly, please indicate here. | Family Medicine Physicians, Internal Medicine Physicians, Hospitalists, Pharmacists, Pharmacists, Pharmacy Technicians, Nurse Practitioners, and all other prescribing providers. | | |
| Commercia | al Support – C8 | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | |
| Course ove | erview | Please join Timothy P. Gauthier, Pharm. D., BCPS, BCIDP, for an online Antimicrobial Stewardship e-Learning Series that discusses simple and tailored education on antimicrobial drugs. Topics for this lecture series include Fluoroquinolones, Stewardship Pearls with Economic Impacts, Vancomycin Pearls for Practice, Antimicrobial Stewardship 101, Asymptomatic Bacteriuria, The Call for Shorter Antibiotic Durations, MRSA Nasal, Colonization Testing & Pneumonia, Overview of "C Diff" <i>Clostridioides difficile</i>, Acute Respiratory Tract Infections and Appropriate Azithromycin Prescribing in Adults. | | |
| Credit Type AMA PRA Category 1 Anesthesia - Lifelong Learning Psychology - APA & FL 🔄 - APA Checklist Internal Medicine - Medical Knowledge Physician Assistant CE Ophthalmology - Lifelong Learning APRNs CE Ophthalmology - Self-assessment Dental CE Surgery - Accredited CME Podiatry CE Surgery - Self-assessment Interprofessional (IPCE) 🐨 Commendation Otolaryngology – Head and Neck Surgery - Self-Assessment MOC Points - MOC Checklist / Self-assessment Pathology - Lifelong Learning Pediatrics - Self-assessment Pediatrics - Lifelong Learning | | | | |
| Providersh | Providership Direct Joint PARS ID # IEM2022360 | | | 360 |
| Publish to CME Passport Yes No Publish to CEBroker Yes No CEBroker # 946734 | | | CEBroker # 946734 | |

Planning Team

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

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

| Appropriate Formats | The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. Check all that apply. | | |
|--|---|---|--|
| 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. | | Current physician practice does not include consistent implementation of evidence- based recommendations that have been shown to optimize overall patient care. In order to preserve antimicrobial armamentarium and prevent antibiotic resistance, this series will emphasize safe and appropriate use of antimicrobial drugs. |
| Educational needs that <u>underlie</u> the professional practice gaps of learners. Check all that apply. | | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. |

Designed to Change

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

| This activity is designed to change: | Competence - CME evaluation and pre/post-survey. Performance - Follow-up impact assessment and commitment to change. Patient Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards. | |
|---|---|--|
| Explain how this activity is designed to change learner competence, performance or patient outcomes. Providers match antimicrobial to bacterium and appropriate manage illness with accurate prescribing practices. | | |

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

| Educational | What change(s) in strategy, performance, or patient care would you like this education to help |
|-------------|--|
| Objectives | learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement |

| Objectives: | Upon completion of this conference, participants should be better able to: | | |
|-------------|--|--|--|
| | Module Learning Objectives: | | |
| | Fluoroquinolones 411 (.50 Cat. 1) Course Review Date: October 2022 Course Expiration: September 2025 Identify FDA boxed warnings for fluoroquinolone antibiotics. Implement appropriate use of fluoroquinolone antibiotics in clinical practice. | | |
| | Stewardship Pearls with Economic Impacts (.25 Cat. 1) Course Review Date: August 2022 Course Expiration: August 2025 | | |
| | Vancomycin Pearls for Practice (.25 Cat. 1) Course Review Date: August 2022 Course Expiration: August 2025 | | |
| | Antimicrobial Stewardship 101 (.25 Cat. 1) Course Review Date: September 2022 Course Expiration: September 2025 Define antimicrobial stewardship. Discuss antimicrobial stewardship activities. | | |
| | * NEW* Asymptomatic Bacteriuria (ASB) (.25 Cat. 1) Course Review Date: August 2022 Course Expiration: September 2025 Define asymptomatic bacteriuria. Identify instances when routine screening for asymptomatic bacteriuria is inappropriate. Discuss the steps in a urinary tract infection workup. | | |
| | The Call for Shorter Antibiotic Durations (.25 Cat. 1) Course Review Date: November 2022 Course Expiration: September 2025 Examine the risks versus benefits of long and short antibiotic courses. Identify examples of infection types that can be considered for shorter antibiotic courses. | | |
| | MRSA Nasal Colonization Testing & Pneumonia (.25 Cat. 1) Course Review Date: August 2022 Course Expiration: August 2025 | | |
| | Overview of "C Diff" Clostridioides difficile (.25 Cat. 1) Course Review Date: August 2022 Course Expiration: August 2025 | | |
| | Acute Respiratory Tract Infections (.25 Cat. 1) Course Review Date: August 2022 Course Expiration: August 2025 | | |
| | Appropriate Azithromycin Prescribing in Adults (.25 Cat. 1) Course Review Date: August 2022 Course Expiration: August 2025 | | |
| | Infection Prevention and Control 101 (.25 Cat. 1) Course Review Date: October 2022 Course Expiration: September 2025 Discuss appropriate use of alcohol-based hand sanitizer and hand hygiene with soap and water. Differentiate standard precautions from transmissions-based precautions. Identify examples of healthcare associated infections. | | |

| How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i> | Disease pre Mortality/n National/re New or upo Peer review | lated policy/protocol | Research/literature review Consensus of experts Joint Commission initiatives National Patient Safety Goals New diagnostic/therapeutic modality (Mission) Patient care data Process improvement initiatives | |
|--|--|----------------------------|--|--|
| Other need identified. P | lease explain. | | | |
| Baptist Health Quantitative Data Insert b | | baseline chart or narrativ | ive here. | |

| References: • Provide evidence- based, peer reviewed references supporting | Issue 1: Fluoroquinolones Brown, K. A., Khanafer, N., Daneman, N. and Fisman, D. N., <i>Antimicrobial Agents and Chemotherapy</i> 57 (5): 2326-2332. (2013) |
|--|---|
| references supporting best practice guidelines. • APA Citations should be no older than 10 years old. | Deshpande, A., Pasupuleti, V., Thota, P., Pant, C., Rolston, D. D. K., Sferra, T. J., Hernandez, A. V. and Donskey, C. J., <i>Journal of Antimicrobial Chemotherapy</i> 68 (9): 1951-1961. (2013) |
| | Paterson, D. L., Clinical Infectious Diseases 38 (Supplement_4): S341-S345. (2004) |
| | Committee Opinion No. 717: Sulfonamides, Nitrofurantoin, and Risk of Birth Defects. (2017). Obstet Gynecol, 130(3), e150-e152. |
| | Issue 2: Stewardship Pearls with Economic Impacts Mergenhaen KA, et al. Determining the utility of methicillin-resistant nares screening in antimicrobial stewardship. CID. 2019. DOI 10.1093/cid/ciz974 |
| | Vasina L, et al. The impact of a pharmacist driven 48-hour antibiotic time out during multi- disciplinary rounds on antibiotic utilization in a community non-teaching hospital. OFID. DOI: 10.1093/OFID/OFX163.605. |
| | Shenoy ES, et al. Evaluation and management of penicillin allergy. JAMA. 2019. DOI: 10.1001/jama.2018.19283 |
| | Issue 3: Vancomycin Pearls for Practice Travis C, Hannah R, Kady P, et al. A Pharmacist-Driven 48 Hour Antibiotic Time Out Pilot at a Large Academic Medical Center. Open Forum Infectious Diseases. 2019; 6(2), S365. |
| | Graber J, Jones M, Glassman A, et al. Taking an Antibiotic Time-out: Utilization and Usability of a Self-Stewardship Time-out Program for Renewal of Vancomycin and Piperacillin-Tazobactam. Hospital Pharmacy. 2015; 50(11), 1011–1024. |
| | Rioux J, Edwards J, Bresee L, et al. Nasal-swab Results for Methicillin-resistant Staphylococcus aureus and Associated Infections. Canadian Journal of Hospital Pharmacy. 2017; 70(2), 107–112. |
| | Issue 4: Antimicrobial Stewardship 101 Center for Disease Control and Prevention (CDC): About Antibiotic Resistance, March 2020. |
| | Joint Commissions Perspective: New Antimicrobial Stewardship Standard, July 2016. |
| | Center for Disease Control and Prevention (CDC): Antibiotic Prescribing and Use in the U.S., August 2019. |
| | Issue 5: Asymptomatic Bacteriuria (ASB) Grein, J. D., Kahn, K. L., Eells, S. J., Choi, S. K., Go-Wheeler, M., Hossain, T., Riva, M. Y., Nguyen, M. H., Rekha Murthy, A., & Miller, L. G. (2016). Treatment for Positive Urine Cultures in Hospitalized Adults: A Survey of Prevalence and Risk Factors in 3 Medical Centers. <i>Infection control and hospital</i> <i>epidemiology</i> , <i>37</i> (3), 319–326. |
| | Hartley, S. E., Kuhn, L., Valley, S., Washer, L. L., Gandhi, T., Meddings, J., Robida, M., Sabnis, S., Chenoweth, C., Malani, A. N., Saint, S., & Flanders, S. A. (2016). Evaluating a Hospitalist-Based Intervention to Decrease Unnecessary Antimicrobial Use in Patients With Asymptomatic Bacteriuria. <i>Infection control and hospital epidemiology</i> , <i>37</i> (9), 1044–1051. |
| | Simerville, J. A., Maxted, W. C., & Pahira, J. J. (2005). Urinalysis: a comprehensive review. <i>American family physician</i> , 71(6), 1153–1162. |

| Issue 6: The Call for Shorter Antibiotic Durations Hayashi, Y., & Paterson, D. L. (2011). Strategies for reduction in duration of antibiotic use in |
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| hospitalized patients. <i>Clin Infect Dis</i> , 52(10), 1232-1240. Spellberg, B. (2016). The New Antibiotic Mantra-"Shorter Is Better". <i>JAMA Intern Med</i> , 176(9), 1254 1255. |
| Teshome, B. F., Vouri, S. M., Hampton, N., Kollef, M. H., & Micek, S. T. (2019). Duration of Exposure to Antipseudomonal beta-Lactam Antibiotics in the Critically III and Development of New Resistance. <i>Pharmacotherapy</i> , 39(3), 261-270. |
| Issue 7: MRSA Nasal Colonization Testing & Pneumonia Smith MN, Brotherton AL, Lusardi K, et al. Systematic review of the clinical utility of methicillin- resistant Staphylococcus aureus (MRSA) nasal screening for MRSA pneumonia. Ann Pharmacother. 2019; 53(6): 627-638. |
| Parente DM, Cunha CB, Mylonakis, E, et al. The clinical utility of methicillin-resistant Staphylococcus aureus (MRSA) nasal screening to rule out MRSA pneumonia: A diagnostic meta-analysis with antimicrobial stewardship implications. Clin Infect Dis. 2018; 67(1): 1–7. |
| Issue 8: Overview of "C Diff" Clostridioides difficile CDC Antibiotic Resitance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019. |
| McDonald LC, et. al. Clinical Practice Guidelines for <i>Clostridioides difficile</i> Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). <i>Clin Infect Dis</i> . 2018; 66(7): e1–48. |
| Issue 9: Acute Respiratory Tract Infections Harris AM, Hicks LA, and Qaseem A. Appropriate Use for Acute Respiratory Tract Infection in Adults Advice for HighValue Care from the American College of Physicians and the Centers for disease Control and Prevention. Annals of Internal Medicine. 2016;164(6):425-424. |
| Fleming-Dutra KE, Hersh AL, Shapiro DJ, et al. Prevalence of Inappropriate Antibiotic Prescriptions among US Ambulatory Care Visits, 2010-2011. JAMA. 2016;315(17):1864-1873. |
| U.S. Department of Veterans Affairs. Acute Respiratory Tract Infections: Identification and Management of Acute Respiratory Tract Infections without Overusing Antibiotics. 2017. |
| Van Esch TEM, Brabers AEM, Hek K, et al. Does Shared Decision-making Reduced Antibiotic Prescribing in Primary Care? Journal of Antimicrobial Chemotherapy. 2018;73(11):3199-3205. |
| Issue 10: Appropriate Azithromycin Prescribing in Adults MetlayJP, Waterer GW, Long AC, et al. Diagnosis and treatment of adults with community-acquired pneumonia. An official clinical practice guideline of the American Thoracic Society and Infectious Diseases Society of America. Am. J. Respir. Crit.Care Med.2019;200(7):E45-E67. |
| Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2022. |
| US Department of Health and Human Services (HHS) Panel on Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the prevention and treatment of opportunistic infections in adults and adolescents with HIV: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. |

| Issue 11: Infection Prevention and Control 101 Centers for Disease Control and Prevention. (2021, September 10). <i>Summary of infection prevention practices in dental settings: Basic expectations for safe care</i> . Centers for Disease Control and Prevention. |
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| Centers for Disease Control and Prevention. (2016, January 7). <i>Transmission-based precautions</i> . Centers for Disease Control and Prevention. |
| Centers for Disease Control and Prevention. (2021, January 8). <i>Healthcare providers</i> . Centers for Disease Control and Prevention. Centers for Disease Control and Prevention. (2021, November 10). <i>Healthcare-associated infections (HAIS)</i> . Centers for Disease Control and Prevention. |
| Baptist Health South Florida. (2022, August 2). <i>Top doctors and hospitals</i> . Baptist Health South Florida. |

| | Faculty |
|--|--|
| Faculty List For more than two (2) faculty members, include the list at end of application. | Timothy P. Gauthier, Pharm.D., BCPS, BCIDP Director, ID PGY2 Pharmacy Residency Program Manager, Antimicrobial Stewardship Clinical Program Baptist Health South Florida Miami, Florida |
| | Richard L. Levine, M.D. Infectious Disease Specialist Baptist Hospital, Doctors Hospital and South Miami Hospital Chairman, Antimicrobial Stewardship Committee, Doctors Hospital Baptist Health South Florida Miami, Florida |

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

| Disclosures | Timothy P. Gauthier, Pharm. D., BCPS, BCIDP, faculty for this educational activity, has indicated that he a consultant with Pattern Biosciences (formerly Klaris diagnostics), DoseMeRx by Tabula rasa, Pfizer and MeMed. Speaker has indicated that his presentation or discussion will include discussion of emergency use authorization (EUA) product usage. All of the relevant financial relationships listed for this individual have been mitigated. Richard L. Levine, M.D., faculty for this educational activity, has no relevant financial relationships to | | |
|-----------------------------|---|--|--|
| | disclose with ineligible companies*. | | |
| | Mark Hauser, M.D., conference director for this activity, has no relevant financial relationships to disclose with ineligible companies*. | | |
| | Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies* | | |
| | *Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients. | | |
| Disclosure to the audience: | Ethos Course Page Welcome Slides Faculty Slides Handout Other: | | |

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

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

| Changes in competence. Intent to change Confidence in ability | CME Evaluation Form What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. Pre/Post-Survey Provide 1-2 goals per lecture to measure changes in competence. Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls") Fluoroquinolones 411 Limit prescription of fluoroquinolone antibiotics based on FDA boxed warnings and side effects Antimicrobial Stewardship 101 Practice antimicrobial stewardship activities to promote safe and appropriate antimicrobial drug use on a regular basis Infection Prevention and Control 101 Utilize standard and transmissions-based precautions in controlling the spread of pathogens Recognize opportunities to shorten the duration of antibiotic treatments Asymptomatic Bacteriuria (ASB) Identify patients who should be routinely screened and treated for |
|---|---|
| | asymptomatic bacteriuria Identify the risks of prescribing antibiotics for asymptomatic bacteriuria |
| Changes in performance. • Commitment to Change Improves Performance <u>Commendation Goal</u> | CME Impact Assessment include Commitment to Change question. Add Commitment to Change Ethos object. Add commitment to change evaluation question. (CME Registrar) Trigger follow-up survey 45 days post conference. (CME Registrar) Additional questions for impact assessment: (CME Manager/ Registrar) Additional questions for impact assessment: (CME Manager) • Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity. Fluoroquinolones • Have you limited prescription of fluoroquinolone antibiotics based on FDA boxed warnings and side effects? {Yes/No} If no, then the following question should appear: What barriers have you encountered that have prevented limiting prescriptions? {Open text} Antimicrobial Stewardship 101 • Have you angaged in antimicrobial stewardship activities discussed in the presentation? {Yes/No} If no, then the following question should appear: a. Participating in educational opportunities. b. Limiting prescriptions to certain antimicrobial agents. c. Other If no, then the following question should appear: What barriers have you encountered that have prevented you from participating |

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

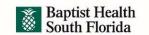
| Baptist Health Commendation Goals | CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements. |
|--|---|
| Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement. | Use PowerPoint as example. |
| Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. Goal: 10% of activities | Check all that apply. Health behaviors Access to care Economic, social, and environmental conditions Health disparities Healthcare and payer systems Population's physical environment |
| Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. | Describe the collaborative efforts. |
| Improves Performance Goal: 10% of activities | See Evaluation Methods section for required elements. Follow-up data is Required. |
| Improves Healthcare Quality Collaborates in the process of healthcare quality improvement AND Demonstrates improvement in healthcare quality Goal: Two examples per accreditation cycle. Examples: EBCC | Explain. |
| Improves Patient and/or Community Health The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). Goal: Two examples per accreditation cycle. | Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain. |
| Optimizes Communication Skills Designed to improve communication skills of learners. Example: Sim Lab | CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. Course leader provides formative feedback to each learner about observed communication skills. Sample completed evaluation saved to file. |

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

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

| OLP Course Details For OLP Enduring Applications ONLY | | |
|---|----------------|--|
| Course Video URL | | |
| Course Handout URL | | |
| Multiple Choice Questions | | |
| Course Release Date | September 2022 | |
| Course Renewal Date | | |
| Course Expiration Date | September 2025 | |

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



CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

| Applicable Credits: AMA Category 1 | Continuing Psychology Education | Continuing Dental Education |
|------------------------------------|---------------------------------|-----------------------------|
| | Interprofessional Planning X* | |

CME ACTIVITY TITLE: Autism Spectrum Disorder Update

Topic 1 Evidence-based Use of Medications to Address Target Symptoms in Youth With Autism Spectrum Disorder and Intellectual Disabilities

Topic 2

Intellectual Disabilities: Identifying Autism Spectrum Disorder in a Primary Care Setting Topic 3

SPARK: Returning Autism Genetic Results at Scale in Research

 ORIGINAL RELEASE DATE:
 November 2021_February 2022

 REVIEW DATE:
 November 2021; January 2023

 COURSE EXPIRATION DATE:
 November 2023

 ** Note – NEW CE Broker and NEW PARS needed for this course **

CREDIT HOUR(S) APPLIED FOR: TBD – 10 questions per lecture hour for nursing. 1.75 Cat. 1

TARGET AUDIENCE: Pediatricians, Neurologists, Psychiatrists, Family Medicine Physicians, Hospitalists, Nurses, Pharmacists, Social Workers, Occupational Therapists.

CONFERENCE DIRECTORS: Ian Nisonson, M.D. & Nina Sanchez, M.D. CME MANAGER: Gabriel Fernandez (Live)/Marie Vital Acle (Online)

*Interprofessional Planning Team: Psychologists and Physicians

 LEARNING FORMAT: Must be appropriate to achieve objectives and desired results (C5). Check all that apply.

 ARS
 Live activity

 Case Studies
 Manuscript review activity

 Didactic Lecture
 Panel

 Finder Metainel (DVD/Reaklet)
 DIC CME activity

Enduring Material (DVD/Booklet) Internet Activity Enduring Material Internet Live Course (Live Webcast) Internet point-of-care activity Journal-based CME activity Learning from Teaching Live activity Manuscript review activity Panel PI CME activity Question & Answer Regularly Scheduled Series Simulation Test item writing activity Other (specify)

OLP Course Planning: External: 649788 → NEED NEW NUMBERS Provider: 2018IEM43→ NEED NEW NUMBERS

Course video: https://cdn.baptisthealth.net/cme/vol01/olp/Autism_4_23_2018.mp4

Course handout: cmeonline.baptisthealth.net/sites/default/files/Autism%20PP%20-%20for%20handout.pdf

COURSE DESCRIPTION: This short summary will be used on course shell. Please note that keyword searches will pull from this description.

This Autism Spectrum Disorder (ASD) curriculum will cover the topics on behavioral symptoms seen in children with ASD, effective pharmacological interventions in this patient population and research studies analyzing a genetic connection to ASD.

FACTORS OUTSIDE OUR CONTROL – List factors outside our control and beyond the learner performance that impact patient outcomes and contribute to the healthcare "quality gap" being addressed. (C18)

| Patient: | ☐ Noncompliance |
|------------|---|
| Physician: | □ Noncompliance ⊠ Resistance to change ⊠ Communication skills □ Reimbursement issues |
| Resources: | Institutional Capabilities I Physician Practice Limitations I Community Service Limitations |

State of Science: X Limited or no treatment modalities Limited or no diagnostic modalities Other: Please describe

BARRIERS TO PHYSICIAN CHANGE: (C19) Briefly explain how this activity addresses the barriers/factors identified.

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: A Patient care and procedural skills Medical knowledge Practice-based learning and improvement Interpersonal and communication skills Professionalism Systems-based practice

INSTITUTE OF MEDICINE: Provide patient-centered care Work in interdisciplinary teams Employ evidence-based practice Apply quality improvement Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: UValues/ethics for interprofessional practice Roles/responsibilities Interprofessional communication Teams and teamwork

PROFESSIONAL PRACTICE GAP (C2) The difference between what is (the "actual") and what should be (the "ideal").

What is the current professional practice gap? What are physicians doing (or not doing) that needs to change? Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2) ►

Indicate if the gap is related to need for change in either/or:

- Knowledge and/or (Doctors do not know that they need to be doing something.)
 Competence and/or (Doctors do not know how to do it)
 Performance and/or (Doctors know how to do it but are noncompliant or are not doing it properly.)

DESIRED OUTCOMES (GOAL): Answer one or more of the following questions: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? Identified "pearls" as actionable items by the Conf. Director and/or Speaker (C3)

▶ Physicians will consider all available research developments that may influence early detection and optimal management of autism spectrum disorders to improve patient outcomes.

Indicate what this activity is designed to change.

- Designed to change competence
- >Evaluation and Pre- post-survey on Ethos (see below: Evaluations)
- Designed to change patient outcomes
- >Requires follow-up survey (see below: Evaluations) > Requires patient data / patient file review, dashboards pre-,post-activity

This course is designed to (Commendation Criteria):

🛛 include members of the interprofessional team to engage in the planning and delivery of interprofessional continuing education (C23)

- include patient/public representatives and engage in the planning of delivery of CME. (C24)
- include students of the health professions to engage in the planning and delivery of CME. (C25)
- advance the use of health and practice data for healthcare improvement (C26)
- address factors beyond clinical care that affect the health of populations. (C27)
- collaborate with other organizations to address population health issues (C28)
- improve communication skills of learners. (C29) See evaluation method below.
- optimize/improve technical and procedural skills of learners. (C30) See evaluation method below.
- create individualized learning plans for learners. (C31)
- utilize support strategies to enhance change as an adjunct to the CME program. (C32)
- demonstrate improvement in the performance of learners. (C36)
- demonstrate healthcare quality improvement (C37)
- demonstrate the impact of the CME program on patients or their communities. (C38)

NEEDS ASSESSMENT RESOURCES - HOW ARE EDUCATIONAL NEEDS IDENTIFIED? (Check all that apply and

explain below.)

- Consensus of experts Joint Commission initiatives (C12)
- Best practice parameters Disease prevention (C12)

- Mortality/morbidity statistics
- National/regional data
- New or updated policy/protocol
- Peer review data
- Regulatory requirement
- Research/literature review
- National Patient Safety Goals New diagnostic/therapeutic modality (C12) Patient care data
- Process improvement initiatives
 Other need identified (Explain): Process improvement initiatives (C16 & 21)

REFERENCES supporting the current practice and/or the optimal practice and/or practice gap. COE Dashboard data must be included when possible.

▶ In 2014, CDC estimated that an average of 1 in 68 children in the U.S have an ASD. CDC is working to find out how many children have ASDs, discover the risk factors, and raise awareness of the signs.http://www.cdc.gov/ncbddd/autism/data.html

Robins, D.L. (2008). Screening for autism spectrum disorders in primary care settings. U.S. National Library of Medicine National Institute of Health. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC47325

► Vahia, V.N. (2013). Diagnostic and statistical manual of mental disorders 5: A guick glance. U.S. National Library of Medicine National Institute of Health. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3777342/

American Academy of Child and Adolescent Psychiatry (2012). A Guide for Public Child Serving Agencies on Psychotropic Medications for Children and Adolescents. AACAP.org. Retrieved from:

http://www.aacap.org/app themes/aacap/docs/press/guide for community child serving agencies on psychotropic medi cations for children and adolescents 2012.pdf ▶ Koblan, L. W., Erdos, M. R., Wilson, C., Cabral, W. A., Levy, J. M., Xiong, Z. M., ... & Liu, D. R. (2021). In vivo base

editing rescues Hutchinson-Gilford progeria syndrome in mice. Nature, 589(7843), 608-614.

▶ Tillotson, R., Selfridge, J., Koerner, M. V., Gadalla, K. K., Guy, J., De Sousa, D., ... & Bird, A. (2017). Radically truncated MeCP2 rescues Rett syndrome-like neurological defects. *Nature*, *550*(7676), 398-401.
 Meng, L., Ward, A. J., Chun, S., Bennett, C. F., Beaudet, A. L., & Rigo, F. (2015). Towards a therapy for Angelman numbers by business have been been applied by the provide the providet the pro

syndrome by targeting a long non-coding RNA. Nature, 518(7539), 409-412.

EDUCATIONAL OBJECTIVES: Based on the gaps identified above, what are the learning objectives for this activity? Describe the performance* that should change if participants apply what they learn. *(or competence or patient outcome) Upon completion of this conference, participants should be better able to:

Recognize the common behavioral symptoms seen in children with ASD that may be a focus of psychotropic medication use.

- Identify medication treatments of these behavioral symptoms, with an emphasis on evidence-based use of medications
- Utilize screening instruments to identify children with ASD in a primary care setting.
- Describe referral and service options available when a child receives a diagnosis of ASD.
- Discuss the scope, impact and promise of the world's largest autism study, SPARK, and how they can contribute to this one-of-a-kind initiative to better understand the genetics of autism.
- Explain the processes and evaluate the challenges in identifying and returning autism-related results to study participants.
- Review SPARK-related genetic findings, including a list of autism risk genes and copy number variants identified by SPARK that can be useful for physicians to understand in clinical practice.
- Assess promising therapeutic pathways that may in time be opened with genetic results from SPARK.

EVALUATION METHODS: Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. (C11)

Changes in competence. Evaluation method: Baptist Health CME Evaluation Form \square Pre- Post- Survey Provide 1-2 goals per lecture to measure changes in competence. Question: How confident are you in your ability to implement this/these strategy/ies: (list "pearls") How confident are you in your ability to address genetic testing with autism patient's families who could benefit from available research programs?

Changes in performance. Evaluation method:

- Follow-up Survey Provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity. Commitment to Change (ETHOS OBJECT)
- Changes in patient outcomes. Evaluation method: Review of hospital, health system, public health data, dashboard

data pre-, post-activity, etc.

Commendation Criteria Required Evaluation

This course is designed to improve communication skills of learners. (C29)

1) CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills

2) Course leader provides formative feedback to each learner about observed communication skills.

□ This course is designed to optimize/improve technical and procedural skills of learners. (C30) □ 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills

2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills

FACULTY: (Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.) Daniel Castellanos, M.D.

Assistant Dean, Graduate Medical Education; Founding Chair and Professor, Department of Psychiatry & Behavioral Health; Professor, Department of Pediatrics

Florida International University Herbert Wertheim College of Medicine Miami, Florida

Luis Carcache, M.D.

Assistant Professor, Child and Adolescent Psychiatry Florida International University Herbert Wertheim College of Medicine Miami. Florida

SPARK Faculty

Pamela Feliciano, Ph.D. Scientific Director, SPARKforAutism.org Senior Scientist, Simons Foundation Autism Research Initiative New York. New York

Michael Alessandri, Ph.D.

Executive Director of the University of Miami-Nova Southeastern University Center for Autism and Related Disabilities Clinical Professor of Psychology and Pediatrics Assistant Chairman, Department of Psychology for Community Outreach and Engagement University of Miami Miller School of Medicine Miami, Florida

Faculty disclosure statement (as it should appear on course shell):

Daniel Castellanos, M.D., Luis Carcache, M.D., and Pamela Feliciano, Ph.D., faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose and have indicated that the presentations or discussions will not include off-label or unapproved product usage.

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

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

Commented [DS1]: Can we delete? Commented [MVA2R1]: Yes

| ALL FINANCIAL RELATIONSHIPS: List individuals in control of the content of this CME activi | ty (other than | faculty). |
|--|----------------|------------|
| Note: When using electronic evaluations, disclosure statements for faculty must be inclu | ded on cour | se landing |
| pages. | | |
| Have all relevant financial interests been identified and mitigated? (C7; SII 2.1, 2.2, 2.3) | Yes | □No |

Have all relevant financial interests been identified and mitigated? (C7; SII 2.1, 2.2, 2.3) Yes CME Dept. Leadership and Staff CME Committee Conference Director \square Others (Conference Coordinator, Planning Group, etc.)

NON-EDUCATIONAL STRATEGIES: Explain what we are doing (CME or BHSF) - or what we could do - to enhance change as an adjunct (in addition to) to this CME activity. (C17) These would be tactics and tools to facilitate change that

beyond this CME activity. NOTE: Insert this information under course shell>>custom fields>resources.
 Process redesign or new protocol Reminders (posters, mailings, email blasts) New order sheets
 Other tools or tactics Explain: ______

COLLABORATION: Are we engaged in collaborative and cooperative projects with other stakeholders (<u>internal or external</u>) that are related to this CME activity? (**C20**)

 ☐ Yes ⊠ No Are we partnering with other organizations in a purposeful manner to achieve common interests?
 ☐ Yes ⊠ No Are we collaborating with internal departments in a purposeful manner to achieve common interests? If yes, describe the collaborative efforts.

COMMERCIAL SUPPORT: Indicate here if support will come from the Foundation's general Continuing Medical Education fund.

(ETHOS CONTENT) YOU MAY ALSO BE INTERESTED IN: List names of up to two courses with similar target audiences. Please list complete course title.

| | celerated Approval 🗌 Executive Committee e Committee | |
|---|---|--|
| APPROVED: _YES _NO Credits: AMA/PRA Category 1 Credits: #_1 | | |
| Continuing Psychology Education Credits: # DN/A | Continuing Dental Education Credits: # N/A | |

OLP Course Quiz Questions:

Quiz

1. Strong evidence (several randomized controlled trials, open trials, meta-analysis) supporting efficacy in the short-term treatment of insomnia in the context of autism spectrum disorder exists for which of the following?

a. Fluoxetine (Prozac®)

*b. Melatonin (various OTC) c. Hydroxyzine (Vistaril®)

d. Lithium carbonate (Lithobid®, Eskalith®)

2. Which medication is FDA approved for the treatment of severe irritability, including aggression, self-injury and significant mood lability in children with autism spectrum disorder?

a. Quetiapine (Seroquel®)

b. Valproic acid / divalproex (Depakote®)

*c. Aripiprazole (Abilify®)

d. Diphenhydramine (Benadryl®)

3. When a child displays significant hyperactive, impulsive and inattentive symptoms in the context of ASD, which of the following should be considered as a first-line medication (off-label)?

a. Sertraline (Zoloft®)

*b. Methylphenidate (Ritalin®, Concerta®, various)

c. Risperidone (Risperdal®)

d. Bupropion XL (Wellbutrin XL®)

4. The American Academy of Pediatrics (AAP) recommends that all children be screened with a standardized developmental tool specifically for autism during a regular well-child doctor visit at: a. 9 and 12 months.

*b. 18 and 24 months.

c. 36 and 48 months.

d. > 5 years old.

5. Screening tools before 18 months of age are:

a. Reliable in detecting autism and do not need to be followed up with additional screening or thorough assessment at a later age.

b. Diagnostic and provide conclusive evidence for autism.

*c. Not reliable for routine autism screening.

d. Not recommended by the AAP to assess developmental delay during regular well-child doctor visits.

6. All of the following are examples of Level 1 or Level 2 screeners for autism in children >18 months except:

a. Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F).

b. Childhood Autism Spectrum Test (CAST).

c. Social Communication Questionnaire (SCQ). *d. Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS).

Additional Laura q & a's - proofed by Dorothy

7. According to the American Academy of Pediatrics, what is considered a red flag for ASD during well-child doctor visits < 30 months?

*a. Echolalia.

b. Not sleeping through the night.

- c. Not eating solid food.
- d. Not moving hands.

Slide 10

8. According to the American Academy of Pediatrics, what is considered a red flag for ASD during well-child doctor visits >

30 months?

- a. Not smiling.
- b. Not walking.

c. Difficulty eating.

*d. Difficultly understanding humor.

Slide 10

9. By what age can a diagnosis of ASD be considered very reliable?

a. 6 months.

b. 12 months.

c. 18 months.

*d. 24 months.

Reference: Slide 11

10. What is one of the main areas of behavior that an autism diagnosis interview should focus on?

a. Family life.

*b. Communication and language.

c. Intellectual ability.

d. Obedience.

Reference: Slide 27

11. What percentage of children with ASD and Intellectual Disability (ID) present sleep difficulties?

a. Up to 25%.

b. Up to 50%.

*c. Up to 80%

d. Children with ASD and ID do not experience sleep difficulties. Slide 60



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

Sections highlighted in orange need to be proofread.

| Activity Details | | | | |
|---|---|----------------|--|--|
| CME Activity Title | Bowel Disorders: Update on Irritable Bowel Syndrome and Irritable Bowel Disease | | | |
| Date | | Time | | |
| Location | Enduring Online Materials | Credit Hour(s) | 2 Cat. 1 | |
| Charge | ☐ Yes ⊠ No | SMS Code: | | |
| Target Audience – Mental and behavioral health topic(s) required for all symposiums. If limited to Baptist Health Medical Staff only, please indicate here. | Gastroenterologists, Radiologists, General Practitioners, Internal Medicine Physicians, Surgeons, Residents, Nurses, Nurse Practitioners, Dietitians, Clinical Pharmacists, Physician Assistants, and all other interested healthcare professionals. | | | |
| Commercial Support – C8 | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | | |
| Course overview | In this online course, Dr. Faten N. Aberra and Dr. Eamonn M. M. Quigley will discuss advances in the field of inflammatory bowel disease and irritable bowel syndrome. These topics will provide learners with relevant information regarding new developments in gastroenterology and new approaches to the management of gastrointestinal diseases. | | | |
| Credit Type AMA PRA Category 1 Anesthesia - Lifelong Learning Psychology - APA & FL < Internal Medicine - Medical Knowledge Physician Assistant CE Ophthalmology - Lifelong Learning APRNS CE Ophthalmology - Self-assessment Dental CE Surgery - Accredited CME Interprofessional (IPCE) Commendation Engages Teams - See Planning Team section Otolaryngology - Head and Neck Surgery MOC Points - MOC Checklist / Self-assessment Pathology - Lifelong Learning Pediatrics - Self-assessment Pediatrics - Lifelong Learning | | | cal Knowledge g Learning sessment E t nd Neck Surgery - ning | |
| Providership Direct | Joint PARS | 5 ID # | | |
| Publish to CME Passport 🛛 🛛 Yes 🗌 | No Publish to CEBroker | Yes 🗌 No | CEBroker # | |

| Planning Team | | |
|------------------------|-------------------------|--|
| Conference Director(s) | Kenneth Rosenthal, M.D. | |
| CME Manager | Nina Doleyres | |

| Conference Coordinator and/or Instructional Designer (OLP only) | Jessica Armenteros | |
|--|--|--|
| Sommendation 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. | | |
|--|---|---|--|
| 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. | | Primary care physicians and gastroenterologists are not always aware of the latest innovations and strategies to use in their practice to optimize patient outcomes. | |
| Educational needs that <u>underlie</u> the professional practice gaps of learners. Check all that apply. | | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. | |

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

| Explain how this activity is designed to change learner competence, performance or patient outcomes. | The Bowel Disorders course will enable primary care and gastro physicians to apply newly acquired knowledge, strategies, and the latest technologies for improving their practice by optimizing their patients' outcomes. | |
|--|--|--|
|--|--|--|

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

| Educational | | What change(s) in strategy, performance, or patient care would you like this education to help |
|-------------|--------------------------|---|
| Objectives | | learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement |
| Objectives: | • E: (I • Ri cc | pletion of this conference, participants should be better able to: xplain medical and nonmedical targeted therapies currently available for inflammatory bowel disease BD) and select therapies appropriately. ecognize the updated parameters of irritable bowel syndrome (IBS) and identify factors that can pontribute to the pathogenesis of symptoms. evelop a treatment strategy for the main IBS subtypes. eview important unanswered questions about IBS. |

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

| References: Provide evidence- based, peer reviewed references supporting | Sperber, A. D., Bangdiwala, S. I., Drossman, D. A., Ghoshal, U. C., Simren, M., Tack, J., & Palsson, O. S. (2021). Worldwide prevalence and burden of functional gastrointestinal disorders, results of Rome Foundation Global Study. <i>Gastroenterology</i> , 160(1), 99-114. |
|---|--|
| best practice guidelines. • APA Citations should be no older than 10 | Grover, M., Kolla, B. P., Pamarthy, R., Mansukhani, M. P., Breen-Lyles, M., He, J. P., & Merikangas, K. R. (2021). Psychological, physical, and sleep comorbidities and functional impairment in irritable bowel syndrome: Results from a national survey of US adults. <i>PloS one</i> , 16(1), e0245323. |
| years old. | Guillo, L., D'Amico, F., Danese, S., & Peyrin-Biroulet, L. (2021). Ustekinumab for extra-intestinal manifestations of inflammatory bowel disease: a systematic literature review. <i>Journal of Crohn's and Colitis</i> , <i>15</i> (7), 1236-1243. Chateau, T., Bonovas, S., Le Berre, C., Mathieu, N., Danese, S., & Peyrin-Biroulet, L. (2019). Vedolizumab treatment in extra-intestinal manifestations in inflammatory bowel disease: a systematic review. <i>Journal of Crohn's and Colitis</i> , <i>13</i> (12), 1569-1577. |
| | Feuerstein, J. D., Isaacs, K. L., Schneider, Y., Siddique, S. M., Falck-Ytter, Y., Singh, S., & Terdiman, J. (2020). AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis. <i>Gastroenterology</i> , 158(5), 1450-1461. |

| Faculty | | |
|--|--|--|
| Faculty List For more than two (2) faculty members, include the list at end of application. | Eamonn M. M. Quigley, M.D., FRCP, FACP, MACG, FRCPI, MWGO David M. Underwood Chair of Medicine in Digestive Disorders Co-director, Lynda K. and David M. Underwood Center for Digestive Disorders Chief, Gastroenterology and Hepatology Professor of Medicine, Institute of Academic Medicine, Houston Methodist Hospital Professor of Medicine, Weill Cornell Medical College Adjunct Professor of Medicine, Texas A&M Health Sciences Center College of Medicine Adjunct Professor, School of Medicine, University College Cork Houston, Texas Faten N. Aberra, M.D., MSCE Associate Professor of Medicine at the University of Pennsylvania Perelman School of Medicine at the University of Pennsylvania Philadelphia, Pennsylvania Kenneth Rosenthal, M.D. Gastroenterologist Co-Chair Boca Raton Regional Hospital CME Committee Boca Raton Regional Hospital | |

| 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 | Eamonn M. M. Quigley, M.D., faculty for this educational activity, is a researcher for 4D Pharma, Biomerica and Vibrant; a consultant for 4D Pharma, Vibrant, PrecisionBiotics, Novozymes, Salix and Allergan; and an adviser for Atlantia Foods. He has indicated that the presentation or discussion will not include off-label or unapproved product usage. Faten N. Aberra, M.D., faculty for this educational activity, is a researcher for AbbVie, Pfizer, Janssen, Target PharmaSolutions and UCB. He has indicated that the presentation or discussion will include off-label or unapproved product usage. Kenneth Rosenthal, M.D., conference director of this educational activity, indicated that he is a member of the speakers' bureau for AbbVie Pharmaceuticals. All of the relevant financial relationships listed for these individuals have been mitigated. |
| Disclosure to the audience: | Ethos Course Page Welcome Slides Faculty Slides Handout Other: |

Measured Outcomes

| Learner Knowledge | Learner Competence | Learner Performance | Patient Health | Community Health |
|-------------------|--|---------------------|-------------------|-------------------|
| Measurement Type: | Measurement Type: Subjective Objective | Measurement Type: | Measurement Type: | Measurement Type: |

| Evaluation Methods | Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. | |
|---|--|--|
| Changes in competence. Intent to change Confidence in ability | CME Evaluation Form What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. Pre/Post-Survey Provide 1-2 goals per lecture to measure changes in competence. Example: How confident are you in your ability to implement these strategies: Implement an individualized medical therapy option for patients with inflammatory bowel disease. Implement an individualized treatment strategy for patients with irritable bowel syndrome. | |
| Changes in performance. Commitment to Change Improves Performance Commendation Goal | <u>CME Impact Assessment</u> include Commitment to Change question. Add <u>Commitment to Change Ethos object</u>. Add commitment to change <u>Ethos object</u>. Add commitment to change <u>evaluation</u> question. (CME Registrar) Trigger follow-up survey 45 days post conference. (CME Registrar) Include handout or resource in follow-up email. (CME Manager/ Registrar) Additional questions for impact assessment: (CME Manager) <i>Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated</i>. <i>Example: 1 have implemented the new Baptist Health policy explained in this CME activity</i>. Within the last 60 days, I have screened patients for IBS and/or IBD: Yes/No *If yes, the following question will appear: Within the last 60 days, I have modified my treatment based on the evidence-based guidelines and recommendations discussed in the course. Yes/No Based on your intention to implement changes, what changes have you implemented in your practice? {Open text} If you have not implemented any of these strategies, what has prevented you from doing so? | |
| 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. | Commitment to change question at evaluation. 45 days post any completion for online course, impact assessment trigger. Send impact assessment one time. Summarize results at course closing. | |

| Baptist Health Commendation Goals | CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements. |
|--|--|
| Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement. | Use PowerPoint as example. |
| Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 10% of activities | Check all that apply. Health behaviors Access to care Economic, social, and environmental conditions Health disparities Health care and payer systems Population's physical environment |
| Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. | Describe the collaborative efforts. |
| Improves Performance Goal: 10% of activities | See Evaluation Methods section for required elements. Follow-up data is Required. |
| Improves Healthcare Quality Collaborates in the process of healthcare quality improvement AND Demonstrates improvement in healthcare quality Goal: Two examples per accreditation cycle. Examples: EBCC | Explain. |
| Improves Patient and/or Community Health The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). Goal: Two examples per accreditation cycle. | Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain. |
| Optimizes Communication Skills Designed to improve communication skills of learners. Example: Sim Lab | CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. Course leader provides formative feedback to each learner about observed communication skills. Sample completed evaluation saved to file. |
| Optimizes Technical and/or Procedural Skills Designed to optimize/improve technical and procedural skills of learners. Example: Gamma Knife | CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. Sample completed evaluation saved to file. |

| Utilizes Support Strategies Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change. Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps | Explain. Sample supplemental materials saved to file. |
|---|---|
| Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission. | Explain. |

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

| OLP Course Details For the | OLP Course Details For OLP Enduring Applications ONLY | | | |
|----------------------------|---|--|--|--|
| Course Video URL | | | | |
| Course Handout URL | | | | |
| Multiple Choice Questions | | | | |
| Course Release Date | December 2022 | | | |
| Course Renewal Date | | | | |
| Course Expiration Date | November 2025 | | | |

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



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

Sections highlighted in orange need to be proofread.

| | Activity Details | | | | | | | | |
|---|------------------|-----------|--|---|-----|----------|---|---|--|
| CME Activity Title | | | Evidence-based Clinical Care: Surviving Sepsis | | | | | | |
| Date | | | End | during Material | | Time | | Online | |
| Location | Location | | | | | Credit H | lour(s) | 1 Cat. 1 | |
| Charge | | | □ Yes SMS Code: ⊠ No | | | | | | |
| Target Audience – Mental and behavioral health topic(s) required for all symposiums. If limited to Baptist Health Medical Staff only, please indicate here. | | | | Critical Care Physicians, Emergency Department Physicians, Hospitalists, Internal Medicine Physicians, Infectious Disease Physicians, General Surgeons, Oncologists and Obstetricians, Nurses, Nurse Practitioners and Physician Assistants. | | | | | |
| Commercial Support – C8 | | | | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | | | | |
| Course overview | | | | Sepsis, Severe Sepsis and Septic Shock are significant healthcare concern for the U.S. population because of its high prevalence, morbidity, mortality and medical costs. Mortality from sepsis increases 8% for every hour that antibiotic treatment is delayed. Sepsis is a leading cause of death in U.S. hospitals. This course provides a review of the Sepsis Clinical Pathway at Baptist Health South Florida. | | | | | |
| Credit Type AMA PRA Category 1 Psychology - APA & FL • Physician Assistant CE APRNs CE Dental CE Podiatry CE Interprofessional (IPCE) • Engages Teams – See Plant MOC Points - MOC Checklis Pediatrics - Self-assessment | | | Com ing T t / Se | mendation Feam section | | | nternal N Ophthalm Ophthalm Surgery - J Surgery - J Otolaryng Self-Asse Pathology | ology - Lifelonş ology - Self-ass Accredited CM Self-assessmen ology – Head a | ical Knowledge g Learning sessment E It nd Neck Surgery - ning |
| Providership | \square | Direct | Joir | nt | PAI | RS ID # | IEM202 | 2367 | |
| Publish to CME Passp | ort | 🛛 Yes 🗌 N | lo | Publish to CEBroker | • | 🛛 Yes 🗌 |] No | CEBroker # | 777544 |

| Planning Team | | | | |
|--|------------------------------|---|--|--|
| Conference Director(s) Eduardo Martinez DuBouchet, M.D | | | | |
| CME Manager Marie Vital Acle | | | | |
| Conference Coordinator and/or Instru | ictional Designer (OLP only) | Tatiana Posada Betty Blanco (Instructional Designer) | | |

| Scommendation Goal: Engages Interprofessional Teams/IPCE (10% of activities) | Eduardo Martinez DuBouchet, M.D. Medical Director Acute Telehealth, eICU, Transfer Center Baptist Health South Florida |
|---|---|
| | Katia Jimenez Reyes, M.D., CCDS Director, Clinical Documentation Improvement Program Managed Care, Network Development & Medical Management Department Baptist Health South Florida |
| | Lisa-Mae Williams, Ph.D., R.N., CCRN-K Operations Director, Telehealth Center, Tele-Critical Care & Virtual Sepsis Unit Baptist Health South Florida |

| BHSF Initiatives | | | | | |
|---|---|--|--|--|--|
| Balance across the cor Diversity & Inclusion Evidence-based data High-reliability tools – systems, processes, ar | Use of prior experiences to improve | Overutilization – unnecessary health care costs Patient-centered care Public health factors (See commendation.) Removing redundancy – improving processes | | | |
| Collaborative Partner: | This course is planned in collaboratior system-wide standardization effor | n with the evidence-based clinical care committee in support of ts. | | | |
| Describe initiative: | | | | | |

| Appropriate Formats | | or activities/interventions that are appropriate for esults 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 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 pro- examines those problems and looks for knowledge, strategy, skill, performance, or syste 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. | | Physicians may not be aware of evidence-based standardization efforts throughout Baptist Health that are impacting algorithms of care. This course reviews the sepsis clinical pathway at Baptist Health. |
| Educational needs that <u>underlie</u> the professional practice gaps of learners. <i>Check all that apply.</i> | | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. |

| Designed to Change | | The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. | | | |
|--|---------|---|---|--|--|
| This activity is designed to change: | Perform | petence - CME evaluation and pre/post-survey. ormance - Follow-up impact assessment and commitment to change. nt Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards. | | | |
| Explain how this activity is designed to change learner competence, performance or patient outcomes. | | | Physicians will implement power plans for sepsis consistently as evidenced by clinical pathway utilization. | | |

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

| Educatio Objecti | | What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement | | | | | |
|---------------------|--------------------|--|--|--|--|--|--|
| Objectives: | • E) ca • Id | pletion of this conference, participants should be better able to: xplain the evidence-based data supporting standardization efforts to ensure consistent delivery of are in sepsis patients. lentify and triage sepsis patients according to clinical pathways and consistently implement opropriate, timely treatment protocols. | | | | | |

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

References:

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

The system-wide evidence-based clinical care committee is comprised of multidisciplinary stakeholders who have assessed diagnosis related groups (DRGs) to determine new current standard of care and develop treatment algorithms. It is the recommendation of these committees, based on extensive evidenced-based research, to modify delivery of care to improve efficiency and ensure all patients receive the same quality care throughout Baptist Health removing variances. These standardization efforts are supported by implementation of Cerner EMS system and monitored by utilization metrics.

The evidence used to create the algorithms of care for sepsis are as follows:

- Beardsley, J.R., Jones, C.M., Williamson, J., Chou, J., Currie-Coyoy, M., & Jackson, T. (2016). Pharmacist involvement in a multidisciplinary initiative to reduce sepsis-related mortality. American Journal of Health System Pharmacy. 73(3), 143-149. doi:10.2146/ajhp150186.
- Doerfler, M.E., D'Angelo, J., Jacobsen, D., Jarrett, M.P., Kabcenell, A.I., Masick, K.D....Steir, L. (2015). Methods for reducing sepsis mortality in emergency departments and inpatient units. Joint Commission Journal on Quality & Patient Safety. 41(5), 205-211.
- Douglas, M., Devita, M. A., Gilder, R., & Lauer, P. (2016). Bridging gaps in rapid response systems. Nursing Management (Springhouse), 47(12), 26-3. doi:10.1097/01.numa.0000508260.11605.47.
- Mission Health. (2016) Lowering Sepsis Mortality and Length of Stay: One Hospital System's Story. Health Catalyst [PDF]. Retrieved from https://www.healthcatalyst.com/wpcontent/uploads/2015/06/Lowering-Sepsis-Mortality-and-Length-of-Stay-One-Hospital-System%E2%80%99s-Story.pdf
- Rhodes, A., Evans, L.E., Alhazzani W., Levy, M.M., Antonelli, M., Ferrer, R.... Dellinger, RP. (2017) Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016. Intensive Care Medicine, 43(3), 304-377. doi: 10.1007/s00134-017-4683-6.
- Sepsis Alliance. (2016). Sepsis fact sheet. Retrieved from http://www.sepsis.org/downloads/2016_sepsis_facts_media.pdf. [1] Whippy, A., Skeath, M., Crawford, B., et al. Kaiser Permanente's Performance Improvement System, Part 3: multisite improvements in care for patients with sepsis. Joint Commission Journal on Quality and Patient Safety. 2011; 37(11); 483-493.
- Zweig, M. (2014) How to scale sepsis protocols across an entire health system. https://www.advisory.com

| | Faculty |
|--|--|
| Faculty List For more than two (2) faculty members, include the list at end of application. | Eduardo Martinez DuBouchet, M.D. Medical Director Acute Telehealth, eICU, Transfer Center Baptist Health South Florida Katia Jimenez Reyes, M.D., CCDS Director, Clinical Documentation Improvement Program Managed Care, Network Development & Medical Management Department Baptist Health South Florida |
| | Lisa-Mae Williams, PhD, R.N., CCRN-K Operations Director, Telehealth Center, Tele-Critical Care & Virtual Sepsis Unit 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 | Eduardo Martinez DuBouchet, M.D., Lisa-Mae Williams, R.N., and Katia Jimenez Reyes, M.D., CCDS, faculty of this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentation or discussion will not include off-label or unapproved product usage. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. |
| Disclosure to the audience: | Ethos Course Page 🛛 Welcome Slides 🗌 Faculty Slides 🗌 Handout 🗍 Other: |

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

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

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

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

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

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

| OLP Course Details For OLP Enduring Applications ONLY | | |
|---|--------------|--|
| Course Video URL | | |
| Course Handout URL | | |
| Multiple Choice Questions | 10-questions | |
| Course Release Date | 12/2022 | |
| Course Renewal Date | | |
| Course Expiration Date | 12/2025 | |

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



CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

Applicable Credits: AMA Category 1 🛛 = Continuing Psychology Education 🗌 = Continuing Dental Education 🗌

CME ACTIVITY TITLE: Inequities in Women's Healthcare

COURSE APPROVED: June 2017 COURSE EXPIRED: June 2019

COURSE REVIEWED: January 2020; December 2022

COURSE EXPIRES: January 2020; January 2023; June 2023

CREDIT HOUR(S) APPLIED FOR: 1.25 Cat. 1

TARGET AUDIENCE: All Physicians, Nurse Practitioners, Physician Assistants, Nurses, Social Workers, Residents and Medical School Students

CONFERENCE DIRECTOR: J. Arturo Fridman, M.D., Baptist Health South Florida Sanford M. Markham, M.D., FACOG, FACS, FIU Herbert Wertheim College of Medicine

CME MANAGER: Linda Santos (Live)/ Marie Vital Acle (Online)

LEARNING FORMAT: Must be appropriate to achieve objectives and desired results (C5). Check all that apply.

| | Live activity |
|-------------------------------------|----------------------------|
| Case Studies | Manuscript review activity |
| Didactic Lecture | Panel |
| Enduring Material (DVD/Booklet) | PI CME activity |
| Internet Activity Enduring Material | Question & Answer |
| Internet Live Course (Live Webcast) | Regularly Scheduled Series |
| Internet point-of-care activity | Simulation |
| Journal-based CME activity | Test item writing activity |
| Learning from Teaching | Other (specify) |

COURSE DESCRIPTION: This short summary will be used on course shell. Please note that keyword searches will pull from this description.

The Omar Pasalodos, M.D., Memorial Lecture is held annually to honor Dr. Pasalodos' dedication to women's healthcare, community outreach and education. Each year a nationally recognized speaker addresses current and important women's healthcare issues. This course is a recording of the sixth annual meeting.

Gender-based healthcare inequities can put women at risk for misdiagnoses, ineffective treatments and compromised care. Contributors to disparities in women's healthcare include deficits in gender-based research and an often unintentional yet intrinsic practitioner bias. Increased awareness among practitioners, patients and medical schools is needed in order to avoid gender bias.

FACTORS OUTSIDE OUR CONTROL – *List factors outside our control and beyond the learner performance that impact patient outcomes and contribute to the healthcare "quality gap" being addressed.* **(C18)**

| Patient: | 🛛 Noncompliance 🔲 Lifestyle 🗌 Resistance to change 🔄 Cost of care/Lack of insurance |
|----------------|---|
| Physician: | Noncompliance Resistance to change Communication skills Reimbursement issues |
| Resources: | Institutional Capabilities Physician Practice Limitations Community Service Limitations |
| State of Scien | ce: Limited or no treatment modalities Limited or no diagnostic modalities |
| Other: Please | describe |

BARRIERS TO PHYSICIAN CHANGE: (C19) Briefly explain how this activity addresses the barriers/factors identified.

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: Patient care and procedural skills Medical knowledge Practice-based learning and improvement Interpersonal and communication skills Professionalism Systems-based practice

INSTITUTE OF MEDICINE: Provide patient-centered care Work in interdisciplinary teams Employ evidence-based practice Apply quality improvement Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: Values/ethics for interprofessional practice Roles/responsibilities Interprofessional communication Teams and teamwork

PROFESSIONAL PRACTICE GAP (C2)

The difference between what is (the "actual") and what should be (the "ideal").

What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)

► Gender-based healthcare inequities can put women at risk for misdiagnoses, ineffective treatments and compromised care. Contributors to disparities in women's healthcare include deficits in gender-based research and an often unintentional yet intrinsic practitioner bias. Increased awareness among practitioners, patients and medical schools are needed in order to avoid gender bias.

Indicate if the gap is related to need for change in either/or:

- Knowledge and/or (Doctors do not know that they need to be doing something.)
- Competence *and/or* (Doctors do not know how to do it)
- Performance and/or (Doctors know how to do it but are noncompliant or are not doing it properly.)

DESIRED OUTCOMES (GOAL): Answer one or more of the following questions: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? (C3)
 ▶ Physicians and other healthcare practitioners will refrain from making assumptions, and they will follow standard protocol.

They will use tools proven to interrupt habitual biases, preventing them from corrupting the decision-making process.

Indicate what this activity is designed to change.

Designed to change competence

Designed to change performance

Designed to change patient outcomes

NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? (Check all that apply and

explain below.)

| Best practice parameters | Consensus of experts |
|--------------------------------|--|
| Disease prevention (C12) | Joint Commission initiatives (C12) |
| Mortality/morbidity statistics | National Patient Safety Goals |
| National/regional data | New diagnostic/therapeutic modality (C12) |
| New or updated policy/protocol | Patient care data |
| Peer review data | Process improvement initiatives (C16 & 21) |
| Regulatory requirement | Other need identified (Explain): |
| Research/literature review | |

EDUCATIONAL OBJECTIVES: Based on the gaps identified above, what are the learning objectives for this activity? Describe the performance* that should change if participants apply what they learn. *(or competence or patient outcome) Upon completion of this lecture, participants should be better able to:

- Recognize important documented inequities in women's health, from prevention to diagnosis and treatment, in a U.S. and international context.
- Distinguish significant disparities in public health, medical education, research and healthcare provision.
- Discuss strategies for healthcare providers, patients and the community to break down obstacles contributing to healthcare inequities.

EVALUATION METHODS: Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. **(C11)**

- Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
- Changes in performance. Evaluation method: Follow-up Survey Provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the

new Baptist Health policy explained in this CME activity.

Changes in patient outcomes. Evaluation method: Review of hospital, health system, public health data, etc. Other

FACULTY: (Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.) Ana M. Viamonte Ros, M.D., MPH

Secretary of Health and Surgeon General, State of Florida (2007-2011) Medical Director, Palliative Care and Bioethics, Baptist Health South Florida Associate Dean for Women in Medicine and Science and Associate Professor for Department of Health, Humanities and Society Herbert Wertheim College of Medicine, Florida International University

Faculty disclosure statement (as it should appear on course shell):

Dr. Viamonte Ros has indicated she has no relevant financial relationships and her discussion will not include mention of investigational or off-label usage.

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

RELEVANT FINANCIAL RELATIONSHIPS: List individuals in control of the content of this CME activity (other than

faculty). Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.

| Hav | re all relevant financial interests been identified and resolved? (C7; SCS 2.1, 2.2, 2.3) | 🖂 Yes | □No |
|-------------|---|-------|-----|
| \boxtimes | CME Dept. Leadership and Staff 🛛 CME Committee 🖾 Conference Director | | |
| \boxtimes | Others (Conference Coordinator, Planning Group, etc.) | | |

| NON-EDUCATIONAL STRATEGIES: Explain what we are doing (CME or BHSF) – or what we could do – to enhance |
|--|
| change as an adjunct (in addition to) to this CME activity. (C17) These would be tactics and tools to facilitate change that |
| go beyond this CME activity. NOTE: Insert this information under course shell>>custom fields>>resources. |
| Process redesign or new protocol Reminders (posters, mailings, email blasts) New order sheets |
| Other tools or tactics Explain: |

COLLABORATION: Are we engaged in collaborative and cooperative projects with other stakeholders (internal or external) that are related to this CME activity? (C20)

| Yes No Are we partnering with other organizations in a purposeful manner to achieve common interests? |
|---|
| Yes No Are we collaborating with internal departments in a purposeful manner to achieve common interests? |
| If yes, describe the collaborative efforts. In collaboration with Florida International University's Herbert Wertheim College |
| of Medicine and Health Foundation of South Florida, the Omar Pasalodos, M.D., Memorial Lecture is held annually to |
| honor Dr. Pasalodos' dedication to women's healthcare, community outreach and education. This event features a |
| nationally recognized speaker and focuses on women's healthcare issues. The target audience includes non-clinical |
| female professionals from our community. The Planning Group includes Lisa Pasalodos, widow of Dr Pasalodos, who |
| represents the non-medical community. |

PLANNING GROUP:

- Sanford M. Markham, M.D., FACOG, FACS, Chairman, Emeritus Executive Associate Dean for Student Affairs, Professor of Obstetrics & Gynecology, Herbert Wertheim College of Medicine, Florida International University .
- J. Arturo Fridman, M.D., Medical Director, Continuing Medical Education, Baptist Health South Florida Carolyn D. Runowicz, M.D., Executive Associate Dean for Academic Affairs, Herbert Wertheim College of Medicine, Florida International University.
- . Linda N. Santos, Corporate Director, Continuing Medical Education, Baptist Health South Florida

FOUNDING COMMITTEE:

- Wayne Brackin, Chief Operating Officer, Baptist Health South Florida
- Javier Hernandez-Lichtl, Chief Executive Officer, West Kendall Baptist Hospital
- Steven E. Marcus, Ed.D., President and CEO, Health Foundation of South Florida .
- Lisa D. Pasalodos .
- John A. Rock, M.D., Founding Dean and Senior Vice President for Medical Affairs, Herbert Wertheim College of Medicine, Florida International University
- All members of the Planning Group .

Note: Members of the Founding Committee do not have direct or indirect control over the content of this CME activity.

COMMERCIAL SUPPORT: Indicate here if support will come from the Foundation's general Continuing Medical Education fund.

| DATE REVIEWED: June 19, 2017 | REVIEWED BY: Accelerated Approval Executive Committee | | |
|--|---|--|--|
| APPROVED: ⊠YES ☐NO ■ Credits: AMA/PRA Category 1 Credits: # <u>1.0</u> | | | |
| Continuing Psychology Education | Credits: # ⊠N/A ■ Continuing Dental Education Credits: # ⊠N/A | | |
| | | | |

REFERENCES:

McGregor AJ. **The need for sex and gender education reform.** J Women's Health (2015) 1; 24(12): 961–962. (<u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4683549/</u>)

Advances in our understanding of the very specific and unique medical needs of women have sparked a paradigm shift in the education of healthcare professionals—a shift in perspective that has been clarified around health care providers' acceptance that patient's sex and gender have an unavoidable influence on the prevention, diagnosis and treatment of disease.

Sen G and Oestlin P (2007). **Unequal, unfair, ineffective and inefficient - Gender Inequity in health: why it exists and how we can change it**. Final report of the WHO Commission of Social Determinants of Health. http://www.who.int/social_determinants/resources/csdh_media/wgekn_final_report_07.pdf

Gender inequality damages the physical and mental health of millions of girls and women across the globe, and also of boys and men despite the many tangible benefits it gives men through resources, power, authority and control. Because of the numbers of people involved and the magnitude of the problems, taking action to improve gender equity in health and to address women's rights to health is one of the most direct and potent ways to reduce health inequities and ensure effective use of health resources. Deepening and consistently implementing human rights instruments can be a powerful mechanism to motivate and mobilize governments, people and especially women themselves.

WHO Fact Sheet: Gender.

http://www.who.int/mediacentre/factsheets/fs403/en/ Key facts

- Gender norms, roles and relations can influence health outcomes and affect the attainment of mental, physical and social health and well-being.
- Gender inequality limits access to quality health services and contributes to avoidable morbidity and mortality
 rates in women and men throughout the life-course.
- Developing gender-responsive health programmes which are appropriately implemented are beneficial for men, women, boys and girls.
- It is necessary to disaggregate data and conduct gender analyses to identify sex and gender-based differences in health risks and opportunities and to design appropriate health interventions.
- Addressing gender inequality improves access to and benefits from health services.

Additional References:

REFERENCES supporting the current practice and/or the optimal practice and/or practice gap:

-Bess, C. J. (1996) Gender Bias in Health: A Life or Death Issue for Woman with Coronary Heart Disease, 6 Hastings Women's L. R. Retrieved from: http://repository.uchastings.edu/hwlj/vol6/iss1/3

-Hadassah. Understanding Women's Health Equity. Retrieved from: http://www.hadassah.org/advocate/coalition-for-womens-health.html#understanding

-McGregor, A.J., Choo, E. (2012) Gender-specific medicine: yesterday's neglect, tomorrow's opportunities. Acad Emerg Med. Retrieved from: https://www.ncbi.nlm.nih.gov/pubmed/22724529

-Nordell, J. (2017) A Fix for Gender Bias in Health Care? Check.

https://www.nytimes.com/2017/01/11/opinion/a-fix-for-gender-bias-in-health-care-check.html?_r=0

-Poínhos, R. (2011) Gender bias in medicine [Article in Portuguese] Sociedade Portuguesa de Ciências da Nutrição e Alimentação. Retrieved from: https://www.ncbi.nlm.nih.gov/pubmed/22713192

-Risberg, G., Johansson, E.E., and Hamberg, K. (2009) A theoretical model for analysing gender bias in medicine. International Journal of Equity Health. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2731093/



🕈 Baptist Health South Florida

Continuing Medical Education

Rev. 04/05/2022 _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 | Institutional Review Bo Subjects Research | Institutional Review Board: Investigator Responsibilities When Conducting Human Subjects Research | | | |
| Date | <u>June 2022</u> | Time | | | |
| Location | Online | Credit Ho | our(s) | <u>1.5</u> | |
| Charge | ☐ Yes ⊠ No | SMS Code | e: | | |
| Target Audience – Mental and behavioral health to required for all symposiums. If limited to Baptist Health Media Staff only, please indicate here. | pic(s) | All investigators responsible for human subject research. | | | |
| Commercial Support – C8 | * Notify CME Busi | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | | |
| Course overview | conducting human sub a clinical study in which of the investigator or o | This booklet is designed to help investigators better meet their obligations for conducting human subject research by clarifying their responsibility (1) to supervise a clinical study in which some study tasks are delegated to employees or colleagues of the investigator or other third parties, and (2) to protect the rights, safety and welfare of study subjects. | | | |
| Physician Assistant C APRNs CE Dental CE Podiatry CE Interprofessional (IP Engages Teams – Second S | FL 🔄 - APA Checklist CE CE) 🔄 Commendation e Planning Team section Checklist / Self-assessment | Ophthalmology - Lifelong Learning Ophthalmology - Self-assessment Surgery - Accredited CME Surgery - Self-assessment Otolaryngology – Head and Neck Surgery Self-Assessment Pathology - Lifelong Learning Pathology - Lifelong Learning Pathology - Lifelong Learning Pathology - Lifelong Learning | | cal Knowledge g Learning essment E t nd Neck Surgery - ning | |
| Providership Direct | Joint | PARS ID # 2 | 2013IEM2 | 6 | |
| Publish to CME Passport Xe | s No Publish to CEBrok | er 🛛 Yes 🗌 | No | EBroker # | 387379 |

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

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

| BHSF Initiatives | | | | |
|---|-------------------------------------|--|--|--|
| Balance across the con Diversity & Inclusion Evidence-based data High-reliability tools – systems, processes, ar | Use of prior experiences to improve | 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. | | Physicians who are principal investigators for research studies conducted through the Baptist Health South Florida Institutional Review Board are not fully aware of all areas of responsibility when conducting research with human subjects. | |
| Educational needs that <u>underlie</u> the professional practice gaps of learners. <i>Check all that apply.</i> | | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. | |

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

| Explain how this activity is designed to change learn | All principal investigators who run studies through the BHSF IRB will |
|---|---|
| competence, performance or patient outcomes. | supervise clinical studies in a manner that protects the rights, safety |
| | and welfare of study subjects. |

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

| Educatio Objecti | | What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement |
|---------------------|---|---|
| Objectives: | D E) D In bit Ri | pletion of this conference, participants should be better able to: escribe the history and importance of human subjects protection. kplain why additional protections are needed for vulnerable populations. elineate the appropriate procedures for recruiting research participants. nplement the requirements and process <u>for to</u> obtain informed consent following national evidence- ased guidelines and Baptist Health IRB policies and procedures. ecognize the importance of study design in the protection of research participants. kplain the responsibilities of a principal investigator. |

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

| | Γ |
|-----------------------|---|
| References: | Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. |
| Provide evidence- | Federal Register Document (<u>http://www.hhs.gov/ohrp/archive/related</u>) |
| based, peer reviewed | Office for Human Research Protection IRB Guide Book 1993 |
| references supporting | (http://www.hhs.gov/ohrp/archive/irb/irb_guidebook) |
| best practice | Office for Human Research Protection (<u>http://www.hhs.gov/ohrp</u>) |
| guidelines. | Food and Drug Administration Clinical Trial Guidance Documents |
| APA Citations should | (http://www.fda.gov/RegulatoryInformation/Guidances) |
| be no older than 10 | National Institutes of Health Training Protection of Human Research Protection |
| years old. | (http://phrp.nihtraining.com) |
| | Baptist Health South Florida Institutional Review Board Policies and Procedure. (BHSF 830.00- |
| | 835.00) |
| | |
| | |
| | Bibliography |
| | |
| | |

Office for Human Research Protection Office for Human Research Protection Compliance & Reporting Office for Human Research Protection Regulations, Policy & Posting Guidance for Investigators <u>http://www.hhs.gov/ohrp</u>

Institutional Review Board: Management and Function by Elizabeth A. Bankert & Robert J. Amdur, Second Edition (2006)

Institutional Review Board: Member Handbook by Elizabeth A. Bankert & Robert J. Amdur, Third Edition (2011)

Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. Federal Register Document http://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html

Code of Federal Regulations DHHS Part 45 CFR 46 Protection of Human Subjects Revised January 19, 2017 Effective July 19, 2018

45 CFR 46 Subpart B 45 CFR 46 Subpart C 45 CFR 46 Subpart D

Food and Drug Administration Clinical Trial Guidance Documents http://www.fda.gov/RegulatoryInformation/Guidances/ucm122046.htm

Food and Drug Administration Warning Letters http://www.fda.gov/ICECI/EnforcementActions/WarningLetters/default.htm

Baptist Health South Florida Institutional Review Board Policies and Procedures BHSF 832.01 Advertisements and Recruiting Materials BHSF 832.04 Medical Devices BHSF 832.07 Investigational Drugs and Biologics BHSF 832.08 Off-Label Use of Marketed Drugs, Biologics and Medical Devices BHSF 832.09 Emergency Use of a Drug, Device or Biological Product BHSF 832.10 Data Safety Monitoring BHSF 833.00 Informed Consent Process and Documentation BHSF 833.01 General Requirements of Informed Consent BHSF 833.03 Vulnerable Subjects

| BHSF 834.01 IRB Audit Program BHSF 834.02 Notification of Noncompliance |
|--|
| Public Responsibility in Medicine and Research (PRIM&R) Good Clinical Practice (GCP) – December 5, 2010 |

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

| Disclosure Statement | Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content. |
|-----------------------------|--|
| Mitigation Chart | Mitigation chart complete on File Checklist. |
| Disclosures | Add all faculty disclosures to this section: |
| | Mark Hauser, M.D., and Amanda Coltes-Rojas, content contributors and reviewers of this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the content will not include off-label or unapproved product usage. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. |
| Disclosure to the audience: | Ethos Course Page Uelcome Slides Faculty Slides Handout Other: |

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

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

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

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

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

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

| OLP Course Details For OLP Enduring Applications ONLY | | | |
|---|-------------------------------------|--|--|
| Course Video URL | | | |
| Course Handout URL | | | |
| Multiple Choice Questions | | | |
| Course Release Date | Jan 1, 2016 | | |
| Course Renewal Date | June 1, 2022 <u>; December 2022</u> | | |
| Course Expiration Date | Dec. 31, 2022 <u>; June 1, 2023</u> | | |

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



🕈 Baptist Health South Florida

Continuing Medical Education

Rev. 04/05/2022 _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 | Int | Internal and Family Medicine e-Learning Series | | | | |
| Date | | Time | | | | |
| Location | Int | ernet Enduring Material | s Credit H | lour(s) | See Chart B | elow |
| Charge | | Yes No | SMS Co | de: | | |
| Target Audience – Mental and behavioral health required for all symposiums. If limited to Baptist Health Me Staff only, please indicate here | copic(s) Fe Nu dical pro | Internal Medicine Physicians, Family Medicine Physicians, Obstetricians, Hospitalists, Fellows, Physician Assistants, Residents, Advanced Practice Registered Nurses, Nurses, Pharmacists, Pharmacy Technicians and all other interested healthcare providers. | | | | |
| Commercial Support – C8 | | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | | | |
| Course overview | a v im op To by | The primary care provider for internal and family medicine usually sees patients with a wide variety of symptoms. The goal of this series is to provide consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care. Topics for this lecture series include coronary artery calcifications, infection caused by periodontitis, hemostasis thrombosis, B12 deficiency, lung cancer screening, cardiac amyloidosis, health equity, impatient hypertension and psoriasis. | | | | |
| Credit Type AMA PRA Category 1 Anesthesia - Lifelong Learning Psychology - APA & FL 🔄 - APA Checklist Internal Medicine - Medical Knowledge Physician Assistant CE Ophthalmology - Lifelong Learning APRNs CE Ophthalmology - Self-assessment Dental CE Surgery - Accredited CME Podiatry CE Surgery - Self-assessment Interprofessional (IPCE) Commendation Engages Teams - See Planning Team section Otolaryngology - Head and Neck Surgery MOC Points - MOC Checklist / Self-assessment Pathology - Lifelong Learning Pediatrics - Self-assessment Pediatrics - Lifelong Learning | | | cal Knowledge g Learning essment E t nd Neck Surgery - ning | | | |
| Providership 🛛 Direct | iol 🗌 | nt P | ARS ID # | IEM2022 | 358 | |
| Publish to CME Passport | res 🗌 No | Publish to CEBroker | Yes 🗌 |] No | CEBroker # | |

| Planning Team | | |
|------------------------|------------------|--|
| Conference Director(s) | John Rubin, M.D. | |
| CME Manager | Nina Doleyres | |

| Conference Coordinator and/or Instructional Designer (OLP only) | Jessica Armenteros |
|---|--|
| Scommendation 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: | bllaborative Partner: Boca Raton Regional Hospital/Baptist Health South Florida and Florida Atlantic University | | | |
| Describe initiative: | | | | |

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

| Educational Needs | What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. | |
|---|---|---|
| State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap. | | Current physician practice does not include consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care. |
| Educational needs that <u>underlie</u> the professional practice gaps of learners. Check all that apply. | | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. |

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

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

| Educational | What change(s) in strategy, performance, or patient care would you like this education to help |
|-------------|--|
| Objectives | learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement |

| Objectives: | Upon completion of this conference, participants should be better able to: | | | | |
|-------------|--|--|--|--|--|
| | Module Learning Objectives | | | | |
| | Coronary Artery Calcification in Women: More Than Meets the Eye (1 Cat. 1) Course Review Date: September 2022 Course Expiration: September 2025 Examine research updates on female-specific and female-predominant cardiovascular risk factors. Discuss evidence-based recommendations for the use of coronary artery calcium scans in women. Evaluate research updates on the relationship between coronary artery and breast arterial calcification in women. | | | | |
| | Review evidence-based cardiovascular risk reduction strategies for women with arterial calcification. | | | | |
| | Interactions Between Periodontitis and Systemic Diseases (1.25 Cat. 1) Course Review Date: September 2022 Course Expiration: September 2025 Identify the pathogenesis of periodontitis and be able to question a patient regarding periodontal health status based on signs and symptoms of periodontal disease. Discuss the common denominators of inflammation through many chronic diseases and how periodontitis can significantly elevate systemic inflammatory markers. Recognize how bacteremia from oral sources can seed periodontal pathogens to remote sites, causing pathology from the brain to vascular, cardiac, prosthetic and other structures. Describe the relationship between oral dysbiosis and gut dysbiosis and associated disease processes. | | | | |
| | An Approach to Hemostasis and Thrombosis for the Internist (1 Cat. 1) Course Review Date: September 2022 Course Expiration: September 2025 Explain the basics of primary and secondary hemostasis and identify the tests used to evaluate hemostasis. Describe the approach to evaluate and treat prolonged prothrombin time (PT) and activated partial thromboplastin time (aPTT). Explain the approach to evaluate and treat thrombocytopenia and basics of immune thrombocytopenia (ITP), thrombotic thrombocytopenic purpura (TTP), heparin-induced thrombocytopenia (HIT). Explain the basics of hypercoagulability testing and discuss the approach to duration of | | | | |
| | anticoagulation. B12 Deficiency (1 Cat.1) Course Review Date: September 2022 Course Expiration: September 2025 Explain the pathophysiology of B12 deficiency and identify its clinical features and causes in clinical practice. Implement the appropriate testing for B12 deficiency and recognize the limitations of testing. Select appropriate treatments to optimize patient outcomes. | | | | |
| | Screening for Lung Cancer Is Standard Therapy (1 Cat. 1) Course Review Date: September 2022 Course Expiration: September 2025 Implement lung cancer screening according to the latest evidence-based guidelines for high-risk patients. | | | | |
| | Psoriasis Update (1.50 Cat. 1) Course Review Date: September 2022 Course Expiration: September 2025 Identify psoriasis based on clinical presentation and implement essential screening for a patient with new-onset psoriasis. Assess psoriasis symptoms in patients with underlying conditions such as chronic liver diseases and vascular diseases. Appraise current systemic approaches to the treatment of psoriasis, including antimetabolites, systemic immunosuppressants, interferon and interleukin antagonists. | | | | |
| | Attaining Health Equity: Focusing Our Lens on What's Important (1 Cat. 1) | | | | |

Attaining Health Equity: Focusing Our Lens on What's Important (1 Cat. 1) Course Review Date: September 2022 Course Expiration: September 2025

- Define health equity and various terms associated with this, such as structural inequity, racism, and social determinants of health.
- Identify health disparities and health equity and assess factors that play a role in this.
- Examine the rationale behind the importance of addressing health disparities and health equity, including factors that contribute to these disparities.
- Review ways in which physicians can play a role in addressing health disparity and health equity to optimize medical care for these patient populations.

Cardiac Amyloidosis: An Increasingly Recognized Entity (1.25 Cat.1) Course Review Date: September 2022 Course Expiration: September 2025

- Review the pathophysiology and subtypes of cardiac amyloidosis.
- Establish the clinical clues for when to suspect cardiac amyloidosis.
- Identify the key principles in making the diagnosis of cardiac amyloidosis.
- Evaluate the available and emerging therapies for cardiac amyloidosis.

Inpatient Management of Hypertension (1.25 Cat.1)

Course Review Date: September 2022 Course Expiration: September 2025

- Identify the proper management of hypertensive emergency.
- Identify the proper management of hypertensive urgency in asymptomatic patients both in the emergency department and inpatient settings.
- Determine the management of chronic hypertension in the inpatient setting.

Tremors Update 2022 (1.25 Cat.1)

Course Review Date: November 2022 Course Expiration: September 2025

- Identify the principle clinical features of essential tremor and Parkinson's Disease.
- Analyze imaging to assist in differential diagnosis of Parkinson's Disease versus essential tremor.
- Identify the current medication and surgical treatments for Parkinson's Disease and Essential tremor.
- Discuss the application of MRI guided ultrasound lesioning for tremor.

Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases (1.25 Cat.1) Course Review Date: November 2022 Course Expiration: September 2025

- Implement strategies to participate in more goals of care and advance care planning conversations.
- Deliver care to reduce suffering and improve quality of life for both the patient and the family.
- Collaborate with the multidisciplinary team to support end-of-life care.

Drug Interactions of Clinical Importance (1.25 Cat.1)

Course Review Date: November 2022 Course Expiration: September 2025

- Identify the safety nets that assist in preventing harm due to drug-drug interactions.
- Recognize drug combinations that should be avoided.
- Discuss risk factors that affect probability of harm from drug-drug interactions.
- List considerations that affect the risk associated with drug combinations.

Update on Headache Management (1 Cat.1)

Course Review Date: November 2022 Course Expiration: September 2025

- Identify different headache types.
- Discuss migraine, cluster headache and tension headache management.
- Discuss headache treatment guidelines and the effects of medication overuse.

Functional Neurosurgery: Where We Are and Where We Are Going (1.25 Cat.1) Course Review Date: November 2022 Course Expiration: September 2025

- Discuss the current neuromodulation technology for pain and movement disorders.
- Identify the appropriate candidates for neuromodulation.
- Identify the determinants in selecting the appropriate deep brain stimulation for emerging indications.

Strategies for Weight Management as a Gastroenterologist (1.25 Cat.1)

| Co | urse Review Date: December 2022 Course Expiration: September 2025 |
|----|--|
| • | Define obesity and understand its prevalence, trends and complications |
| • | Explain noninvasive strategies for weight management (medical nutritional therapy, pha |
| | and endo-bariatrics). |
| • | Review and discuss common post-bariatric complications and nonsurgical management. |

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

References:

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

Coronary Artery Calcification in Women: More Than Meets the Eye

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An Approach to Hemostasis and Thrombosis for the Internist

Kumar, V., Abbas, A. K., Fausto, N., & Aster, J. C. (2014). *Robbins and Cotran pathologic basis of disease, professional edition e-book*. Elsevier health sciences.

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Bush, A. L., Bandeali, S. J., Moore, W., & George, J. K. (2021). Echocardiography and Nuclear Scintigraphy in the Diagnosis of Transthyretin Cardiac Amyloidosis. Texas Heart Institute Journal, 48(5).

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

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

| Disclosures |
|-------------|
|-------------|

Coronary Artery Calcification in Women: More Than Meets the Eye

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

Interactions Between Periodontitis and Systemic Diseases

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

An Approach to Hemostasis and Thrombosis for the Internist

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

B12 Deficiency

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

Screening for Lung Cancer Is Now Standard Therapy

John R. Roberts, M.D., indicated that he is a consultant for Scott Flora Consulting.

Psoriasis Update

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

Drug Interactions of Clinical Importance

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

Functional Neurosurgery: Where We Are and Where We Are Going

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

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

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

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

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

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

Disclosure to the audience:

| Ethos Course | Page |
|--------------|------|
| Other: | |

 \square

Welcome Slides Faculty Slides

🛛 Handout

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

Evaluation Methods

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

Changes in competence.

Intent to change

• Confidence in ability

CME Evaluation Form

- What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?
- If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.

Pre/Post-Survey

How confident are you in your ability to:

Coronary Artery Calcification in Women: More Than Meets the Eye

- Interpret routine mammography reports with findings of breast artery calcification in asymptomatic women and implement a treatment plan to address cardiovascular risk in this patient population
- Identify female patients that would benefit from a coronary artery calcium scan to screen for cardiovascular risk factors

Interactions Between Periodontitis and Systemic Diseases

- Evaluate patients on their periodontal health status based on signs and symptoms of periodontal disease
- Identify prescribed medication that could cause unintentional negative consequences to oral structures

An Approach to Hemostasis and Thrombosis for the Internist

- Evaluate patients with benign hematologic conditions using laboratory testing.
- Interpret results from laboratory testing for benign hematologic conditions.

B12 Deficiency

- Recognize B12 deficiency based on clinical presentation.
- Identify causes of B12 deficiency.
- Implement the correct treatment for B12 deficiency based on the underlying cause.

Screening for Lung Cancer is Standard Therapy

• Speak with patients with risk of lung cancer regarding the importance of screening. **Psoriasis Update**

- Assess psoriasis patients for underlying conditions such as chronic liver and vascular diseases.
- Identify the appropriate treatment strategies for psoriasis patients

Attaining Health Equity: Focusing Our Lens on What's Important

- Identify factors in patients that contribute to health disparities and health equity
- Address identified health disparities to optimize medical care

Cardiac Amyloidosis - an Increasingly Recognized Entity

- Identify clinical cues for when to suspect cardiac amyloidosis
- Implement the appropriate testing to identify cardiac amyloidosis
- Recommend the available and emerging therapies for cardiac amyloidosis to the patient

Inpatient Management of Hypertension

- Develop a plan of care for asymptomatic high blood pressure patients
- Manage chronic hypertension in the inpatient setting

Tremors Update 2022

- Identify clinical features of different types of major tremors.
- Recommend current medication and surgical treatments for essential tremor.

Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases

• Develop a plan of care with multidisciplinary teams for patients with vascular diseases.

Drug Interactions of Clinical Importance

- Recognize drug combinations that should be avoided when prescribing medications.
- Identify recourses that assist in recognizing possible drug interactions.

Update on Headache Management

- Develop a management plan for patients experiencing migraines, cluster headaches, or tension headaches.
- Identify treatment options for medication overuse headaches.
- Functional Neurosurgery: Where We Are and Where We Are Going

| | Identify current neuromodulation applications for patients experiencing pain and movement disorders. |
|----------------|---|
| S ⁱ | trategies for Weight Management as a Gastroenterologist |
| | Develop a noninvasive plan of care for patients struggling with weight management such as medical nutritional therapy or endo-bariatrics. |

| Changes in performance. | <u>CME Impact Assessment</u> include Commitment to Change question. |
|--|---|
| Commitment to Change | Add <u>Commitment to Change Ethos object</u> . |
| | Add commitment to change evaluation question. (CME Registrar) |
| Improves Performance | Trigger follow-up survey 45 days post conference. (CME Registrar) |
| Commendation Goal | Include handout or resource in follow-up email. (CME Manager/ Registrar) Additional questions for impact assessment: (CME Manager) |
| | Repeat pre/post survey and/or provide 3-4 statements based on expected performance |
| | outcomes to be evaluated. |
| | Example: I have implemented the new Baptist Health policy explained in this CME activity. |
| | |
| | 1. As a result of your participation in this e-learning series, have you been able to |
| | implement any of the following commitments to change? |
| | • Screen patients for medical conditions I had not previously considered. |
| | Identify underlying causes for common medical conditions I had not |
| | previously considered. |
| | Modify my treatment based on the evidence-based guidelines and |
| | recommendations discussed. |
| | Not applicable to my practice. |
| | I do not agree with the recommendations presented. |
| | • I am retired. |
| | 2. Within the last 60 days, I have screened patients for the following conditions I had |
| | not previously considered: |
| | Coronary artery calcification |
| | Periodontal disease |
| | • Hematologic conditions |
| | • B12 deficiency |
| | o Lung Cancer |
| | • Psoriasis |
| | Cardiac Amyloidosis Hunortonsion |
| | Hypertension Did not implement |
| | Did not implement |
| | 3. Within the last 60 days, I have identified underlying causes of the following |
| | medical conditions: |
| | • Coronary artery calcification |
| | Periodontal disease |
| | • Hematologic conditions |
| | • B12 deficiency |
| | • Lung Cancer |
| | o Psoriasis |
| | Cardiac Amyloidosis |
| | • Hypertension |
| | Did not implement |
| | 4. Within the last 60 days, I have modified my treatment based on the evidence- |
| | based guidelines and recommendations discussed: |
| | Coronary artery calcification |
| | Periodontal disease |
| | Hematologic conditions |
| | • B12 deficiency |
| | o Lung Cancer |
| | • Psoriasis |
| | • Cardiac Amyloidosis |
| | • Hypertension |
| | Did not implement |
| | E If you have not implemented any of these strategies what has requests during |
| | 5. If you have not implemented any of these strategies, what has prevented you from doing so? |
| | from doing so? • Current practice is satisfactory |
| | |
| | |

| | Lack of an implementation plan Lack of time Lack of staff resources Lack of material and tools Lack of support for change by administration Administrative/system costs Care costs/insurance coverage Patient barriers I disagreed with recommendations made in the course I am retired Content not applicable to my practice. Other |
|---|---|
| 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. |
| assessment plan. | |

| Baptist Health Commendation Goals | CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements. | |
|--|--|--|
| Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement. | Use PowerPoint as example. | |
| Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. Goal: 10% of activities | Check all that apply. Health behaviors Access to care Economic, social, and environmental conditions Health disparities Healthcare and payer systems Population's physical environment | |
| Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. | Describe the collaborative efforts. | |
| Improves Performance Goal: 10% of activities | See Evaluation Methods section for required elements. Follow-up data is Required. I have identified underlying causes of B12 deficiency. Impact assessment planned 60 days-post and commitment to change question added at evaluation after course completion. Follow up survey to assess what was put into practice, additional questions added regarding commitment to change on impact assessment. | |

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

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

| OLP Course Details For the | OLP Enduring Applications ONLY |
|----------------------------|--------------------------------|
| Course Video URL | |
| Course Handout URL | |
| Multiple Choice Questions | |
| Course Release Date | September 2022 |
| Course Renewal Date | |
| Course Expiration Date | September 2025 |

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

| Торіс | Credit | Speaker(s) | Course Overview | Designed to change |
|----------------------|-------------|---------------------------|--------------------------|-----------------------|
| Coronary Artery | 1 Cat. 1 | Heather Johnson, M.D., | Coronary artery | Practitioners will be |
| Calcification in | | FACC, FAHA, FASPC | calcification is a major | better able to |
| Women: More Than | | Preventive Cardiologist | risk factor for the | identify coronary |
| Meets the Eye | | Christine E. Lynn Women's | development of | artery calcification |
| | | Health & Wellness | cardiovascular disease. | in their female |
| | | Institute, Boca Raton | It is associated with | patient population. |
| | | Regional Hospital | major adverse | |
| | | Baptist Health South | cardiovascular events, | |
| | | Florida | such as vascular injury | |
| | | Boca Raton, Florida | and inflammation. Dr. | |
| | | | Heather Johnson will | |
| | | | discuss evidence-based | |
| | | | recommendations on | |
| | | | the use of coronary | |
| | | | artery calcium scans in | |
| | | | women, as well as | |
| | | | examine research | |
| | | | updates on female- | |
| | | | specific and female- | |
| | | | predominant | |
| | | | cardiovascular risk | |
| | | | factors. | |
| Interactions Between | 1.25 Cat. 1 | Jeffrey Ganeles, DMD, | Periodontitis is an | Practitioners may |
| Periodontitis and | | FACD | immuno-inflammatory | not be current on all |
| Systemic Diseases | | Private Practice, Boca | chronic disease of the | emerging |
| | | Raton, Fla. | supporting structures | healthcare trends or |
| | | Diplomate, American | of the teeth, which | be familiar with the |
| | | Board of Periodontology | eventually causes | latest evidence- |
| | | | tooth loss. It results | based data and best |
| | | | from complex | practice guidelines. |

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| | | Associate Professor, Nova Southeastern University College of Dental Medicine Assistant Clinical Professor, Boston University, Goldman School of Dental Medicine Fellow and Board Member, Academy of Osseointegration Fellow, International Team for Implantology Boca Raton, Florida | interactions from dysbiosis of the oral microbiome and the immunologic reactions causing an inflammatory response destroying the bone that supports the teeth. It is estimated that nearly 50% of adults in the U.S. have some degree of periodontitis. The microbial pathogens and inflammatory products associated with periodontitis spread into the vascular system and GI tract. Periodontitis, as one of the most common chronic diseases, is found to be associated with a wide variety of diseases, including diabetes/metabolic disease, cardiovascular disease, GI disorders including IBD and Crohn's, low birthweight and pre- term births, lower respiratory infections, worse outcomes with Covid-19, and many cancers including colon, pancreatic and some leukemias. The purpose of this presentation is to provide an overview of interactions and pathologic mechanisms for exacerbation of these conditions. Recommendations for assessment, | This presentation will provide an overview of interactions and pathologic mechanisms for exacerbation of conditions as related to periodontitis, including recommendations for disease assessment, management, and intervention. |
| An Approach to Hemostasis and | 1 Cat. 1 | Srikanth Nagalla, M.D., M.S. | Recommendations for assessment, management and intervention will also be made. Speaker Srikanth | Practitioners select |
| Hemostasis and Thrombosis for the Internist | | M.S. Chief of Benign Hematology Miami Cancer Institute | Nagalla, M.D., M.S., specializes in treating benign hematologic conditions, including | appropriate laboratory tests required to diagnosis and |

| Floridadisorders, rare blood disorders, high and low platelets, high and low | | | | | · · · · · · · · · · · · · · · · · · · |
|---|----------------|----------|----------------------|-----------------------|---------------------------------------|
| B12 Deficiency1 Cat. 1Angelna The, M.D. Heratologist and Medical Oncologist Usyn Cancer is Standard Therapy1 Cat. 1Angelna The, M.D. Heratologist and Medical Oncologist Boca Raton, FloridaWhile B12 deficiency is to provide state mised on the state state and more patients.Practitioners interpret marrow failure myeloproliferative meraphanist.Practitioners interpret marrow failure myeloproliferative testing results to myeloproliferative meraphanist.Practitioners interpretation of clotting times, appropriately.B12 Deficiency1 Cat. 1Angelna The, M.D. Hematologist and Medical Oncologist Uym Cancer Institute Boca Raton, FloridaWhile B12 deficiency is to protor long term.Practitioners will be better able to better able to deficiency. testing results the appropriately.Screening for Lung Cancer is Standard Therapy1 Cat. 1John R. Roberts, M.D. Board Certified Thoracto Surgery Boca Raton, FloridaLung cancer is the third most comno cancer in the in patients and most comno cancer in the United States and more people dei froridaPractitioners will be better able to deficiency. the section will be better able to deficiency. the section will be better able to deficiency. The M.D., hematologist and medical oncologist. will discuss the pathophysiology of B12 deficiency. Testing and try type of cancer. Over 80% of these detaths real influe cancer is summer in and more people dei froni lung cancer is summer and more people dei froni lung cancer is summer prevention can successfully decrease the cancer burden. In this online course, and more people dei froni | | | Baptist Health South | bleeding and clotting | evaluate benign |
| B12 Deficiency1 Cat. 1Angelina The, M.D. Hematologist and Medical Oncologist Boca Raton, Floridaplatelits, high and low marrow failure syndromes and meighprofilerative neoplasms. This course will address an array of being in hematologic conditions, hemostasis, interpretation of dotting times, antiplatelet drugs, diagnosis of immediate conditions, interpretation of dotting times, antiplatelet drugs, diagnosis of immediate conditions, tis a serious, Unconcer institute Boca Raton, FloridaPractitioners being in hematologic conditions, hemostasis, interpretation of dotting times, antiplatelet drugs, diagnosis of immediate conditions, to monitor long term.Practitioners will be better able to identify B12 deficiency is therable deficiency is therable | | | Florida | - | - |
| B12 Deficiency1 Cat. 1Angelina The, M.D. Hematologist and Medical Oncologist, Mill Boca Raton, Floridawhile across and myelogroliferative neoplasms. This course will be migh hematologic conditions, serving antiplatelet drugs, diagnosis of inmediate concer in and conditions. A result, lym Concologist methologist and Medical Oncologist, Mill Hematologist, and Mill review the different types of treatment options for patients.Practitioners will be precisive care appropriately.812 Deficiency1. Cat. 1Angelina The, M.D. Hematologist and Medical Oncologist DronologistWhile B32 deficiency is practitioners will be better able to deficiency clinical features and causes in their patients and medical oncologist, will deficiency the marked diagnosis of in their patients and implement the correct treatment options for patients.Screening for Lung Cancer is Standard Therapy1. Cat. 1John R. Roberts, M.D. Boca Raton, FloridaUning cancer that mased diagnosis of treatment options for patients.Practitioners will be test rable to deficiency. It is a different try pas of treatment options for patients.Screening for Lung Cancer is Standard Therapy1. Cat. 1John R. Roberts, M.D. Boca Raton, FloridaLung cancer is the third most common, this deficiency. The and the patients and metical oncologist, will discuss the and more poople dia froridaPractitioners will be strategis to cancer to be scancer to be s | | | | | |
| B12 Deficiency1 Cat. 1Angelina The, M.D. Hematologist and Medical Oncologist Uncome and the spinal Boca Raton, Floridamarrow failure syndromes and interpretation of clotiting times, antiplatelet drugs, diagnosis of interpretation and interpretation and more and closes to monitor long term.Practitioners will be better able to identify B12 deficiency inical features and causes for this deficiency clinical features and causes for this deficiency. The, M.D., hematologist and medical oncologist, will discuss the pathophysiology of B12 deficiency, testing and more papele ali for this deficiency and medical oncologist, will discuss the pathophysiology of B12 deficiency. The M.D., hematologist and medical oncologist, will discuss the pathophysiology of B12 deficiency. The M.D., hematologist and medical oncologist, will discuss the pathophysiology of B12 deficiency. The M.D. hematologist and medical oncologist, will discuss the pathophysiology of B12 deficiency. The M.D. hematologist and medical oncologist, will discuss the pathophysiology of B12 deficiency. The M.D. hematologis | | | | | |
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| B12 Deficiency1 Cat. 1Angelina The, M.D. Hematologist and Medical Oncoligist Light Feath South FloridaAngelina The, M.D. Hematologist and Medical Oncoligist Light Feath South Floridaantipatelet drugs, ald reserve the concern and conditions to monitor long term.Practitioners will be better able to inter patients deficiency812 Deficiency1 Cat. 1Angelina The, M.D. Hematologist and Medical Oncologist and Medical Oncologist and Medical Donoligist Light Feath South FloridaMile B32 deficiency is the patients and will reserve the concern and will be the patients and will reserve the concern and will be the patients and will reserve the concern and will reserve the concern and will reserve the concern and will reserve the concern and will reserve the concern and with rule dangers and more people die rom ung cancer than any other type of these dats are linked to the use of tobacco and primary prevention can successful (decrease the cancer to be screend, with rule of and primary prevention can successful (decrease the cancer to be screend, with rule of angers and more people die reserve the cancer burden. In this | | | | | |
| B12 Deficiency1 Cat. 1Angelina The, M.D. Honologist and Medical Oncologist Un Cancer institute Boca Raton, Floridareatment plans for being hematologic conditions or refer patients requiring specificialed care appropriately.B12 Deficiency1 Cat. 1Angelina The, M.D. Honologist and Medical Oncologist Un Cancer institute Boca Raton, FloridaWhile B12 deficiency interpretation may common, it is a serious on cologist untain the specifician of continues and conditions. As a result, its presentation may not always be evident, metadologist and Medical OncologistPractitioners will be deficiency line of its end patient plane in the interpretation may not always be evident, metadologist and Medical Donalogist tealth South FloridaPractitioners will be deficiency clinical features and cause in their patients and impatient the correct treatment options for patients.Practitioners will be deficiency clinical features and cause in their patients and insed diagnosis and The, M.D., hematologist and medical oncologist, will difficiency, testing and its pitfalls, and will rever tors for this deficiency. The subply sology of B12 deficiency, testing and more people die to the use of robacco surgery Boca Raton Regional Hospital Baptist Health South FloridaIng cancer is the hird and more people die to fung cancer and strategies to strategies to earcer. Ver 80% of these deaths are linked to fung cancer and strategies to earcer to be screening prevention can prevention can prevention can prevention can prevention can prevention can prevention can prevention can prevention cancer in the under Strategies to earcer ob screend <b< th=""><th></th><th></th><th></th><th></th><th>-</th></b<> | | | | | - |
| B12 Deficiency1 Cat. 1Angelina The, M.D. Hematologist and the patients requiring specialized care antiplatelet drugs, antiplatelet drugs, diagnosis of immediate concern and conditions to terms and conditions to terms and the patients requiring specialized care antiplatelet drugs, antiplatelet drugs, antipla | | | | | |
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| Screening for Lung Cancer is Standard1 Cat. 1John R. Roberts, M.D. Board Certified Thoracic Surgery Boca Raton Regional Hospital Boca Raton, FloridaLung cancer is the third most common cancer in the United States and more people die from lung cancer than any other type of cancer. Over 80% of these deaths are linked to the use of tobacco and primary prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer isPractitioners will be better able to identify the dangers of lung cancer and examine the strategies to encourage patients with risk of lung cancer to be screened. | | | | | |
| Cancer is Standard TherapyBoard Certified Thoracic Surgerymost common cancer in the United States in the United States and more people die from lung cancer than Baptist Health South Floridamost common cancer identify the dangers of lung cancer and examine the strategies to encourage patientsBoca Raton, Floridaany other type of cancer. Over 80% of Boca Raton, Floridaencourage patients with risk of lung cancer to be and primary prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer isscreened. | | | | | |
| TherapySurgeryin the United Statesidentify the dangersBoca Raton Regionaland more people dieof lung cancer andHospitalfrom lung cancer thanexamine theBaptist Health Southany other type ofstrategies toFloridacancer. Over 80% ofencourage patientsBoca Raton, Floridathese deaths are linkedwith risk of lungto the use of tobaccoand primarycancer to beand primaryprevention canscreened.prevention cansuccessfully decreasethe cancer burden. Inthis online course,John Roberts, M.D.,will present "Screeningfor Lung Cancer isfor Lung Cancer isfor Lung Cancer is | | 1 Cat. 1 | | - | |
| Boca Raton Regional Hospitaland more people die from lung cancer than any other type of cancer. Over 80% of these deaths are linked to the use of tobacco and primary prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer isof lung cancer and examine the strategies to encourage patients with risk of lung cancer to be screened. | | | | | |
| Hospitalfrom lung cancer than any other type of cancer. Over 80% of these deaths are linked to the use of tobacco and primary prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer isexamine the strategies to encourage patients | Therapy | | | | |
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| Florida Boca Raton, Floridacancer. Over 80% of these deaths are linked to the use of tobacco and primary prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer isencourage patients with risk of lung cancer to be screened. | | | - | - | |
| Boca Raton, Florida these deaths are linked to the use of tobacco and primary prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer is | | | - | | - |
| to the use of tobacco and primary prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer is | | | | | |
| and primary screened. prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer is | | | Boca Raton, Florida | | - |
| prevention can successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer is | | | | | cancer to be |
| successfully decrease the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer is | | | | and primary | screened. |
| the cancer burden. In this online course, John Roberts, M.D., will present "Screening for Lung Cancer is | | | | prevention can | |
| this online course, John Roberts, M.D., will present "Screening for Lung Cancer is | | | | successfully decrease | |
| John Roberts, M.D., will present "Screening for Lung Cancer is | | | | the cancer burden. In | |
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| will present "Screening for Lung Cancer is | | | | | |
| for Lung Cancer is | | | | | |
| | | | | | |
| I Standard Inerapy." | | | | Standard Therapy." | |

| Psoriasis Update | 1.50 Cat. 1 | John Strasswimmer, M.D., | Psoriasis is an | Practitioners will be |
|---|-------------|--|---|---|
| | 1.50 Cat. 1 | John Strasswimmer, M.D.,Ph.D., FAAD, FACMSDermatologist,Strasswimmer, Dock &Hosseinipour DermatologyAssociatesDelray Beach, FloridaFounding Director,Melanoma & CutaneousOncology ProgramLynn CancerInstitute, Boca RatonRegional HospitalAffiliate Clinical Professor,College of Medicine, andAffiliate ResearchProfessor, College ofScienceFlorida Atlantic UniversityUniversity of Miami MillerSchool of MedicineMiami, Florida | autoimmune disease that affects patients' quality of life and can be costly. Various treatments are available including topical and systemic agents. John Strasswimmer, M.D. will lead the discussion on Psoriasis from a medical perspective. | better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients. |
| Attaining Health Equity: Focusing Our Lens on What's Important | 1 Cat. 1 | Miami, Florida Mishah Azhar, M.D. PGY-4 Internal Medicine Chief Resident Visiting Assistant Professor of Integrated Medical Science Florida Atlantic University Charles E. Schmidt College of Medicine Boca Raton, Florida Medicine Resident Florida Atlantic University Charles E. Schmidt College of Medicine Boca Raton, Florida | According to the CDC, "Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment." health equity. In this online course, guest faculty, Mishah Azhar, M.D., and Danielle Little, M.D., discuss Attaining Health Equity: Focusing Our Lens on What's Important. | Practitioners will be able to better identify potential health inequities in patients to provide overall better patient care. |
| Cardiac Amyloidosis - an Increasingly Recognized Entity | 1.25 Cat. 1 | Aaron L. Bush, M.D., FACC, FSCAI Cardiologist/Interventional Cardiologist Boca Raton Regional Hospital | Most cardiac amyloidosis cases are due to immunoglobulin light chain amyloidosis (AL) and transthyretin amyloidosis (ATTR). | Practitioners will be able to identify the pathophysiology and subtypes of cardiac amyloidosis as well the available |

| | 1 25 Cat 1 | Baptist Health of South Florida Boca Raton, Florida | Amyloid-induced cardiomyopathy has distinct characteristics compared to non- amyloid cardiomyopathies. As a result, specific management strategies are needed. In this online course, Dr. Bush reviews the pathophysiology and subtypes of cardiac amyloidosis and discuss the available and emerging therapies. | and emerging therapies. |
|--|-------------|--|--|---|
| Inpatient Management of Hypertension | 1.25 Cat. 1 | Marc S. Richards, M.D. Nephrologist Boca Raton Regional Hospital Baptist Health of South Florida Boca Raton, Florida | Hypertension in hospitalized patients is common. This results in physicians commonly prescribing medication to control the numbers without properly evaluating the patient to determine the reasons behind the elevated numbers. Despite the increased prevalence of high blood pressure among medical inpatients, management guidelines for these patients are limited. In this online course, Dr. Richards discusses the management of hypertensive emergency including in the emergency department and inpatient settings. Management of chronic hypertension in the inpatient setting will also be discussed. | Practitioners will be able to better manage chronic patient hypertension in inpatient and emergency department settings. |
| Tremors Update 2022 | 1.25 Cat. 1 | Thomas C. Hammond, M.D., FAAN Board Certified Neurologist Marcus Neuroscience Institute Boca Raton Regional Hospital Baptist Health South Florida | According to the World Health Organization, tremor is most common among middle-aged and older adults, although it can occur at any age. The disorder generally affects men and women equally and is | Evaluation and Pre- post-survey on Ethos as well as an annual impact assessment measuring participants' knowledge and whether they are able to implement |

| | | Assistant Clinical Professor | not life threatening, | the strategies |
|----------------------------------|-------------|--|--|--|
| | | Florida Atlantic University | however it can affect | shared in the |
| | | Boca Raton, Florida | an individual's quality | course. |
| | | Assistant Clinical Professor | of life. Thomas | |
| | | College of Osteopathic | Hammond, M.D. will | |
| | | Medicine | review 2022 tremor | |
| | | Nova Southeastern | updates in this online | |
| | | University | course. | |
| | | Davie, Florida | | |
| Unusual Vascular | 1.25 Cat. 1 | Eileen de Grandis, | Vascular anomalies | Evaluation and Pre- |
| Diseases: | | M.D., FACS | and rare conditions are | post-survey on |
| Malformations | | Vascular Surgeon and | occurring more and | Ethos as well as an |
| Anatomic Variants, | | Medical Director, Vein | more frequently with | Annual impact |
| Collagen Vascular | | Clinic | advanced imaging and | assessment |
| Diseases | | Lynn Heart and | increased awareness | measuring |
| | | Vascular Institute | of genetic disease. In | participants' |
| | | Boca Raton | this online course, | knowledge and |
| | | Regional Hospital | Unusual Vascular | whether they are |
| | | Boca Raton, Florida | Diseases: | able to implement |
| | | | Malformations | the strategies |
| | | | Anatomic Variants, | shared in the course. |
| | | | Collagen Vascular Diseases with Eileen de | course. |
| | | | | |
| | | | Grandis, M.D., FACS, will describe some | |
| | | | uncommon conditions | |
| | | | | |
| | | | that have been seen at | |
| | | | Boca Raton Regional | |
| Drug Interactions of | 1 25 Cot 1 | Danial C. Malana | Hospital. This online course | Evaluation and Dra |
| Drug Interactions of | 1.25 Cat. 1 | Daniel C. Malone, Ph.D., FAMCP | | Evaluation and Pre- |
| Clinical Importance | | Professor | offers an engaging and informative discussion | post-survey on Ethos as well as an |
| | | | | Ethos as well as all |
| | | | on Drug Interactions of | Annual impact |
| | | Department of | on Drug Interactions of | Annual impact |
| | | Pharmacotherapy | Clinical Importance | assessment |
| | | Pharmacotherapy Skaggs College of | Clinical Importance with Dr. Daniel C. | assessment measuring |
| | | Pharmacotherapy Skaggs College of Pharmacy | Clinical Importance with Dr. Daniel C. Malone. | assessment measuring participants' |
| | | Pharmacotherapy Skaggs College of Pharmacy University of Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies | assessment measuring participants' knowledge and |
| | | Pharmacotherapy Skaggs College of Pharmacy | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that | assessment measuring participants' knowledge and whether they are |
| | | Pharmacotherapy Skaggs College of Pharmacy University of Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing | assessment measuring participants' knowledge and whether they are able to implement |
| | | Pharmacotherapy Skaggs College of Pharmacy University of Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug | assessment measuring participants' knowledge and whether they are able to implement the strategies |
| | | Pharmacotherapy Skaggs College of Pharmacy University of Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the |
| | | Pharmacotherapy Skaggs College of Pharmacy University of Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that | assessment measuring participants' knowledge and whether they are able to implement the strategies |
| | | Pharmacotherapy Skaggs College of Pharmacy University of Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the |
| | | Pharmacotherapy Skaggs College of Pharmacy University of Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the |
| | | Pharmacotherapy Skaggs College of Pharmacy University of Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the |
| | | Pharmacotherapy Skaggs College of Pharmacy University of Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the |
| Update on Headache | 1 Cat. 1 | Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic. | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course. |
| Update on Headache Management | 1 Cat. 1 | Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah Pooja S. Patel, M.D. | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic. In this online course, | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course. |
| Update on Headache Management | 1 Cat. 1 | Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah Pooja S. Patel, M.D. Board-Certified | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic. In this online course, Dr. Patel will identify | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course. Evaluation and Pre- post-survey on |
| | 1 Cat. 1 | Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah Pooja S. Patel, M.D. Board-Certified Neurologist | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic. In this online course, Dr. Patel will identify different headache | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course. Evaluation and Pre- post-survey on Ethos as well as an |
| | 1 Cat. 1 | Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah Pooja S. Patel, M.D. Board-Certified Neurologist Boca Raton Regional | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic. In this online course, Dr. Patel will identify different headache types, discuss | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course. Evaluation and Pre- post-survey on Ethos as well as an Annual impact |
| | 1 Cat. 1 | Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah Pooja S. Patel, M.D. Board-Certified Neurologist Boca Raton Regional Hospital | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic. In this online course, Dr. Patel will identify different headache types, discuss migraine, cluster | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course. Evaluation and Pre- post-survey on Ethos as well as an Annual impact assessment |
| | 1 Cat. 1 | Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah Pooja S. Patel, M.D. Board-Certified Neurologist Boca Raton Regional Hospital Baptist Health South | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic. In this online course, Dr. Patel will identify different headache types, discuss migraine, cluster headache and tension | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course. Evaluation and Pre- post-survey on Ethos as well as an Annual impact assessment measuring |
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| | 1 Cat. 1 | Pharmacotherapy Skaggs College of Pharmacy University of Utah Salt Lake City, Utah Pooja S. Patel, M.D. Board-Certified Neurologist Boca Raton Regional Hospital Baptist Health South Florida | Clinical Importance with Dr. Daniel C. Malone. Dr. Malone identifies the safety nets that assist in preventing harm due to drug-drug interactions and discuss risk factors that affect probability of harm from drug-drug interactions among other aspects of this fascinating topic. In this online course, Dr. Patel will identify different headache types, discuss migraine, cluster headache and tension headache management, as well | assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course. Evaluation and Pre- post-survey on Ethos as well as an Annual impact assessment measuring participants' knowledge and |

| | | | effects of medication | shared in the |
|------------------------------|-------------|------------------------------|--------------------------------------|-----------------------|
| | | | overuse. | course. |
| Functional | 1.25 Cat. 1 | Julie Pilitsis, M.D., Ph.D., | In this online course | Practitioners will be |
| Neurosurgery: Where | | Dean of the Charles E. | Dr. Julie Pilitsis | better able to |
| We Are and Where | | Schmidt College of | discusses how | identify the dangers |
| We Are Going | | Medicine and Vice | functional | of lung cancer and |
| | | President | neurosurgery improves | examine the |
| | | Medical Affairs, Florida | and restores the | strategies to |
| | | Atlantic University | functionality of | encourage patients |
| | | Boca Raton, Florida | patients with | with risk of lung |
| | | | treatment resistant | cancer to be |
| | | | neurological disorders | screened. |
| | | | and how this branch of | |
| | | | medicine has evolved | |
| | | | over the past decades. | |
| Strategies for Weight | 1.25 Cat. 1 | Michelle Pearlman, M.D. | <mark>Over the past four</mark> | Practitioners will be |
| <mark>Management as a</mark> | | CEO and Co-founder | <mark>decades, there has</mark> | able to identify |
| Gastroenterologist | | PRIME Institute Miami | <mark>been a significant</mark> | strategies for |
| | | Miami, FL | <mark>increase in obesity</mark> | weight |
| | | | <mark>among adults.</mark> | management and |
| | | | Additionally, a link has | common post- |
| | | | <mark>been determined</mark> | bariatric |
| | | | <mark>between obesity and</mark> | complications and |
| | | | gastrointestinal | nonsurgical |
| | | | <mark>disorders. This online</mark> | management. |
| | | | <mark>course discusses</mark> | |
| | | | <mark>strategies for weight</mark> | |
| | | | management for the | |
| | | | <mark>gastroenterologist with</mark> | |
| | | | <mark>Dr. Michelle Pearlman</mark> | |
| | | | <mark>as she defines obesity</mark> | |
| | | | and discusses its | |
| | | | prevalence, trends and | |
| | | | complications. Dr. | |
| | | | <mark>Pearlman also reviews</mark> | |
| | | | and discusses common | |
| | | | <mark>post-bariatric</mark> | |
| | | | complications and | |
| | | | nonsurgical | |
| | | | management. | |

Baptist Health South Florida Continuing Medical Education

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

CME ACTIVITY APPLICATION Rev. 06/28/2022 _CB

Sections highlighted in orange need to be proofread.

| | | Activity Details | | |
|---|----------------------|--|----------------|-------------------------------------|
| CME Activity Title | | Knock Out Stroke e-Learning Series | | |
| Date | | | Time | |
| Location – If Virtual, fill in Zoom info at the end | | Online - Enduring | Credit Hour(s) | See chart below. Up to 8 cat. 1 |
| Charge | | ☐ Yes ⊠ No | SMS Code: | |
| Target Audience – Mental and behavioral health topic(s) required for all symposiums. If limited to Baptist Health Medical Staff only, please indicate here. | | Primary care physicians, family physicians, general internists, emergency medicine physicians, cardiologists, hospitalists, advanced practice providers, nurses, pharmacists, emergency medical technicians, and respiratory therapists. | | |
| Commercial Support – C8 | | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | |
| Course overview | | The Knock Out Stroke e-Learning Series provides an in-depth reviews of the latest science and cutting-edge advances in the treatment of stroke mimics, change process to Tenecteplase, atrial fibrillation and appendage closures, among other topics. | | |
| Credit AMA PRA Category 1 Anesthesia - Lifelong Learning Type Psychology - APA & FL • - APA Checklist Internal Medicine - Medical Knowle Physician Assistant CE Ophthalmology - Lifelong Learning APRNS CE Ophthalmology - Lifelong Learning Dental CE Surgery - Accredited CME Podiatry CE Surgery - Self-assessment Interprofessional (IPCE) • Commendation Collaryngology – Head and Neck Surgery - Self-assessment MOC Points - MOC Checklist / Self-assessment Pathology - Lifelong Learning Pediatrics - Self-assessment Pediatrics - Lifelong Learning | | edicine - Medical Knowledge logy - Lifelong Learning logy - Self-assessment ccredited CME elf-assessment logy – Head and Neck Surgery - iment Lifelong Learning | | |
| Providershi | ip 🛛 Direct | Joint PAR | SID # IEM20223 | 364 |
| Publish to (| CME Passport Yes 🗌 N | lo Publish to CEBroker | Yes 🗌 No 🛛 | CEBroker # See individual children. |

| Planning Team | |
|------------------------|--|
| Conference Director(s) | Khalid Hanafy, M.D., Ph.D. and Kendra Kent, M.S., R.N., CENP, CCRN, SCRN, CNRN, TCRN |

| CME Manager | Nina Doleyres | |
|--|---------------|---|
| Conference Coordinator and/or Instructional Designer (OLP only) | | |
| Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities) | | Khalid Hanafy, M.D., Ph.D. Kendra Kent, R.N., M.S., CCRN, CNRN, SCRN, CENP |

| | BHSF Initiatives | | | | |
|--|--|--|--|--|--|
| Balance across the continuum of care Overutilization – unnecessary health care costs Diversity & Inclusion Patient-centered care Evidence-based data Public health factors (See commendation.) High-reliability tools – Use of prior experiences to improve systems, processes, and services Removing redundancy – improving processes | | | | | |
| Collaborative Partner: | Boca Raton Regional Hospital and Bethesda Hospital and Stroke Center recertification requirements. | | | | |
| 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 Performance/Quality Improvement Manuscript Review Internet Searching and Learning Test-Item Writing Learning from Teaching Committee Learning Other/Blended Learning |

| | | What practice-based problem (gap) will this education address? addresses problems in practice and/or patient care. As part of that effort, the provider ines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: <u>CE Educator's Toolkit</u> | |
|---|--|---|--|
| State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap. | | The challenges of caring for stroke patients are growing due to population aging and improved survival rates. Healthcare professionals' competence development in stroke care is a necessity to ensure high-quality patient care. https://onlinelibrary.wiley.com/doi/full/10.1111/jocn.15612 | |
| Educational needs that <u>underlie</u> the professional practice gaps of learners. <i>Check all that apply.</i> | | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. | |

| Designed to Change | | The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. | | |
|---|-----|--|---|--|
| This activity is designed to change: Competence - CME evaluation and pre/post-survey. Performance - Follow-up impact assessment and common change: Patient Outcomes - Patient-level/provider data e.g. back | | | | |
| Explain how this a competence, perf | , , | ned to change learner tient outcomes. | Emergency physician will utilize an up-to-date clinical framework with which to approach patients with common stroke symptoms, resulting in decreased resource overutilization and waste. | |

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

| Educatio Objectiv | | What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement |
|----------------------|-----------|---|
| Objectives: | Objective | s shown below, under Faculty titles. |

| References | Ensure Content is Valid | | |
|--|-------------------------|------------------------------|--|
| How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i> | Disease prev | ated policy/protocol data | Research/literature review Consensus of experts Joint Commission initiatives National Patient Safety Goals New diagnostic/therapeutic modality (Mission) Patient care data Process improvement initiatives |
| Other need identified. P | lease explain. | Stroke Center accredit | ation. |
| Baptist Health Quantitative | Data Insert b | aseline chart or narrativ | ve here. |

| References: Provide evidence- based, peer reviewed references supporting best practice | Pereira, V. M., Cancelliere, N. M., Nicholson, P., Radovanovic, I., Drake, K. E., Sungur, J. M., & Turk, A. (2020). First-in-human, robotic-assisted neuroendovascular intervention. Journal of neurointerventional surgery, 12(4), 338-340. |
|--|---|
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|--|
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| Faculty | | |
|--|---------------------------------|--|
| Faculty List For more than two (2) faculty members, include the list at end of application. | See below (pictures and titles) | |

| 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: Dawn Altman, R.N., Diana Barratt, M.D., Yankel Girshman, M.D., Adrian Rodriguez-Hernandez, M.D., Antonia Smillova, Esq., and Allison Ward, M.D., faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentations or discussions will not include off-label or unapproved product usage. Gautam Kumar, M.D., faculty for this educational activity, is a consultant for Cordis and has indicated that the presentation or discussion will not include off-label or unapproved product usage. Brian Snelling, M.D., faculty for this educational activity, is a consultant for Medtronic and has indicated that the presentation or discussion will not include off-label or unapproved product usage. All of the relevant financial relationships listed for these individuals have been mitigated. Kendra Kent, M.S., R.N., CENP, CCRN, SCRN, CNRN, TCRN, and Khalid Hanafy, M.D., Ph.D., conference directors 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 financial relationships to disclose with ineligible companies*. *Ineligible companies – Companies whose primary business is producing, marketing, selling, re-sellin, or distributing healthcare products used by or on patients. |
|-----------------------------|---|
| Disclosure to the audience: | Ethos Course Page 🛛 Welcome Slides 🖾 Faculty Slides 🖾 Handout |

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

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

| Changes in competence. Intent to change Confidence in ability | CME Evaluation Form What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. Pre/Post-Survey How confident are you in your ability to implement these strategies: (list "pearls") How confident are you in your ability to properly identify symptoms of stroke commonly seen in the primary care setting? How confident are you in your ability to perform the correct initial diagnostic evaluation of patients presenting with common stroke symptoms? How confident are you in your ability to appropriately refer patients to subspecialty clinical programs for evaluation? | (| Commented [MVA1]: Change to match impact assessment |
|---|---|---|---|
| Changes in performance. • Commitment to Change Improves Performance Commendation Goal | CME Impact Assessment include Commitment to Change question. Add Commitment to Change Ethos object. Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP). Trigger impact assessment 45 days post conference. (LMS Support) Include handout or resource in follow-up email. (CME Manager/ Course Builder) Additional questions for impact assessment: (CME Manager) • Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity. I have accessed online resources discussed to make vaccine recommendations in my clinical practice. I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients. As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? {Open text} Based on your intention, what changes have you implemented in your practice? {Open text} | | |
| Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term. | Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc. | | |
| Describe outcomes assessment plan. | | | |
| Baptist Health Commendation Go | als | 1 | |

| commentation douis | |
|---|----------------------------|
| Advances Data Use Teaches about collection, analysis, or synthesis health/practice data AND Uses health/practice teach about healthcare improvement. | Use PowerPoint as example. |
| Addresses Population Health | Check all that apply. |

| Teaches strategies that learners can use to achieve improvements in population health. • Goal: 10% of activities | Health behaviors Access to care Economic, social, and Health disparities environmental conditions Population's physical Healthcare and payer systems environment | |
|--|---|---|
| Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. | Describe the collaborative efforts Marcus Neuroscience Institute, Emory University School of Medicine, and American Heart Association. Pending data to support commendation. | Commented [MVA2]: May not meet this criteria – email to Nina to confirm. |
| Improves Performance Goal: 10% of activities Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week postactivity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education. | See Evaluation Methods section for required elements. Follow-up data is Required. Impact assessment required. | |
| Improves Healthcare Quality Collaborates in the process of healthcare quality improvement AND Demonstrates improvement in healthcare quality Goal: Two examples per accreditation cycle. Examples: EBCC | Explain. | |
| Improves Patient and/or Community Health The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). Goal: Two examples per accreditation cycle. | Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain. | |
| Optimizes Communication Skills Designed to improve communication skills of learners. Example: Sim Lab | CME course format includes an individual learner's evaluations of observed (e.g., in person or video) communication skills. Course leader provides formative feedback to each learner about observed communication skills. Sample completed evaluation saved to file. | |

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

| Live Webinar Details For Internet Live Webinar Courses ONLY | | | | | | | |
|---|---|--|--|--|--|--|--|
| Panelists | Insert names and email addresses. | | | | | | |
| Hosts | Insert names and email addresses for at least one of these: Gary Smith - GSmith@baptisthealth.net Nina Doleyres – Nina. Doleyres@baptisthealth.net Kamila Piloto - KamilaP@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 | November 2022 | | | | |
| Course Renewal Date | | | | | |
| Course Expiration Date | October 2024 | | | | |

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

| | _ | | AMA PRA Category 1 Credits | | |
|-----------|----------------------|-------|----------------------------|--|--|
| | Accelerated Approval | | | | |
| | Executive Committee | 🛛 YES | APA Approval Level: | | |
| 8/18/2022 | | | | | |
| | Live Committee | | Dental Approval | | |
| | | | | | |
| | | | Podiatry Approval | | |

| Revised | Bundle | 1 | - 1 | 1.25 | Cat. | 1 |
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| | | - | | | | |

Stroke Mimics

Adrian Rodriguez-Hernandez, M.D.

Stroke Prevention in Atrial Fibrillation and Management of the Left Atrial Appendage Alison Ward, M.D., and Gautam Kumar, M.D.

Bundle # 2 - 1.50 cat. 1

Improve Your Ability to Spot M.I. on the ECG Dawn Altman, R.N.

Heavyweight: Uncontrolled Hypertension Kendra Kent, R.N., M.S., CCRN, CNRN, SCRN, CENP\

Bundle #3 - 2.50 Cat. 1

Mood Disorders in Cerebrovascular Disease Yankel Girshman, D.O., FAPA

Legal Issues in Stroke and Cardiac Disease Antonia Smillova, Esq.

Bundle #4 – 1 Cat. 1

Title Fight: Change Process to Tenecteplase Kendra Kent, R.N., M.S., CCRN, CNRN, SCRN, CENP

Visual Loss Due to Strokes and Stroke Mimics Diana Barratt, M.D., MPH, FAAN

FACULTY



Dawn Altman, R.N **Private Practice** Athens, Tennessee

- Improve Your Ability to Spot M.I. on the ECG **Educational Objectives** Identify the contiguous leads used to diagnose the following acute myocardial infarction territories: anterior, lateral, inferior and posterior.
 - Identify two of the most common reasons for a malpractice case in stroke patients. •



Diana Barratt, M.D., MPH, FAAN Chair, FAU Neurology Residents Marcus Neuroscience Institute Baptist Health South Florida Boca Raton, Florida

Visual Loss Due to Strokes and Stroke Mimics Educational Objectives

- Localize lesions causing visual loss within the nervous system. ٠
- ٠
- Describe the diagnostic evaluation of patients with visual loss. Describe potential treatment modalities for patients presenting with visual loss. •



Yankel Girshman, D.O., FAPA Consultation-Liaison Psychiatry Medical Director, Psychiatry Affiliate Professor, FAU College of Medicine Boca Raton Regional Hospital Baptist Health South Florida Boca Raton, Florida

Mood Disorders in Cerebrovascular Disease Educational Objectives • Describe mental health issues following stroke



Khalid Hanafy, M.D., Ph.D. – conference director Neurologist Boca Raton, FL



Kendra Kent, R.N., M.S., CCRN, CNRN, SCRN, CENP Director Neuroscience Programs Marcus Neuroscience Institute Baptist Health South Florida Boca Raton, Florida

Title Fight: Change Process to Tenecteplase **Educational Objectives**

- Recognize contraindications to administration of tenecteplase IV for acute ischemic stroke (AIS).
- Determine the appropriate dosing, preparation and administration of tenecteplase IV for AIS.
- Identify required monitoring parameters during and after tenecteplase IV administration.

Heavyweight: Uncontrolled Hypertension Educational Objectives:

- Discuss the role of uncontrolled hypertension in the development of cardiovascular and cerebrovascular disease.
- Identify the pathophysiology in the development of cognitive decline and dementia with uncontrolled hypertension.
- Describe the cardiac muscle changes associated with hypertension and their long-term effects.
- Identify prevention issues and methods to improve outcomes.



Gautam Kumar, MBBS, MRCP(UK), FACC, FASE, FSCAI Associate Professor of Medicine Emory University Adjunct Faculty, Biomedical Engineering Georgia Institute of Technology Director, Echocardiography laboratory Atlanta VA Medical Center Interventional cardiologist Atlanta VA Medical Center Emory University Hospital Midtown Grady Memorial Hospital

Stroke Prevention in Atrial Fibrillation and Management of the Left Atrial Appendage Alison Ward, M.D., and Gautam Kumar, MBBS, MRCP(UK), FACC, FASE, FSCAI

Educational Objective

- Explain the epidemiology of atrial fibrillation and risk of stroke.
- Describe LAA anatomy.
- Discuss surgical and percutaneous approaches to LAAO.
- Discuss the current guidelines for LAAO.
- Explain anticoagulation management in the atrial fibrillation patient.



Adrian Rodriguez-Hernandez, M.D. Resident Neurologist Florida Atlantic University Boca Raton, Florida

Stroke Mimics Educational Objectives:

- Identify two stroke mimics and discuss methods to distinguish from a stroke.
- State the risk of intracerebral hemorrhage in stroke mimics that receive thrombolytic therapy.



Antonia Smillova, Esq. Partner Wicker Smith O'Hara McCoy & Ford P.A. West Palm Beach, Florida

Legal Issues in Stroke and Cardiac Disease

Educational Objectives:

- Identify two of the most common reasons for a malpractice case in stroke patients.
- Identify the three requirements of a legal case to determine liability.



Brian Snelling, M.D. - on hold - course ppt work in progress Neurosurgeon Director, Cerebrovascular and Endovascular Neurosurgery Director, Stroke Program Marcus Neuroscience Institute Boca Raton Regional Hospital Baptist Health South Florida Medical Director, Marilyn and Stanley Barry Center for Cerebrovascular Disease and Stroke Clinical Affiliate Instructor of Surgery Charles E. Schmidt College of Medicine Florida Atlantic University Boca Raton, Florida

Brain Aneurysm Rupture 101

Educational Objectives:

- Identify two common symptoms of a subarachnoid hemorrhage.
- Describe the different types of intracerebral aneurysms and identify risk factors for aneurysm rupture. ٠



Alison Ward, M.D. Chief of Cardiothoracic Surgery Grady Memorial Hospital Assistant Professor of Cardiothoracic Surgery **Emory University**

Stroke Prevention in Atrial Fibrillation and Management of the Left Atrial Appendage **Educational Objective**

- Explain the epidemiology of atrial fibrillation and risk of stroke. ٠
- Describe LAA anatomy. ٠
- Discuss surgical and percutaneous approaches to LAAO. •
- ٠
- Discuss the current guidelines for LAAO. Explain anticoagulation management in the atrial fibrillation patient. ٠



🕈 Baptist Health South Florida

Continuing Medical Education

Rev. 09/14/2022_GF



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

Sections highlighted in orange need to be proofread.

| | Activity Details | | | | | | | | | |
|---|------------------|-----------|-------------|---|---|--|---------|--|------------|--|
| CME Activity Title | | | | | Life Lessons Learned from Critical Care: Communication with Patients and Families | | | | | |
| Date | | | | | Online Time Online | | | | | |
| Location – the end | lf Virtual, fil | l in Z | oom info at | Onli | Online Credit Hour(s) 1 Cat 1 | | | 1 Cat 1 | | |
| Charge | | | | | Yes No | | SMS Co | de: | | |
| Target Audience – Mental and behavioral health topic(s) required for all symposiums. If limited to Baptist Health Medical Staff only, please indicate here. | | | | Physicians, GME Faculty, Nurse Practitioners, Physician Assistants, Nurses, Clinical Chaplains, Social Workers, Medical Students, Residents, Fellows and all other interested healthcare providers. | | | | | | |
| Commercial Support – C8 | | | | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | | | | | |
| Course overview | | | | Stories are a powerful tool for sharing life lessons. In this course, Rose Allen, DNP, MSM/HM, RN, CHPN, HEC-C, former Baptist Health Bioethics director and critical care nurse, shares her personal stories about giving difficult news to patients and their families. | | | | | | |
| Credit AMA PRA Category 1 Type Psychology - APA & FL Physician Assistant CE APRNS CE Dental CE Podiatry CE Interprofessional (IPCE) Engages Teams - See Plant MOC Points - MOC Checklis Pediatrics - Self-assessment | | | | Ophthalmology - Lifelong Learning Ophthalmology - Self-assessment Surgery - Accredited CME Surgery - Self-assessment Otolaryngology – Head and Neck Surgery - Self-Assessment Pathology - Lifelong Learning Pathology - Lifelong Learning Pathology - Lifelong Learning | | | | ical Knowledge g Learning sessment E it nd Neck Surgery - ning | | |
| Providersh | lip | \square | Direct | Join | t | | ID # | 2022IEN | 1311 | |
| Publish to CME Passport | | | | 0 | Publish to CEBroker | | 🛛 Yes 🗌 | No | CEBroker # | |

| Conference Director(s) | Ana M. Viamonte-Ros, M.D., MPH | |
|--|--------------------------------|--|
| CME Manager | Marie Vital Acle | |
| Conference Coordinator and/or Instructional Designer (OLP only) | | Ana M. Viamonte, M.D., MPH Betty Blanco (Instructional Designer) |
| Sommendation Goal: Engages Interprofessional Teams/IPCE (10% of activities) | | Ana M. Viamonte-Ros, M.D., MPH Rose Allen, DNP, MSM/HM, RN, CHPN, HEC-C |

| 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 course is planned in collaboration with Bioethics and Palliative Care. | | |
| 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: <u>CE Educator's Toolkit</u> | | |
| State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap. | | End of life discussions and delivering difficult news to patients and families remains a difficult aspect of the healthcare profession. Practitioners may not be familiar with or comfortable with their ability to deliver difficult news. | |
| Educational needs that <u>underlie</u> the professional practice gaps of learners. <i>Check all that apply.</i> | | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. | |

Designed to Change

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

| This activity is designed to change: | Competence - CME evaluation and pre/post-survey. Performance - Follow-up impact assessment and commitment to change. Patient Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards. | |
|--|---|---|
| Explain how this activity is designed to change learner competence, performance or patient outcomes. | | Practitioners apply communication techniques mastered at the critical care bedside to improve the delivery of care and the patient and family experience. |

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

| Educatio Objecti | | Vhat change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement |
|---------------------|--|---|
| Objectives: | Upon completion of this conference, participants should be better able to: Implement communication strategies and tools to improve the delivery of patient-centered care. | |

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

| References: Provide evidence- based, peer reviewed references supporting | Curtis, J. R., Engelberg, R. A., Wenrich, M. D., Shannon, S. E., Treece, P. D., & Rubenfeld, G. D. (2005). Missed opportunities during family conferences about end-of-life care in the intensive care unit. American Journal of Respiratory and Critical Care Medicine, 171(8), 844-849. |
|---|--|
| best practice guidelines. • APA Citations should | Selph, R. B., Shiang, J., Engelberg, R., Curtis, J.R., & White, D.B. (2008). Empathy and life support decisions in intensive care units. Journal of General Internal Medicine, 23(9), 1311. Wiseman, T. (1996). A concept analysis of empathy. Journal of advanced nursing, 23(6), 1162-1167 |
| be no older than 10 years old. | Bélanger, E., Rodríguez, C., Groleau, D., Légaré, F., Macdonald, M. E., & Marchand, R. (2014). Initiating decision-making conversations in palliative care: an ethnographic discourse analysis. BMC palliative care, 13, 63. |
| | Lum, H. D., Jones, J., Matlock, D. D., Glasgow, R. E., Lobo, I., Levy, C. R., Schwartz, R. S., Sudore, R. L., & Kutner, J. S. (2016). Advance Care Planning Meets Group Medical Visits: The Feasibility of Promoting Conversations. Annals of family medicine, 14(2), 125–132. |
| | Kaplan M. (2010). SPIKES: a framework for breaking bad news to patients with cancer. Clinical journal of oncology nursing, 14(4), 514–516. |
| | Jain, N., & Bernacki, R. E. (2020). Goals of care conversations in serious illness. Medical Clinics of North America, 104(3), 375–389. |

| Faculty | |
|--|---|
| Faculty List For more than two (2) faculty members, include the list at end of application. | Rose M. Allen, DNP, MSM/HM, RN, CHPN, HEC-C Former Director, Bioethics Program Baptist Health South Florida |

| Disclosure Statement | Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content. | |
|-----------------------------|---|--|
| Mitigation Chart | Mitigation chart complete on File Checklist. | |
| Disclosures | Due to the non-clinical nature of the content discussed, the speaker has no relevant financial relationships with ineligible companies* to disclose. This CME activity will not cover content that would involve products or services of commercial interests. Therefore, no opportunity exists for a conflict of interest based on the financial relationships of faculty and those persons in control of content. Since these relationships are not relevant, no disclosure information was collected. <i>*Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</i> | |
| Disclosure to the audience: | Ethos Course Page Uelcome Slides Faculty Slides Handout Other: | |

| Learner Knowledge | Learner Competence | Learner Performance | Patient Health | Community Health |
|--|--|---------------------|-------------------|-------------------|
| Measurement Type: Subjective Objective | Measurement Type: Subjective Objective | Measurement Type: | Measurement Type: | Measurement Type: |

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

Baptist Health Commendation Goals



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

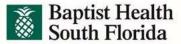
| Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement. | Use PowerPoint as example. |
|--|---|
| Addresses Population Health Teaches strategies that learners can use to achieve improvements in population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

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

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

| OLP Course Details For the | OLP Enduring Applications ONLY |
|----------------------------|---|
| Course Video URL | https://360.articulate.com/review/content/a608f305-90ac-43d4-b0ec-8108923d30fe/review |
| Course Handout URL | |
| Multiple Choice Questions | What are the four attributes of empathy? To see the world as others see it, to be non-judgmental, to suggest healing opportunities and to question their feelings. To see the world as others see it, to be non-judgmental, to understand another's feelings and to be able to communicate that understanding. To see the world as others see it, to sympathize with the person, to communicate your feelings about the patient and/or family and to provide options for treatment. To discuss how others might have a different perception of their situation, to dismiss the emotions of the patient and/or family, to ask yes-or-no questions and to question their feelings. Answer – B What must come before cognition and rational thought? A detailed description of the patient's condition. A review of lab and diagnostic test results. The expression and acknowledgment of emotion. A waiting period of 24 hours. Answer – C An example of an empathic response to a patient's expression of distress is: I realize this might be overwhelming for you at the moment. Don't worry, it could be a lot worse. You are over-reacting. Let me explain why this is not a big deal. Answer – A What is a best-practice model for communication with patients and their loved ones? Tell. Ask. Explain. Ask. Review. Control the situation. Tell. Listen. Ask. Answer – B |
| Course Release Date | 11/2022 |
| Course Renewal Date | |
| Course Expiration Date | 11/2025 |

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



CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

| Applicable Credits: AMA Category 1 | Continuing Psychology Education | Continuing Dental Education |
|------------------------------------|---|-----------------------------|
| | Interprofessional Planning ¹ | |

CME ACTIVITY TITLE: Managing Thoracic Aortic Disease at the Cutting Edge

ORIGINAL RELEASE DATE: December 2021 REVIEW DATE: January 2023 COURSE EXPIRATION DATE: February 1, 2023; February 1, 2024

CREDIT HOUR(S) APPLIED FOR: 1 Cat. 1

TARGET AUDIENCE: 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.

CONFERENCE DIRECTOR: Barry Katzen, M.D. **CME MANAGER:** Katie Deane (live)/Marie Vital Acle (online)

*Interprofessional Planning Team:

LEARNING FORMAT: Must be appropriate to achieve objectives and desired results (C5). Check all that apply.

| | Live activity |
|-------------------------------------|----------------------------|
| Case Studies | Manuscript review activity |
| Didactic Lecture | Panel |
| Enduring Material (DVD/Booklet) | □ PI CME activity |
| Internet Activity Enduring Material | Question & Answer |
| Internet Live Course (Live Webcast) | Regularly Scheduled Series |
| Internet point-of-care activity | Simulation |
| Journal-based CME activity | Test item writing activity |
| Learning from Teaching | Other (specify) |

OLP Course Planning: External:

Provider: 2022IEM321

Course video:

Course handout:

COURSE DESCRIPTION: This short summary will be used on course shell. Please note that keyword searches will pull from this description.

In recent years, there has been an explosion in the advances in aortic therapy. Esteemed cardiac surgeon Dr. Eric E. Roselli provides evidence supporting the role of genetics and family history as they affect the risk of aortic disease, describes the optimal care of acute aortic disease and explains how to apply clinical practice guidelines in the recommendation for treatment and management of chronic aortic disease.

FACTORS OUTSIDE OUR CONTROL – *List factors outside our control and beyond the learner performance that impact patient outcomes and contribute to the healthcare "quality gap" being addressed.* **(C18)**

| Patient: | 🛛 Noncompliance | 🖾 Lifestyle | Resistance to change | Cost of care/Lack of insurance |
|-----------------|---------------------------|----------------|------------------------------|-----------------------------------|
| Physician: | Noncompliance | Resistance to | o change 🛛 Communicat | ion skills 🗌 Reimbursement issues |
| Resources: | Institutional Capa | ıbilities 🗌 Pl | nysician Practice Limitation | s Community Service Limitations |
| State of Scienc | e: 🗌 Limited or no treatr | nent modalitie | s 🗌 Limited or no diagnos | tic modalities |
| Other: Please a | lescribe. | | _ | |

BARRIERS TO PHYSICIAN CHANGE: (C19) Briefly explain how this activity addresses the barriers/factors identified.

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: Patient care and procedural skills Medical knowledge Practice-based learning and improvement Interpersonal and communication skills Professionalism Systems-based practice

INSTITUTE OF MEDICINE: Provide patient-centered care Work in interdisciplinary teams Employ evidence-based practice Apply quality improvement Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: Values/ethics for interprofessional practice Roles/responsibilities Interprofessional communication Teams and teamwork

PROFESSIONAL PRACTICE GAP (C2) The difference between what is (the "actual") and what should be (the "ideal").

What is the current professional practice gap? What are physicians doing (or not doing) that needs to change? Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2) Clinicians may not be familiar with the latest data and clinical guidelines on aortic therapy and may not know the best

procedure, treatment or management recommendations for their patients.

▶ Patients with chronic distal aortic dissection (CDAD) remain at high risk for late aorta-related events and reinterventions, and the ideal management strategy remains undefined. Open surgical procedures carry morbidity, but scant data for thoracic endovascular aortic repair (TEVAR) of CDAD exist.

(https://www.sciencedirect.com/science/article/pii/S0022522311002856)

Kang, W. C., Greenberg, R. K., Mastracci, T. M., Eagleton, M. J., Hernandez, A. V., Pujara, A. C., & Roselli, E. E. (2011). Endovascular repair of complicated chronic distal aortic dissections: intermediate outcomes and complications. The Journal of thoracic and cardiovascular surgery, 142(5), 1074-1083.

Indicate if the gap is related to need for change in either/or:

Knowledge and/or (Doctors do not know that they need to be doing something.)

Competence *and/or* (Doctors do not know how to do it)

Performance and/or (Doctors know how to do it but are noncompliant – or are not doing it properly.)

DESIRED OUTCOMES (GOAL): Answer one or more of the following questions: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? Identified "pearls" as actionable items by the Conf. Director and/or Speaker (C3)

► Clinicians apply clinical practice guidelines in their recommendation for treatment and management of aortic valve and aortic disease.

Indicate what this activity is designed to change.

| Designed to change competence | >Evaluation and Pre- post-survey on Ethos (see below: Evaluations) |
|-------------------------------------|--|
| Designed to change performance | >Requires follow-up survey (see below: Evaluations) |
| Designed to change patient outcomes | > Requires patient data / patient file review, dashboards pre-,post-activity |

This course is designed to (Commendation Criteria):

| include members | s of the interprofes | sional team to engage | in the planning and deli | ivery of interprofessional co | ontinuing |
|-----------------|----------------------|-----------------------|--------------------------|-------------------------------|-----------|
| education (C23) | | | | | • |

include patient/public representatives and engage in the planning of delivery of CME. (C24)

include students of the health professions to engage in the planning and delivery of CME. (C25)

advance the use of health and practice data for healthcare improvement (C26)

address factors beyond clinical care that affect the health of populations. (C27)
 collaborate with other organizations to address population health issues (C28)
 improve communication skills of learners. (C29) See evaluation method below.

optimize/improve technical and procedural skills of learners. (C30) See evaluation method below.

create individualized learning plans for learners. (C31)

utilize support strategies to enhance change as an adjunct to the CME program. (C32)

demonstrate improvement in the performance of learners. (C36)

demonstrate healthcare quality improvement (C37)

| demonstrate the impact of the CME program on patients or their communities. (C38) |
|--|
| NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? (Check all that apply and explain below.) |
| ☑ Best practice parameters □ Consensus of experts ☑ Disease prevention (C12) □ Joint Commission initiatives (C12) |
| Mortality/morbidity statistics |
| New or updated policy/protocol |
| Peer review data Process improvement initiatives (C16 & 21) Regulatory requirement Other need identified (Explain): |
| Research/literature review |
| REFERENCES supporting the current practice and/or the optimal practice and/or practice gap. <u>COE Dashboard data</u> must be included when possible. |
| ► Verhagen, J. M., Kempers, M., Cozijnsen, L., Bouma, B. J., Duijnhouwer, A. L., Post, J. G., & van de Laar, I. M. (2018). Expert consensus recommendations on the cardiogenetic care for patients with thoracic aortic disease and their first-degree relatives. <i>International journal of cardiology</i> , <i>258</i> , 243-248. |
| ► Morello, F., Santoro, M., Fargion, A. T., Grifoni, S., & Nazerian, P. (2021). Diagnosis and management of acute aortic syndromes in the emergency department. <i>Internal and emergency medicine</i> , <i>16</i> (1), 171-181. |
| ▶ Mokashi, S. A., & Svensson, L. G. (2019). Guidelines for the management of thoracic aortic disease in 2017. <i>General thoracic and cardiovascular surgery</i> , 67(1), 59-65. |
| ▶ Brozzi, N. A., & Roselli, E. E. (2012). Endovascular therapy for thoracic aortic aneurysms: state of the art in 2012. <i>Current treatment options in cardiovascular medicine</i> , <i>14</i> (2), 149-163. |
| ► Kang, W. C., Greenberg, R. K., Mastracci, T. M., Eagleton, M. J., Hernandez, A. V., Pujara, A. C., & Roselli, E. E. (2011). Endovascular repair of complicated chronic distal aortic dissections: intermediate outcomes and complications. <i>The Journal</i> of thoracic and cardiovascular surgery, 142(5), 1074-1083. |
| ▶ Svensson, L. G., Adams, D. H., Bonow, R. O., Kouchoukos, N. T., Miller, D. C., O'Gara, P. T., & Williams, M. R. (2013). Aortic valve and ascending aorta guidelines for management and quality measures. <i>The Annals of Thoracic Surgery</i> , <i>95</i> (6), S1-S66. |
| Svensson, L. G., Adams, D. H., Bonow, R. O., Kouchoukos, N. T., Miller, D. C., O'Gara, P. T., & Williams, M. R. (2013). Aortic valve and ascending aorta guidelines for management and quality measures: executive summary. <i>The Annals of thoracic surgery</i> , 95(4), 1491-1505. |
| ► Cikach, F. S., Koch, C. D., Mead, T. J., Galatioto, J., Willard, B. B., Emerton, K. B., & Apte, S. S. (2018). Massive aggrecan and versican accumulation in thoracic aortic aneurysm and dissection. <i>JCl insight</i> , <i>3</i> (5). |
| Bibliography |
| Bibliography Wojnarski, C. M., Roselli, E. E., Idrees, J. J., Zhu, Y., Carnes, T. A., Lowry, A. M., & Lytle, B. W. (2018). Machine-learning phenotypic classification of bicuspid aortopathy. <i>The Journal of thoracic and cardiovascular surgery</i> , <i>155</i> (2), 461-469. |
| Levack, M. M., Aftab, M., Roselli, E. E., Johnston, D. R., Soltesz, E. G., Gillinov, A. M., & Svensson, L. G. (2017). Outcomes of a less-invasive approach for proximal aortic operations. <i>The Annals of thoracic surgery</i> , <i>103</i> (2), 533-540. |
| Levack, M. M., Kindzelski, B. A., Miletic, K. G., Vargo, P. R., Bakaeen, F. G., Johnston, D. R., & Roselli, E. E. (2020). Adjunctive endovascular balloon fracture fenestration for chronic aortic dissection. <i>The Journal of Thoracic and</i> <i>Cardiovascular Surgery</i> . |
| EDUCATIONAL OBJECTIVES: Based on the gaps identified above, what are the learning objectives for this activity? |
| Describe the performance* that should change if participants apply what they learn. *(or competence or patient outcome) Upon completion of this conference, participants should be better able to: |

- Apply the evidence supporting the role of genetics and family history to screen patients who are at greater than average risk for aortic disease.
- Recognize symptoms of acute aortic disease and implement appropriate diagnostic testing and assessment.
- Implement appropriate management strategies throughout the continuum of care to optimize outcomes for patients with acute aortic disease.

EVALUATION METHODS: Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. **(C11)**

- Changes in competence. Evaluation method: Baptist Health CME Evaluation Form
 Pre- Post- Survey Provide 1-2 goals per lecture to measure changes in competence.
 <u>Question:</u> How confident are you in your ability to implement this/these strategy/ies: (list "pearls")
 Changes in performance. Evaluation method:
 - Follow-up Survey Provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity.
 - Commitment to Change (ETHOS OBJECT)
- Changes in patient outcomes. **Evaluation method:** Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
- Other____

Commendation Criteria Required Evaluation

☐ This course is designed to improve communication skills of learners. (C29)

1) CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills

2) Course leader provides formative feedback to each learner about observed communication skills.

This course is designed to optimize/improve technical and procedural skills of learners. (C30)

1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills

2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills

FACULTY: (Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.) Eric E. Roselli, M.D.

Chief, Adult Cardiac Surgery Surgical Director, Aortic Center Miller Family Heart, Vascular and Thoracic Institute at the Cleveland Clinic Cleveland, Ohio

Eric E. Roselli, M.D., faculty for this educational event, is a consultant and member of the speakers' bureau for Cryolife, Edwards Lifesciences, W.L. Gore, Medtronic and TerumoAortic, and on the speakers' bureau for Cook. Dr. Roselli has indicated that the presentation or discussion will include off-label or unapproved product usage.

Barry Katzen, M.D., director of this activity, has indicated that he is a consultant for Boston Scientific, W.L. Gore and Philips.

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

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

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

ALL FINANCIAL RELATIONSHIPS: List individuals in control of the content of this CME activity (other than faculty). Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.

Have all relevant financial interests been identified and mitigated? (C7; SII 2.1, 2.2, 2.3) CME Dept. Leadership and Staff CME Committee Conference Director

Others (Conference Coordinator, Planning Group, etc.)

| NON-EDUCATIONAL STRATEGIES: Explain what we are doing (CME or BHSF) – or what we could do – to enhance change as an adjunct (in addition to) to this CME activity. (C17) These would be tactics and tools to facilitate change that go beyond this CME activity. NOTE: Insert this information under course shell>>custom fields>>resources. Process redesign or new protocol Reminders (posters, mailings, email blasts) New order sheets Other tools or tactics Explain: |
|--|
| COLLABORATION: Are we engaged in collaborative and cooperative projects with other stakeholders (internal or |
| <u>external</u>) that are related to this CME activity? (C20) |
| \Box Yes \boxtimes No Are we partnering with other organizations in a purposeful manner to achieve common interests? \boxtimes Yes \Box No Are we collaborating with internal departments in a purposeful manner to achieve common interests? |
| If yes, describe the collaborative efforts. <u>MCVI and BHSF Cardiothoracic Medical Group</u> |
| |
| COMMERCIAL SUPPORT: Indicate here if support will come from the Foundation's general Continuing Medical Education fund. |
| (ETHOS CONTENT) YOU MAY ALSO BE INTERESTED IN: List names of up to two courses with similar target audiences. Please list complete course title. |
| DATE REVIEWED: REVIEWED BY: Accelerated Approval Executive Committee |
| |

| APPROVED: YES NO | | Credits: AMA/PRA Category 1 Credits: #_1 |
|------------------|--|--|
|------------------|--|--|

Continuing Psychology Education Credits: # ___ N/A
Continuing Dental Education Credits: # ____

□ N/A

OLP Course Quiz Questions:



🕈 Baptist Health South Florida

Continuing Medical Education

Rev. 06/28/2022 _CB



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

Sections highlighted in orange need to be proofread.

| | Activity Details | | | | | | | | | |
|---|---|-------|---|--|---|----|----------|---------|-------------|------------------|
| CME Activi | ty Title | | | | Miami-Dade Heat Task Force and Florida Clinicians for Climate Action e-Learning Series | | | | | ction e-Learning |
| Date | | | | | | | Time | | | |
| Location – the end | lf Virtual, fill | in Zo | oom info at | On | line Enduring | | Credit H | Hour(s) | Up to 7 Cat | 1 |
| Charge | | | | \square | Yes No | | SMS Co | de: | | |
| Mental a required If limited | Target Audience – Mental and behavioral health topic(s) required for all symposiums. If limited to Baptist Health Medical Staff only, please indicate here. | | | Physicians, advanced practice providers, social workers, respiratory, dietitians, laboratory, pharmacists, occupational therapists, nurses, advanced practice registered nurses and all other interested healthcare professionals. | | | | | | |
| Commercia | il Support – C | 8 | | | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | | | | |
| Course overview | | | An estimated 34 heat-related deaths occurred annually in Miami-Dade County from 2015 to 2019 and 6,804 emergency room visits in the state of Florida were attributed to heat-related illness in 2019. The risk of heat related illness persists due to a warming climate. Scientific evidence indicates that patient health is already impacted by increased days of extreme heat. Presenters from the Miami-Dade Heat Task Force and Florida Clinicians for Climate Action address how to identify signs and symptoms of heat stress and heat illness and explore cost-effective strategies to treat and prevent heat illness in our patients. | | | | | | | |
| Credit Type AMA PRA Category 1 Anesthesia - Lifelong Learning Psychology - APA & FL 🔄 - APA Checklist Internal Medicine - Medical Knowledge Physician Assistant CE Ophthalmology - Lifelong Learning APRNs CE Ophthalmology - Self-assessment Dental CE Surgery - Accredited CME Interprofessional (IPCE) Commendation Surgery - Self-assessment Interprofessional (IPCE) Commendation Otolaryngology – Head and Neck Surgery - Self-Assessment MOC Points - MOC Checklist / Self-assessment Pathology - Lifelong Learning Pediatrics - Self-assessment Pediatrics - Lifelong Learning | | | | cal Knowledge g Learning essment E t nd Neck Surgery - ning | | | | | | |
| Providersh | ip | | Direct 🛛 | Joir | nt | PA | RS ID # | IEM202 | 2363 | |
| Publish to (| CME Passport | t | Yes 🗌 N | 0 | Publish to CEBroker | | 🛛 Yes 🗌 |] No | CEBroker # | |

| Planning Team | | | | |
|--|---|--|--|--|
| Conference Director(s) | J. Arturo Fridman, MD | | | |
| CME Manager | Gabriela Fernandez/Marie Vital Acle (OLP) | | | |
| Conference Coordinator and/or Instructional Designer (OLP only) | | | | |
| Sommendation Goal: Engages Interprofessional Teams/IPCE (10% of activities) | | Patrise Tyson, MSN, FNP-BC FCCA Steering Committee Member Miami, Florida See agendas for interprofessional faculty per topic. | | |

| BHSF Initiatives | | | | |
|--|--|--|--|--|
| Balance across the con Diversity & Inclusion Evidence-based data High-reliability tools – systems, processes, and | Patient-centered care Public health factors (See commendation.) Use of prior experiences to improve Removing redundancy – improving processes | | | |
| Collaborative Partner: | BHSF Sustainability Committee | | | |
| Describe initiative: | The Miami-Dade Heat Task Force, together with Florida Clinicians for Climate Action have partnered with Baptist Health South Florida to create a series of educational courses on the impact of climate change and heat in our community patients' health. | | | |

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

| Educational Needs | What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: <u>CE Educator's Toolkit</u> |
|-------------------|--|
|-------------------|--|

| State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap. | An estimated 34 heat-related deaths occurred annually in Miami-Dade County from 2015 to 2019 and 6,804 emergency room visits in the state of Florida were attributed to heat-related illness in 2019. The risk of heat-related illness persists due to a warming climate. Scientific evidence indicates that patient health is already impacted by increased days of extreme heat, but historically, education on the health effects of climate change has not been a part of standard training for most medical curriculums. This CME series will educate clinicians on identifying signs and symptoms of heat stress and heat illness and explore cost-effective strategies to treat and prevent heat illness. Clinicians will be equipped with resources to educate patients and their families in Miami Dade County on reducing the risk of the potentially deadly effects of heat stress and heat illness. |
|---|---|
| Educational needs that <u>underlie</u> the professional practice gaps of learners. Check all that apply. | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. |

| Designed to | Change | | es activities/educational interventions that are designed to change nance, or patient outcomes as described in its mission statement. | |
|--|---|---|---|--|
| This activity is designed to change: | Competence - CME evaluation and pre/post-survey. Performance - Follow-up impact assessment and commitment to change. Patient Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards. | | | |
| Explain how this activity is designed to change learner competence, performance or patient outcomes. | | - | The goal is to increase the number of clinicians that are educating their patients and families on the connection between climate and health and helping patients and families prepare for the current and future impacts of extreme heat on human health and livelihood. Clinicians will be knowledgeable in providing such education through a variety of modalities including in person encounters, printed materials with QR codes, social media, and electronic devices. | |

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

Educational Objectives

What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify... Eliminate... Use... Apply... Implement...

| Objectives: | Upon completion of this conference, participants should be better able to: Discuss climate factors that are contributing to increased days of extreme heat in Miami-Dade County. Explain patient characteristics associated with increased risk for heat stress and heat illness. Summarize the potential physiologic effects of extreme heat exposure |
|-------------|---|
| | Summarize the potential physiologic effects of extreme heat exposure. Integrate education about the impact of climate on health into routine patient encounters. Recommend local resources to patients to reduce their risk of heat illness. |

| References | Ensure Content is Valid | | | | |
|--|--|--|--|--|--|
| How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i> | Disease pre Mortality/r National/re New or upo Peer review | ce parameters Research/literature review evention (Mission) Consensus of experts morbidity statistics Joint Commission initiatives egional data National Patient Safety Goals dated policy/protocol New diagnostic/therapeutic modality (Mission) w data Patient care data requirement Process improvement initiatives | | | |
| Other need identified. <i>Please explain.</i> | | Miami-Dade Heat Task Force and Florida Clinicians for Climate Action collaboration. | | | |
| Baptist Health Quantitative | Data Insert | baseline chart or narrative here. | | | |
| References: Provide evidence- based, peer reviewed references supporting best practice guidelines. APA Citations should be no older than 10 years old. | • • • • | loridaclinicians.org niamidade.gov/heat | | | |

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

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

| Disclosure to the |
|-------------------|
| audience: |

Handout

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

| Evaluation Methods | Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. |
|---|---|
| Changes in competence. Intent to change Confidence in ability | CME Evaluation Form What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. Pre/Post-Survey (per child) Provide 1-2 goals per lecture to measure changes in competence. Example: How confident are you in your ability to: Identify patient characteristics associated with increased risk for heat stress and heat-related illness. Integrate education about the impact of climate on health into routine patient encounters. Recommend local resources to patients to reduce their risk of heat illness. |

| Improves Performance: • Commitment to Change subscience Improves Performance • Add commitment to Change subscience Commendation Goal • Add commitment to Change subscience (UP): • Trigger impact assessment 35 days gost conference. (IMS Support) Commendation Goal • Induce to change question to evaluation. (IMS Support) Include handout or resource in follow up email. (CME Manager) • Thank you for completing the Climate, Neat and Health e-learning online course. This survey is intended to capture changes you have made in your clinical practice as a result of your participation in the Miami-Dode heat Task Force and Fiorida Clinician for Climate Action e-learning Series. Results are reported as gagregate data. Please select all answers that apply if you have completed multiple courses within this series, as only one impact assessment will be distributed. Based on your intention to implement thanges in your clinical practice. • I have integrated education on climate health impacts into routine patient ensures in my olinical practice. • I have integrated education on climate health impacts into routine patient ensures by utilizing the support resources to patients to reduce their risk of heat illines by utilizing the support resources to patients to routine patient ask Force. • I have not implemented any of these strategies, what has prevented you from doing so?* Please and next lines by utilizing the support resources to patients to routine patient to your delivery of care and patient outcomes. (Open text) No fty ou have not implemented | | |
|---|--|---|
| Improves Performance Commendation Goal Image accession to evaluation. (LMS Support (Live Activity/Course Builder (0.P). Image in mpace accessment 45 days post conference. (LMS Support) Image in mpace accessment 45 days post conference. (LMS Support) Image in manual controls of the impace accessment 10 days post conference. (LMS Support) Image in manual controls of the impace accessment 10 days post conference. (LMS Support) Image in another in the impace accessment 10 days post conference. (LMS Support) Image in another impace accessment 2000 accessm | | Add <u>Commitment to Change Ethos object</u> . |
| Improvement 45 days post conference. (MAS Support) Commendation Goal Improvement in follow-uper mail (CMM Samper) Thank you for completing the Climate, Heat and Health e-kerning online course. This survay is intended to capture changes you have made in your clinical practice as a result of your participation in the Miami-Dade Heat Task Force and Florida Clinician for Climate Action e-kerning Series. Results are reported as aggregate data. Please select all answors that apply if you have completing multiple courses within this series, as only one impact assessment will be distributed. Based on your intention to implement changes in your clinical practice. What changes have you implemented in your participation in this e-learning series, have you been able to implement any of the following commitments to change? * Please select all that apply. • I have integrated docuate on climate health impacts into routine patient encounters. • I have integrated docuation on climate health impacts into routine patient encounters. • I have integrated docuate on on climate health impacts into routine patient encounters. • I have integrated docuation on climate health impacts into routine patient encounters. • I have recommended local resources to patients to reduce their risk of heat illness by utilizing the support resources to patients or educe their risk of heat illness by utilizing the support resources to patients that pape and the event of the docuate and of the event of the docuate and patient outcomes. (Open text) No If you have not implemented any of these strategies, what has prevented you from doing so? * | | |
| This survey is intended to capture changes you have made in your clinical practice as a result of your participation in the Miami-Dade Heat Task Force and Florida Cliniclan for Climate Action e-learning Series. Results are reported as aggregate data. Please select all answers that apply if you have completed multiple courses within this series, as only one impect assessment will be distributed. Based on your intention to implement changes in your clinical practice, what changes have you implemented in your practice? As a result of your participation in this e-learning series, have you been able to implement any of the following commitments to change? * Please select all that apply. I have identified patient characteristics associated with increased risk for heat stress and heat illness in wy clinical practice. I have identified patient characteristics associated with increased risk for heat illness by utilizing the support resources to patients to roduce their risk of heat illness by utilizing the support resources to patients to reduce their risk of heat illness by utilizing the support resources created by the Miami-Dade Heat Task Force. Based on your intention to implement these strategies, please share the impact to your delivery of care and patient outcomes. (Open text) No If you have not implemented any of these strategies, what has prevented you from doing se? * Check all that apply. Current practice is satisfactory Lack of time Lack of time Care cost/sinsurance coverage Patient barries I disagreed with recommendations made in the course Lack of support for change by administration Administrative/sys | | Trigger impact assessment 45 days post conference. (LMS Support) Include handout or resource in follow-up email. (CME Manager/ Course Builder) |
| practice as a result of your participation in the Miami-Dade Heat Task Force and Florida Clinician for Climate Action e-learning Series. Results are reported as aggregate data. Please select all answers that apply if you have completed multiple courses within this series, as only one impact assessment will be distributed. Based on your intention to implement changes in your clinical practice, what changes have you implemented in your practice? As a result of your participation in this e-learning series, have you been able to implement any of the following commitments to change? * Please select all that apply. • I have identified patient characteristics associated with increased risk for heat stress and heat illness in ny clinical practice. • I have identified patient characteristics associated with increased risk for heat illness in ny clinical practice. • I have integrated education on climate health impacts into routine patient encounters. • I have commended local resources to patients to reduce their risk of heat illness by utilizing the support resources to patients to reduce their risk of heat illness by utilizing the support resources created by the Miami-Dade Heat Task Force. Based on your intention to implemented any of these strategies, please share the impact to your delivery of care and patient outcomes. (Open text) No If you have not implemented any of these strategies, what has prevented you from doing so? * Check all that apply. Current practice is satisfactory Lack of an implementation plan Lack of staff resources Lack of support for change by administration Administrative/system costs Care costs/insura | | Thank you for completing the Climate, Heat and Health e-learning online course. |
| implement any of the following commitments to change? * Please select all that apply. I have identified patient characteristics associated with increased risk for heat stress and heat illness in my clinical practice. I have integrated education on climate health impacts into routine patient encounters. I have recommended local resources to patients to reduce their risk of heat illness by utilizing the support resources created by the Miami-Dade Heat Task Force. Based on your intention to implement these strategies, please share the impact to your delivery of care and patient outcomes. (Open text) No If you have not implemented any of these strategies, what has prevented you from doing so?* Check all that apply. Current practice is satisfactory Lack of staff resources Lack of support fresources Lack of support change by administration Administrative/system costs Care costs/insurance coverage Patient barriers I disagreed with recommendations made in the course I am retired Content not applicable to my practice. Other (Open Text) | | practice as a result of your participation in the Miami-Dade Heat Task Force and Florida Clinician for Climate Action e-learning Series. Results are reported as aggregate data. Please select all answers that apply if you have completed multiple courses within this series, as only one impact assessment will be distributed. Based on your intention to implement changes in your clinical |
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| encounters. I have recommended local resources to patients to reduce their risk of heat illness by utilizing the support resources created by the Miami-Dade Heat Task Force. Based on your intention to implement these strategies, please share the impact to your delivery of care and patient outcomes. (Open text) No If you have not implemented any of these strategies, what has prevented you from doing so? * Check all that apply. Current practice is satisfactory Lack of an implementation plan Lack of time Lack of staff resources Lack of support for change by administration Administrative/system costs Care costs/insurance coverage Patient barriers I disagreed with recommendations made in the course I am retired Content not applicable to my practice. Other (Open Text) Changes in patient outcomes. Review of hospital, health system, public health data, dashboard data pre., post-activity, etc. | | I have identified patient characteristics associated with increased risk for heat |
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| delivery of care and patient outcomes. {Open text} No If you have not implemented any of these strategies, what has prevented you from doing so? * Check all that apply. Current practice is satisfactory Lack of an implementation plan Lack of time Lack of staff resources Lack of staff resources Lack of support for change by administration Administrative/system costs Care costs/insurance coverage Patient barriers I disagreed with recommendations made in the course I am retired Content not applicable to my practice. Other {Open Text} | | illness by utilizing the support resources created by the Miami-Dade Heat Task |
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| Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during | | Content not applicable to my practice. |
| outcomes. Demonstrates healthcare quality improvement related to the CME program twice during | | Other {Open Text} |
| ווב מנורבעונמנטוו נבווו. | outcomes. Demonstrates healthcare quality improvement related to | Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc. |

| Baptist Health Commendation Goals | CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements. |
|--|---|
| Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement. | Use PowerPoint as example. |
| Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. Goal: 10% of activities | Check all that apply. Health behaviors Access to care Economic, social, and Health disparities environmental conditions Population's physical Healthcare and payer systems environment |
| Collaborates With Other Organizations The provider collaborates with other organizations to more effectively address population health issues. | Describe the collaborative efforts. The Miami-Dade Heat Task force together with Florida Physicians for Climate Action and Baptist Health South Florida have partnered to produce a 5-course series on the impact of heat and climate change on patient's health. The goal is to increase the number of clinicians that are educating their patients and families on the connection between climate and health and helping patients and families prepare for the current and future impacts of extreme heat on human health and livelihood. Clinicians will be knowledgeable in providing such education through a variety of modalities including in person encounters, printed materials with QR codes, social media, and electronic devices. |
| Improves Performance Goal: 10% of activities Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes made to patient education. | See Evaluation Methods section for required elements. Follow-up data is Required. |

| Improves Healthcare Quality Collaborates in the process of healthcare quality improvement AND Demonstrates improvement in healthcare quality Goal: Two examples per accreditation cycle. Examples: EBCC | Explain. |
|---|---|
| Improves Patient and/or Community Health The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). Goal: Two examples per accreditation cycle. | Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain. |
| Optimizes Communication Skills Designed to improve communication skills of learners. Example: Sim Lab | CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. Course leader provides formative feedback to each learner about observed communication skills. Sample completed evaluation saved to file. |
| Optimizes Technical and/or Procedural Skills Designed to optimize/improve technical and procedural skills of learners. Example: Gamma Knife | CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. Sample completed evaluation saved to file. |
| Utilizes Support Strategies Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change. Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps | Explain. Clinicians will be knowledgeable in providing such education through a variety of modalities including in person encounters, printed materials with QR codes, social media, and electronic devices. Clinicians will use appropriate billing codes for heat related illness identified during medical encounters. Additional information Resources: https://www.floridaclinicians.org https://www.heat.gov https://www.heat.gov https://www.americares.org/what-we-do/community-health/climate-resilient-health-clinics/ Sample supplemental materials saved to file. Confirmation email with resources links saved to file. Follow up email to attendees with resources saved to file. 45-Day impact plan assessment set up on Ethos to measure |
| Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission. | impact of strategies per ACCME commendation requirement. <i>Explain.</i> |

| Live Webinar Det | Live Webinar Details For Internet Live Webinar Courses ONLY | |
|------------------|---|--|
| Panelists | | |
| Hosts | Insert names and email addresses for at least one of these: | |
| | Please register: 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 | September 2022 |
| Course Renewal Date | |
| Course Expiration Date | September 2024 |

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

| Climate | Objectives | Dibliggraphy |
|-----------------------------|-------------------------------------|--|
| Climate, | Objectives | Bibliography |
| Heat and | Learning | Marill, M. C. (2020). Pressured by students, medical schools grapple with |
| Health | objectives | climate change. <i>Health Affairs, 39</i> (12), 2050-2055. |
| (1.25 <mark>Cat. 1</mark>) | Discuss climate | https://doi.org/10.1377/hlthaff.2020.01948 |
| Sept. 2022- | factors that are | |
| Sept. 2024 | contributing to | Miami-Dade extreme heat and mortality report. Uejio, C.K., Ahn, Y. (2022). |
| | increased days of | National environmental public health tracking network data explorer. (n.d.). |
| | extreme heat in | National Environmental Public Health Tracking Network. |
| | Miami- | - |
| | DadeCounty. | https://ephtracking.cdc.gov/DataExplorer/#/ |
| | Dauecounty. | Temperature extremes. (2020, December 21). Centers for Disease Control |
| | | and Prevention. |
| | Explain patient | https://www.cdc.gov/climateandhealth/effects/temperature_extremes.html |
| | characteristics | |
| | associated with | |
| | increased risk for | |
| | heat stress and | |
| | heat illness. | |
| | Summarize the | |
| | potential | |
| | physiologic effects | |
| | of extreme heat | |
| | exposure. | |
| | exposure. | |
| | | |
| | Integrate | |
| | education about | |

| the impact of | |
|---|--|
| climate on health | |
| into routine | |
| patient | |
| encounters. | |
| Recommend local resources to patients to reduce their risk of heat illness. | |

Faculty

Jane Gilbert Chief Heat Officer, Miami-Dade County Miami, Florida

Jevon Harrison, M.B.B.S.

Florida State Medical Association Representative Miami, Florida

Cheryl L. Holder, M.D.

Associate Dean for Diversity, Equity, Inclusivity and Community Initiatives Associate Professor Humanities, Health and Society Florida International University Herbert Wertheim College of Medicine Co-chair, Florida Physicians for Climate Action Miami, Florida

Todd L. Sack, M.D., FACP Executive Director, My Green Doctor Foundation Jacksonville Beach, Florida

Patrise Tyson, MSN, FNP-BC FCCA Steering Committee Member Miami, Florida

Jane Gilbert, Jevon Harrison, M.D., Cheryl Holder, M.D. and Todd L. Sack, M.D., faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentations or discussions will not include off-label or unapproved product usage.

Patrise Tyson, **MSN**, **FNP-BC**, moderator for this activity has no financial relationships with ineligible companies* to disclose.

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

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

Climate Change Basics Cheryl Holder, M.D.

Heat Illness Signs, Symptoms, and Treatment Jevon Harrison

Miami Dade County Specific Heat Data Jane Gilbert

| Questions and Answer | | |
|---|--|--|
| Climate and Exertional Heat Illness Credits: 1.25 cat. 1 December 2022 – Sept. 2024 | Describe patient characteristics associated with increased risk for heat illness. Determine appropriate interventions for the treatment of heat illness in the adult and pediatric populations. Integrate education on climate health impacts into routine patient encounters. | |
| Overview: - bypass for children | | |
| Faculty: Speakers: Eugene S. Fu, M.D. Associate Professor of Clinical Anesthesiology University of Miami Miller School of Medicine, Miami, Florida Jevon Harrison, M.B.B.S. Florida State Medical Association Representative Miami, Florida Cheryl L. Holder, M.D. Associate Dean for Diversity, Equity, Inclusivity and Community Initiatives Associate Professor, Humanities, Health and Society Florida International University Herbert Wertheim College of Medicine Co-chair, Florida Physicians for Climate Action Miami, Florida | | |
| Vanessa Cecilia Lluy, R.N., MSN-Ed, CPEN, CPN Patient Care Supervisor Homestead Hospital Clinical Faculty Adjunct, West Coast University Homestead, Florida | | |
| Eugene Fu, M.D., Jevon Harrison, M.D., and Vanessa Lluy, R.N., 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. | | |

Cheryl Holder, M.D., moderator for this activity, has no financial relationships with ineligible companies* to disclose, and has indicated that the presentations or discussions will not include off-label or unapproved product usage.

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

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

AGENDA

| Welcome & Introductions | |
|--|--|
| Cheryl Holder, M.D. | |
| Exertional Heat Illness Definition and Pathophysiology | |

| Jevon Harrison, MBB | |
|--|---|
| Adult ER Interventions/Treatment options | |
| Eugene Fu, M.D. | - |
| | _ |
| Pediatric ER Interventions/Treatment options | |
| Vanessa Cecilia Lluy, R.N | |
| Q&A | |
| Cheryl Holder, M.D. | |
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| Heat Health and the Built | |
| Environment | |
| Credits: TBD | |
| ??? – Sept. 2024 | |
| Overview: | |
| Faculty: | |
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| Clinician and hospital role in | |
| Agriculture, climate-smart and healthy | |
| nutrition, food waste and greening our | |
| cities | |
| Credits: TBD | |
| ??? – Sept. 2024 | |
| Overview: | |
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| Faculty: | |
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| Clinician and health system role in | |
| responsible waste management | |
| inside and outside hospitals and | |
| | |
| clinics | |
| Credits: TBD | |
| ??? – Sept. 2024 | |
| Overview: | |
| Faculty: | |
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| Clinician and hospital role in | |
| preparing patients for the health | |
| impacts from air pollution/poor air | |
| quality and increasing allergens | |
| Credits: TBD | |
| ??? – Sept. 2024 | |
| Overview: | |
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| Faculty: | |
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| Clinician and hospital role in | |
| preparing patients for increasing | |
| water quality impacts | |

| Credits: TBD ??? – Sept. 2024 | |
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| Overview: | |
| Faculty: | |
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🕈 Baptist Health South Florida

Continuing Medical Education

Rev. 09/14/2022_GF



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

Sections highlighted in orange need to be proofread.

| | Activity Details | | | | |
|---|---|---|----------------|-----------------|--|
| CME Activi | ty Title | Prescribing Controlled Substances | | | |
| Date | | Online Enduring | Time | Online Enduring | |
| Location – the end | If Virtual, fill in Zoom info at | Online Enduring | Credit Hour(s) | 2 Cat. 1 | |
| Charge | | ☐ Yes ⊠ No | SMS Code: | | |
| require If limite | lience – and behavioral health topic(s) d for all symposiums. d to Baptist Health Medical ly, please indicate here. | with relicensure requirements. | | | |
| Commercia | al Support – C8 | Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. | | | |
| | | The Prescribing Controlled Substances course has been approved by the Florida Board of Medicine, the Florida Board of Dentistry, the Florida Board of Osteopathic Medicine, and the Florida Board of Podiatric Medicine as continuing medical education that meets the controlled substance bill (House Bill 21) requirements for biennial license renewal. Baptist Health Quality Network in collaboration with the Baptist Health CME Program has developed this online course that addresses the opioid crisis and equips learners with the tools and resources to successfully implement current standards for prescribing controlled substances, particularly opiates. This course addresses alternatives to these standards; nonpharmacological therapies; prescribing emergency opioid antagonists; prescribing controlled substances via telemedicine; and the risks of opioid addiction following all stages of treatment in the management of acute pain. | | | |
| Credit Type AMA PRA Category 1 Anesthesia - Lifelong Learning Psychology - APA & FL 🔄 - APA Checklist Internal Medicine - Medical Knowl Physician Assistant CE Ophthalmology - Lifelong Learning APRNs CE Ophthalmology - Self-assessment Dental CE Surgery - Accredited CME Podiatry CE Interprofessional (IPCE) 🐨 Commendation Engages Teams - See Planning Team section Otolaryngology - Head and Neck S MOC Points - MOC Checklist / Self-assessment Pathology - Lifelong Learning Pediatrics - Self-assessment Pediatrics - Lifelong Learning | | edicine - Medical Knowledge logy - Lifelong Learning logy - Self-assessment ccredited CME elf-assessment logy – Head and Neck Surgery - sment Lifelong Learning | | | |

| Providership | \square | Direct Doint | | PARS ID # | | | |
|-------------------------|-----------|--------------|---------------------|-----------|------|-------------------------|--|
| Publish to CME Passport | | 🛛 Yes 🗌 No | Publish to CEBroker | 🛛 Yes 🗌 |] No | <mark>CEBroker #</mark> | |

| Planning Team | | | | |
|--|---|--|--|--|
| Conference Director(s) | Arturo Fridman, M.D., Bernie Fernandez, M.D., and Jonathan Fialkow, M.D | | | |
| CME Manager | Marie Vital Acle | | | |
| Conference Coordinator and/or Instructional Designer (OLP only) | | Betty Blanco (Instructional Design) | | |
| Sommendation Goal: Engages Interprofessional Teams/IPCE (10% of activities) | | List 2+ professions here. M.D. Required. | | |

| | BHSF Initiatives | | | | |
|--|---|--|--|--|--|
| Balance across the condition Diversity & Inclusion Evidence-based data High-reliability tools – systems, processes, and | Patient-centered care Public health factors (See commendation.) Use of prior experiences to improve Removing redundancy – improving processes | | | | |
| Collaborative Partner: | Baptist Health Quality Network and Baptist Medical Group | | | | |
| Describe initiative: | This course is a result of a collaborative partnership with Baptist Health Quality Network, Baptist Health Medical Group and Baptist Health CME Department – Online Learning Program to develop a course to meet the needs of both inpatient and outpatient pain management to address the healthcare needs of Florida residents and comply with relicensure requirements. | | | | |

| 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: <u>CE Educator's Toolkit</u> | | | |

| State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap. | Practitioners may not be aware of the current standard for prescribing controlled substances according to new regulations effective as of House Bill 21 passing. |
|---|---|
| Educational needs that <u>underlie</u> the professional practice gaps of learners. <i>Check all that apply.</i> | Knowledge - Deficit in medical knowledge. Competence - Deficit in ability to perform strategy or skill. Performance - Able to implement but noncompliant or inconsistent. |

| | | | es activities/educational interventions that are designed to change nance, or patient outcomes as described in its mission statement. | |
|--|----------|---|---|--|
| This activity is designed to change: | Performa | ompetence - CME evaluation and pre/post-survey. orformance - Follow-up impact assessment and commitment to change. tient 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. | | - | Practitioners adhere to current standards and guidelines for prescribing controlled substances according to the latest regulations. | |

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

| Educational | What change(s) in strategy, performance, or patient care would you like this education to help |
|-------------|--|
| Objectives | learners accomplish? Competence verbs: Identify Eliminate Use Apply Implement |

| Objectives: | Upon completion of this conference, participants should be better able to: | | | | |
|-------------|--|--|--|--|--|
| | Recognize the scope of the opioid abuse crisis in Florida. Explain new Florida laws and rules regarding prescribing controlled substances and comply with practitioner requirements under the new regulations. Follow the current evidence-based standard for prescribing opioids and other controlled substances, including prescribing of emergency opioid antagonists. Identify inpatients who would benefit from non-opioid alternatives and non-pharmacological therapies for pain while maintaining optimal patient care and pain management. Implement best practices in the outpatient setting when prescribing controlled substances and consider alternative therapies. Explain the mechanisms of action that trigger addiction in certain patients and not in others. Identify patients at risk of addiction following opioid treatment for acute pain and implement prevention strategies. | | | | |

| References | | Ensure Content is Valid | | |
|--|-------------|------------------------------|--|--|
| How are educational needs identified? <i>Check all that apply and</i> <i>explain below.</i> | Disease pre | ated policy/protocol data | Research/literature review Consensus of experts Joint Commission initiatives National Patient Safety Goals New diagnostic/therapeutic modality (Mission) Patient care data Process improvement initiatives | |
| Other need identified. <i>Please explain.</i> | | Relicensure requireme | ent | |
| Baptist Health Quantitative Data Insert b | | baseline chart or narrativ | ve here. | |

| Defenences | The Florida Senate – Controlled Substances | | |
|--|--|--|--|
| References: • Provide evidence- | https://www.flsenate.gov/Committees/billsummaries/2018/html/1799 | | |
| based, peer reviewed | | | |
| references supporting | https://www.flsenate.gov/Session/Bill/2018/21/Analyses/h0021z.HQS.PDF | | |
| best practice guidelines. APA Citations should be no older than 10 years old. | <u>SB 312 (flsenate.gov)</u> | | |
| | Kurita, G. P., & Sjøgren, P. (2021). Management of cancer pain: challenging the evidence of the recent guidelines for opioid use in palliative care. Polish archives of internal medicine, 131(11), 16136. | | |
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| | Mehta, D., Thomas, V., Johnson, J., Scott, B., Cortina, S., & Berger, L. (2020). Continuation of Buprenorphine to Facilitate Postoperative Pain Management for Patients on Buprenorphine Opioid Agonist Therapy. Pain physician, 23(2), E163–E174. | | |
| | Harbaugh, C. M., & Suwanabol, P. A. (2019). Optimizing Pain Control During the Opioid Epidemic. The Surgical clinics of North America, 99(5), 867–883. | | |
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| | U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. <u>https://www.ncbi.nlm.nih.gov/books/NBK424849/</u> | | |
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| | Leslie J. Crawford, MD, "Chronic Pain: Where the body meets the brain," Transactions of the American Clinical and Climatological Association, VOL. 126, 2015 p167-183 | | |

| | Faculty |
|-------------------------------|---|
| Faculty List | Bernie Fernandez, M.D. |
| For more than two (2) faculty | Chief Executive Officer |
| members, include the list at | Baptist Health Medical Group |
| end of application. | Baptist Health South Florida |
| | Yvonne T. Johnson, M.D. |
| | Chief Medical Officer, South Miami Hospital |
| | Emergency Medicine and Urgent Care Physician |
| | South Miami and West Kendall Baptist Hospitals |
| | Baptist Health Quality Network |
| | Baptist Health South Florida |
| | Rene A. Larrieu, M.D. |
| | Diplomate, American Board of Anesthesiology |
| | Fellowship-trained in Acute Pain Medicine & Regional Anesthesiology |
| | Medical Staff, South Miami and West Kendall Baptist Hospitals |
| | Baptist Health Quality Network |
| | Baptist Health South Florida |
| | Mike Novo, Esq. |
| | Assistant Vice President and Associate General Counsel |
| | Baptist Health South Florida |
| | Rachel Rohaidy, M.D. |
| | Psychiatrist |
| | Baptist Health Care & Counseling |
| | Baptist and South Miami Hospitals |
| | Baptist Health Medical Group |
| | Baptist Health South Florida |
| | Jonathan A. Fialkow, M.D., FACC, FAHA |
| | Chief Population Health Officer |
| | Baptist Health South Florida |
| | Content Contributor: |
| | Julian F. Naranjo, M.D. |
| | Chronic Pain Medicine Physician |
| | South Miami, Doctors, Homestead and West Kendall Baptist Hospitals |
| | Baptist Health Quality Network |

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

| Disclosures | Bernie Fernandez, M.D. Chief Executive Officer Baptist Health Medical Group Baptist Health South Florida |
|-----------------------------|--|
| | Yvonne T. Johnson, M.D. Chief Medical Officer, South Miami Hospital Emergency Medicine and Urgent Care Physician South Miami and West Kendall Baptist Hospitals Baptist Health Quality Network Baptist Health South Florida |
| | Rene A. Larrieu, M.D. Diplomate, American Board of Anesthesiology Fellowship-trained in Acute Pain Medicine & Regional Anesthesiology Medical Staff, South Miami and West Kendall Baptist Hospitals Baptist Health Quality Network Baptist Health South Florida |
| | Mike Novo, Esq. Assistant Vice President and Associate General Counsel Baptist Health South Florida |
| | Rachel Rohaidy, M.D. Psychiatrist Baptist Health Care & Counseling Baptist and South Miami Hospitals Baptist Health Medical Group Baptist Health South Florida |
| | Jonathan A. Fialkow, M.D., FACC, FAHA Chief Population Health Officer Baptist Health South Florida |
| | Content Contributor Julian F. Naranjo, M.D. Chronic Pain Medicine Physician South Miami, Doctors, Homestead and West Kendall Baptist Hospitals Baptist Health Quality Network Baptist Health South Florida |
| | Bernie Fernandez, M.D., Jonathan A. Fialkow, M.D., Yvonne J. Johnson, M.D., Rene A. Larrieu, M.D., Mike Novo, Esq., Julian F. Naranjo, M.D. and Rachel Rohaidy, M.D., faculty of this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentation(s) or discussion(s) will not include off-label or unapproved product usage. |
| | Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose. |
| | *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. |
| Disclosure to the audience: | Ethos Course Page Welcome Slides Faculty Slides Handout |

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

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

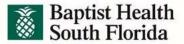
| Baptist Health Commendation Goals | CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements. |
|---|--|
| Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about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

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

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

| OLP Course Details For OLP Enduring Applications ONLY | | |
|---|----------|--|
| Course Video URL | | |
| Course Handout URL | | |
| Multiple Choice Questions | | |
| Course Release Date | 7/1/2018 | |
| Course Renewal Date | 2/1/2023 | |
| Course Expiration Date | 2/2/2024 | |

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



CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 01252021

| Applicable Credits: AMA Category 1 🗌 Continuing Psychology Education Continuing Dental Education | n 🗌 |
|---|-----|
| Interprofessional Planning * | |

CME ACTIVITY TITLE: Miami Cancer Institute & Miami Neuroscience Institute: Miami Radiosurgery e-Learning Series

ORIGINAL RELEASE DATE: February 2022 REVIEW DATE: COURSE EXPIRATION DATE: February 2024

CREDIT HOUR(S) APPLIED FOR: Credit determined at completion of each child course. See below.

TARGET AUDIENCE: Neurosurgeons, medical physicists, radiation oncologists and neuro-otolaryngologists.

CONFERENCE DIRECTOR: Rupesh Kotecha, M.D. and Michael McDermott, M.D. **CME MANAGER:** Eleanor Abreu (Live)/Marie Vital Acle (Online)

*Interprofessional Planning Team:

LEARNING FORMAT: Must be appropriate to achieve objectives and desired results (C5). Check all that apply.

ARS Live activity Case Studies Manuscript review activity Didactic Lecture Panel Enduring Material (DVD/Booklet) PI CME activity Internet Activity Enduring Material Question & Answer Internet Live Course (Live Webcast) Regularly Scheduled Series Internet point-of-care activity Simulation Test item writing activity Journal-based CME activity Learning from Teaching Other (specify)

OLP Course Planning: External: Provider: 2022IEM333

Course video:

Course handout:

COURSE DESCRIPTION: This short summary will be used on course shell. Please note that keyword searches will pull from this description.

The online Miami Radiosurgery Series includes selected topics of key interest to practicing radiation oncologists and neurosurgeons, with the goal of providing an update on the current management of challenging radiosurgery cases. This series is hosted by Miami Cancer Institute (MCI) and Miami Neuroscience Institute (MNI) in a collaborative and educational effort. Practical tips, interesting cases and workflow improvements will be reviewed to help improve the practice of radiosurgery.

FACTORS OUTSIDE OUR CONTROL – List factors outside our control and beyond the learner performance that impact patient outcomes and contribute to the healthcare "quality gap" being addressed. (C18)

 Patient:
 Noncompliance
 Lifestyle
 Resistance to change
 Cost of care/Lack of insurance

 Physician:
 Noncompliance
 Resistance to change
 Communication skills
 Reimbursement issues

 Resources:
 Institutional Capabilities
 Physician Practice Limitations
 Community Service Limitations

 State of Science:
 Limited or no treatment modalities
 Limited or no diagnostic modalities

 Other:
 Please describe.

BARRIERS TO PHYSICIAN CHANGE: (C19) Briefly explain how this activity addresses the barriers/factors identified.

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: Patient care and procedural skills Medical knowledge Practice-based learning and improvement Interpersonal and communication skills Professionalism Systems-based practice

INSTITUTE OF MEDICINE: Provide patient-centered care Work in interdisciplinary teams Employ evidence-based practice Apply quality improvement Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: Values/ethics for interprofessional practice Roles/responsibilities Interprofessional communication Teams and teamwork

PROFESSIONAL PRACTICE GAP (C2) The difference between what is (the "actual") and what should be (the "ideal").

What is the current professional practice gap? What are physicians doing (or not doing) that needs to change? Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2)

Stereotactic radiotherapy is a high-precision form of radiotherapy that requires an understanding of the effects of highdose radiotherapy. The results of clinical trials and institutional experiences help to inform clinical practice as do international consensus guidelines. Yet, there continues to be significant variation in clinical practice across treating stereotactic radiosurgery centers. In fact, one recent study of neurosurgery and radiation oncology trainees demonstrated significant knowledge gaps in data registries, indications, and clinical trials and this continues in clinical practice.

Indicate if the gap is related to need for change in either/or:

- Knowledge and/or (Doctors do not know that they need to be doing something.)
- Competence and/or (Doctors do not know how to do it)

Performance and/or (Doctors know how to do it but are noncompliant - or are not doing it properly.)

DESIRED OUTCOMES (GOAL): Answer one or more of the following questions: What are the desired or expected outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? Identified "pearls" as actionable items by the Conf. Director and/or Speaker (C3)

► The practice of stereotactic radiosurgery should be evidenced-based with regards to patient selection, appropriate pretreatment and treatment planning imaging, prescription dose guidelines, need for fractionation of treatment, and follow-up assessments. The purpose of this course is to review important practical principles for challenging stereotactic radiosurgery cases with example or review the relevant literature in areas of controversy.

Indicate what this activity is designed to change.

| Designed to change competence | >Evaluation and Pre- post-survey on Ethos (see below: Evaluations) |
|-------------------------------------|--|
| Designed to change performance | >Requires follow-up survey (see below: Evaluations) |
| Designed to change patient outcomes | > Requires patient data / patient file review, dashboards pre-,post-activity |

This course is designed to (Commendation Criteria):

include members of the intrerprofessional team to engage in the planning and delivery of interprofessional continuing education (C23)

- include patient/public representatives and engage in the planning of delivery of CME. (C24)
 include students of the health professions to engage in the planning and delivery of CME. (C25)
 advance the use of health and practice data for healthcare improvement (C26)
 address factors beyond clinical care that affect the health of populations. (C27)

- collaborate with other organizations to address population health issues (C28)
- improve communication skills of learners. (C29) See evaluation method below.
- optimize/improve technical and procedural skills of learners. (C30) See evaluation method below.
- create individualized learning plans for learners. (C31)
 utilize support strategies to enhance change as an adjunct to the
 demonstrate improvement in the performance of learners. (C36) 1 utilize support strategies to enhance change as an adjunct to the CME program. (C32)
- demonstrate healthcare quality improvement (C37)

demonstrate the impact of the CME program on patients or their communities. (C38)

NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? (Check all that apply and explain below.)

| 🛛 Best practice parameters | 🛛 Consensus of experts | |
|--------------------------------|--|--|
| Disease prevention (C12) | Joint Commission initiatives (C12) | |
| Mortality/morbidity statistics | National Patient Safety Goals | |
| National/regional data | New diagnostic/therapeutic modality (C12) | |
| New or updated policy/protocol | Patient care data | |
| Peer review data | Process improvement initiatives (C16 & 21) | |
| Regulatory requirement | Other need identified (Explain): | |
| Research/literature review | | |
| | | |

REFERENCES supporting the current practice and/or the optimal practice and/or practice gap. COE Dashboard data must be included when possible.

There are clear knowledge gaps shared by potential future practitioners of SRS. Specifically, knowledge regarding SRS data registries, indications, and clinical trials offer potential areas for increased educational focus. Furthermore, the gap between enthusiasm for increased SRS training and the current availability of such training at medical institutions must be addressed.

Swathi Chidambaram1, Sergio W. Guadix2, John Kwon2, Justin Tang3, Amanda Rivera3, Aviva Berkowitz3, Shalom Kalnicki3, Susan C. Pannullo1. Evidence-based practice of stereotactic radiosurgery: Outcomes from an educational course for neurosurgery and radiation oncology residents. 02-Mar-2021;12:77

https://pubmed.ncbi.nlm.nih.gov/33767881/

Bibliography See below.

EDUCATIONAL OBJECTIVES: Based on the gaps identified above, what are the learning objectives for this activity? Describe the performance* that should change if participants apply what they learn. *(or competence or patient outcome) Upon completion of this conference, participants should be better able to:

- Analyze and discuss recommendations from evidence-based literature reviews.
- Implement practical principles demonstrating key pragmatic takeaway pearls.
- Discuss practical tips, interesting cases and workflow improvements in the practice of radiosurgery.

EVALUATION METHODS: Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. (C11)

 \square Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form Pre- Post- Survey Provide 1-2 goals per lecture to measure changes in competence. Question: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")

- Changes in performance. Evaluation method:
 - Follow-up Survey Provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity.
 - Commitment to Change (ETHOS OBJECT)

| Changes in pa | atient outcomes. | Evaluation method: | Review of hospital, | health system, | public health data, | dashboard |
|-----------------|------------------|---------------------------|---------------------|----------------|---------------------|-----------|
| pre-, post-acti | | | | - | | |

Other

Commendation Criteria Required Evaluation

This course is designed to improve communication skills of learners. (C29)

1) CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills

2) Course leader provides formative feedback to each learner about observed communication skills.

This course is designed to optimize/improve technical and procedural skills of learners. (C30)

1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills

2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills

FACULTY: (Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.)

Manmeet Ahluwalia, M.D., MBA Chief of Medical Oncology Chief Scientific Office and Deputy Director Miami Cancer Institute Baptist Health South Florida

Manmeet Ahluwalia, M.D., MBA, faculty for this educational event, is a researcher with Roswell Park Cancer Foundation, Velosano, Abbvie, AstraZeneca, Bayer, BMS, Incyte, Merck, Mimivax, Novartis, Novocure and Pharmacyclics. Dr. Ahluwalia is a consultant with Xoft, Bayer, Celularity, GSK, Insightec, Kiyatec, Novocure, Apollomics, Janssen, Nuvation, Prelude, SDP Oncology and MedInnovate LLC, and a stockholder in Cytodyn, Doctible and Mimivax. He has received honorariums from Elsevier, Wiley and Xoft. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Martin C. Tom, M.D.

Radiation Oncologist Miami Cancer Institute Baptist Health South Florida Martin C. Tom, M.D., faculty for this educational event, receives grant/research support from Blue Earth Diagnostics. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Carolina G. Benjamin, M.D.

Director of Center for Advanced Radiosurgery Director CANES Skull Base Lab Department of Neurological Surgery, University of Miami & Jackson Hospital Systems

Carolina G. Benjamin, M.D., faculty for this educational activity, is a consultant with Medtronic and Stryker and a member of the speakers' bureau with Elekta. Dr. Benjamin has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Tugce Kutuk, M.D.

Department of Radiation Oncology Miami Cancer Institute Baptist Health South Florida

D. Jay Wieczorek, Ph.D.

Senior Physicist Department of Radiation Oncology Miami Cancer Institute Baptist Health South Florida

Tugce Kutuk, M.D., and **D. Jay Wieczorek, Ph.D.**, faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and have indicated that the presentation or discussion will not include off-label or unapproved product usage.

Michael W. McDermott, M.D.

Chair, Division of Neurosurgery Chief Physician Executive Miami Neuroscience Institute Irma & Kalman Bass Endowed Chair in Clinical Neuroscience

Michael W. McDermott, M.D., conference director and speaker for this educational event, is a consultant with Deinde Medical and Stryker, and has indicated that the presentations or discussions will not include off-label or unapproved product usage.

Rupesh Kotecha, M.D. Associate Professor Chief of Radiosurgery Director of CNS Metastasis Program Department of Radiation Oncology Miami Cancer Institute, Baptist Health South Florida

Rupesh Kotecha, M.D., conference director and speaker for this educational event, has received honorariums from Elekta AB, Accuray, Viewray, Novocure and Elsevier. He has received research support from Medtronic, Blue Earth Diagnostics, Novocure, Exelixis, CT Medical, AstraZeneca and Viewray. He is also on the speakers' bureau with Novocure, and has indicated that the presentations or discussions will not include off-label or unapproved product usage.

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

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

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

ALL FINANCIAL RELATIONSHIPS: List individuals in control of the content of this CME activity (other than faculty). Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.

| Hav | ve all relevant financial interests | been identified and res | olved? (C7; SCS 2.1, 2.2, 2.3) | 🖂 Yes | □No |
|-------------|-------------------------------------|-------------------------|--------------------------------|-------|-----|
| \boxtimes | CME Dept. Leadership and Staff | 🖂 CME Committee | Conference Director | | |
| | | | | | |

Others (Conference Coordinator, Planning Group, etc.) ____

NON-EDUCATIONAL STRATEGIES: Explain what we are doing (CME or BHSF) – or what we could do – to enhance change as an adjunct (in addition to) to this CME activity. (C17) *These would be tactics and tools to facilitate change that go beyond this CME activity.* NOTE: Insert this information under course shell>custom fields>>resources. Process redesign or new protocol Reminders (posters, mailings, email blasts) New order sheets Other tools or tactics Explain:

COLLABORATION: Are we engaged in collaborative and cooperative projects with other stakeholders (<u>internal or</u> <u>external</u>) that are related to this CME activity? **(C20)**

| 🗌 Yes 🖾 No | Are we partnering with other organizations in a purposeful manner to achieve common interests? |
|------------|--|
| | Are we collaborating with internal departments in a purposeful manner to achieve common interests? |
| | the collaborative efforts. |

COMMERCIAL SUPPORT: Indicate here if support will come from the Foundation's general Continuing Medical Education fund.

(ETHOS CONTENT) YOU MAY ALSO BE INTERESTED IN: List names of up to two courses with similar target audiences. Please list complete course title.

| DATE REVIEWED: | REVIEWED BY: Accelerated Approval Executive Committee |
|--------------------------------|---|
| APPROVED: □YES □NO ■ | Credits: AMA/PRA Category 1 Credits: # <u>1</u> |
| Continuing Psychology Educatio | n Credits: # □ N/A ■ Continuing Dental Education Credits: # □ N/A |
| | |

OLP Course <u>Quiz Questions</u>: See individual courses...

| Торіс | Speaker | Learning Objective | Bibliography |
|---|--|---|--|
| Topic Innovative Therapies and Radiosurgery in Brain Metastasis 1 cat. 1 | Speaker Manmeet Ahluwallia, M.D. | Identify the role of genetics in outcomes in brain metastases. Summarize the role of targeted therapy in brain metastases. Describe the role of immunotherapy in brain metastases. | Bibliography Shaw, A. T., Bauer, T. M., de Marinis, F., Felip, E., Goto, Y., Liu, G., & Solomon, B. J. (2020). First- line lorlatinib or crizotinib in advanced ALK-positive lung cancer. New England Journal of Medicine, 383(21), 2018-2029. Goldberg, S. B., Schalper, K. A., Gettinger, S. N., Mahajan, A., Herbst, R. S., Chiang, A. C., & Kluger, H. M. (2020). Pembrolizumab for management of patients with NSCLC and brain metastases: long-term results and biomarker analysis from a non- randomised, open-label, phase 2 trial. <i>The Lancet</i> <i>Oncology</i>, 21(5), 655-663. Camidge, D. R., Kim, H. R., Ahn, M. J., Yang, J. C. H., Han, J. Y., Lee, J. S., & Popat, S. (2018). Brigatinib versus crizotinib in ALK- positive non-small-cell lung cancer. New England Journal of Medicine, 379(21), 2027-2039. |
| stereotactic radiosurg symptom relief as we | jery (SRS) can occur. Il as pathological chai | lity management of brain metastases Often, surgical resection is favored, acterization of any residual tumor. D ovative therapies and radiosurgery av | as it frequently provides immediate uring this course, Dr. Manmeet S. |
| Preoperative Stereotactic Radiosurgery (SRS) vs. Postoperative SRS 0.75 Cat. 1 | Martin C. Tom, M.D. | Discuss the epidemiology of brain metastasis. Assess the role of surgery in brain metastasis. Summarize the role of adjunctive whole-brain radiotherapy (WBRT) for resected brain metastasis. Compare the pros and cons of postoperative stereotactic radiosurgery (SRS). Compare the pros and cons of preoperative SRS | Nguyen, E. K., Nguyen, T. K., Boldt, G., Louie, A. V., & Bauman, G. S. (2019). Hypofractionated stereotactic radiotherapy for intracranial meningioma: a systematic review. <i>Neuro- oncology practice</i>, 6(5), 346- 353. Patel, K. R., Burri, S. H., Asher, A. L., Crocker, I. R., Fraser, R. W., Zhang, C., & Prabhu, R. S. (2016). Comparing preoperative with postoperative stereotactic radiosurgery for resectable brain metastases: a multi- |

| | | | Benedict, S., Milano, M. T., Grimm, J., Vargo, J. A., & Kleinberg, L. R. (2021). Tumor control probability of radiosurgery and fractionated stereotactic radiosurgery for brain metastases. <i>International</i> <i>Journal of Radiation</i> <i>Oncology* Biology* Physics</i> , 110(1), 53-67. |
|--|--|--|---|
| role of surgery in brai | in metastasis, as well | as provide participants with an under | ns of cancer. Dr. Tom will discuss the standing of the role of adjunctive |
| Radiosurgery for Brain Metastases: Pushing the Upper Limits Credits 1 cat. 1 Hidden from search | apy for resected brain Dr. Carolina Benjamin | Determine the desired radiosurgical effect in brain metastases cases. Appropriately select patients who would benefit from radiosurgery, drug therapy or whole- brain radiotherapy for brain metastases. Identify patient cases where radiosurgery for leptomeningeal disease is recommended. Recognize the upper limit on # tumors for radiosurgery. | Brown, P. D., Ahluwalia, M. S., Khan, O. H., Asher, A. L., Wefel, J. S., & Gondi, V. (2018). Whole-Brain Radiotherapy for Brain Metastases: Evolution or Revolution? [Journal Article Review]. <i>J Clin Oncol</i>, <i>36</i>(5), 483-491. Magnuson, W. J., Lester-Coll, N. H., Wu, A. J., Yang, T. J., Lockney, N. A., Gerber, N. K., & Chiang, V. L. (2017). Management of brain metastases in tyrosine kinase inhibitor–naïve epidermal growth factor receptor–mutant non–small-cell lung cancer: a retrospective multi- institutional analysis. <i>Journal</i> <i>of clinical oncology</i>, <i>35</i>(10), 1070-1077. Wolf, A., Zia, S., Verma, R., Pavlick, A., Wilson, M., Golfinos, J. G., & Kondziolka, D. (2016). Impact on overall survival of the combination of BRAF inhibitors and stereotactic radiosurgery in patients with |
| <mark>Overview</mark> – per Marie, | not needed | | metastases. <i>Journal of neuro-oncology</i> , <i>127</i> (3), 607-615. |

| Management -f | Michael | Compare the two eres of Malur | Soumour ZA Gread D.K. Out |
|--|---|---|---|
| Management of Large AVMS: Radiosurgical Treatment Using Volume-Staged Approach Credits: .50 Cat. 1 Hidden from Search | Michael W. McDermott, M.D. | Compare the two eras of Volume- Staged-Gamma Knife Radiosurgery for Arteriovenous Malformations greater than 10 ml. | Seymour, Z.A., Sneed, P. K., Gupta, N., Lawton, M. T., Molinaro, A. M., Young, W., & McDermott, M. W. (2016). Volume-staged radiosurgery for large arteriovenous malformations: an evolving paradigm. <i>Journal of</i> <i>neurosurgery</i> , <i>124</i> (1), 163-174. Seymour, Z. A., Chan, J. W., Sneed, P. K., Kano, H., Lehocky, C. A., Jacobs, R. C., & McDermott, M. W. (2020). Dose response and architecture in volume staged |
| | | | radiosurgery for large arteriovenous malformations: a multi-institutional study. <i>Radiotherapy and</i> <i>Oncology</i> , <i>144</i> , 180-188 |
| | | | El-Shehaby, A. M., Reda, W. A., Karim, K. M. A., Eldin, R. M. E., Nabeel, A. M., & Tawadros, S. R. (2019). Volume-staged Gamma Knife radiosurgery for large brain arteriovenous malformation. <i>World</i> <i>Neurosurgery</i> , <i>132</i> , e604-e612 |
| Impact of MRI Timing on Tumor Volume and Anatomic Displacement for Brain Metastases Undergoing Stereotactic Radiosurgery 1.0 cat. 1 Hidden from search | Tugce Kutuk, M.D., D. Jay Wieczorek, Ph.D. | Utilize MRI to assess the size of lesions to determine treatment plans. Implement the metrics used in assessing plan quality in Gamma Knife® treatment strategies. | Badam RK, Chowdary S, Kondamari SK, Kotha SK. Gamma knife radiosurgery: Making lives merrier for refractory trigeminal neuralgia. J NTR Univ Health Sci 2016;5:169-72. Lawrence, Y. R., Li, X. A., El Naqa, I., Hahn, C. A., Marks, L. B., Merchant, T. E., & Dicker, A. P. (2010). Radiation dose–volume effects in the brain. International Journal of Radiation Oncology* Biology* Physics, 76(3), S20-S27. Salkeld, A.L., Hau, E.K., Nahar, N., Sykes, J.R., Wang, W., & Thwaites, D.I. (2018). Changes in brain metastasis during radiosurgical planning. International Journal of |
| Brain metastases affec | t up to 30% of all can | cer patients and are the most commo | Radiation Oncology* Biology* Physics, 102(4), 727-733. Seymour, Z. A., Fogh, S. E., Westcott, S. K., Braunstein, S., Larson, D. A., Barani, I. J., & Sneed, P. K. (2015). Interval from imaging to treatment delivery in the radiation surgery age: how long is too long?. International Journal of Radiation Oncology* Biology* Physics, 93(1), 126-132. |

Brain metastases affect up to 30% of all cancer patients and are the most common neurological complication of cancer. Lung cancer, breast cancer, kidney cancer and melanoma are the most common primary tumors that metastasize to the brain. Prognosis with this diagnosis is still considered to be poor; however, subsets of patients can be identified based on prognostic factors who can live well beyond expectations and several years beyond diagnosis with limited brain metastases. During this conference Dr. Tugce Kutuk will discuss the basic principles of stereotactic radiosurgery and explain his clinical experience at Miami Cancer Institute.

| Cavernous Sinus Meningiomas: What Does the Literature Tell Us? Credits: TBD Sept. 2022 | Michael McDermott, M.D., Rupesh Kotecha, M.D. | Explain the clinical background and management of cavernous sinus meningiomas. Describe individualized staged treatments based on each patient's condition. Examine recent evidence-based literature reviews. | Nanda, A., Thaku, J.D., Sonig, A., & Missios, S. (2016). Microsurgical resectability, outcomes, and tumo |
|---|--|---|--|

Overview

Most of our evidence-based data for guiding treatment recommendations for cavernous sinus meningiomas is Class II at best. In this online course, Michael McDermott, M.D., chief medical executive of Miami Neuroscience Institute, discusses the individualized staged treatments, including microsurgical options, as well as the associated risks.

| | Durant | As a barrier to the Para | |
|---|--|--|---|
| NEW: The Components of Building a Successful Radiosurgery Program Credits: 1 cat. 1 November 2022 - February 2024 Hidden from Search | Rupesh Kotecha, M.D. Associate Professor Chief of Radiosurgery Director of CNS Metastasis Program Department of Radiation Oncology Miami Cancer Institute, Baptist Health South Florida | Analyze and discuss recommendations from evidence-based literature reviews. Implement practical principles demonstrating key pragmatic takeaway pearls. Discuss practical tips, interesting cases and workflow improvements in the practice of radiosurgery. | Stieber, V. W., Bourland, J. D., Tomé, W. A., & Mehta, M. P. (2003). Gentlemen (and ladies), choose your weapons: Gamma knife vs. linear accelerator radiosurgery. <i>Technology in</i> <i>cancer research &</i> <i>treatment</i>, 2(2), 79-85. Thomas, E. M., Popple, R. A., Wu, X., Clark, G. M., Markert, J. M., Guthrie, B. L., & Fiveash, J. B. (2014). Comparison of plan quality and delivery time between volumetric arc therapy (RapidArc) and Gamma Knife radiosurgery for multiple cranial metastases. <i>Neurosurgery</i>, <i>75</i>(4), 409-418. Kutuk, T., Kotecha, R., Tolakanahalli, R., Wieczorek, D. J. J., Lee, Y. C., Ahluwalia, M. S., & Tom, M. C. (2022). Zero Setup Margin Mask versus |

| | Frame Immobilization during Gamma Knife® Icon™ Stereotactic Radiosurgery for Brain Metastases. <i>Cancers</i> , <i>14</i> (14), 3392. |
|---------------------------------------|--|
| Overview No Overview – per Eleanor | i |



CONTINUING MEDICAL EDUCATION ACTIVITY APPLICATION

Form Rev. 030316

Applicable Credits: AMA Category 1 🛛
Continuing Psychology Education
Continuing Dental Education

CME ACTIVITY TITLE: The Future of Surgical Revascularization of the Heart

CREDIT HOUR(S) APPLIED FOR: 1 Cat. 1

COURSE GO-LIVE: December 2020 RENEW Date: November 2022

COURSE EXPIRES: December 2022; December 2023

TARGET AUDIENCE: Cardiologists, Interventional Cardiologists, Cardiothoracic Surgeons, Interventional Radiologists, Pulmonologists, Hematologists, General Internists, Primary Care Physicians, Intensivists, General Surgeons, Anesthesiologists, Emergency Medicine Physicians, Hospitalists, Nurses, Radiologic Technologists, Pharmacists and other interested healthcare providers.

CONFERENCE DIRECTOR: Barry Katzen, M.D. CME MANAGER: Katie Deane

EXPECTED NUMBER OF ATTENDEES: 150

CHARGE: 0

LEARNING FORMAT: Must be appropriate to achieve objectives and desired results (C5). Check all that apply.

| | Live activity |
|--------------------------------------|----------------------------|
| Case Studies | Manuscript review activity |
| Didactic Lecture | Panel |
| Enduring Material (DVD/Booklet) | □ PI CME activity |
| ☑Internet Activity Enduring Material | Question & Answer |
| Internet Live Course (Live Webcast) | Regularly Scheduled Series |
| Internet point-of-care activity | Simulation |
| Journal-based CME activity | Test item writing activity |
| Learning from Teaching | Other (specify) |

COURSE DESCRIPTION: This short summary will be used on course shell. Please note that keyword searches will pull from this description.

Minimally invasive coronary surgery is safe, widely applicable and associated with excellent postoperative clinical outcomes. This course features one of the pioneers in minimally invasive cardiac surgery, Dr. Joseph T. McGinn Jr., who will discuss the future of surgical revascularization of the heart with surgical options for minimally invasive cardiac surgery.

FACTORS OUTSIDE OUR CONTROL – List factors outside our control and beyond the learner performance that impact patient outcomes and contribute to the healthcare "quality gap" being addressed. (C18)

 Patient:
 Noncompliance
 Lifestyle
 Resistance to change
 Cost of care/Lack of insurance

 Physician:
 Noncompliance
 Resistance to change
 Communication skills
 Reimbursement issues

 Resources:
 Institutional Capabilities
 Physician Practice Limitations
 Community Service Limitations

 State of Science:
 Limited or no treatment modalities
 Limited or no diagnostic modalities

 Other:
 Please describe.

BARRIERS TO PHYSICIAN CHANGE: (C19) Briefly explain how this activity addresses the barriers/factors identified.

DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES (C6)

ABMS/ACGME: ⊠Patient care and procedural skills ⊠Medical knowledge ⊡Practice-based learning and improvement ⊠Interpersonal and communication skills ⊠Professionalism ⊡Systems-based practice

INSTITUTE OF MEDICINE: Provide patient-centered care Work in interdisciplinary teams Employ evidence-based practice Apply quality improvement Utilize informatics

INTERPROFESSIONAL EDUCATION COLLABORATIVE: Values/ethics for interprofessional practice

PROFESSIONAL PRACTICE GAP (C2)

The difference between what is (the "actual") and what should be (the "ideal").

| Indicate if the gap is related to need for change in either/or: □ Knowledge and/or (Doctors do not know that they need to be doing something.) □ Competence and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Fefformance and/or (Doctors do not know how to do it) □ Course leader provides formative feedback to each learner about and provide clear education skills □ This course is designed to optimizo/improve technical and procedural skills of learners. (C39) □ 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills □ This course is designed to optimizo/improve technical and procedural skills of learners. (C39) □ 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural sk | What is the <u>current</u> professional practice gap? What are physicians doing (or not doing) that needs to change? Describe the current state of knowledge, skill, competence, practice and/or clinical/patient outcomes. (C2) ► Minimally invasive surgery is beneficial for elderly or debilitated patients. Clinicians may not be able to recognize which patients would benefit from minimally invasive coronary surgery and may not be familiar with the relative contraindications to minimally invasive surgery. |
|---|---|
| outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect word," what would doctors be doing if this change were already implemented? What does optimal practice 'look like'? (C3) > Clinician accurately identify patients for minimally invasive coronary revascularization surgery and provide clear education to patients on surgical options for minimally invasive coronary revascularization surgery. Indicate what this activity is designed to change. Designed to change performance Designed to change performance Designed to change performat includes an individual learner evaluations of observed (e.g., in person or video) communication skills j 1 CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills j 2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills model and or procedural skills model and procedural skills model and or procedural skills model and or proced | Knowledge and/or (Doctors do not know that they need to be doing something.) ☑ Competence and/or (Doctors do not know how to do it) |
| ⊠Designed to change competence □Designed to change patient outcomes □ □ 1) CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills □ 2) Course leader provides formative feedback to each learner about observed communication skills. □ 1) CME course formati includes individual learner evaluations of observed (e.g., in person or video) communication skills □ □ 1) CME course formative feedback to each learner about observed communication skills. □ 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills □ 2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? (Check all that apply and explain below.) ⊠ Best practice parameters □ bisease prevention (C12) □ Joint Commission initiatives (C12) □ Mortality/inorbidity statistics □ National/regional data □ New or updated policy/protocol □ Patient care data □ Process improvement initiatives (C16 & 21) □ Regulatory requirement □ Regulatory requirement □ Other need identified (Explain): | outcomes of this conference? What is expected to change or improve as a result of this CME activity? In a "perfect world," what would doctors be doing if this change were already implemented? What does optimal practice "look like"? (C3) ► Clinician accurately identify patients for minimally invasive coronary revascularization surgery and provide clear |
| 1) CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills 2) Course leader provides formative feedback to each learner about observed communication skills. This course is designed to optimize/improve technical and procedural skills of learners. (C30) 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills 2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills 2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? (Check all that apply and explain below.) Best practice parameters Disease prevention (C12) Joint Commission initiatives (C12) Mortality/morbidity statistics National Patient Safety Goals National/regional data Process improvement initiatives (C16 & 21) Regulatory requirement Research/ilterature review REFERENCES supporting the current practice and/or the optimal practice and/or practice gap: Fuel, M., Shariff, M. A., Lapierre, H., Goyal, N., Dennie, C., Sadel, S. M., & McGinn Jr, J. T. (2014). Results of the minimally invasive coronary artery bypass grafting angiographic patency study. The Journal of thoracic and cardiovascular surgery, 147(1), 203-209. Mohr, F. W., Morice, M. C., Kappetein, A. P., Feldman, T. E., Ståhle, E., Colombo, A., & Houle, V. M. (2013). Coronary artery bypass graft surgery versus percutaneous coronary intervention in patients with three-vessel disease and left main coronary disease: 5-year follow-up of the randomised, clinical SYNTAX trial. The lancet, 381(9867), 629-638.<!--</td--><td>Designed to change competence</td> | Designed to change competence |
| ☐ 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills ☐ 2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills NEEDS ASSESSMENT RESOURCES – HOW ARE EDUCATIONAL NEEDS IDENTIFIED? (Check all that apply and explain below.) ② Best practice parameters ○ Disease prevention (C12) ○ Joint Commission initiatives (C12) ○ Mortality/morbidity statistics ○ National Patient Safety Goals ○ National/regional data ○ Peer review data ○ Process improvement initiatives (C16 & 21) ○ Other need identified (Explain): ○ Research/literature review REFERENCES supporting the current practice and/or the optimal practice and/or practice gap: ▶ Ruel, M., Shariff, M. A., Lapierre, H., Goyal, N., Dennie, C., Sadel, S. M., & McGinn Jr, J. T. (2014). Results of the minimally invasive coronary artery bypass grafting angiographic patency study. The Journal of thoracic and cardiovascular surgery, 147(1), 203-209. ▶ Mohr, F. W., Morice, M. C., Kappetein, A. P., Feldman, T. E., Ståhle, E., Colombo, A., & Houle, V. M. (2013). Coronary artery bypass graft surgery versus percutaneous coronary intervention in patients with three-vessel disease and left main coronary disease: 5-year follow-up of the randomised, clinical SYNTAX trial. The lancet, 381(9867), 629-638. | 1) CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills |
| explain below.) | 1) CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills 2) Course leader provides formative feedback to each learner about observed psychomotor technical and/or |
| Ruel, M., Shariff, M. A., Lapierre, H., Goyal, N., Dennie, C., Sadel, S. M., & McGinn Jr, J. T. (2014). Results of the minimally invasive coronary artery bypass grafting angiographic patency study. <i>The Journal of thoracic and cardiovascular surgery</i>, <i>147</i>(1), 203-209. Mohr, F. W., Morice, M. C., Kappetein, A. P., Feldman, T. E., Ståhle, E., Colombo, A., & Houle, V. M. (2013). Coronary artery bypass graft surgery versus percutaneous coronary intervention in patients with three-vessel disease and left main coronary disease: 5-year follow-up of the randomised, clinical SYNTAX trial. <i>The lancet</i>, <i>381</i>(9867), 629-638. | explain below.) Consensus of experts Best practice parameters Joint Commission initiatives (C12) Disease prevention (C12) Joint Commission initiatives (C12) Mortality/morbidity statistics National Patient Safety Goals National/regional data New diagnostic/therapeutic modality (C12) New or updated policy/protocol Patient care data Peer review data Process improvement initiatives (C16 & 21) Regulatory requirement Other need identified (Explain): |
| artery bypass graft surgery versus percutaneous coronary intervention in patients with three-vessel disease and left main coronary disease: 5-year follow-up of the randomised, clinical SYNTAX trial. <i>The lancet</i> , <i>381</i> (9867), 629-638. | ▶ Ruel, M., Shariff, M. A., Lapierre, H., Goyal, N., Dennie, C., Sadel, S. M., … & McGinn Jr, J. T. (2014). Results of the minimally invasive coronary artery bypass grafting angiographic patency study. <i>The Journal of thoracic and cardiovascular</i> |
| N Transmith D D Thuile D I Di Olemanana O Deviles I D Missile D T 12.6 O D 1011 I O I (2000) | artery bypass graft surgery versus percutaneous coronary intervention in patients with three-vessel disease and left main |

Intraoperative transit-time flow measurement and high-frequency ultrasound assessment in coronary artery bypass grafting. *The Journal of thoracic and cardiovascular surgery*, *159*(4), 1283-1292.

Bibliography and Additional Resources:

EDUCATIONAL OBJECTIVES: Based on the gaps identified above, what are the learning objectives for this activity? Describe the performance* that should change if participants apply what they learn. *(or competence or patient outcome) Upon completion of this conference, participants should be better able to:

- Evaluate options for coronary revascularization and identify contraindications to minimally invasive coronary surgery.
- Effectively identify patients who would benefit from minimally invasive coronary surgery.

EVALUATION METHODS: Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity. **(C11)**

- Changes in competence. **Evaluation method:** Baptist Health CME Evaluation Form
- Changes in performance. **Evaluation method**:
 - Follow-up Survey Provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity.
 - Commitment to Change (ETHOS OBJECT)

Changes in patient outcomes. Evaluation method: Review of hospital, health system, public health data, etc.

Other____

FACULTY: (Name, Specialty and/or Title(s), Institution(s), City, State. For more than 2, include list at end of application.) Joseph T. McGinn Jr., M.D. Chief, Cardiac Surgery

Miami Cardiac & Vascular Institute

Faculty disclosure statement (as it should appear on course shell):

Joseph T. McGinn Jr., M.D., indicated that he is on the speakers' bureau for Medtronic and he <u>will not</u> include off-label or unapproved product usage in his presentation or discussion.

Barry Katzen, M.D., indicated that he is a consultant for Boston Scientific, Phillips Medical, W.L. Gore and Bard.

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

RELEVANT FINANCIAL RELATIONSHIPS: List individuals in control of the content of this CME activity (other than

faculty). Note: When using electronic evaluations, disclosure statements for faculty must be included on course landing pages.

| Have all relevant f | inancial interests b | been identified and reso | olved? (C7; SCS 2.1, 2.2, 2.3) | 🛛 Yes | □No |
|---------------------|----------------------|--------------------------|--------------------------------|-------|-----|
| CME Dept. Lea | adership and Staff | CME Committee | Conference Director | | |

Others (Conference Coordinator, Planning Group, etc.)

| NON-EDUCATIONAL STRATEGIES: Explain what we are doing (CME or BHSF) – or what we could do – to enhance |
|--|
| change as an adjunct (in addition to) to this CME activity. (C17) These would be tactics and tools to facilitate change that |
| go beyond this CME activity. NOTE: Insert this information under course shell>>custom fields>>resources. |
| Process redesign or new protocol Reminders (posters, mailings, email blasts) New order sheets |
| Other tools or tactics Explain: |

| COLLABORATION: A | Are we engaged in collaborative and cooperative projects with other stakeholders (<u>i</u> | internal or |
|---------------------------|---|-------------|
| external) that are relate | ed to this CME activity? (C20) | |

| 🗌 Yes 🖾 No 🛛 Are we p | partnering with other organizations in a purposeful manner to achieve common interests? | |
|-----------------------------|---|----|
| Yes No Are we co | collaborating with internal departments in a purposeful manner to achieve common interests? | ;? |
| If yes, describe the collab | borative efforts. MCVI and BHSF Cardiothoracic Medical Group | |

| COMMERCIAL SUPPORT: | ndicate here if support will come from the Foundation's general Continuing Medical |
|---------------------|--|
| Education fund. | |

ETHOS CONTENT

| YOU MAY ALSO BE INTERESTED IN: List names of up to two co | ourses with similar target audiences. Please list |
|---|---|
| complete course title. | |

External: Provider:

Course video:

Course handout:

Quiz

Quiz Questions - for Course Handout

| DATE REVIEWED: | REVIEWED BY: Accelerated Approval Executive Committee | |
|---|---|--|
| APPROVED: □YES □NO ■ Credits: AMA/PRA Category 1 Credits: #_1 | | |
| Continuing Psychology Educatio | n Credits: # □ N/A ■ Continuing Dental Education Credits: # □ N/A | |