CONFERENCE APPLICATIONS AND REPORTS

Applications Previously Approved

January - March 2024

Online - Enduring Materials

Echocardiography Identification and Management of Pericardial Effusion
Gastroenterology Update on Nonerosive Reflux Disease and Gastroparesis
Internal and Family Medicine eLearning Series - Additional modules
Medical Errors Psychology Course - Renewal
Miami Neuroscience Institute Neurological Disorders Update
Oncology Informatics – MCI Cerner Provider Onboarding
Parkinson's Disease: Non-motor Features

CME ACTIVITY APPLICATION

Rev. 09/14/2022_GF



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

Sections highlighted in orange need to be proofread.

compliance.

Activity Details										
CME Activity Title				Echocardiographic Identification and Management of Pericardial Effusion						
Date				Int	ernet Enduring Mate	rial	Time			
Location – If Virtual, fill in Zoom info at the end			Int	ernet Enduring Mate	rial	Credit	Hour(s)	1 Cat. 1		
Charge				☐ Yes SMS Code: ☒ 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. 			Critical Care Physicians, Emergency Medicine Physicians, Intensivist, Hospitalist, Cardiologist, Interventional Cardiologist, Interventional Radiologist, Cardiothoracic Surgeon, Physicians Assistants, Advanced Practice Registered Nurses, Nurses, Echocardiography technicians, Interventional radiology and interventional cardiology (cath lab) technologists.							
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			eff of Po	In this course, Elliot Elias, M.D., discusses management of pericardial effusion, guidelines for pericardiocentesis and echocardiographic assessment of cardiac tamponade. A simulation follows with instructions from Alex Powell, M.D., and Brian Schiro, M.D. on how to perform a pericardiocentesis under ultrasound guidance.						
Credit Type AMA PRA Category 1 Psychology - APA & FL Physician Assistant CE APRNS CE Dental CE Podiatry CE Interprofessional (IPCE) Engages Teams - See II MOC Points - MOC Chec				S C Plan klis	Ophthalmology - Lifelong Learning Ophthalmology - Self-assessment Surgery - Accredited CME Surgery - Self-assessment Otolaryngology - Head and Neck Stanning Team section Sklist / Self-assessment Pathology - Lifelong Learning		dical Knowledge ong Learning assessment CME ment d and Neck Surgery earning			
Providers	ship	\boxtimes	Direct [J	oint	PAF	RS ID#			
Publish to CME Yes Yes			No	Publish to CEBroker		Yes [☐ No	CEBroker #		

Conference Director(s)		Marcus St. John, M.D.			
CME Manager		Marie Vital Acle, MPH, MCHES (Director)			
Conference Coordinator only)	and/or Ir	nstructional Designer (OLP	Jessica Armenteros		
© Commendation Goal: Engages Interprofession		s/IPCE (10% of activities)	Kevin Nicholas, MSN, RN, CV-BC		
		BHSF Initiativ	es		
□ 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 in	ternal stakeholder here.			
Describe initiative:					
Appropriate Formats			ational formats for activities/interventions that are actives, and desired results of the activity. Check all that apply.		
Live Course Regularly Scheduled Series Internet Live Course (Webin		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		rovider addresses problems in provider examines those pr performance, or system de	problem (gap) will this education address? practice and/or patient care. As part of that effort, the roblems and looks for knowledge, strategy, skill, ficits that could be contributing to the problems. Propries CE Educator's Toolkit		

State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.		In January of 2024, the responsibility of performing pericardiocentesis shifted from interventional radiologists to interventional cardiologists. Cardiologists within MCVI asked to have some refreshers as they had not performed this procedure in some time, so this content was created to supplement their reeducation efforts.	
		Providers may not be familiar with the medical knowledge needed to manage pericardial effusion including interpreting echocardiographic findings and pathophysiology.	
		Providers may not be aware of the risks and considerations while performing pericardiocentesis under ultrasound guidance.	
		Due to inconsistent exposure to this disease process both new and current employees and medical staff physicians have an educational need for a review of pericardial effusion.	
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	-	ovider generates activities/educational interventions that are designed to nge competence, performance, or patient outcomes as described in its	

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	tence - CME evaluation and pre/post-survey. nance - Follow-up impact assessment and commitment to change. Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post- shboards.			
Explain how this activity is designed to change learner competence, performance or patient outcomes.			Improve MD/provider/staff knowledge regarding pericardial effusion and the techniques for pericardiocentesis including risks and considerations.		

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

Educational Objectives

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

Use... Apply... Implement...

Objectives:

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

- Identify a pathway for management of pericardial effusion.
- Explain risks and considerations when considering pericardiocentesis for your patients.
- Interpret echocardiographic findings of cardiac tamponade.
- Perform a pericardiocentesis with ultrasound guidance.

References	Ensure Content is Valid			
How are educational needs identified? Check all that apply and explain below.	□ Best practice parameters □ Research/literature review □ Disease prevention (Mission) □ Consensus of experts □ Mortality/morbidity statistics □ Joint Commission initiatives □ National/regional data □ National Patient Safety Goals □ New or updated policy/protocol □ New diagnostic/therapeutic modality (Mission) □ Peer review data □ Patient care data □ Regulatory requirement □ Process improvement initiatives			
Other need identified. explain.	Please			
Baptist Health Quantitati 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.	Cardioserv. (2022, October 1). 6 clues to determining presence of cardiac tamponade. Klein, A. L., Abbara, S., Agler, D. A., Appleton, C. P., Asher, C. R., Hoit, B., & White, R. D. (2013). American Society of Echocardiography clinical recommendations for multimodality cardiovascular imaging of patients with pericardial disease: endorsed by the Society for Cardiovascular Magnetic Resonance and Society of Cardiovascular Computed Tomography. <i>Journal of the American Society of Echocardiography</i> , <i>26</i> (9), 965-1012. Alerhand, S., Adrian, R. J., Long, B., & Avila, J. (2022). Pericardial tamponade: A comprehensive emergency medicine and echocardiography review. The American Journal of Emergency Medicine, 58, 159-174.			

Faculty

Faculty List

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

Alex Powell, M.D.

Medical Director, Interventional Radiology Baptist Health Miami Cardiac & Vascular Institute Miami, Florida

Brian Schiro, M.D., RPVI, FSIR

Medical Director, Noninvasive Lab, Baptist Hospital Vascular and Interventional Radiologist Baptist Health Miami Cardiac & Vascular Institute Miami, Florida

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

Cardiologist

Medical Director of Cardiac and Structural Imaging Baptist Health Miami Cardiac & Vascular Institute Miami, Florida

Kevin Nicholas, MSN, RN, CV-BC

Corporate Director MCVI Clinical Operations Baptist Health Miami Cardiac and Vascular Institute Miami, Florida

Marcus St. John, M.D.

Interventional Cardiologist Baptist Health Miami Cardiac and Vascular Institute 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	

Disclosures	Elliott Elias, M.D., faculty for this educational activity, is a consultant for Boston Scientific, Abbott Vascular, Edwards Life Sciences, and Philips Ultrasound. He has indicated that the presentation or discussion will not include off-label or unapproved product usage. Alex Powell, M.D. faculty for this educational activity, is a consultant for Penumbra. He has indicated that the presentation or discussion will not include off-label or unapproved product usage. Brian Schiro, M.D., faculty for this educational activity, is a consultant for Philips Ultrasound and is on the speakers' bureau with Penumbra, Medtronic and Cook. He has indicated that the presentation or discussion will not include off-label or unapproved product usage. Kevin Nicholas, MSN, RN-CV-BC, faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentations or discussions will not include off-label or unapproved product usage. Marcus St. John, M.D., conference director for this educational activity, is on the speakers' bureau with Zoll. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.
	Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-
	selling, or distributing healthcare products used by or on patients.
Disclosure to the audience:	 ⊠ Ethos Course Page

		Measured Outcomes		
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: ☑ Subjective ☐ Objective	Measurement Type: ⊠ Subjective □ Objective	Measurement Type: ⊠ Subjective □ Objective	Measurement Type: Subjective Objective	Measurement Type: Subjective Objective

Evaluation Methods

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

Changes in competence. Intent to change Confidence in ability	 ✓ CME Evaluation Form What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. ✓ Pre/Post-Survey Previde 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") Implement a pathway for the management of Pericardial Effusion. – This seems nebulous to me. Implement updated pericardiocentesis guidelines for safer procedures. Demonstrate proficiency in echocardiographic assessment of Cardiac Tamponade Perform a pericardiocentesis procedure
Changes in performance. • Commitment to Change Improves Performance Commendation Goal	 CME Impact Assessment include Commitment to Change question. Add Commitment to Change Ethos object. Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP). Trigger impact assessment 45 days post conference. (LMS Support) Include handout or resource in follow-up email. (CME Manager/ Course Builder) Additional questions for impact assessment: (CME Manager) Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity. As a result of my participation in this online course, I commit to make the following changes to my clinical practice: Implement the recommendations presented for the management of Pericardial Effusion Utilize the guidelines presented for performing a pericardiocentesis procedure Apply the echocardiographic assessment methods of cardiac tamponade discussed
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	



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 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. (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 preoperative 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	 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			

Insert names and email addresses for at least one of these:

DG-Telepresence / CME Manager and Assistant / Host Department

☐ CME Zoom Account ☐ Partner Zoom Account

Insert names and email addresses.

Insert link here.

Panelists

Zoom Account

Zoom Link

Hosts

OLP Course Details For OLP Enduring Applications ONLY		
Course Video URL		
Course Handout URL		
Multiple Choice Questions		
Course Release Date	April 2024	
Course Renewal Date		
Course Expiration Date	April 2024	

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



CME ACTIVITY APPLICATION

Rev. 06/28/2022 CB

compliance.

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

Sections highlighted in orange need to be proofread.

Activity Details Gastroenterology Update on Nonerosive Reflux Disease and Gastroparesis **CME Activity Title** Date Time Location - If Virtual, fill in Zoom info Internet Enduring Material Credit Hour(s) 2 Cat. 1 at the end SMS Code: Charge ☐ Yes ⊠ No Target Audience -Internal Medicine Physicians, Family Medicine Physicians, Primary Care Physicians, Gastroenterologists, Psychiatrists, Residents, Fellows, Nurses, Mental and behavioral health Nurse Practitioners, Dietitians, Clinical Pharmacists, Pharmacy Technicians, topic(s) required for all Physician Assistants/Physician Associates and all other interested healthcare symposiums. professionals. . If limited to Baptist Health Medical Staff only, please indicate here. 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 Up to 20% of the western population have at least weekly heartburn and/or acid regurgitation. Clinically troublesome heartburn is seen in 6% of the population. Familiarity with diagnostic criteria and pH monitoring tools help determine a diagnosis of pathologic acid reflux and determine treatment planning. In this online course, Karthik Ravi, M.D. and Eamonn M. Quigley, M.D. will discuss developments in gastroenterology and the treatment of nonerosive reflux disease and gastroparesis. Clinicians will learn diagnosis criteria. treatment guidelines and emerging modalities for assessment and treatment of gastroparesis and non-erosive reflux disease. This course aims to bridge the gap between the latest innovations in gastroenterology and delivery of primary care. Topics within this module include: Nonerosive Reflux Disease: What Clinicians Need to Know in 2023 Gastroparesis – What is it and who has it?

Credit Type AMA PRA Category 1 Psychology - APA & FL → - APA Checklist Physician Assistant CE APRNS CE Dental CE Podiatry CE Interprofessional (IPCE) Commendation Engages Teams - See Planning Team section MOC Points - MOC Checklist / Self-assessment Pediatrics - Self-assessment			☐ Internal Med ☐ Ophthalmold ☐ Ophthalmold ☐ Surgery - Ad ☐ Surgery - Se ☐ Otolaryngold Self-Assessme ☐ Pathology -		al Knowledge Learning essment E nt d Neck Surgery -
Providership	Direct	☐ Joint	PARS ID #		
Publish to CME Passport	☐ Yes ☐	No Publish to CEBroker	☐ Yes ☐ No	CEBroker #	
		Planning Te	am		
Conference Director(s	Ke	nneth Rosenthal, M.D.			
CME Manager	Ма	rie Vital Acle (Online)			
Conference Coordinator and/or Instructional Designer (OLP only)			Jessica Armenter	Jessica Armenteros	
© Commendation Goz Engages Interprofession		CE (10% of activities)	List 2+ professions	here. M.D. Re	equired.
	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:					
Describe initiative:	Describe initiative:				
Appropriate Formats The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. Check all that apply.					
Live Course Journal CME/CE Performance/Quality Improvement Regularly Scheduled Series Manuscript Review Internet Searching and Learning Internet Live Course (Webinar) Test-Item Writing Learning from Teaching Internet Enduring Material Committee Learning Other/Blended Learning					

Educational Needs

What practice-based problem (gap) will this education address?

Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.

External Resource: CE Educator's Toolkit

State the educational need that you determined to be the <u>underlying</u> <u>cause</u> for the professional practice gap.

Primary care physicians are not always aware of the latest innovations and strategies to use in their practice to optimize delivery of care in their gastroenterology patients. This course aims to bridge the gap between the latest innovations in gastroenterology and delivery of primary care.

As learners may not know about the latest advances in the treatment of conditions that commonly present in the primary care office such as non-erosive reflux disease (NERD) and gastroparesis it is critical to provide participants with the latest evidence-based approaches for the management of these conditions.

Up to 20% of the western population have at least weekly heartburn and/or acid regurgitation. Clinically troublesome heartburn is seen in 6% of the population. Familiarity with diagnostic criteria and pH monitoring tools help determine a diagnosis of pathologic acid reflux and determine treatment planning.

Gastropareses is very difficult to define. Idiopathic gastroparesis is the most common in the United States and is the most common in females. Differentiating gastroparesis from other conditions presenting with similar symptoms is a challenge.

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.

This course is designed to improve learner competence.

Learners will screen patients for non-erosive reflux disease and implement appropriate treatment.

Learners will differentiate gastroparesis from other conditions with similar symptoms and implement appropriate treatment.

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 education to help learners accomplish? Competence verbs: Identify Eliment Use Apply Implement		ompetence verbs: Identify Eliminate	
Noneros Services Services Gastropa Services In	 Nonerosive Reflux Disease: What Clinicians Need to Know in 2023 Screen patients for nonerosive reflux disease (NERD) and determine appropriate treatment. Screen patients for functional heartburn using diagnostic criteria and determine appropriate treatment. Differentiate between typical and atypical GERD. Gastroparesis – What is it and who has it? Screen for the most commonly seen causes of gastroparesis in your clinical practice. Implement an evidence-based approach to the management of gastroparesis. 		

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

References:

- Provide evidencebased, peer reviewed references supporting best practice guidelines.
- APA Citations should be no older than 10 years old.
- Aziz, Q., Fass, R., Gyawali, C. P., Miwa, H., Pandolfino, J. E., & Zerbib, F. (2016). Esophageal disorders. *Gastroenterology*, *150*(6), 1368-1379.
- Roman, S., Gyawali, C. P., Savarino, E., Yadlapati, R., Zerbib, F., Wu, J., ... & Xiao, Y. (2017). Ambulatory reflux monitoring for diagnosis of gastro-esophageal reflux disease: update of the Porto consensus and recommendations from an international consensus group. *Neurogastroenterology & Motility*, 29(10), 1-15.
- Katz, P. O., Dunbar, K. B., Schnoll-Sussman, F. H., Greer, K. B., Yadlapati, R., & Spechler, S. J. (2022). ACG clinical guideline for the diagnosis and management of gastroesophageal reflux disease. *The American journal of gastroenterology*, *117*(1), 27-56.
- Quigley, E. M. (2023). Drug Treatments for Gastroparesis—Why Is the Cupboard So Bare? *Gastroenterology*, 164(4), 522-524.
- Koduru, P., Irani, M., & Quigley, E. M. (2018). Definition, pathogenesis, and management of that cursed dyspepsia. *Clinical Gastroenterology and Hepatology*, *16*(4), 467-479.
- Pasricha, P. J., Grover, M., Yates, K. P., Abell, T. L., Koch, K. L., McCallum, R. W., ... & Parkman, H. P. (2022). Progress in gastroparesis-a narrative review of the work of the Gastroparesis Clinical Research Consortium. *Clinical Gastroenterology and Hepatology*.
- Pasricha, P. J., Grover, M., Yates, K. P., Abell, T. L., Bernard, C. E., Koch, K. L., ... & Yates, K. (2021). Functional dyspepsia and gastroparesis in tertiary care are interchangeable syndromes with common clinical and pathologic features. *Gastroenterology*, *160*(6), 2006-2017.
- Camilleri, M., Kuo, B., Nguyen, L., Vaughn, V. M., Petrey, J., Greer, K., ... & Abell, T. L. (2022). ACG clinical guideline: gastroparesis. *The American Journal of Gastroenterology*, *117*(8), 1197-1220.

Faculty

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



Karthik Ravi, M.D. Consultant Division of Gastroei

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

Mayo Clinic Rochester, Minnesota



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

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	Karthik Ravi, 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 include off-label or unapproved product usage.			
	Eamonn M. M. Quigley M.D., FRCP, FACP, MACG, FRCPI , faculty for this educational activity, has indicated that he receives research funding from CinDome and Atmo. He is also on the advisory board for Atmo. He has indicated that the presentation <i>will not</i> include off-label or unapproved product usage. All of the relevant financial relationships listed for this individual have been mitigated.			
	Kenneth Rosenthal, M.D., FACG , Symposium Director of this activity, has indicated that he is on the speaker's bureau for Abbvie Pharmaceuticals. All relevant financial relationships for this individual has been mitigated.			
	Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose.			
	*Ineligible companies – Companies whose primary business is producing, marketing, selling, reselling or distributing healthcare products used by or on patients.			
Disclosure to the audience:	⊠ Ethos Course Page			

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

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

⊠ Changes in performance.

 Commitment to Change

Improves Performance Commendation Goal

\boxtimes	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).
\boxtimes	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

Commitment to change:

CME activity.

As a result of my participation in this online course, I commit to make the following changes to my clinical practice:

- Manage suspected extraesophageal manifestations of NERD.
- Implement an evidence-based approach to the management of gastroparesis.

Impact Assessment:

Please select one: *

- I am in active clinical practice, residency, or fellowship
- I am retired
- Other...

As a result of your participation, have you been able to implement any of the following commitments to change? Please indicate the strategies you have been able to implement. Check all that apply.

- Managed suspected extraesophageal manifestations of NERD.
- Implemented an evidence-based approach to the management of gastroparesis.

Within the last 90 days, I have modified my treatment based on the evidence-based guidelines and recommendations discussed:

- Yes
- No

If yes...

How many patients in your practice have been impacted by what you learned in this activity?

- 1-5
- 6-10
- 10 -15
- None

If no...

If you have not implemented any of these strategies, what has prevented you from doing so? *

Please select all that apply.

- Current practice is satisfactory
- Patient barriers
- I disagree with the recommendations made in the course
- Content is not applicable to my practice
- Lack of time
- Other

Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospit activity, etc.	al, health system, public health data, dashboard data pre-, post-
Describe outcomes assessment plan.		
Baptist Health Commendation Goa		CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.
Advances Data Use Teaches about collection, anal health/practice data AND Uses data to teach about healthcare	s health/practice	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.
■ Goal: 10% of activities • Compliance example: The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.		See Evaluation Methods section for required elements. Follow-up data is Required.

Improves Healthcare Quality Collaborates in the process of healthcare quality improvement AND Demonstrates improvement in healthcare quality • Goal: Two examples per accreditation cycle. • Examples: EBCC		Explain.	
Improves Patient and/or Community Health The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • Goal: Two examples per accreditation cycle.		Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.	
Optimizes Communication Skills Designed to improve communication skills of learners. • Example: Sim Lab		 CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. Course leader provides formative feedback to each learner about observed communication skills. Sample completed evaluation saved to file. 	
Optimizes Technical and/or Procedural Skills Designed to optimize/improve technical and procedural skills of learners. • Example: Gamma Knife		 CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. Sample completed evaluation saved to file. 	
Utilizes Support Strategies Providers that create, customize, or make available supplemental services that are designed to reinforce or sustain change. • Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps		Explain. Sample supplemental materials saved to file.	
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.		Explain.	
Live Webinar Deta	ails For Internet Live Webinar	Courses ONLY	
Panelists	Insert names and email addresses.		
Hosts	Insert names and email address DG-Telepresence / CME Mana	ses for at least one of these: ager and Assistant / Host Department	
Zoom Account	☐ CME Zoom Account ☐ I	Partner Zoom Account	
Zoom Link	Insert link here.		

Panelists						
Hosts						
Zoom Account	□ C	ME Zoom Account	Partner Zoom	Account		
Zoom Link						
DATE REVIEWED: _REVIEWED BY: _ Accelerated Approval _ Executive Committee _ Live Committee APPROVED: _YES _NO = Credits: AMA/PRA Category 1 Credits: # Continuing Psychology Education Credits: # N/A = Continuing Dental Education Credits: # N/A						
Date/Topics/ Speake	ers / D	isclosures				
OLP Course Detail	s For	OLP Enduring Applica	tions ONLY			
Course Video URL						
Course Handout U	RL					
Multiple Choice Questions						
Course Release Date		February 2024				
Course Renewal Date						
Course Expiration Date		February 2027				
			APPROVAL			
Date Reviewed	Reviewed By		Approved	Credits		
				AMA PRA Category 1 Credits		
	☐ Accelerated Approval		│	APA Approval Level:		
	☐ Executive Committee					
	$ \Box \Box$	ive Committee	□ NO	Dental Approval		

Podiatry Approval





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

Sections highlighted in orange need to be proofread.

	Activity Details									
CME Activity Title				Internal and Family Medicine e-Learning Series						
Date			'				Time			
Location				Int	ernet Enduring Mate	rials	Credit H	lour(s)	See Chart I	Below
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. 				Internal Medicine Physicians, Family Medicine Physicians, Obstetricians, Hospitalists, Fellows, Physician Assistants/Physician Associates, Residents, Advanced Practice Registered Nurses, Nurses, Pharmacists, Pharmacy Technicians and all other interested healthcare providers.						
Commercial Support – C8			 Monetary or In-kind received by Foundation. * Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required. 							
Course overview			a wimpopi Top by car uni vas ma	e primary care provide variety of sympto plementation of evide timize overall patient pics for this lecture se periodontitis, hemos rdiac amyloidosis, heausual vascular disease scular diseases, drug langement, prematurulin, and adult vaccin	oms. Tence-b	the goal of passed reconclude coro hrombosis juity, inpat n as malforctions, hea	this serie mmenda onary art i, B12 def cient hype rmations adaches,	es is to provide tions that have ery calcification iciency, lung cartension, psor anatomic variafunctional neur	ns, infection caused ancer screening, iasis, tremors, ants and collagen cosurgery, weight	
Credit					ical Knowledge g Learning sessment E nt and Neck Surgery -					
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Publish to	CME Passpo	ort	🛛 Yes 🗌 N	lo	Publish to CEBroke	r [Yes [] No	CEBroker #	

		Planning Tea	m		
Conference Director(s) John		hn Rubin, M.D.			
CME Manager	Nina	a Doleyres			
Conference Coordinator and	l/or Instruction	al Designer (OLP only)	Jessica Armenteros		
© Commendation Goal: Engages Interprofessional Te	eams/IPCE (10%	List 2+ professions here. M.D. Required.			
		BHSF Initiativ	ves		
Balance across the conti Diversity & Inclusion Evidence-based data High-reliability tools – Usesystems, processes, and	se of prior expe	\boxtimes	Overutilization – unnecessary health care costs Patient-centered care Public health factors (See commendation.) Removing redundancy – improving processes		
Collaborative Partner:	Boca Raton Regi	onal Hospital/Baptist Health	n South Florida and Florida Atlantic University		
Describe initiative:					
<u>'</u>					
Appropriate Formats The propriate Formats		-	ormats for activities/interventions that are appropriate for 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		addresses problems in practines those problems and look	problem (gap) will this education address? tice and/or patient care. As part of that effort, the provider ks for knowledge, strategy, skill, performance, or system ould be contributing to the problems.		
State the educational need of determined to be the <u>under</u> for the professional practice	lying cause	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 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.
-	ctivity is designed to change learner ormance or patient outcomes.

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

Educational Objectives

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

Objectives:

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

Module Learning Objectives

Coronary Artery Calcification in Women: More Than Meets the Eye (1 Cat. 1) Course Review Date: September 2022 Course Expiration: September 2025

- Examine research updates on female-specific and female-predominant cardiovascular risk factors.
- Discuss evidence-based recommendations for the use of coronary artery calcium scans in women.
- Evaluate research updates on the relationship between coronary artery and breast arterial calcification in women.
- Review evidence-based cardiovascular risk reduction strategies for women with arterial calcification.

Interactions Between Periodontitis and Systemic Diseases (1.25 Cat. 1)

Course Review Date: September 2022 Course Expiration: September 2025

- Identify the pathogenesis of periodontitis and be able to question a patient regarding periodontal health status based on signs and symptoms of periodontal disease.
- Discuss the common denominators of inflammation through many chronic diseases and how periodontitis can significantly elevate systemic inflammatory markers.
- Recognize how bacteremia from oral sources can seed periodontal pathogens to remote sites, causing pathology from the brain to vascular, cardiac, prosthetic and other structures.
- Describe the relationship between oral dysbiosis and gut dysbiosis and associated disease processes.

An Approach to Hemostasis and Thrombosis for the Internist (1 Cat. 1)

Course Review Date: September 2022 Course Expiration: September 2025

- Explain the basics of primary and secondary hemostasis and identify the tests used to evaluate hemostasis.
- Describe the approach to evaluate and treat prolonged prothrombin time (PT) and activated partial thromboplastin time (aPTT).
- Explain the approach to evaluate and treat thrombocytopenia and basics of immune thrombocytopenia (ITP), thrombotic thrombocytopenic purpura (TTP), heparin-induced thrombocytopenia (HIT).
- Explain the basics of hypercoagulability testing and discuss the approach to duration of anticoagulation.

B12 Deficiency (1 Cat.1)

Course Review Date: September 2022 Course Expiration: September 2025

- Explain the pathophysiology of B12 deficiency and identify its clinical features and causes in clinical practice.
- Implement the appropriate testing for B12 deficiency and recognize the limitations of testing. Select appropriate treatments to optimize patient outcomes.

Screening for Lung Cancer Is Standard Therapy (1 Cat. 1)

Course Review Date: September 2022 Course Expiration: September 2025

• Implement lung cancer screening according to the latest evidence-based guidelines for high-risk patients.

Psoriasis Update (1.50 Cat. 1)

Course Review Date: September 2022 Course Expiration: September 2025

- Identify psoriasis based on clinical presentation and implement essential screening for a patient with new-onset psoriasis.
- Assess psoriasis symptoms in patients with underlying conditions such as chronic liver diseases and vascular diseases.
- Appraise current systemic approaches to the treatment of psoriasis, including antimetabolites, systemic immunosuppressants, interferon and interleukin antagonists.

Attaining Health Equity: Focusing Our Lens on What's Important (1 Cat. 1)

Course Review Date: September 2022 Course Expiration: September 2025

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

Cardiac Amyloidosis: An Increasingly Recognized Entity (1.25 Cat.1)

Course Review Date: September 2022 Course Expiration: September 2025

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

Inpatient Management of Hypertension (1.25 Cat.1)

Course Review Date: September 2022 Course Expiration: September 2025

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

Tremors Update 2022 (1.25 Cat.1)

Course Review Date: November 2022 Course Expiration: September 2025

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

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

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

Drug Interactions of Clinical Importance (1.25 Cat.1)

Course Review Date: November 2022 Course Expiration: September 2025

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

Update on Headache Management (1 Cat.1)

Course Review Date: November 2022 Course Expiration: September 2025

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

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

Discuss the current neuromodulation technology for pain and movement disorders.

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

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

Course Review Date: December 2022 Course Expiration: September 2025

- Identify noninvasive strategies for weight management such as medical nutritional therapy, pharmacotherapy and endo-bariatrics in order to optimize patient outcomes.
- Identify common post-bariatric complications and solutions to provide better patient care postoperation.

Premature Ventricular Contractions (PVCs): Are They All Benign? (1.25 Cat.1)

Course Review Date: May 2023 Course Expiration: May 2026

- Explain premature ventricular contractions mechanisms.
- Discuss prognosis diagnostic evaluation to understand when treatment is indicated.
- Identify treatment options for patients with premature ventricular contractions.

Osteoporosis Update (1.25 Cat.1)

Course Review Date: May 2023 Course Expiration: May 2026

- Identify osteoporosis risk factors, explain available discuss treatment options and implement prevention strategies in clinical practice.
- Analyze controversies and difficulties in osteoporosis management.

Modern Day Screening for Prostate Cancer (1 Cat.1)

Course Review Date: October 2023 Course Expiration: October 2026

- Screen populations at risk for prostate cancer and explain updates in technology and techniques for prostate cancer screening.
- Recognize pitfalls and risks associated with prostate cancer screening.

Insulin Update (1.25 Cat.1)

Course Review Date: August 2023 Course Expiration: August 2026

- Explain the pharmacokinetics of different insulins.
- Select insulin delivery devices to optimize patient outcomes.
- Examine patient treatment regarding insulin dosing.

Overview of Adult Vaccines and Updates (1.25 Cat.1)

Course Review Date: August 2023 Course Expiration: August 2026

- Identify the appropriate patient for vaccines against pneumococcal disease, HPV, Herpes Zoster, Pertussis/Tetanus and Hepatitis B.
- Discuss the indications and contraindications of major vaccinations.

Frailty: The Deciding Factor (1.25 Cat.1)

Course Review Date: October 2023 Course Expiration: October 2026

- Identify the markers, pathophysiology, and epidemiology of frailty.
- Recognize the importance of detecting frailty early and review its impact on future healthcare outcomes.
- Evaluate treatment and interventions for frailty.

Arterial Disease (Or: Help! My leg is cold! What do I do?) (1 Cat.1)

Course Review Date: February 2024 Course Expiration: February 2027

- Discuss the basics of identifying arterial disease in patients.
- Identify testing requirements and treatment options for patients with arterial disease.

Intermediate-Risk Pulmonary Embolism (1.25 Cat. 1)

Course Review Date: March 2024 Course Expiration: March 2027

	•	Assess advanced methodologies for risk stratification in pulmonary embolism.
	•	Identify management approaches for intermediate-risk pulmonary embolism.
	•	Evaluate the impact of early intervention on patients with ultra-high and intermediate-risk
		pulmonary embolism.
,	•	Examine future perspectives in pulmonary embolism care for improved patient outcomes.

References	Ensure Content is Valid			
How are educational needs identified? Check all that apply and explain below.	Best practice parameters Disease prevention (Missio Mortality/morbidity statist National/regional data New or updated policy/pro Peer review data Regulatory requirement	Joint Commission initiatives National Patient Safety Goals		
Other need identified. P	lease explain.			
Baptist Health Quantitative	Data Insert baseline chart o	r narrative 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

DeFillipis EM, et al., European Heart Journal (2020) 41, 4127–4137; doi: 10.1093/eurheartj/ehaa662

Lloyd-Jones, D. M., Braun, L. T., Ndumele, C. E., Smith Jr, S. C., Sperling, L. S., Virani, S. S., & Blumenthal, R. S. (2019). Use of risk assessment tools to guide decision-making in the primary prevention of atherosclerotic cardiovascular disease: a special report from the American Heart Association and American College of Cardiology. *Circulation*, 139(25), e1162-e1177.

Arnett, D. K., Blumenthal, R. S., Albert, M. A., Buroker, A. B., Goldberger, Z. D., Hahn, E. J., ... & Ziaeian, B. (2019). 2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*, 140(11), e596-e646.

Interactions Between Periodontitis and Systemic Diseases

Hajishengallis, G., & Chavakis, T. (2021). Local and systemic mechanisms linking periodontal disease and inflammatory comorbidities. *Nature Reviews Immunology*, *21*(7), 426-440.

Kwon, T., Lamster, I.B., & Levin, L. (2021). Current concepts in the management of periodontitis. International dental journal, 71(6), 462-476.

Muñoz-Carrillo, J. L., Hernández-Reyes, V. E., García-Huerta, O. E., Chávez-Ruvalcaba, F., Chávez-Ruvalcaba, M. I., Chávez-Ruvalcaba, K. M., & Díaz-Alfaro, L. (2019). Pathogenesis of Periodontal Disease. In (Ed.), Periodontal Disease - Diagnostic and Adjunctive Non-surgical Considerations. IntechOpen.

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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McFadyen, J. D., Schaff, M., & Peter, K. (2018). Current and future antiplatelet therapies: emphasis on preserving haemostasis. Nature Reviews Cardiology, 15(3), 181-191.

B12 Deficiency

Sobczyńska-Malefora, A., Delvin, E., McCaddon, A., Ahmadi, K. R., & Harrington, D. J. (2021). Vitamin B12 status in health and disease: a critical review. Diagnosis of deficiency and insufficiency—clinical and laboratory pitfalls. Critical reviews in clinical laboratory sciences, 58(6), 399-429.

Green, R. (2017). Vitamin B12 deficiency from the perspective of a practicing hematologist. Blood, The Journal of the American Society of Hematology, 129(19), 2603-2611.

Mohammed, S. A., Mohammed, S. R., & Teelucksingh, S. (2021). Vitamin B12 Deficiency: In the Palm of One's Hands. The American Journal of Medicine, 134(12), e567-e568.

Langan. 2017. American Academy of Family Physicians. 96 (6): 384-389.

Screening for Lung Cancer is now Standard Therapy

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Siegel, R. L., Miller, K. D., & Jemal, A. (2020). Cancer statistics, 2020. *CA: A Cancer Journal for Clinicians*, 70(1), 7–30.

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

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Cardiac Amyloidosis - an Increasingly Recognized Entity

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Inpatient Management of Hypertension

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Drug Interactions of Clinical Importance

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Functional Neurosurgery: Where We Are and Where We Are Going

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Intermediate-Risk Pulmonary Embolism

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

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

Disclosures

Coronary Artery Calcification in Women: More Than Meets the Eye

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

Interactions Between Periodontitis and Systemic Diseases

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

An Approach to Hemostasis and Thrombosis for the Internist

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

B12 Deficiency

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

Screening for Lung Cancer Is Now Standard Therapy

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

Psoriasis Update

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

Drug Interactions of Clinical Importance

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

Functional Neurosurgery: Where We Are and Where We Are Going

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

Osteoporosis Update

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

Modern Day Screening for Prostate Cancer

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

Insulin Update

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

	Overview of Adult Vaccines and Updates Lisa C. Martinez, 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.
	Frailty: The Deciding Factor A. Sasha Rackman, 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.
	Arterial Disease (Or: Help! My leg is cold! What do I do?) Eileen C. de Grandis, M.D., RPVI, FACS, 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.
	Intermediate-Risk Pulmonary Embolism Anup Katyal, M.D., FASSM, 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.
	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☑ Welcome Slides☐ Faculty Slides☑ Handout☐ Other:

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

Evaluation Methods

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



Changes in competence.

- · Intent to change
- Confidence in ability

CME Evaluation Form

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

□ Pre/Post-Survey

How confident are you in your ability to:

Coronary Artery Calcification in Women: More Than Meets the Eye

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

Interactions Between Periodontitis and Systemic Diseases

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

An Approach to Hemostasis and Thrombosis for the Internist

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

B12 Deficiency

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

Screening for Lung Cancer is Standard Therapy

Speak with patients with risk of lung cancer regarding the importance of screening.

Psoriasis Update

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

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

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

Cardiac Amyloidosis - an Increasingly Recognized Entity

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

Inpatient Management of Hypertension

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

Tremors Update 2022

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

Unusual Vascular Diseases: Malformations Anatomic Variants, Collagen Vascular Diseases

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

Drug Interactions of Clinical Importance

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

Update on Headache Management

- Develop a management plan for patients experiencing migraines, cluster headaches, or tension headaches.
- Identify treatment options for medication overuse headaches.

Functional Neurosurgery: Where We Are and Where We Are Going

 Identify current neuromodulation applications for patients experiencing pain and movement disorders.

Strategies for Weight Management as a Gastroenterologist

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

Premature Ventricular Contractions (PVCs): Are They All Benign?

• Develop a treatment plan that identifies goals that aim to eliminate symptoms and either reverse or prevent PVC-induced cardiomyopathy.

Osteoporosis Update

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

Modern Day Screening for Prostate Cancer

• Utilize a Prostate -Specific Antigen (PSA) test for prostate cancer screening.

Insulin Update

• Develop an insulin dosing treatment plan based on an individual patient need.

Overview of Adult Vaccines and Updates

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

Frailty: The Deciding Factor

- Detect frailty early in high-risk patients.
- Develop individualized and interdisciplinary treatment plans for frailty.

Arterial Disease (Or: Help! My leg is cold! What do I do?)

- Identify the appropriate imaging and testing for arterial disease
- Develop individualized treatment plans for patients with arterial disease.

Intermediate-Risk Pulmonary Embolism

- Implement the current recommendations for the management of intermediate-risk pulmonary embolism.
- Develop individualized treatment plans for patients with ultra-high and intermediaterisk pulmonary embolism.

Changes in performance.		act Assessment include Commitment to Change question.
 Commitment to Change 		nitment to Change Ethos object. nitment to change evaluation question. (CME Registrar)
		low-up survey 45 days post conference. (CME Registrar)
Improves Performance		ndout or resource in follow-up email. (CME Manager/ Registrar)
Commendation Goal	_	questions for impact assessment: (CME Manager)
	• Repe	eat pre/post survey and/or provide 3-4 statements based on expected performance
		omes to be evaluated.
		nple: I have implemented the new Baptist Health policy explained in this CME activity.
		act Assessment
		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
		Identify underlying causes for common medical conditions I had not proviously considered.
		previously considered.
		 Modify my treatment based on the evidence-based guidelines and recommendations discussed.
		All a Britain
		 Not applicable to my practice. I do not agree with the recommendations presented.
		o lam 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
		o Hematologic conditions
		o B12 deficiency
		o Lung Cancer
		o Psoriasis
		o Cardiac Amyloidosis
		• Hypertension
		o Did not implement
		Within the last 60 days, I have identified underlying causes of the following medical conditions:
		o Coronary artery calcification
		o Periodontal disease
		 Hematologic conditions
		o B12 deficiency
		o Lung Cancer
		o Psoriasis
		Cardiac Amyloidosis
		• Hypertension
	4	O Did not implement
		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
		o B12 deficiency
		o Lung Cancer
		o Psoriasis
		o Cardiac Amyloidosis
		• Hypertension
		 Did not implement

- 5. If you have not implemented any of these strategies, what has prevented you from doing so?
 - Current practice is satisfactory
 - o Lack of an implementation plan
 - o 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
 - o I disagreed with recommendations made in the course
 - I am retired
 - Content not applicable to my practice.
 - o Other

Phase II of Impact Assessment

Modern Day Screening for Prostate Cancer

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

Insulin Update

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

- o I disagree with the recommendations made in the course
- Other...

Overview of Adult Vaccines and Updates

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

Frailty: The Deciding Factor

- 1. Within the last 60 days, have you screened patients for frailty, identifying risk factors not previously considered:
 - {Yes/No}
- 2. Within the last 60 days, I have modified my treatment plans based on the evidence-based guidelines discussed in the presentation.
 - {Yes/No}
- 3. If you have not implemented any of these strategies, what has prevented you from doing so?
 - Current practice is satisfactory
 - Patient barriers
 - o I disagree with the recommendations made in the course
 - o Other...

Arterial Disease (Or: Help! My leg is cold! What do I do?)

- 1. Within the last 60 days, I have screened patients for arterial disease. {Yes/No}
- Within the last 60 days, I have modified my treatment plans based on the evidencebased guidelines discussed in the presentation. {Yes/No}
- 3. If you have not implemented any of these strategies, what has prevented you from doing so?
 - Current practice is satisfactory
 - Patient barriers
 - $\circ\quad$ I disagree with the recommendations made in the course
 - o Other...

Intermediate-Risk Pulmonary Embolism

- Within the last 60 days, I have screened patients for intermediate-risk pulmonary embolism.
 - {Yes/No}
- 4. Within the last 60 days, I have applied the following commitments to change:
 - o Implemented the current recommendations for the management of intermediate-risk pulmonary embolism.
 - Developed individualized treatment plans for patients with ultra-high and intermediate-risk pulmonary embolism

	If you have not implemented any of these strategies, what has prevented you from doing so? Current practice is satisfactory Patient barriers I disagree with the recommendations made in the course Other
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

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

The provider demons program on patients data from Thoracic T	strates the impact of the CME or their communities (i.e., TB B). mples per accreditation cycle.	Requires quantitative data documenting improvements to patient or community health. Data must be saved to file. Explain.
Optimizes Commo Designed to improve learners. • Example: Sim	communication skills of	 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 Det	cails For Internet Live Webinar Co	urses ONLY
Panelists	Insert names and email addres	ses.
Hosts	Insert names and email addres DG-Telepresence / CME Mana	ses for at least one of these: ger and Assistant / Host Department
Zoom Account	☐ CME Zoom Account ☐ F	Partner Zoom Account
Zoom Link	Insert link here.	

OLP Course Details For C	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 ☐ Executive Committee	☐ YES	AMA PRA Category 1 Credits APA Approval Level: Dental Approval
	Live Committee		Podiatry Approval

Topic	Credit	Speaker(s)	Course Overview	Designed to
C	4.6-4.4	Heathan Jahnaan AAD FACC FAHA FACDO	Canadania	change
Coronary Artery	1 Cat. 1	Heather Johnson, M.D., FACC, FAHA, FASPC	Coronary artery	Practitioners will
Calcification in		Preventive Cardiologist	calcification is a	be better able to
Women: More		Christine E. Lynn Women's Health &	major risk factor for	identify coronary
Than Meets the Eye		Wellness Institute, Boca Raton Regional	the development of	artery calcification
		Hospital	cardiovascular	in their female
		Baptist Health South Florida	disease. It is	patient
		Boca Raton, Florida	associated with	population.
			major adverse	
			cardiovascular	
			events, such as	
			vascular injury and	
			inflammation. Dr.	
			Heather Johnson	
			will discuss	
			evidence-based	
			recommendations	
			on the use of	
			coronary artery	
			calcium scans in	
			women, as well as	
			examine research	
			updates on female-	
			specific and female-	
			predominant	
			cardiovascular risk	
			factors.	

Interactions	1.25 Cat. 1	Jeffrey Ganeles, DMD, FACD	Periodontitis is an	Practitioners may
Between	1.25 Cat. 1	Private Practice, Boca Raton, Fla.	immuno-	not be current on
Periodontitis and		Diplomate, American Board of	inflammatory	all emerging
Systemic Diseases		Periodontology	chronic disease of	healthcare trends
Systemic Discuses		Associate Professor, Nova Southeastern	the supporting	or be familiar with
		University College of Dental Medicine	structures of the	the latest
		Assistant Clinical Professor, Boston	teeth, which	evidence-based
		University, Goldman School of Dental	eventually causes	data and best
		Medicine	tooth loss. It results	practice
		Fellow and Board Member, Academy of	from complex	guidelines. This
		Osseointegration	interactions from	presentation will
		Fellow, International Team for Implantology	dysbiosis of the oral	provide an
		Boca Raton, Florida	microbiome and the	overview of
		2000 1100011, 1101100	immunologic	interactions and
			reactions causing an	pathologic
			inflammatory	mechanisms for
			response destroying	exacerbation of
			the bone that	conditions as
			supports the teeth.	related to
			It is estimated that	periodontitis,
			nearly 50% of adults	including
			in the U.S. have	recommendations
			some degree of	for disease
			periodontitis.	assessment,
			The microbial	management, and
			pathogens and	intervention.
			inflammatory	
			products associated	
			with periodontitis	
			spread into the	
			vascular system and	
			GI tract.	
			Periodontitis, as one	
			of the most	
			common chronic	
			diseases, is found to	
			be associated with a	
			wide variety of	
			diseases, including	
			diabetes/metabolic	
			disease,	
			cardiovascular	
			disease, Alzheimer's	
			disease, GI disorders	
			including IBD and	
			Crohn's, low	
			birthweight and pre-	
			term births, lower	
			respiratory	
			infections, worse	
			outcomes with	
			Covid-19, and many	
			cancers including	
			colon, pancreatic	
			and some	
			leukemias.	

			diagnosis and treatment. In this online course, Angelina The, M.D.,	for this deficiency.
			not always be evident, which can lead to missed	patients and implement the correct treatment
		Boca Raton, Florida	presentation may	causes in their
		Baptist Health South Florida	As a result, its	
		Boca Raton Regional Hospital		deficiency clinical features and
		•	serious condition.	•
		Lynn Cancer Institute	common, it is a	identify B12
D12 Deliciency	ı Cat. ı	Hematologist and Medical Oncologist	deficiency is	be better able to
B12 Deficiency	1 Cat. 1	Angelina The, M.D.	monitor long term. While B12	Practitioners will
			and conditions to	
			diagnosis of immediate concern	
			antiplatelet drugs,	
			clotting times,	
			interpretation of	
			hemostasis,	
			conditions,	
			benign hematologic	appropriately.
			address an array of	specialized care
			This course will	patients requiring
			neoplasms.	conditions or refer
			myeloproliferative	hematologic
			syndromes and	for benign
			marrow failure	treatment plans
			counts, bone	implement
			and low blood	testing results to
			low platelets, high	hypercoagulability
			disorders, high and	interpret
			rare blood	Practitioners
			clotting disorders,	disorders.
			bleeding and	hematologic
			conditions, including	diagnosis and evaluate benign
internist		Baptist Health South Florida	treating benign hematologic	•
Internist			specializes in	laboratory tests required to
Hemostasis and Thrombosis for the		Chief of Benign Hematology Miami Cancer Institute	Nagalla, M.D., M.S.,	select appropriate
An Approach to	1 Cat. 1	Srikanth Nagalla, M.D., M.S.	Speaker Srikanth	Practitioners
An Angrooch to	1 Cat 1	Srikanth Nagalla BAD BAS	also be made.	Practitioners
			intervention will	
			management and	
			for assessment,	
			Recommendations	
			these conditions.	
			exacerbation of	
			mechanisms for	
			pathologic	
			of interactions and	
			provide an overview	
			presentation is to	
			The purpose of this	

·				T T
			medical oncologist,	
			will discuss the	
			pathophysiology of	
			B12 deficiency,	
			testing and its	
			pitfalls, and will	
			review the different	
			types of treatment	
			options for patients.	
Screening for Lung	1 Cat. 1	John R. Roberts, M.D.	Lung cancer is the	Practitioners will
Cancer is Standard		Board Certified Thoracic Surgery	third most common	be better able to
Therapy		Boca Raton Regional Hospital	cancer in the United	identify the
11101017		Baptist Health South Florida	States and more	dangers of lung
		Boca Raton, Florida	people die from	cancer and
		Boca Naton, Florida	lung cancer than	examine the
			any other type of	
				strategies to
			cancer. Over 80% of	encourage
			these deaths are	patients with risk
			linked to the use of	of lung cancer to
			tobacco and primary	be screened.
			prevention can	
			successfully	
			decrease the cancer	
			burden. In this	
			online course, John	
			Roberts, M.D., will	
			present "Screening	
			for Lung Cancer is	
			Standard Therapy."	
Psoriasis Update	1.50 Cat. 1	John Strasswimmer, M.D., Ph.D., FAAD,	Psoriasis is an	Practitioners will
I		FACMS	autoimmune	be better able to
		FACMS Dermatologist, Strasswimmer, Dock &	autoimmune disease that affects	be better able to identify psoriasis
		FACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates	autoimmune disease that affects patients' quality of	be better able to identify psoriasis and discuss its
		FACMS Dermatologist, Strasswimmer, Dock &	autoimmune disease that affects	be better able to identify psoriasis
		FACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates	autoimmune disease that affects patients' quality of	be better able to identify psoriasis and discuss its
		FACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida	autoimmune disease that affects patients' quality of life and can be	be better able to identify psoriasis and discuss its links with internal
		FACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous	autoimmune disease that affects patients' quality of life and can be costly. Various	be better able to identify psoriasis and discuss its links with internal media and current
		FACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program	autoimmune disease that affects patients' quality of life and can be costly. Various treatments are	be better able to identify psoriasis and discuss its links with internal media and current treatment
		FACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional	autoimmune disease that affects patients' quality of life and can be costly. Various treatments are available including	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to
		FACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital	autoimmune disease that affects patients' quality of life and can be costly. Various treatments are available including topical and systemic	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to
		FACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of	autoimmune disease that affects patients' quality of life and can be costly. Various treatments are available including topical and systemic agents. John	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to
		FACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor,	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.	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to
		PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science	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	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to
		PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University	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	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to
		PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of	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	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to
Attaining Health	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine	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	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to
Attaining Health Equity: Focusing	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida	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.	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients.
_	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida Mishah Azhar, M.D.	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.	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients.
Equity: Focusing	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida Mishah Azhar, M.D. PGY-4 Internal Medicine Chief Resident	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. According to the CDC, "Health equity	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients. Practitioners will be able to better
Equity: Focusing Our Lens on What's	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida Mishah Azhar, M.D. PGY-4 Internal Medicine Chief Resident Visiting Assistant Professor of Integrated Medical Science	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. According to the CDC, "Health equity is achieved when every person has	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients. Practitioners will be able to better identify potential health inequities
Equity: Focusing Our Lens on What's	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida Mishah Azhar, M.D. PGY-4 Internal Medicine Chief Resident Visiting Assistant Professor of Integrated Medical Science Florida Atlantic University	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. According to the CDC, "Health equity is achieved when	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients. Practitioners will be able to better identify potential health inequities in patients to
Equity: Focusing Our Lens on What's	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida 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	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. According to the CDC, "Health equity is achieved when every person has the opportunity to "attain his or her full	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients. Practitioners will be able to better identify potential health inequities in patients to provide overall
Equity: Focusing Our Lens on What's	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida Mishah Azhar, M.D. PGY-4 Internal Medicine Chief Resident Visiting Assistant Professor of Integrated Medical Science Florida Atlantic University	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. According to the CDC, "Health equity is achieved when every person has the opportunity to	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients. Practitioners will be able to better identify potential health inequities in patients to provide overall better patient
Equity: Focusing Our Lens on What's	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida 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	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. 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	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients. Practitioners will be able to better identify potential health inequities in patients to provide overall
Equity: Focusing Our Lens on What's	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida Mishah Azhar, M.D. PGY-4 Internal Medicine Chief Resident Visiting Assistant Professor of Integrated Medical Science Florida Atlantic University Charles E. Schmidt College of Medicine Boca Raton, Florida Danielle, Little, M.D.	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. 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	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients. Practitioners will be able to better identify potential health inequities in patients to provide overall better patient
Equity: Focusing Our Lens on What's	1 Cat. 1	PACMS Dermatologist, Strasswimmer, Dock & Hosseinipour Dermatology Associates Delray Beach, Florida Founding Director, Melanoma & Cutaneous Oncology Program Lynn Cancer Institute, Boca Raton Regional Hospital Affiliate Clinical Professor, College of Medicine, and Affiliate Research Professor, College of Science Florida Atlantic University University of Miami Miller School of Medicine Miami, Florida 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	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. 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	be better able to identify psoriasis and discuss its links with internal media and current treatment approaches to patients. Practitioners will be able to better identify potential health inequities in patients to provide overall better patient

		Baptist Health of South Florida Boca Raton, Florida	This results in physicians	patient hypertension in
Management of Hypertension	1.23 Cal. 1	Nephrologist Boca Raton Regional Hospital	hospitalized patients is common.	be able to better manage chronic
Cardiac Amyloidosis - an Increasingly Recognized Entity	1.25 Cat. 1	Aaron L. Bush, M.D., FACC, FSCAI Cardiologist/Interventional Cardiologist Boca Raton Regional Hospital Baptist Health of South Florida Boca Raton, Florida Marc S. Richards, M.D.	discuss Attaining Health Equity: Focusing Our Lens on What's Important. Most cardiac amyloidosis cases are due to immunoglobulin light chain amyloidosis (AL) and transthyretin amyloidosis (ATTR). Amyloid-induced cardiomyopathy has distinct characteristics compared to non- amyloid cardiomyopathies. As a result, specific management strategies are needed. In this online course, Dr. Bush reviews the pathophysiology and subtypes of cardiac amyloidosis and discuss the available and emerging therapies.	Practitioners will be able to identify the pathophysiology and subtypes of cardiac amyloidosis as well the available and emerging therapies. Practitioners will
		Charles E. Schmidt College of Medicine Boca Raton, Florida	social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment." health equity. In this online course, guest faculty, Mishah Azhar, M.D., and Danielle Little, M.D.,	

			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,	emergency department settings.
			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.	
Tremors Update 2022	1.25 Cat. 1	Thomas C. Hammond, M.D., FAAN Board Certified Neurologist Marcus Neuroscience Institute Boca Raton Regional Hospital Baptist Health South Florida Assistant Clinical Professor Florida Atlantic University Boca Raton, Florida Assistant Clinical Professor College of Osteopathic Medicine Nova Southeastern University Davie, Florida	According to the World Health Organization, tremor is most common among middle-aged and older adults, although it can occur at any age. The disorder generally affects men and women equally and is not life threatening, however it can affect an individual's quality of life. Thomas Hammond, M.D. will review 2022 tremor updates in this online course.	Evaluation and Pre- post-survey on Ethos as well as an annual impact assessment measuring participants' knowledge and whether they are able to implement the strategies shared in the course.

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

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

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

Frailty: The	1.25 Cat. 1	Alexander Sasha Rackman, M.D.	shingles, COVID-19, MMR, HPV and Td/Tdap vaccines; describes the indications and contraindications of major vaccinations; and explains the reason for vaccination hesitancy.	identify patients who need the pneumococcal, shingles, COVID-19, MMR, HPV and Td/Tdap vaccines.
Deciding Factor		Assistant Professor of Geriatric Medicine Director, Geriatrics and Healthy Aging Thread Director, Geriatrics and Palliative Care Clerkship Florida Atlantic University Board-Certified Internist Baptist Health Boca Raton Regional Hospital Boca Raton, Florida	course, A. Sasha Rackman, M.D. defines frailty, identifies the importance of detecting frailty and reviews its impact and evaluates treatment and interventions.	becoming a new, strong clinical predictor of poor healthcare outcomes, providers should be able to identify frailty early in patients and evaluate proper treatment and intervention options.
Arterial Disease (Or: Help! My leg is cold! What do I do?)	1 Cat. 1	Eileen C. de Grandis, M.D., RPVI, FACS Vascular Surgeon and Medical Director Vein Clinic Lynn Heart & Vascular Institute Baptist Health Boca Raton Regional Hospital Boca Raton, Florida	In this online course, Dr. Grandis discusses the basics of arterial disease, imaging requirements and identifies treatment options for arterial disease.	Current physician practice does not include consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care.
Intermediate-Risk Pulmonary Embolism	1.25 Cat. 1	Anup Katyal, M.D., FASSM Adjunct Associate Professor of Internal Medicine Saint Louis University Chesterfield, Missouri	In this online course, Anup Katyal, M.D., FASSM discusses intermediate risk: "pulmonary embolism". Dr. Katyal discusses risk stratification of Pulmonary Embolism, discusses management of intermediate-risk pulmonary embolism, assesses ultra-high and intermediate-risk pulmonary embolism and future perspectives.	current physician practice does not include consistent implementation of evidence-based recommendations that have been shown to optimize overall patient care.





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	Medical Errors: Promoting a Cu	lture of Patient Safe	ty-Psychologist Course			
Date	Online Enduring	Online Enduring				
Location – If Virtual, fill in Zoom info at the end	CMEonline.baptisthealth.net	Credit Hour(s)	2 Cat. 1			
Charge	⊠ Yes \$9.95	SMS Code:				
	☐ No					
Faculty Paperwork Webform Link:						
 Target Audience – Mental and behavioral health topic(s) required for all symposiums. If limited to Baptist Health Medical Staff only, please indicate here. If Surgeons are included, approve for American Board of Surgery MOC as Accredited CME type(CTC questions and Impact assessment required) If Anesthesiologists are included, approve for American Board of Anesthesia MOC as Lifelong Learning CME type (CTC questions and Impact assessment required) 	Psychologists (Instructional Level: Intermediate) licensed in the State of Florida. Baptist Health is approved by the American Psychological Association to sponsor continuing education for psychologists. Baptist Health South Florida maintains responsibility for this program and its content.					
Commercial Support – C8	Monetary or In-kind receive * Notify CME Business Ops LOA signed and dated by a	Specialist and CME	•			
Course overview	This course satisfies continuing education relicensure requirements on prevention of medical errors for Florida psychologists. The purpose of this course is to promote patient safety and improve patient outcomes by providing an overview of the safety concerns facing health care systems today, including statistics and background on the magnitude of the problem and error reduction, prevention, and root cause analysis. This course includes discuss potential errors within a psychological setting, such as inadequate assessment of suicide risk, failure to comply with mandatory abuse reporting laws and failure to detect medical conditions presenting as a psychological/psychiatric disorder.					
	Current Florida Board of Psych	ology relicensure re	quirements available <u>here</u> .			

Credit Type AMA PRA Category 1 Psychology - APA & FL - APA Checklist Physician Assistant CE APRNS CE Dental CE Podiatry CE Interprofessional (IPCE) Commendation Engages Teams - See Planning Team section MOC Points - MOC Checklist / Self-assessment Pediatrics - Self-assessment				Internal Mophthaln Ophthaln Surgery - Surgery - Otolaryn Self-Asse Patholog	nology - Lifelon nology - Self-as Accredited CIV Self-assessme gology – Head a	lical Knowledge og Learning sessment IE nt and Neck Surgery - rning		
Providersh	ip		☐ Joir	nt	PARS ID#	No PAR	S needed – FL	Board of Psychology
Publish to	CME Passpor	rt 🛛 Xes	☐ No	Publish to CEBroker	⊠ Yes □] No	CEBroker #	374418
	Publish to social media: ☐ Yes ☐ No • Add at least three blurbs here. See Social Media Job Aid.							
Promotion				NWICME Standa				
				Planning Tea	am			
Conference	e Director(s)		Barry Cro	wn, Ph.D., J.D.				
CME Mana	ger		Marie Vit	al Acle				
Conference	e Coordinato	r and/or Instru	uctional De	esigner (OLP only)	Betty Blanco	(Instruct	ional Designer)	
	endation Goa terprofession	ıl: nal Teams/IPC	E (10% of a	ctivities)	List 2+ professions here. M.D. Required.			
				BHSF Initiativ	ves			
Diversi Eviden High-re	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						ion.)	
Collaborat	ive Partner:							
Describe in	nitiative:							
Appro	priate Fori	mats T		chooses educational for				
□ Live Course □ Journal CME/CE □ Performance/Quality Improvement □ Regularly Scheduled Series □ Manuscript Review □ Internet Searching and Learning □ Internet Live Course (Webinar) □ Test-Item Writing □ Learning from Teaching □ Internet Enduring Material □ Committee Learning □ Other/Blended Learning						·		

☑ Didactic Lecture☐ Question & Answer☐ ARS☐ Case Studies	Panel Disc Hands-on Cadaver la		n skill labs	[[[[Simulation Lab Mannequins Round table discussion Other (specify)
Educational Needs		addresses prob nes those probl	ractice-based problem (gap) will this education address? blems in practice and/or patient care. As part of that effort, the provider olems 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 to determined to be the <u>under</u> for the professional practice	lying cause		ors continue to be a concern in the mental health field. This course is all psychologist licensees in the state of Florida.		
Educational needs that <u>under</u> professional practice gaps of <i>Check all that apply.</i>		Competer	ge - Deficit in medico nce - Deficit in abilit nce - Able to impler	y to perform	
Designed to Change					ntions that are designed to change escribed in its mission statement.
designed to Perfe		w-up impact asse	essment and commitm		ollow-up (post-activity) dashboards.
Explain how this activity is d competence, performance of	_	_	Psychologists impl promote a culture		cal errors prevention strategies and
Competencies	The provide	r develops activ		nterventions i ompetencies	in the context of desirable physician).
ABMS/ACGME	Medical kı	_	ral skills nd improvement	Prof	rpersonal and communication skills fessionalism tems-based practice
Institute of Medicine	Work in in	atient-centered terdisciplinary ridence-based p	teams		lly quality improvement ize informatics
Interprofessional Education Collaborative		nics for interpro ponsibilities	ofessional practice		rprofessional communication ms and teamwork
Educational Objectives					vould you like this education to help nate Use Apply Implement

Objectives:

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

- Describe the incidence of medical errors and the effect on patient safety.
- Explain the role of the Institutes of Medicine (IOM) task forces on Improving the Quality of Healthcare in America.
- Recognize error-prone situations, processes, and factors, and create a culture of safety to reduce errors.
- Identify processes to approach error reduction and prevention to improve patient outcomes.
- Define the process and benefit of root cause analysis.
- Delineate Baptist Health policies and procedures for reporting medical errors.
- Identify safety needs of special populations.
- Discuss potential errors within a psychological setting, such as inadequate assessment of suicide risk, failure to comply with mandatory abuse reporting laws and failure to detect medical conditions presenting as a psychological/psychiatric disorder.

References	Ensure Content is Valid
How are educational needs identified? Check all that apply and explain below.	☑ Best practice parameters ☐ Research/literature review ☐ Disease prevention (Mission) ☑ Consensus of experts ☐ Mortality/morbidity statistics ☑ Joint Commission initiatives ☑ National/regional data ☑ National Patient Safety Goals ☐ New or updated policy/protocol ☐ New diagnostic/therapeutic modality (Mission) ☐ Peer review data ☐ Patient care data ☐ Regulatory requirement ☒ Process improvement initiatives
Other need identified. P	lease explain. Florida Board of Psychology relicensure requirements.
Baptist Health Quantitative	Data
References: • Provide evidence-based, peer reviewed references supporting best practice guidelines. • APA Citations should be no older than 10 years old.	 Two (2) of the forty (40) hours must relate to prevention of medical errors. In addition to the study of root-cause analysis, error reduction and prevention, and patient safety, the course content shall also be designed to discuss potential errors within a psychological setting, such as inadequate assessment of suicide risk, failure to comply with mandatory abuse reporting laws, and failure to detect medical conditions presenting as a psychological disorder. DeAngelis, T. (2016, September) Preventing medical errors: Psychologists are revamping health-care systems to keep patients safe from life-threatening mistakes. Retrieved from http://www.apa.org. Frese, M., & Keith, N. (2015). Action errors, error management, and learning in organizations. <i>Annual review of psychology, 66</i>, 661-687. Hunt, D. F., Bailey, J., Lennox, B. R., Crofts, M., & Vincent, C. (2021). Enhancing psychological safety in mental health services. <i>International journal of mental health systems, 15</i>(1), 33. Florida Administrative Code & Florida Administrative Register Rule 64B19 – 13.003

Faculty List

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

Barry M. Crown, Ph.D., J.D.

Psychologist

Baptist, Doctors, Homestead and South Miami Hospitals

Louis T. Gidel, M.D., Ph.D., FCCP

Chief Medical Informatics Officer and Chief Quality Medical Director of Telehealth Baptist Health South Florida

Mark L. Graber, M.D., FACP

CMO, Founder and President Emeritus
Society to Improve Diagnosis in Medicine
Senior Fellow, Health Care Quality and Outcomes
RTI International
Professor Emeritus, SUNY Stony Brook
Palm Desert, California

Rafael A. Rivas-Vazquez, Psy.D.

Clinical Neuropsychology
First Choice Neuropsychology

Yvette A. King-Archer, BSN, R.N.

Corporate Patient Safety Officer Risk Management Baptist Health South Florida

Elizabeth Greene Taquechel, M.S., R.N., CPHQ

Corporate Patient Safety Officer BHSF Risk Management/Patient Safety Department

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	Rafael A. Rivas-Vazquez, Psy.D., faculty for this educational activity, has no relevant financial relationship with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.						
SYMPOSIUM REMINDER: Create a disclosure page for your webpage or syllabus that is	Ph.D., spe content o developm	eaker, Yvette A. Kin ontributors and all	g-Archer, BSN, R.N. and Eli other non-faculty contribu	s educational activity, Louis izabeth Greene Taquechel, itors and others involved in o relevant financial relatior	, M.S., R.N., CPHQ, the planning,		
shared with learners to ensure compliance. Once	RecoverX	. He will not include	off-label or unapproved p	f MayaMD, Buoy Health, Perroduct usage in his present	ation or discussion.		
proofed, route it to the DM Team.	Non-facul	All of the relevant financial relationships listed for this individual has been mitigated. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships 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	andout		
			Measured Outcomes				
Learner Knowledge	Learn	er Competence	Learner Performance	Patient Health	Community Health		
Measurement Type: ☐ Subjective ☐ Objective	⊠ Su	urement Type: ubjective bjective	Measurement Type: Subjective Objective	Measurement Type: Subjective Objective	Measurement Type: Subjective Objective		
Evaluation Met	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.						
 Changes in comp Intent to chang Confidence in a 	e	 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.	 CME Impact Assessment include Commitment to Change question. Add Commitment to Change Ethos object. Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP). Trigger impact assessment 45 days post conference. (LMS Support) Include handout or resource in follow-up email. (CME Manager/ Course Builder) Additional questions for impact assessment: (CME Manager) Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity. 		
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, h	nealth system, public health data, dashboard d	ata pre-, post-activity, etc.
Describe outcomes assessment plan.			
Baptist Health Commendation Go	als	CME Registrar will route application to (documentation of additional requirement	
Advances Data Use Teaches about collection, analysi health/practice data AND Uses h teach about healthcare improve	ealth/practice data to	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 Economic, social, and environmental conditions Healthcare and payer systems	Access to care Health disparities Population's physical environment

Describe the collaborative efforts.

Collaborates With Other Organizations

different samples per accreditation)

The provider collaborates with other organizations to more effectively address population health issues. (4

■ 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.		
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. Will evaluate metric data end-year 203 to evaluate improvements.		
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		Explain.		
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		 Sample supplemental materials saved to file. Include Impact Assessment results and CME Provider analysis of learner comments. Add updates/ changes to resources based on learner feedback. 		
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.		Explain.		
OLP Course Details For	OLP Enduring Applications ON	ILY		
Course Video URL				
Course Handout URL				
Multiple Choice Questions	10-question quiz with feedback			
Course Release Date	5/1/2024			
Course Renewal Date				
Course Expiration Date	5/1/2027			
		APPROVAL		
Date Reviewed Revi	ewed By	Δnnroved	Credits	

☐ YES

■ NO

Accelerated Approval

Executive Committee

Live Committee

____ AMA PRA Category 1 Credits

Dental Approval

Podiatry Approval

_____2___APA Approval Level: __Intermediate_____





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 Neuroscience Institut	Miami Neuroscience Institute Neurological Disorders Update			
Date	Enduring Materials	Enduring Materials Time			
Location – If Virtual, fill in Zoom info at the end		Credit Hour(s)	2 Cat 1		
Charge	Yes <u>See below</u> No	SMS Code:			
Target Audience — Mental and behavioral health topic(s) required for all symposiums. If limited to Baptist Health Medical Staff only, please indicate here. If Surgeons are included, approve for American Board of Surgery MOC as Accredited CME type(CT questions and Impact assessment required) If Anesthesiologists are included, approve for American Board of Anesthesia MOC as Lifelong Learning CME type (CTC questions and Impact assessment required)	Neurologists, Neurosurgeons, Neuroradiologists, Diagnostic Radiologists, Critical Care Physicians, Neurointensivists, Emergency Medicine Physicians, Internal Medicine Physicians, Interventional Neuroradiologists, Family Physicians, General Internists, Hospitalists, Critical Care and Neuroscience Nurses, Neurosurgery Nurse Advanced Practice Nurse Practitioners, Physician Assistants, Clinical Neurophysiology Technicians, Pharmacists, Pharmacy Technicians, Rehabilitation and Pain Management Specialists, as well as other specialists interested in the field of neuroscience.				
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	healthcare professionals wh faculty will engage participa and lively panel discussions. A clinician approach to TRE	This online course offers state-of-the-art, evidence-based practices for clinicians and healthcare professionals who treat and care neurological disorders. The expert faculty will engage participants through complex cases, novel treatment strategies and lively panel discussions. A clinician approach to TREMORS Chemodenervation, Dystonia and Spasticity Dementia Management			
Credit Type AMA PRA Category 1 Psychology - APA & FL Physician Assistant CE APRNS CE Dental CE Podiatry CE Interprofessional (IPCE) Engages Teams - See Plants MOC Points - MOC Chect Pediatrics - Self-assessm	Commendation nning Team section clist / Self-assessment ent	Anesthesia - Lifelong Learning Internal Medicine - Medical Knowledge Ophthalmology - Lifelong Learning Ophthalmology - Self-assessment Surgery - Accredited CME Surgery - Self-assessment Otolaryngology — Head and Neck Surgery - Self-Assessment Pathology - Lifelong Learning Pediatrics - Lifelong Learning			
Providership Direct	☐ Joint PA	RS ID # IEM2024	4413		
Publish to CME Passport	No Publish to CEBroker	⊠ Yes □ No	CEBroker #		

	Planning Tea	nm	
Conference Director(s) Kevin Abrams, M.D., Starlie Belnap, Ph.D., Nina Cruz, MSN, APRN, Guilherme M.D., Felipe De Los Rios La Rosa, M.D., Karel Fuentes, M.D., Italo Linfante, M. Michael McDermott, M.D., Jamelah Morton, APRN, Regine Narchet, R.N., Vit M.D., Justin Sporrer, M.D., Diego Torres, M.D., Ronald Tolchin, D.O.			
CME Manager	Katie Deane (live)/ Marie Vital	Acle (Online)	
Conference Coordinator and/or Ins	tructional Designer (OLP only)	Jessica Armenteros	
© Commendation Goal: Engages Interprofessional Teams/I	PCE (10% of activities)		
	BHSF Initiation	/es	
 ⊠ 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	
	tner: BHSF Stroke Committee, CEA/CAS, BHSF Epilepsy Operational Committee, Deep Brain Stimulation Multidisciplinary Team		
Describe initiative: ▶ BHSF Stroke Committee, a multidisciplinary medical and clinical staff meet bimonthly and review all stroke related doctor's order sets on an annual basis to update with the latest evidence based clinical-guidelines. ▶ CEA/CAS doctor's order sets were revised in May 2018 under the leadership of neurointerventional radiologists and vascular physicians to include evidence-based practice and topics being addressed at this symposium. ▶ BHM and BHSF stroke dashboards are updated to monitor performance on a monthly/quarterly basis to showcase primary and comprehensive stroke patient outcomes. ▶ BHSF Epilepsy Operational Committee, a multidisciplinary medical and clinical staff meets quarterly to review epilepsy related doctor's order sets on an annual basis to update with the latest evidence-based clinical guidelines. ▶ Deep Brain Stimulation Multidisciplinary Team meets monthly to review patient cases for possible deep brain stimulation procedure; data are collected on each patient to follow up on patient outcomes. ▶ BHM received certification as a Comprehensive Stroke Center by the Joint Commission in 2014 and has achieved the highest AHA/ASA "Get With The Guidelines Quality" award for 2019, the Gold Plus - Honor Roll Elite Plus award. This symposium will meet the 4-8 hours of stroke education requirement for medical and clinical staff groups (ED, ICU, eICU, Neuroscience, Neurology, Neuroradiology, Neurosurgery, Interventional Neuroradiology, Vascular, Internal Medicine and Neuro Rehab). The symposium will showcase the multidisciplinary treatment approach, incorporate education on the specific complex patient care and how it reflects on positive outcomes.			
Appropriate Formats The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. Check all that apply.			
Live Course Regularly Scheduled Series Internet Live Course (Webinar) Internet Enduring Material	Journal CME/CE Manuscript Review Test-Item Writing Committee Learning	Performance/Quality Improvement Internet Searching and Learning Learning from Teaching Other/Blended Learning	

☑ Didactic Lecture☑ Question & Answer☐ ARS☐ Case Studies	Panel Disc Hands-on s Cadaver la		skill labs	Simulation LabMannequinsRound table discussionOther (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				
determined to be the <u>underlying cause</u> gap neu for the professional practice gap. Unl		gap in interdis neurosurgeon Unless immed	The ever-growing practical issues confronting neurological disorders today creates a gap in interdisciplinary care among the diverse body of physicians, including neurosurgeons, and clinicians that interface in the fields of neurological diseases. Unless immediate action is taken, the neurological burden is expected to become even more serious in the future.		
Educational needs that <u>underlie</u> the professional practice gaps of learners. Check all that apply.		Competer	Competence - Deficit in ability to perform strategy or skill.		
Designed to Change	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 chan competence, performance or patient outcomes		_	neuro specialty groupresentation, evalua	cians will ensure a meaningful partnership among ups in order to better characterize the clinical ation, diagnosis, and treatment and continued pay patients to achieve optimal patient outcomes rammatic outcome.	
Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).				
ABMS/ACGME	 ✓ Patient care and procedural skills ✓ Medical knowledge ✓ Professionalism ✓ Practice-based learning and improvement ✓ Systems-based practice 			Professionalism	
Institute of Medicine	 ✓ Provide patient-centered care ✓ Work in interdisciplinary teams ✓ Employ evidence-based practice 		teams	Apply quality improvement Utilize informatics	
Interprofessional Education Collaborative	✓ Values/ethics for interpro✓ Roles/responsibilities		fessional practice	✓ 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 session, participants should be better able to:

Miami Neuroscience Institute MNI A clinician's approach to TREMORS

- Implement the movement disorders diagnostic process, including the initial patient interview, examination, likely diagnosis and differential diagnosis.
- Consider the effect that age and phenomenology have on the movement disorders diagnostic process.
- Utilize a tremor algorithm to classify the type of tremor a patient has and select the appropriate therapy.

Chemodenervation, Dystonia and Spasticity

- Differentiate between dystonia and spasticity symptoms.
- Evaluate the clinical presentation of upper motor neuron syndrome and treat the syndrome-related disturbance with a focus on quality of life.
- Involve caregivers in setting post-stroke treatment goals to ensure patient adherence.
- Explain advanced treatment options available for dystonia and spasticity.

Dementia Management

- Identify risk factors and lifestyle factors that increase risk of dementia.
- Accurately stage dementia and implement the appropriate treatment, including non-pharmacological interventions.
- Utilize the DICE Describe, Investigate, Create, Evaluate approach to evaluate dementia patients for behavioral and psychological symptoms.
- Evaluate patients on anti-amyloid drugs for ARIA-E and ARIA-H through imaging.
- Apply inclusion criteria for anti-amyloid drugs and communicate with patients and their families about the complexity and time needed for care.

References	Ensure Content is Valid		
How are educational needs identified? Check all that apply and explain below.	Disease p Mortality National, New or u Peer revi	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. Pl	lease explain.		
Baptist Health Quantitative	Data Inse	ert 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.	Prevalence o		r, J., Högl, B., Saletu, M., & Poewe, W. (2005). and women aged 50–89 years (Bruneck Study cohort): a logy, 4(12), 815-820.

Faculty List

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

Miami Neuroscience Symposium Directors and Planners

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Chief, Radiology

Medical Director, Neuroradiology and Magnetic Resonance Imaging

Baptist Hospital

Clinical Associate Professor of Radiology

Florida International University Herbert Wertheim College of Medicine

Miami, Florida

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Nina Cruz, MSN, APRN, FNP-BC, SCRN

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Miami Neuroscience Institute

Medical Director, Fellowship Program in Interventional Neuroradiology and Endovascular

Neurosurgery

Miami Cardiac & Vascular Institute and Miami Neuroscience Institute

Clinical Professor, Department of Neuroscience

Florida International University Herbert Wertheim College of Medicine

Miami, Florida

Felipe De Los Rios La Rosa, M.D., FAHA

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Miami, Florida

Karel Fuentes, M.D.

Neurointensivist,

Baptist, South Miami, Homestead, Doctors and West Kendall Baptist Hospitals

Medical Director, Neurocritical Care

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Clinical Assistant Professor of Neurology

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Italo Linfante, M.D., FAHA

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Justin Sporrer, M.D.

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Neurosurgeon
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Ronald Tolchin, D.O.

Physical Medicine and Rehabilitation Medical Director, Spine Center Miami Neuroscience Institute Baptist Health Medical Group Baptist Health Quality Network Baptist Hospital Miami, Florida

Faculty



Diego Torres-Russotto, M.D.

Chair of Neurology, Chief of Movement Disorders
Neurology Residency Program Director
Miami Neuroscience Institute
Adjunct Professor, Department of Neurological Sciences
University of Nebraska Medical Center
Clinical Professor
Florida International University Herbert Wertheim College of Medicine
Miami, Florida

Disclosure Statement	Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.				
Mitigation Chart	Mitigation chart comp	Mitigation chart complete on File Checklist.			
Disclosures	Teva; is on the speakers' but from Ipsen, Merz, Revance. List all director, planner and The following directors, plane relationships with ineligible Starlie Belnap, Ph.D. Nina Cruz, MSN, APRN Karel Fuentes, M.D. Jamelah Morton, APRN Regine Narchet, R.N. Vitaly Siomin, M.D. Justin Sporrer, M.D. Ronald Tolchin, D.O. Kevin Abrams, M. Cleerly. Guilherme Dabus, Phenox, Penumbra Cerenovus, InNeur Viz.Ai; is a stockhod Synchron, Three Rand is a committed and is a committed Felipe De Los Rios Brilinta. Flalo Linfante, M.D. Prolong Pharmace Michael McDermonand Light Helmets. Diego Torres-Russ Sunovion, Teva; is receives grant sup List non-faculty contributo Non-faculty contributo Non-faculty contributo Non-faculty contributo Non-faculty contributo	d reviewer disclosures in thinners and reviewers have incompanies* to disclose. D., is a consultant, speaker and M.D., is a consultant for Cera, Route92, Stryker and Viz.A oCo, Medtronic, Microventic Ider in Cleerly, Hyperion, InNivers Medical, GHIF and Pirea emember for CREST-2 Interv. La Rosa, M.D., is on the speating of the spea	en, Neurocrine, Teva; and respection: dicated that they do not have a section: dicated that they do not have a senovus, InNeuroCo, Medtri; is a member of the speak on, Penumbra, Phenox, RouleuroCo, Prometheus Laboraus; receives research suppentional Management. akers' bureau for AstraZene el, Cerenovus, Stryker, Medoeinde Medical, Stryker, Indra AbbVie, Acorda, Ipsen, Neuroce	receives grant support ve any relevant and is a shareholder in onic, Microvention, ers' bureau for ate92, Stryker and ratories, Inc., RIST, ort from SUMMIT MAX; eca, Andexanet alfa and dtronic, Penumbra and sightec, ZAP Surgical eurocrine, Revance, arocrine, Teva; and at and editing/review of nies* to disclose.	
Disclosure to the	Ethos Course Page		Faculty Slides Ha	andout	
audience:	Other:	Management Outron			
		Measured Outcomes			
Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health	

Measurement Type: ⊠ Subjective □ Objective	Measurement Type: ☐ Subjective ☐ Objective		Measurement Type: ⊠ Subjective □ Objective	Measurement Type: Subjective Objective	Measurement Type: Subjective Objective
Evaluation Metho	ds	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.		outcomes as a result of	
 Changes in competer Intent to change Confidence in abilit 		learned at If you do it barriers o Pre/Post-Surve How confi	you intend to do differently in t this conference? What new s not plan to implement any nev r obstacles that might keep yo	strategies will you apply in you we strategies learned at this copulation of the strategies? I implement these strategies? These to classify and treat tremore related disturbances.	r practice of patient care? nference, please list any (list "pearls") rs.

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. Commitment to Change: As a result of my participation in this online course, I commit to make the following changes in my clinical practice: Apply the tremor algorithm to accurately classify and appropriately treat the patient's specific tremor. Evaluate the clinical presentation of upper motor neuron syndrome and treat the syndrome-related disturbance. Utilize the dementia evaluation methods discussed to accurately stage dementia and implement the appropriate treatment, including non-pharmacological interventions. 			
	Impact Assessment: Please select one: * I am in active clinical practice, residency, or fellowship I am retired Other			
	 Within the last 60 days, I have screened patients for neurological disorders including tremors, Dystonia and Spasticity, and/or dementia: Yes/No As a result of your participation, have you been able to implement any of the following commitments to change? Please indicate the strategies you have been able to implement. Check all that apply. * Applied the tremor algorithm to accurately classify and appropriately treat the patient's specific tremor. Evaluated the clinical presentation of upper motor neuron syndrome and treat the syndrome-related disturbance. Utilized the dementia evaluation methods discussed to accurately stage dementia and implement the appropriate treatment, including non-pharmacological interventions. If yes- How many patients in your practice have been impacted by what you learned at this 			
	activity?4. If no - 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.				

Baptist Health Commendation Goals	ME Registrar will route application to Operations CME Manager for locumentation 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 Economic, social, and environmental conditions Health disparities Population's physical environment		
Collaborates With Other Organizations The provider collaborates with other organization to more effectively address population health issues. (4 different samples per accreditation)	Describe the collaborative efforts.		
■ 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 commit to make. In a subsequent 6-week postactivity survey, each learner was asked which 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 diet advice; changes to pre-operative procedures, and changes made to patient education.	t		
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			
Improves Patient and/or Community Health The provider demonstrates the impact of the CM program on patients or their communities (i.e., Todata from Thoracic TB). • Goal: Two examples per accreditation cycles.	Explain.		

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		nize, or make available are designed to cosCE follow-up ces such as online , apps sessed by CME nt updates/ changes	 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.		nat is new for the CME n contributes to the	Explain.				
Live Webinar Det	tails Fo	or Internet Live Webinar Co	urses ONLY				
Panelists	Insert	names and email addres	ses.				
Hosts			ses for at least one of these: ger and Assistant / Host Department				
Zoom Account	☐ CN	/IE Zoom Account 🔲 F	Partner Zoom Account				
Zoom Link	Insert	link here.					
OLP Course Detai	ils For (OLP Enduring Applications	ONLY				
Course Video URL							
Course Handout URL							
Multiple Choice Que	stions						
Course Release Date March 2024		March 2024					
Course Renewal Date							
Course Expiration Da	ate	March 2027					

	APPROVAL					
Date Reviewed	Reviewed By	Approved	Credits			

		MA PRA Category 1 Credits
Accelerated Approval		APA Approval Level:
Executive Committee	□ NO	Dental Approval
Live Committee		Podiatry Approval

Topics include:

A Clinician's Approach to TREMORS

Dementia Management

Chemodenervation, Dystonia and Spasticity

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	Oncology Informa	atics – MCI Ce	rner Provider Onboarding			
Date	Blended Learning March 2024 – March 2027					
Location – If Virtual, fill in Zoom info at the end	LearnSpark Chan 32197 - Baptist H		<u> </u>			
	Journeys (7): MCI Cerner Provider Onboarding - Medical Oncology Journey - Baptist Health (edcast.com) MCI Cerner Provider Onboarding - Surgical Oncology Journey - Baptist Health (edcast.com) MCI Cerner Provider Onboarding - Radiation Oncology Journey - Baptist Health (edcast.com) MCI Cerner Provider Onboarding - Gynecological Oncology Journey - Baptist Health (edcast.com) MCI Cerner Provider Onboarding - Ambulatory Oncology Journey - Baptist Health (edcast.com) MCI Cerner Provider Onboarding - Scribe Oncology Journey - Baptist Health (edcast.com) MCI Cerner Provider Onboarding - Inpatient Oncology Journey - Baptist Health (edcast.com)					
Credit Hour(s)	Enduring material vary up to 3.25 Cat. 1 Documentation on length of courses available at: \\ad\dfs\Shared Data\BHSF CME Enduring Materials\Current Courses\LIVE Courses\Medical Informatics - MCI Cerner					
	In-person training up to 6 Cat 1 credits 6 Cat 1 for in-person including chemotherapy curriculum 4 Cat. 1 for standard in-person training (no chemotherapy)					
Charge	☐ Yes _ ⊠ No	SMS Code:	Course credit is claimed through SMS Text per curriculum credit length.			
	All courses stored on Learn Spark					
Faculty Paperwork Webform Link:	N/A Non-clinical	content				

 Target Audience – Mental and behave required for all sy If limited to Baptist only, please indice If Surgeons are in American Board of Accredited CME to Impact assessme If Anesthesiologist approve for American MOC CME type (CTC quassessment required) 	mposiums. st Health Mediate here. scluded, approf Surgery Moype(CTC que nt required) sts are includican Board o as Lifelong L uestions and	Target audiend \\ad\\dfs\Shared Courses\LIVE C	See the chart below for the corresponding curriculum. Target audience and learning objectives per curriculum. \\ad\dfs\Shared Data\BHSF CME Enduring Materials\Current Courses\LIVE Courses\Medical Informatics - MCI Cerner MCI Medical Staff and employed physicians.				
Commercial Suppor	t – C8		* Notify CN Specialist.	r In-kind received IE Business Ope d and dated by a	s Spe	cialist and CMI	•
Course overview			Not applicable -	All course instru	uctions	s on Learn Spar	k
Type	I CE ry CE rofessional (IP ges Teams – S		☐ Inte	ernal Mohthalmoh	nology - Lifelon nology - Self-as - Accredited Cl - Self-assessm	cal Knowledge g Learning sessment ME ent and Neck Surgery -	
Providership	□ Direct	☐ Jo	int	PARS ID#	1		
Publish to CME Passport	☐ Yes	⊠ No	Publish to CEBroker	☐ Yes ⊠	No	CEBroker #	
Publish to social me • Add at least t			ocial Media Job Aid.		,		
Promotion Select all that apply: NWICME Standalone Institute Newsletter Outlook-regroup Reminder: Please set up a meeting with the DM Team 6 months before the Symposium to promotion.					·		
Planning Team							
Conference Director	r(s)	leman, M.D.					
CME Manager		Marie Vit	ital Acle				
Conference Coordinator and/or Instructional Designer (OLP only) Carmen Paez, R.N. (MI)							

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

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

		BHSF Init	iatives		
☐ Balance across the of Diversity & Inclusion ☐ Evidence-based data ☐ High-reliability tools improve systems, pr	ı a – Use of prior ex	periences to	☐ Patient☐ Public	ilization – unnecessary health care costs t-centered care health factors (See commendation.) ring redundancy – improving processes	
Collaborative Partner:	Oncology Inform	matics			
Describe initiative:		oports implementations usage and best pra		liability tools through training on electronic	
Appropriate Forma			objectives,	formats for activities/interventions that are and desired results of the activity. Check all at apply.	
Live Course Regularly Scheduled Internet Live Course Internet Enduring Ma	(Webinar)	Journal CME/C Manuscript Rev Test-Item Writin Committee Lear	<u>riew</u> ng	Performance/Quality Improvement Internet Searching and Learning Learning from Teaching Other/Blended Learning: Online enduring material pre-requisite course and live in-person training. Both components are required.	
☑ Didactic Lecture☐ Question & Answer☐ ARS☐ Case Studies		Panel Discussion Hands-on skill Cadaver labs		☐ Simulation Lab ☐ Mannequins ☐ Round table discussion ☐ Other (specify)	
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 redetermined to be the ucause for the profession gap.	inderlying	Providers are not yet familiar with navigation and utilization of new enterprise-level electronic health record platform that will be implemented at all Baptist Health South Florida hospitals.			
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.				bility to perform strategy or skill.	

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:	Peri	 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. 						
		is designed to change formance or patient		viders competently utilize the new EHR and on to the new platform with little impact to				
Competen	cies	The provider develops	activities/educationa physician attributes	al interventions in the context of desirable s (competencies).				
ABMS/ACGME		Patient care and procedure Medical knowledge Practice-based learning		☐ Interpersonal and communication skills ☐ Professionalism ☐ Systems-based practice				
Institute of Med	<u>dicine</u>	Provide patient-center Work in interdisciplina Employ evidence-bas	ry teams	☐ Apply quality improvement☐ Utilize informatics				
Interprofession Education Collaborative			professional practice	☐ Interprofessional communication☐ Teams and teamwork				
Educatio Objectiv				ce, or patient care would you like this Competence verbs: Identify Eliminate Implement				
Objectives:	Demo the	npletion of this conference, participants should be better able to: onstrate how to navigate through electronic medical record and proper documentation within system. onstrate how to view orders and the patient record in electronic medical record.						
Referenc	References Ensure Content is Valid							
How are educa needs identifie Check all that a and explain be	tified? Disease prevention (Mission) Mortality/morbidity statistics Consensus of experts Joint Commission initiatives							
Other need explain.	identified.	Please						
Baptist Health Quantitative								

Data

References: • Provide evidencebased, peer reviewed references supporting best practice guidelines. • APA Citations should be no older than 10 years old. **Faculty** Carmen Paez Faculty List Amanda Rego For more than two (2) faculty members, include the list at Kassandra Benedit end of application. Tatiana Bertran

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.						
SYMPOSIUM REMINDER: Create a disclosure page for your webpage or syllabus that is shared with learners to ensure compliance. Once proofed, route it to the DM Team.	Due to the non-clinical nature of the content discussed, the speakers have no relevant financial relationships to disclose. This CME activity will not cover content that would involve products or services of ineligible companies*. Therefore no opportunity exists for a conflict of interest based on the financial relationships of faculty and those persons in control of content. Since these relationships are not relevant, no disclosure information was collected. *Ineligible companies - Companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.						
Disclosure to the audience:	⊠ Ethos Course Page						

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

Measurement Type: ☐ Subjective ☐ Objective		urement Type: ubjective bjective 😂	Measurement Type: ☐ Subjective ☐ Objective 😌	Measurement Type: ☐ Subjective	Measurement Type: Subjective Objective		
Evaluation Method	ds	Analyze the ov	erall changes in compe a result of t	etence, performance or this CME activity.	patient outcomes as		
 Changes in competence. Intent to change Confidence in ability 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") 					d at this conference, rom doing so.		
Changes in performance. Commitment to Change Improves Performance Commendation Goal	e	 ☑ 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 praction {Open text} 					
☐ Changes in patient outcomes. Demonstrates healthcare □ Review of hospital, health system, public health data, dashboard data pre-, p activity, etc.					ard data pre-, post-		

quality improvement related to the CME program twice during the accreditation

Describe outcomes assessment plan.

term.



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 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. (4 different samples per accreditation)	Describe the collaborative efforts.
■ 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 preoperative 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. Will evaluate metric data end-year 203 to evaluate improvements. 2023 Mid-Year Quality Analysis (MRRA*) Sample Size: 718 Market Analysis (MRRA*) Sample Size: 718 Market Analysis (MRRA*) Compliance Status Compliance Status Analysis (MRRA*) Sample Size: 718 Market Analysis (MRRA*) Sometic Details: Metric Details: Me
	Commercial (Aetho) 25.43 42.7 September of the state of
 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	 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 Webi	nar Courses ONLY
Panelists Insert names and email add	dresses.

Insert names and email addresses for at least one of these:

DG-Telepresence / CME Manager and Assistant / Host Department

☐ CME Zoom Account ☐ Partner Zoom Account

Hosts

Zoom Account

Zoom Link

Insert link here.

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

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

CME Accreditation Checklist & Screenshots

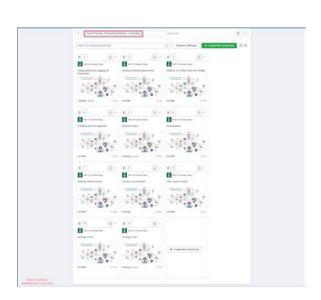
In-person Training

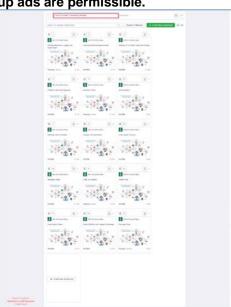
Enduring material curriculums (Pre-requisite online course)

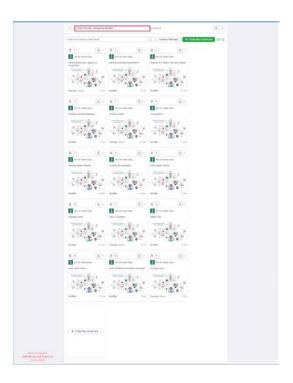
MCI Cerner Curriculum Name	SCORM Curriculum Selected
Medical Oncology	Ambulatory & Inpatient
Radiation Oncology	Ambulatory & Inpatient
Scribe Oncology	<u>Ambulatory</u>
Surgical Oncology	Ambulatory & Inpatient
MCI Providers - Ambulatory Oncology	<u>Ambulatory</u>
Gynecological Oncology	Ambulatory & Inpatient
Inpatient Oncology	<u>Inpatient</u>

LMS Navigation - Standards for Integrity and Independence in CME

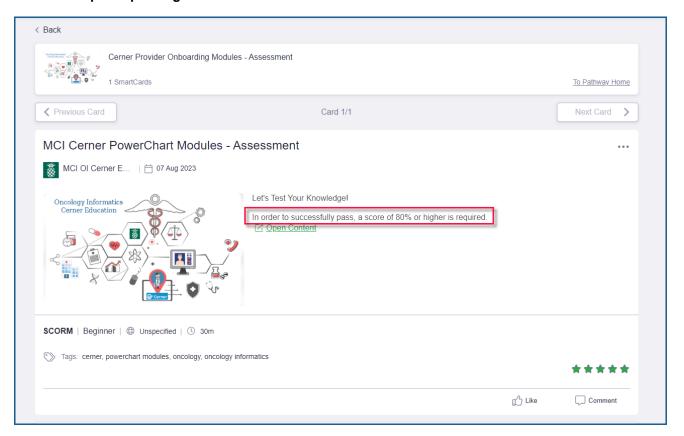
1. Screen shots of your course cards on Learn Spark and Learn Spark channel. This documents no promotional content is inserted within learner navigation on to the CME-accredited content and no ads are interleafed within the education on the LMS display screen. No pop-up ads are permissible.



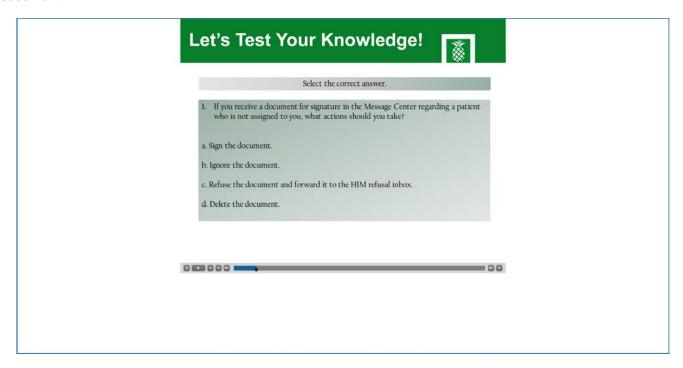


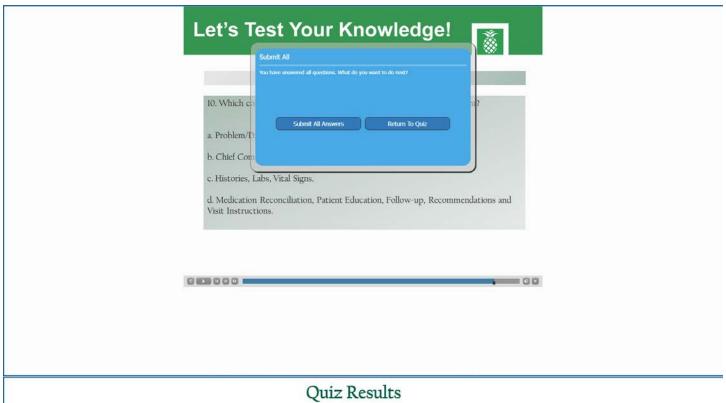


2.) Information available to learner prior to entering the educational content. Assessment: Screen shots of assessment and required passing scores.



Assessment



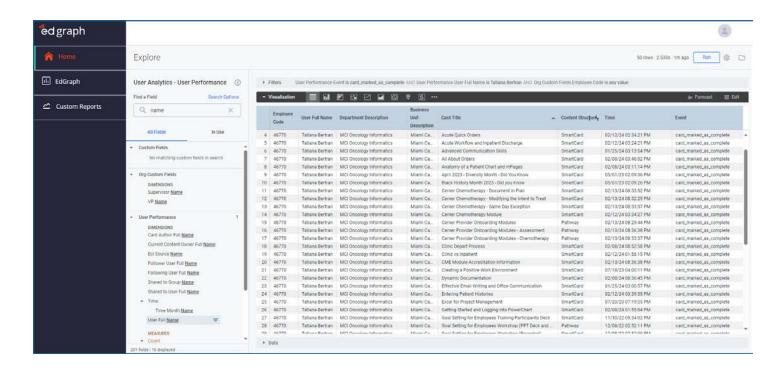


You Scored: 100 Maximum Score: 100 Correct Questions: 10 Total Questions: Accuracy: 100% Attempts: Continue

Congratulations, you passed the quiz!

2 EN 0 0 0 ---

3) Reporting: Verification of learner participation and completion. Completion data available for audit at any time. For verification reports contact Carmen Paez with MCI Medical Informatics.



4) Accreditation statements as provided by CME department to include approved credit amounts. Note: The CME department should be notified of any curriculum modifications as this would alter the credit amount and would require re-approval.

Baptist Health South Florida is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Baptist Health has been resurveyed by the ACCME and awarded Commendation for 6 years as a provider of CME for physicians. Baptist Health South Florida designates this blended learning activity for a maximum of _____ AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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	Parkinson's Disease: Non-mot	or Features		
Date	Online Enduring	Time	Online Enduring	
Location – If Virtual, fill in Zoom info at the end	Online Enduring	Credit Hour(s)	1.25 Cat. 1	
Charge	☐ Yes ☑ No	SMS Code:		
Target Audience –	Neurologists, Psychiatrists, Ad	vanced Practice Reg	s, Emergency Medicine Physicians, istered Nurses, Physician d other interested clinical care	
Commercial Support – C8	Monetary or In-kind receives Notify CME Business Op LOA signed and dated by	s Specialist and CM	E Development Specialist. ·d.	
Course overview	majority of PD patients report depression, anxiety, apathy, i dementia and psychosis. Dr. Torres-Russotto discusses multidisciplinary care team a	on of motor and nor t one or more behave mpulse control diso the importance of a oproach for the trea nanagement of beh	n-motor symptoms (NMS). The vioral or NMS, including rders, cognitive impairment, a comprehensive and tment of PD. Through early avioral and NMS in PD, clinicians	
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	Commendation ing Team section t / Self-assessment	☐ Ophthalmo ☐ Ophthalmo ☐ Surgery - A ☐ Surgery - So ☐ Otolaryngo ☐ Self-Assess ☐ Pathology -	relong Learning edicine - Medical Knowledge blogy - Lifelong Learning blogy - Self-assessment ccredited CME elf-assessment blogy – Head and Neck Surgery - sment - Lifelong Learning Lifelong Learning	
Providership Direct	Joint PAR	S ID # IEM2024	415	
Publish to CME Passport Yes N	o Publish to CEBroker	Yes No	CEBroker #	

Conference Director(s)	E	Barry M. Crown, Ph.D., FACPN			
CME Manager Katio		Katie Deane/Marie Vital Acle (C	ie Deane/Marie Vital Acle (Online)		
Conference Coordinator and/or Instructional Designer (OLP only)			Betty Blanco (Instructional Designer)		
© Commendation Goal: Engages Interprofessional Tear	ns/IPCE ((10% of activities)	List 2+ professions here. M.D. Required.		
		BHSF Initiativ	es		
Diversity & Inclusion			Overutilization – unnecessary health care costs Patient-centered care Public health factors (See commendation.) Removing redundancy – improving processes		
Collaborative Partner: Mia	mi Neuro	oscience Institute			
Describe initiative: This	This educational activity was planned in collaboration with Miami Neuroscience Institute to promote a multidisciplinary care approach in managing behavioral and non-motor symptoms in patients with Parkinson's disease.				
Appropriate Formats	The	* · · · · · · · · · · · · · · · · · · ·	rmats for activities/interventions that are appropriate for lesired results of the activity. Check all that apply.		
Live Course Regularly Scheduled Series Internet Live Course (Webi	nar <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)		
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					
determined to be the <u>underlyi</u>	etermined to be the <u>underlying cause</u> of Parkinson disease (PD),		iliar with the behavioral and nonmotor symptoms (NMS) which are a major cause of morbidity and exert a major people with PD and their caregivers.		
professional practice gaps of learners.			medical knowledge. In ability to perform strategy or skill. 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 Competence - CME evaluation and pre/post-survey. Performance - Follow-up impact assessment and commitment to change. Change: Patient Outcomes - Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.				
-	-	lesigned to change learner or patient outcomes.	Clinicians utilize a comprehensive and multidisciplinary care approach in the recognition and management of behavioral and non-motor symptoms in patients with PD.	
Competer	ncies	The provider develops activ	ities/educational inter attributes (com	ventions in the context of desirable physician petencies).
ABMS/ACGME		Patient care and procedu Medical knowledge Practice-based learning a		☐ Interpersonal and communication skills ☐ Professionalism ☐ Systems-based practice
Institute of Medi	<u>icine</u>	Provide patient-centered Work in interdisciplinary Employ evidence-based p	teams	☐ Apply quality improvement ☐ Utilize informatics
Interprofessiona Education Collab		☐ Values/ethics for interpro ☐ Roles/responsibilities	fessional practice	☐ Interprofessional communication ☐ Teams and teamwork
Educatio Objectiv				ent care would you like this education to help fy Eliminate Use Apply Implement
Objectives: Upon completion of this conference, participants should be better able to: Accurately define the multisystemic disorder of Parkinson's Disease (PD). Utilize current diagnostic criteria and guidelines for PD. Identify the importance of a comprehensive and multidisciplinary care team for PD patients. Improve patients' quality of life through early recognition and management of behavioral and non-motor symptoms in PD.				
Referen	ces	Ensure Content is Valid		
How are educati needs identified Check all that ap explain below.	?	☑ Best practice parameters ☐ Research/literature review ☐ Disease prevention (Mission) ☑ Consensus of experts ☐ Mortality/morbidity statistics ☐ Joint Commission initiatives ☐ National/regional data ☐ National Patient Safety Goals ☐ New or updated policy/protocol ☐ New diagnostic/therapeutic modality (Mission) ☐ Peer review data ☐ Patient care data ☐ Regulatory requirement ☐ Process improvement initiatives		
Other need identified. <i>Please explain</i> .				
Baptist Health Q	uantitative	Data Insert baseline chart	or narrative here.	

References:

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

Riboldi, G. M., & Di Fonzo, A. B. (2019). GBA, Gaucher disease, and Parkinson's disease: from genetic to clinic to new therapeutic approaches. Cells, 8(4), 364.

McKeith, I. G., Boeve, B. F., Dickson, D. W., Halliday, G., Taylor, J. P., Weintraub, D., ... & Kosaka, K. (2017). Diagnosis and management of dementia with Lewy bodies: Fourth consensus report of the DLB Consortium. Neurology, 89(1), 88-100.

Armstrong, M. J. (2019). Lewy body dementias. Continuum: Lifelong Learning in Neurology, 25(1), 128-146.

Postuma, R. B., et al. (2015). "MDS clinical diagnostic criteria for Parkinson's disease." Mov Disord 30(12): 1591-1601.

Faculty

Faculty List

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

Diego R. Torres-Russotto, M.D., FAAN

Chair of Neurology, Chief of Movement Disorders
Baptist Health Miami Neuroscience Institute
Clinical Professor, Herbert Wertheim College of Medicine, Florida International University
Adjunct Professor, Dept. of Neurological Sciences, University of Nebraska Medical Center

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	
Disclosures	Diego R. Torres-Russotto, M.D., faculty for this educational activity, is a consultant for AbbVie, Acorda, Ipsen, Neurocrine, Revance, Sunovion and Teva; is a member of the speakers' bureau for AbbVie, Acorda, Ipsen, Neurocrine and Teva; and receives grant/research support from Ipsen, Merz and Revance. He has indicated that the presentation or discussion will not include off-label or unapproved product usage. All of the relevant financial relationships listed for this individual have been mitigated. Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships with ineligible companies* to disclose. *Ineligible companies — Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.
Disclosure to the audience:	 ⊠ Ethos Course Page

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

Evaluation Methods	Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.
 Changes in competence. Intent to change Confidence in ability 	 ✓ CME Evaluation Form What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. ✓ Pre/Post-Survey How confident are you in your ability to implement these strategies? (list "pearls") ○ Recognize behavioral and non-motor symptoms in Parkinson's Disease. ○ Utilize the Movement Disorder Society criteria for clinical diagnosis of Parkinson's.

Changes in performance. • Commitment to Change Improves Performance Commendation Goal	 CME Impact Assessment include Commitment to Change question. Add Commitment to Change Ethos object. Add commitment to change question to evaluation. (LMS Support (Live Activity)/Course Builder (OLP). Trigger impact assessment 45 days post conference. (LMS Support) Include handout or resource in follow-up email. (CME Manager/ Course Builder) Additional questions for impact assessment: (CME Manager) • Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated. Example: I have implemented the new Baptist Health policy explained in this CME activity. Commitment to Change As a result of my participation in this online course, I commit to make the following changes to my clinical practice: [Select all that apply] I will utilize the Movement Disorders Society (MDS) criteria to guide my clinical diagnosis of Parkinson's Disease. I will evaluate my Parkinson's patients for behavioral and non-motor symptoms when developing treatment plan. I do not agree with the recommendation of this presentation. Not applicable to my practice. I am retired.
	Impact Assessment Please select one: I am in active clinical practice, residency, or fellowship. I am retired. Other [Open text] As a result of your participation in this course, have you been able to implement any of the following commitments to change: [Select all that apply] I have evaluated Parkinson's disease patients for behavioral and non-motor symptoms. I have utilized the Movement Disorder Society (MDS) criteria to guide my clinical diagnosis of Parkinson's disease. J have not implemented any strategies. Other [open text]
	If options 1-2 are selected: When did you begin implementing these strategies? I am now implementing these strategies because of the recommendations in this presentation. I was implementing these strategies before I attended this course. If option 3 is selected, I am not implementing any of these strategies due to: It is not applicable to my practice. I do not agree with the recommendations of this presentation. Other [open text] Considering this course and your ability to implement improvements in your practice, what additional topics, information or tools could Baptist Health CME offer during future conferences to help you achieve change? [Open text]
Changes in patient outcomes. Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals



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

Advances Data Use Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	Use PowerPoint as example.
Addresses Population Health Teaches strategies that learners can use to achieve improvements in population health. • Goal: 8 activities	Check all that apply. Health behaviors 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. (4 different samples per accreditation)	Describe the collaborative efforts.
 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. Commitment to Change As a result of my participation in this online course, I commit to make the following changes to my clinical practice: • Utilize the Movement Disorder Society (MDS) criteria to guide my clinical diagnosis of Parkinson's disease. • I do not agree with the recommendations presented. • Not applicable to my practice. • I am retired. • Other.
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		- Inc	 Sample supplemental materials saved to file. Include Impact Assessment results and CME Provider analysis of learner comments. Add updates/ changes to resources based on learner feedback. 			
Demonstrates Educational Leadership Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.		Explain.				
OLP Course Details For OLP Enduring Applications ONLY						
Course Video URL						
Course Handout URL						
Multiple Choice Ques	tions	10-quiz questions (Laura)				
Course Release Date		April 2024				
Course Renewal Date						
Course Expiration Date April 2027						
APPROVAL						
Date Reviewed	Revie	ewed By	Approved	Credits		
		ccelerated Approval	⊠ YES	APA Approval Level:		

 \square NO

Live Committee

____ Dental Approval

_ Podiatry Approval