# CONFERENCE APPLICATIONS AND REPORTS
## Applications Previously Approved
November 15, 2022 - February 3, 2023

RSS –

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|---|
| 2023 MCI Radiosurgery Series (1 Cat. 1) - Renewal |
| Bethesda East Surgery Morbidity & Mortality (M&M) Case Conference (1 Cat. 1/each) |
| Miami Cancer Institute Skin Tumor Board (1 Cat. 1/ ea.) |

![Baptist Health South Florida logo] **Baptist Health South Florida**
Continuing Medical Education

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

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

| Activity Details | |
|---|---|
| **CME Activity Title** | Miami Cancer Institute – Miami Radiosurgery Conference Series |

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|---|---|---|---|
| **Date** | February 2023 – January 2024 <br><br> Dates <br> March 21, 2023 <br> May 16, 2023 <br> July 18, 2023 <br> September 19, 2023 | **Time:** | 5-6 p.m. |
| **Location – If Virtual, fill in Zoom info at the end** | MCI – Virtual Conference Series | **Credit Hour(s)** | 1 Cat. 1 |
| **Charge** | ☐ Yes _____ <br> ☒ No | **SMS Code:** | |
| **Target Audience –** <br> • **Mental and behavioral health topic(s) required for all symposiums.** <br> • **If limited to Baptist Health Medical Staff only, please indicate here.** | Neurosurgeons, medical physicists, radiation oncologists and neuro-otolaryngologists. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation. <br> **\* Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.** | | |
| **Course overview** | The Miami Radiosurgery Conference is a series of 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 with case examples. This conference will be hosted by the Miami Cancer Institute (MCI) and the Miami Neuroscience Institute (MNI) in a collaborative and educational effort. Practical tips, interesting cases, and workflow improvements will also be reviewed to help improve the practice of radiosurgery. | | |

**Credit Type**

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

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

## Planning Team

| Conference Director(s) | Rupesh Kotecha, M.D. and Michael McDermott, M.D. |
|---|---|
| CME Manager | Eleanor Abreu |
| Conference Coordinator and/or Instructional Designer (OLP only) | Haley Appel, PA-C |
| ↻ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities) | Rupesh Kotecha, M.D. Michael Mc Dermott, M.D. Haley Appel, PA-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: | Provide internal stakeholder here. |
|---|---|
| Describe initiative: | |

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

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

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

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

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

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

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

| Educational Needs | *What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.* ***External Resource: CE Educator's Toolkit*** |
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| | |
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| **State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.** | Stereotactic radiotherapy is a high-precision form of radiotherapy that requires an understanding of the effects of high-dose 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. |
| **Educational needs that <u>underlie</u> the professional practice gaps of learners.** *Check all that apply.* | ☒ **Knowledge -** *Deficit in medical knowledge.*<br>☐ **Competence -** *Deficit in ability to perform strategy or skill.*<br>☐ **Performance -** *Able to implement but noncompliant or inconsistent.* |

| **Designed to Change** | *The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.* |
|---|---|
| **This activity is designed to change:** | ☒ **Competence -** *CME evaluation and pre/post-survey.*<br>☐ **Performance -** *Follow-up impact assessment and commitment to change.*<br>☐ **Patient Outcomes -** *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.* |
| **Explain how this activity is designed to change learner competence, performance or patient outcomes.** | The practice of stereotactic radiosurgery should be evidenced-based with regards to patient selection, appropriate pre-treatment 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. |

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

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

| Objectives: | Upon completion of this conference, participants should be better able to: |
|---|---|
| | • 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. |

| References | Ensure Content is Valid |
|---|---|
| **How are educational needs identified?** *Check all that apply and explain below.* | ☒ Best practice parameters ☒ Research/literature review<br>☐ Disease prevention (Mission) ☒ Consensus of experts<br>☐ Mortality/morbidity statistics ☐ Joint Commission initiatives<br>☐ National/regional data ☐ National Patient Safety Goals<br>☐ New or updated policy/protocol ☐ New diagnostic/therapeutic modality (Mission)<br>☐ Peer review data ☐ Patient care data<br>☐ Regulatory requirement ☐ Process improvement initiatives |
| ☐ Other need identified. *Please explain.* | |
| **Baptist Health Quantitative Data** | Insert baseline chart or narrative here. |
| **References:**<br>• *Provide evidence-based, peer reviewed references supporting best practice guidelines.*<br>• *APA Citations should be no older than 10 years old.* | 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.<br><br>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<br><br>https://pubmed.ncbi.nlm.nih.gov/33767881/ |
| | |

**Faculty**

| | |
|---|---|
| **Faculty List**<br>*For more than two (2) faculty members, include the list at end of application.* | **Michael McDermott, M.D.**<br>Chair, Division of Neurosurgery<br>Chief Medical Executive<br>Miami Neuroscience Institute<br>Irma & Kalman Bass Endowed Chair in Clinical Neuroscience<br>Miami, Florida<br><br>**Rupesh Kotecha, M.D.**<br>Chief, Radiosurgery<br>Director, CNS Metastasis Program<br>Radiation Oncology<br>Miami Cancer Institute<br>Member, Memorial Sloan Kettering Cancer Alliance<br>Miami, Florida<br><br>**Yazmin Odia, M.D., M.S., FAAN**<br>Chief, Neuro-Oncology<br>Miami Cancer Institute<br>Member, Memorial Sloan Kettering Cancer Alliance<br>Miami, Florida<br><br>**Haley Appel, PA-C, MMS**<br>Physician Assistant<br>Miami Cancer Institute<br>Miami, Cancer |

| 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:**

Rupesh Kotecha, M.D., faculty and planner for this educational activity, is a researcher for Medtronic, Blue Earth Diagnostics, Novocure, GT Medical Technologies, AstraZeneca, Exelixis, Viewray and Brainlab, consultant with Accuray, Elekta AB, Viewray, Novocure, Elsevier and Brainlab, on the speakers bureau with Novovure. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Michael McDermott, M.D., faculty and planner for this educational activity, is a consultant with Deide, Stryker, Insightec, and ZAP Surgical. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Yazmin Odia, M.D., faculty and planner for this educational activity, is a researcher with Novocure and trial support with Bristol-Myers Squibb, she is a consultant with Istari Oncology is on the scientific safety monitoring board with Gammatile GT. She has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Haley R. Appel, PA-C, MMS, faculty and planner for this educational activity is a consultant with Novocure. She has indicated that the presentation or discussion will not include off-label or unapproved product usage.


**List all director, planner, and reviewer disclosures in this section:**
- John Doe, M.D., Director for this activity, has indicated…

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

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


*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:**
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☐ Objective 🚫 | **Measurement Type:**
☐ Subjective 🚫
☐ Objective 🚫 |

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

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

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

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

| Live Webinar Details *For Internet Live Webinar Courses ONLY* | |
|---|---|
| **Panelists** | Insert names and email addresses. |
| **Hosts** | Insert names and email addresses for at least one of these:<br><br>Shandelle Castillo<br>shandelle.castillo@baptisthealth.net<br><br>*DG-Telepresence / CME Manager and Assistant / Host Department* |
| **Zoom Account** | ☐ **CME Zoom Account**  ☒ **Partner Zoom Account** |
| **Zoom Link** | Insert link here. |

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

| APPROVAL | | | |
|---|---|---|---|
| **Date Reviewed** | **Reviewed By** | **Approved** | **Credits** |
| 12-29-2022 | ☒ **Accelerated Approval**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ YES<br>☐ NO | ☒ _1___ AMA PRA Category 1 Credits (each)<br>☐ ____ APA Approval   Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |

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

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

## Activity Details

| | | | |
|---|---|---|---|
| **CME Activity Title** | Bethesda Hospital East: General Surgery Morbidity and Mortality Series | | |
| **Date** | December 2022 – December 2024 | **Time** | 7:00-8:00 a.m. |
| **Location – If Virtual, fill in Zoom info at the end** | | **Credit Hour(s)** | 1 Cat. 1 each |
| **Charge** | ☐ Yes _____ <br> ☒ No | **SMS Code:** | |
| **Target Audience –** <br> • **Mental and behavioral health topic(s) required for all symposiums.** <br> • **If limited to Baptist Health Medical Staff only, please indicate here.** | Bethesda East Surgery M&M invited members (surgeons, residents, physician assistants and advanced practice registered nurses. See list of attendees below. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation. <br> **\* Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.** | | |
| **Course overview** | Bethesda Hospital's general surgery team will use the morbidity and mortality rounds to analyze the team management of patient care, identify opportunities for surgical and system improvements and, as an interdisciplinary surgical team, address causes of adverse patient outcomes with the goal of improving patient care. <br><br> Participation in the morbidity and mortality rounds is by invitation only. | | |

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

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

## Planning Team

| Conference Director(s) | Jessica Buicko Lopez, M.D. |
|---|---|
| CME Manager | Nina Doleyres |
| Conference Coordinator and/or Instructional Designer (OLP only) | |
| ↻ Commendation Goal:<br>Engages Interprofessional Teams/IPCE (10% of activities) | List 2+ professions here. M.D. Required. |

## BHSF Initiatives

- [ ] Balance across the continuum of care
- [ ] Diversity & Inclusion
- [ ] Evidence-based data
- [x] 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: | Bethesda Hospital East |
|---|---|
| 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.** |
|---|---|

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

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

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- [ ] Learning from Teaching
- [ ] Other/Blended Learning

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

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

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

| Educational Needs | What practice-based problem (gap) will this education address?<br>Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.<br>External Resource: CE Educator's Toolkit |
|---|---|
| **State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.** | The Bethesda Hospital East's Surgery team use the morbidity and mortality rounds to identify and discuss specific complicated surgical cases that could have been done differently to prevent undesirable outcomes. |
| **Educational needs that <u>underlie</u> the professional practice gaps of learners. *Check all that apply.*** | [x] **Knowledge -** *Deficit in medical knowledge.*<br>[x] **Competence -** *Deficit in ability to perform strategy or skill.*<br>[x] **Performance -** *Able to implement but noncompliant or inconsistent.* |

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

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

| Educational Objectives | What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify… Eliminate… Use… Apply… Implement… |
|---|---|
| Objectives: | Upon completion of this conference, participants should be better able to:<br>• Analyze team management of patient care and clinical outcomes.<br>• Identify opportunities for surgical and system improvements to reduce the morbidity and mortality of surgical patients.<br>• Utilize the knowledge of the interdisciplinary surgical team to address causes of adverse patient outcomes.<br>• Perform a literature review related to specific clinical cases. |

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

| ☒ Other need identified. *Please explain.* | Bethesda Hospital East Surgery Department Request |
|---|---|
| **Baptist Health Quantitative Data** | Insert baseline chart or narrative here. |

| **References:**<br>• *Provide evidence-based, peer reviewed references supporting best practice guidelines.*<br>• *APA Citations should be no older than 10 years old.* | Kravet, S. J., Howell, E., & Wright, S. M. (2006). Morbidity and mortality conference, grand rounds, and the ACGME's core competencies. *Journal of general internal medicine*, *21*(11), 1192–1194. https://doi.org/10.1111/j.1525-1497.2006.00523.x<br><br>Epstein N. E. (2012). Morbidity and mortality conferences: Their educational role and why we should be there. *Surgical neurology international*, *3*(Suppl 5), S377–S388. https://doi.org/10.4103/2152-7806.103872<br><br>Xiong, X., Johnson, T., Jayaraman, D., McDonald, E. G., Martel, M., & Barkun, A. N. (2016). At the Crossroad with Morbidity and Mortality Conferences: Lessons Learned through a Narrative Systematic Review. *Canadian journal of gastroenterology & hepatology*, *2016*, 7679196. https://doi.org/10.1155/2016/7679196<br><br>Gonzalo, J. D., Yang, J. J., & Huang, G. C. (2012). Systems-based content in medical morbidity and mortality conferences: a decade of change. *Journal of graduate medical education*, *4*(4), 438–444. https://doi.org/10.4300/JGME-D-12-00016.1<br><br>Pierluissi E. (2012). Morbidity and mortality conferences: change you can believe in?. *Journal of graduate medical education*, *4*(4), 543–544. https://doi.org/10.4300/JGME-D-12-00252.1<br><br>Walker, M., Rubio, D., Horstman, M., Trautner, B., & Stewart, D. (2016). Stop the Blame Game: Restructuring Morbidity and Mortality Conferences to Teach Patient Safety and Quality Improvement to Residents. *MedEdPORTAL : the journal of teaching and learning resources*, *12*, 10475. https://doi.org/10.15766/mep_2374-8265.10475 |

## Faculty

| **Faculty List**<br>*For more than two (2) faculty members, include the list at end of application.* | **Moderator:**<br><br>Jessica Buicko Lopez, M.D.<br>General & Vascular Surgery Specialists<br>Bethesda Hospital East<br>Baptist Health South Florida<br>Boynton Beach, Florida |
|---|---|

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

| Disclosures | **Add all faculty disclosures to this section:** |
|---|---|
| | • Jessica Buicko Lopez, M.D., moderator of this educational activity, has no relevant financial relationships with ineligible companies* to disclose and has indicated that the presentations or discussions will not include off-label or unapproved product usage. |
| | **List all director, planner and reviewer disclosures in this section:** |
| | • Jessica Buicko Lopez, M.D., moderator of this educational activity, has no relevant financial relationships with ineligible companies* to disclose and has indicated that the presentations or discussions will not include off-label or unapproved product usage. |
| | • |
| | **List non-faculty contributor disclosures in this section:** |
| | • <mark>No relationships</mark> – 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*. |
| | • <mark>With relationships</mark> – Non-faculty contributors and others involved in the planning, development and editing/review of the content have relevant financial relationships to disclose with ineligible companies*. |
| | *Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.* |
| **Disclosure to the audience:** | ☐ Ethos Course Page   ☐ Welcome Slides   ☐ Faculty Slides   ☐ Handout<br>☒ Other: Sign-in sheet |

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

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

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

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

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

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

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

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

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

**EVALUATION METHODS:**

**Baptist Health South Florida**
Continuing Medical Education

## Bethesda Hospital East General Surgery M&M Evaluation

Moderator: _____

_____ I attest that participants were reminded of their commitment to strict confidentiality related to all matters discussed.

**NONDISCRIMINATION AND CONFIDENTIALITY STATEMENT**

As a participant of the Bethesda Hospital East Morbidity and Mortality (M&M) Rounds involved in the evaluation and improvement of quality of care and service, I recognize that confidentiality is vital. Therefore, I agree to respect and maintain the confidentiality of all discussions, records and information generated in connection with the Bethesda Hospital East M&M Rounds and to make no voluntary disclosure of such information except to persons authorized.

As a participant of the M&M Rounds, I will ensure that my participation in the peer-review process and discussions will be made in a non-discriminatory manner and will not be made based on the patients' race, ethnic/national identity, gender, age, sexual orientation or patient population for which I serve.

**DISCLOSURE STATEMENT**

Jessica L. Buicko Lopez, M.D., director and moderator of this educational activity, has no relevant financial relationships with ineligible companies* to disclose.

Non-faculty contributors 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.*

Verbal Disclosures:     Yes / No

Participants with verbal disclosures:

| Meeting Date | |
|---|---|
| Case Topic | |
| **Case Review** | |
| Identified incorporable learnings | 1. |
| | 2. |

**Case Assessment: Practice Gaps and Performance Changes**

| Identified Practice Gaps: | |
|---|---|
| Identified reasons for the practice gaps: | |
| Identified performance changes to be implemented: | |
| Identified factors facilitating or barriers hindering implementation in practice: | |

**INVITED ATTENDEES:**

| First Name | Last Name | Credential | Email Address |
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# Baptist Health South Florida
## Continuing Medical Education

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

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

## Activity Details

| | | | |
|---|---|---|---|
| **CME Activity Title** | Miami Cancer Institute Skin Tumor Board | | |
| **Date** | First & Third Thursday January – December 2023 | **Time** | 8:00am-9:00am |
| **Location – If Virtual, fill in Zoom info at the end** | Virtual (Zoom) | **Credit Hour(s)** | 1 Cat 1 |
| **Charge** | ☐ Yes _____ ☒ No | **SMS Code:** | Various |
| **Target Audience –** <br> • **Mental and behavioral health topic(s) required for all symposiums.** <br> • **If limited to Baptist Health Medical Staff only, please indicate here.** | Dermatology Oncology, Medical Oncologists, Radiation Oncologists, Surgical Oncology, General Surgeons, Pathologists, Radiologists, Pharmacists, Nurses, Social Workers, Radiologic Technologists, Clinical Geneticist, Clinical Genetics Counselors, and all other healthcare personnel involved in the care of cancer patients. | | |
| **Commercial Support – C8** | ☐ Monetary or In-kind received by Foundation. <br> **\* Notify CME Business Ops Specialist and CME Development Specialist.** <br> **LOA signed and dated by all parties is required.** | | |
| **Course overview** | A multidisciplinary team approach to care is fostered through peer-to-peer discussion and collaboration. The team discussion pertaining to diagnosis and treatment includes radiological and pathological findings and immunohistochemical testing to bridge gaps across the continuum of care and enhance the overall quality of patient-centered oncology care. | | |

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

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

## Planning Team

| | |
|---|---|
| **Conference Director(s)** | **Naiara A. Braghiroli, MD and Guilherme Rabinowits, MD** |
| **CME Manager** | **Alexandra Sanford/ Marie Vital Acle** |

| Conference Coordinator and/or Instructional Designer (OLP only) | Cristhian J. Alegria, MCI DMT Director; Casey L. Reed, Coordinator |
|---|---|
| ↻ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities) | Gerlem Manso Morin and Joseph Homy Advanced Practice Providers (APPs) |

## BHSF Initiatives

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

| Collaborative Partner: | Miami Cancer Institute as Integrated Network Cancer Program (BHM, SMH, MCI, MCI Plantation) |
|---|---|
| Describe initiative: | This tumor board is planned in collaboration with multi-entities part of our cancer program. Tumor boards foster collaboration across multiple specialties treating specific medical conditions. Patient care and interdisciplinary communication are improved through these types of educational meetings. |

## Appropriate Formats

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

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

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

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

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

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

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

## Educational Needs

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

| State the educational need that you determined to be the underlying cause for the professional practice gap. | Gaps in communication between patients, providers and specialists can at times hinder or delay patient care. Physicians need to communicate effectively with patients and multiple specialists to formulate treatment plans for patients with hematology oncologic diseases. |
|---|---|
| Educational needs that underlie the professional practice gaps of learners. *Check all that apply.* | ☐ Knowledge - *Deficit in medical knowledge.*<br>☒ Competence - *Deficit in ability to perform strategy or skill.*<br>☐ Performance - *Able to implement but noncompliant or inconsistent.* |

## Designed to Change

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

| This activity is designed to change: | ☒ **Competence** - *CME evaluation and pre/post-survey.*<br>☐ **Performance** - *Follow-up impact assessment and commitment to change.*<br>☐ **Patient Outcomes** - *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.* |
|---|---|
| **Explain how this activity is designed to change learner competence, performance or patient outcomes.** | This activity was designed to change physician/providers competence and performance. Comprehensive treatment plans development as a result of an interprofessional team discussion will include a review of radiological, pathological findings and immunohistochemical testing. By bridging any communication, the overall quality of patient centered hematology cancer care. |

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

| **Educational Objectives** | *What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify… Eliminate… Use… Apply… Implement…* |
|---|---|
| **Objectives:** | Upon completion of this conference, participants should be better able to:<br>• Improve clinical decision making, clinical outcomes, and patient experience via a multidisciplinary team approach. Group discussion include prospective patient care management, national treatment guidelines, staging, and options and eligibility for genetic testing, clinical research studies, and supportive care services.<br>• Develop a comprehensive treatment plan for dermatology oncology patients leveraging imaging and pathology testing results and meet Commission on Cancer accreditation standards compliance. |

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

| Baptist Health Quantitative Data | Tumor Board Treatment Plan Documentation: CY 2021 – 51%, CY 2022 YTD – 43% |
|---|---|
| **References:**<br>• ***Provide evidence-based, peer reviewed references supporting best practice guidelines.***<br>• ***APA Citations should be no older than 10 years old.*** | Cancer Program Standards: Optimal Resources for Cancer Care – 2020 Edition (Revised November 2021) |

## Faculty

| Faculty List<br>*For more than two (2) faculty members, include the list at end of application.* | **Naiara Braghiroli, MD, PhD, IFAAD**<br>Chief of Skin Cancer and Pigmented Lesions Clinic<br>Department of Dermatology<br>Miami Cancer Institute, Baptist Health South Florida<br>Miami, Florida<br><br>**Guilherme Rabinowits, MD**<br>Head & Neck, Endocrine and Cutaneous Medical Oncology<br>Co-Leader, Head and Neck Disease Management Team<br>Miami Cancer Institute, Baptist Health South Florida<br>Miami, Florida |
|---|---|

| **Disclosure Statement** | *Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.* |
|---|---|
| **Mitigation Chart** | ☒ **Mitigation chart complete on File Checklist.** |
| **Disclosures** | **Add all faculty disclosures to this section:**<br><br>**Guilherme Rabinowits, M.D.,** faculty and conference director of this educational activity, is an advisee for Sanofi-Genzyme, Regeneron, Castle and Boston Gene. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.<br><br>**Naiara Braghiroli, MD, PhD,** 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.<br><br>**List non-faculty contributor disclosures in this section:**<br>Cris Alegria, Joseph Homy and Gerlem Manso Morin and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*<br><br>*Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.* |
| **Disclosure to the audience:** | ☒ Ethos Course Page    ☒ Welcome Slides    ☐ Faculty Slides    ☐ Handout<br>☐ Other: |

## Measured Outcomes

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

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

| Baptist Health <br> Commendation Goals | 🔄 *CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.* |
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| ☐ **Addresses Population Health** | *Check all that apply.* |

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

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

| **Live Webinar Details** *For Internet Live Webinar Courses ONLY* | |
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| **Panelists** | Insert names and email addresses. |
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|---|---|---|---|
| **Date Reviewed** | **Reviewed By** | **Approved** | **Credits** |
| 1/18/2023 | ☒ **Accelerated Approval**<br>☐ **Executive Committee**<br>☐ **Live Committee** | ☐ YES<br><br>☐ NO | ☒ ____ AMA PRA Category 1 Credits<br>☐ ____ APA Approval   Level: _____<br>☐ ____ Dental Approval<br>☐ ____ Podiatry Approval |