CONFERENCE APPLICATIONS AND REPORTS
Applications Previously Approved
April - June 2024

<u>Online – Enduring Materials</u>

Amyloidosis: No Longer a Rare Disease (1.25 Cat. 1) – Module of the MCVI Grand Rounds e-Learning Series
Echocardiographic Identification and Management of Pericardial Effusion (1 Cat. 1)
MATE Act: Analgesia Adventures - Exploring the Wonders of Opioids (2 Cat. 1)
Maternal Health Inequalities (1.25 Cat. 1)
Navigating Difficult Discussions with Patient and Families (Part 2)
Navigating Difficult Discussions with Patients and Families (Part 1)
Palliative Care and Hospice: End of Life Pain Management (3.25 Cat. 1)
Risk Management: Best Practice in Communication and Documentation to Reduce Risk (1 Cat. 1)

Baptist Health South Florida
Continuing Medical Education

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

Sections highlighted in orange need to be proofread.

Activity Details

CME Activity Title	MATE Act: Analgesia Adventures - Exploring the Wonders of Opioids

Date	Internet Enduring Material	**Time**	
Location – If Virtual, fill in Zoom info at the end	Internet Enduring Material	**Credit Hour(s)**	2 Cat. 1
Charge	☒ Yes ___9.95_____ ☐ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Drug Enforcement Administration (DEA) registered practitioners.
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**
Course overview	Federal and state policy over the last decade has sought to overcome the long-term effects of substance misuse impacting individuals, families, communities, and those charged with resource allocation. The recently passed **Medication Access and Training Expansion (MATE) Act**, requires new or renewing Drug Enforcement Administration (DEA) registrants to have completed a total of **at least 8 hours of training** on opioid or other substance use disorders, as well as the safe pharmacological management of dental pain. This course is compliant with the MATE Act and will address substance use disorders and effective treatment planning. **FAQ MATE Act ->** LINK HERE MATE_Training_Letter_Final.pdf (baptisthealth.net)

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

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

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

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

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

Collaborative Partner:	Provide internal stakeholder here.
Describe initiative:	

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

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

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

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

State the educational need that you determined to be the underlying cause for the professional practice gap.	There is a wide disparity of clinical practice for the management of significant pain in the inpatient setting across Baptist Health facilities. There is a need to unite multidisciplinary team members to support and manage patients experiencing significant pain during their hospitalizations, by implementing effective clinical decision-making processes to optimize patient outcomes and manage risks of misuse, addiction, and overdose.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge** - *Deficit in medical knowledge.* ☒ **Competence** - *Deficit in ability to perform strategy or skill.* ☒ **Performance** - *Able to implement but noncompliant or inconsistent.*

Designed to Change	*The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*
This activity is designed to change:	☒ **Competence** - *CME evaluation and pre/post-survey.* ☒ **Performance** - *Follow-up impact assessment and commitment to change.* ☐ **Patient Outcomes** - *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*
Explain how this activity is designed to change learner competence, performance or patient outcomes.	This activity is designed to provide an enhanced understanding of opioid pharmacology, including mechanisms of action, pharmacokinetics, and pharmacodynamics to ensure safe and effective prescribing practices.

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

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

Objectives:	Upon completion of this conference, participants should be better able to:
	• Identify the multidisciplinary team members and their role to support and manage patients experiencing significant pain during their hospitalizations.
	• Demonstrate an enhanced understanding of opioid pharmacology, including mechanisms of action, pharmacokinetics, and pharmacodynamics to ensure safe and effective prescribing practices.
	• Implement effective clinical decision-making processes to optimize patient outcomes and manage risks of misuse, addiction, and overdose.

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

References:	
	• Substance Abuse and Mental Health Services Administration. (2023). Recommendations for Curricular Elements in Substance Use Disorders Training. U.S. Department of Health & Human Services. **SAMHSA Outline – Highlighted Topics addressed in this lecture:** **Effective Treatment Planning** • Use of patient-centered decision making and paradigms of care, and use of evidence-based communication strategies such as shared decision making and motivational interviewing[23] • The impact of stigma, trauma and the social determinants of health on substance use and recovery[26] **Pain management and substance misuse** • The assessment of patients with acute, subacute, or chronic pain[26] • Components of developing an effective treatment plan, including general principles underlying nonpharmacologic and pharmacologic analgesic therapy, as well as the importance of multidisciplinary treatment interventions. [23] • Managing patients on opioid analgesics, including tapering off the medication when the benefits of opioids no longer outweigh the risks. [23] Substance Abuse and Mental Health Service Administration (SAMHSA). (2023). *Recommendations for curricular elements in substance use disorders training.* • Tosunöz İK., et al. (2024). Perceptions of Nurses Regarding Opioid Administration: A cross-sectional study. *Pain Management Nursing.* • Bateman JT, et al (2023). Understanding and countering opioid-induced respiratory depression. *British journal of pharmacology*, *180*(7), 813-828. • Coates S & Lazarus P. (2023). Hydrocodone, Oxycodone, and Morphine Metabolism and Drug–Drug Interactions. *Journal of pharmacology and experimental therapeutics*, *387*(2), 150-169.

Faculty

Faculty List	
For more than two (2) faculty members, include the list at end of application.	**Michelle Krichbaum, Pharm.D., BCPP** Clinical Manager, Pain Management and Palliative Care Baptist Health South Florida Miami, Florida **Neil Miransky, D.O.** Chief Medical Officer, Pharmacy Baptist Health South Florida Miami, Florida **Mayra Villalba, MSN-Ed, CMSRN** Palliative Care Clinical Educator Baptist Health South Florida

Disclosure Statement	*Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*
Mitigation Chart	☒ **Mitigation chart complete on File Checklist.**
Disclosures	**Michelle Krichbaum, Pharm.D., BCPP, Mayra Villalba, MSN-Ed, CMSRN and Neil Miransky, D.O.,** faculty of this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
Disclosure to the audience:	☒ Ethos Course Page ☐ Welcome Slides ☐ Faculty Slides ☐ Handout ☐ Other:

Measured Outcomes

Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	  • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?
	  • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.
	☒ **Pre/Post-Survey**
	  • ***Provide 1-2 goals per lecture to measure changes in competence.***
	    Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")
	  • **Assess the severity of patients acute and chronic pain in order to appropriately prescribe opioid analgesics when necessary.**
	  • **Include multidisciplinary team members to support and manage patients experiencing significant pain.**

☒ **Changes in performance.**
• Commitment to Change
 	
**Improves Performance
Commendation Goal**
	☒ <u>**CME Impact Assessment**</u> **include Commitment to Change question.**
	☐ **Add** <u>**Commitment to Change Ethos object**</u>**.**
	☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).
	☒ Trigger **impact assessment** 45 days post conference. (LMS Support)
	☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)
	☒ Additional questions for impact assessment: (CME Manager)
	    • *Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.*
	    Example: I have implemented the new Baptist Health policy explained in this CME activity.
	
	    As a result of my participation in this online course, I commit to make the following changes to my clinical practice:
	        • *Carefully select and monitor patients who are prescribed opioid analgesics as a tool in managing pain to manage risks of misuse*
	        • *Communicate with multidisciplinary team members regarding their roles in supporting and managing patients experiencing significant pain during their hospitalizations.*

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

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

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

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

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

OLP Course Details _For OLP Enduring Applications ONLY_	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	August 2024
Course Renewal Date	
Course Expiration Date	August 2026

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

🔄 **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	Maternal Health Inequalities		
Date		**Time**	
Location – If Virtual, fill in Zoom info at the end	Internet Enduring Materials	**Credit Hour(s)**	1.5 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Physicians, physician assistants/physician associates, advanced practice registered nurses, pharmacists, nurses, students, fellows, administrators, and all other interested healthcare professionals.		
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**		
Course overview	This lecture was recorded at the 2024 Herbert H. Greene, M.D., Annual Commemoration. {Insert Dr. Greene's photo} When Herbert H. Greene joined Baptist Hospital's Emergency Department on May 27, 1964, he was a pioneer — not only the first Black physician in the hospital, but also the first south of Flagler Street. In 2021, Baptist Health's Board of Trustees designated May 27 as a day to reflect and recommit to the professional and humanitarian values that Dr. Greene personified. Every year at the Herbert H. Greene, M.D., commemoration program, we remind ourselves of all that he accomplished and of all the unfinished work that remains. Dr. Greene's enduring impact is his influence on our culture. The lives he touched as a physician and the hearts and minds he opened as a healer and colleague provide an everlasting cornerstone of our organization and purpose. Despite the ambition to end preventable maternal deaths by 2030, the world will fall short of this target by more than 1 million lives with the current pace of progress. According to the WHO, almost all global maternal deaths can be prevented by ensuring that women have access to quality, respectful and equitable maternity care. This course will explore barriers in the healthcare system that increase health inequities.		

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

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

Planning Team	
Conference Director(s)	Jack Ziffer, Ph.D., M.D. and Agueda Hernandez, M.D.
CME Manager	**Gabriela Fernandez/Marie Vital Acle**
Conference Coordinator and/or Instructional Designer (OLP only)	**Jessica Armenteros**
🔄 **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	

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:	This initiative address health inequities and social determinants of health.

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

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

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

Educational Needs	**What practice-based problem (gap) will this education address?** *Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.* **External Resource: [CE Educator's Toolkit](#)**
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.	Despite the ambition to end preventable maternal deaths by 2030, the world will fall short of this target by more than 1 million lives with the current pace of progress. According to the WHO, almost all global maternal deaths can be prevented by ensuring that women have access to quality, respectful, and equitable maternity care. Currently, the U.S. is the only industrialized nation with a consistently rising maternal mortality rate, despite spending more per capita on health care than any other country. A key requirement for further advances in reduction of maternal deaths is to understand the causes of deaths for effective policy and health program decisions. Clinicians may not be familiar with the maternal mortality rate or leading causes.
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.	Clinicians will recognize the impact racial and ethnic disparities has on maternal outcomes and will implement education strategies to mitigate these disparities and improve the maternal mortality rate in Florida.

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: 1. Recognize critical disparities in maternal mortality, including the variable mortality rates at the national, state, and local level for patients by race/ethnicity and the factors underlying the disparities. 2. Explain the role of implicit bias in healthcare disparities. 3. Implement evidence-based recommendations to reduce maternal healthcare disparities.

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

References:	Hoyert DL. Maternal mortality rates in the United States, 2022. NCHS Health E-Stats. 2024. DOI: https://dx.doi.org/10.15620/cdc/152992 Maternal Mortality Rates in the United. States, 2022 (cdc.gov)
• *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023. DOI: https://dx.doi.org/10.15620/cdc:124678. Sabin J. A. (2022). Tackling implicit bias in health care. *The New England Journal of Medicine*, *387*(2), 105–107. 10.1056/NEJMp2201180 PMID:35801989 Joint Commission Requirement to Reduce Health Care Disparities https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf The U.S. is the only industrialized nation with a consistently rising maternal mortality rate, despite spending more per capita on health care than any other country. Almost all global maternal deaths can be prevented by ensuring that women have access to quality, respectful, and equitable maternity care. (https://everymothercounts.org/) Despite the ambition to end preventable maternal deaths by 2030, the world will fall short of this target by more than 1 million lives with the current pace of progress. (World Health Organization. (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.) Maternal mortality is a major global concern. Although a notable decline in maternal mortality in the United States occurred during the mid-20th century, this progress stalled during the late 20th century. Furthermore, maternal mortality rates have increased during the early 21st century. Around the year 2000 the maternal mortality rate began to rise and has since nearly doubled. Given that at least half of maternal deaths in the U.S. are preventable, the rise in maternal deaths in the U.S. is historic and worrisome. (Neggers, Y. H. (2016). Trends in maternal mortality in the United States. *Reproductive Toxicology*, *64*, 72-76.) Data for the causes of maternal deaths are needed to inform policies to improve maternal health. A key requirement for further advances in reduction of maternal deaths is to understand the causes of deaths for effective policy and health program decisions. These analyses should inform the prioritization of health policies, programs, and funding to reduce maternal deaths at regional and global levels. Further efforts are needed to improve the availability and quality of data related to maternal mortality. (Say, L., Chou, D., Gemmill, A., Tunçalp, Ö., Moller, A. B., Daniels, J., ... & Alkema, L. (2014). Global causes of maternal death: a WHO systematic analysis. *The Lancet global health*, *2*(6), e323-e333.) Gaps in clinical care or health care systems were assessed as the primary factors in over 40% of pregnancy-related deaths (PRDs) leading the PAMR Committee to generate QI recommendations for clinical care and health care systems. (Hernandez, L. E., Sappenfield, W. M., Harris, K., Burch, D., Hill, W. C., Clark, C. L., & Delke, I. (2018). Pregnancy-related deaths, Florida, 1999–2012: opportunities to improve maternal outcomes. *Maternal and Child Health Journal*, *22*, 204-215.)

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Theresa Ann Buckson, M.D., FACOG** Obstetrician/Gynecologist Hospitalist Site Director, Obstetrical Emergency Department South Miami Hospital

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

Measured Outcomes				
Learner Knowledge	**Learner Competence**	**Learner Performance**	**Patient Health**	**Community Health**
Measurement Type: ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☒ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. ☐ **Pre/Post-Survey** • ***Provide 1-2 goals per lecture to measure changes in competence.*** **Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls") • *Identify critical health disparities and barriers which may hinder providing clinical care across different cultures.* • *Incorporate strategies to mitigate inequities in maternal care improving the maternal mortality rate.*

☒ **Changes in performance.** • Commitment to Change **Improves Performance** **Commendation Goal**	☒ **CME Impact Assessment** include Commitment to Change question. ☒ **Add** <u>**Commitment to Change Ethos object.**</u> ☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP). ☐ Trigger **impact assessment** 45 days post conference. (LMS Support) ☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder) ☒ Additional questions for impact assessment: (CME Manager) *Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.* *Example: I have implemented the new Baptist Health policy explained in this CME activity.* *As a result of my participation in this online course, I commit to make the following changes to my clinical practice:* • *Recognize and mitigate implicit biases to provide equal and quality care to all patients.* • *Incorporate strategies to mitigate inequities in maternal care improving the maternal mortality rate in Florida.* • *Create standardized care protocols and checklists to act as guides in the management of a clinical situation.* Based on your intention, what changes have you implemented in your practice? **{Open text}**
☐ **Changes in patient outcomes.** Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	☐ Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	🔄 *CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*
☐ [**Advances Data Use**](#) Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	*Use PowerPoint as example.*
☒ [**Addresses Population Health**](#) Teaches strategies that learners can use to achieve improvements in population health. • **Goal: 8 activities**	*Check all that apply.* https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf ☐ Health behaviors ☒ Access to care ☒ Economic, social, and environmental conditions ☒ Health disparities ☐ Healthcare and payer systems ☐ Population's physical environment
☐ [**Collaborates With Other Organizations**](#) The provider collaborates with other organizations to more effectively address population health issues. **(4 different samples per accreditation)**	*Describe the collaborative efforts.*

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

☐ **Utilizes Support Strategies**	*Explain.*
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*	
Panelists	Insert names and email addresses. **Vivian Greene** (*inee34@msn.com); Guillermo Escalona (guillere@baptisthealth.net*)
Hosts	Insert names and email addresses for at least one of these: *Micaela Royo Correa, co-host: Gabriela Fernandez*
Zoom Account	☒ **CME Zoom Account** ☐ **Partner Zoom Account**
Zoom Link	Insert link here.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	July 2024
Course Renewal Date	
Course Expiration Date	July 2027

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

Director
Jack Ziffer, Ph.D., M.D.
Executive Vice President and Chief Clinical Officer

Baptist Health South Florida

Faculty
Theresa Buckson, M.D.
Director, Obstetrical Emergency Department
South Miami Hospital

Agueda Hernandez, M.D., FAAFP
Vice President, Medical Education
Chief Health Equity Officer
Baptist Health Academics

Herbert H. Greene, M.D., Annual Commemoration

Program

6:10 p.m.	**Introduction of Speaker** Yvonne Johnson, M.D. **Maternal Health Inequities** Theresa Buckson, M.D.
7:00 p.m.	**Questions and Answer** **Moderator:** Yvonne Johnson, M.D.
7:15 p.m.	**Closing Remarks** Agueda Hernandez, M.D.
7:30 p.m.	**Adjourn**

Baptist Health South Florida
Continuing Medical Education

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

Sections highlighted in orange need to be proofread.

Activity Details

CME Activity Title	**Risk Management and Patient Safety Online Series**		
Date		Time	
Location	Online	Credit Hour(s)	**up to 5 Cat. 1**
Charge	☐ Yes _____ ☒ No	SMS Code:	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Baptist Health physicians, physician assistants, advanced practice registered nurses, nurses, pharmacists, social workers, dentists, podiatrists and other interested clinical employees.		
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**		
Course overview	Baptist Health is dedicated to patient safety every day. Let's join together on our Journey to Zero Harm initiative through this online series providing learners with strategies to improve delivery of care, highlighting lessons learned, documentation best practices, proper incident reporting and patient safety strategies, including a review of high-reliability tools. Additional topics will be continually added to the series. **Samaritan Physicians:** Successful completion of this activity will qualify Samaritan physicians for annual policy discounts. Upon completion, please print your certificate and submit to Samaritan for consideration.		

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

Providership	☐ Direct ☐ Joint	PARS ID #	IEM2022355

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

Planning Team

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

BHSF Initiatives

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

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

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

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

State the educational need that you determined to be the underlying cause for the professional practice gap.	The Risk Management and Patient Safety department identifies ongoing practice gaps within Baptist Health Medical Group and Baptist Health Quality Network related to documentation, incident reports, adverse events, Code 15s and Code 24s. These underlying causes of these incidents are analyzed and lessons learned are used to develop education for Medical Staff (BHMG and BHQN) and Samaritan group physicians.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge** - *Deficit in medical knowledge.* ☐ **Competence** - *Deficit in ability to perform strategy or skill.* ☐ **Performance** - *Able to implement but noncompliant or inconsistent.*

Designed to Change	*The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*
This activity is designed to change:	☒ **Competence** - *CME evaluation and pre/post-survey.* ☐ **Performance** - *Follow-up impact assessment and commitment to change.* ☐ **Patient Outcomes** - *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*
Explain how this activity is designed to change learner competence, performance or patient outcomes.	Providers will implement patient safety and risk management strategies to mitigate risk of incident reports and adverse events.

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

Educational Objectives	*What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify… Eliminate… Use… Apply… Implement…*
Objectives:	Upon completion of this conference, participants should be better able to: • Implement patient safety and risk management strategies to mitigate risk, improve delivery of care and promote patient safety. • Explain the Baptist Health policies in place to investigate sexual misconduct and abuse allegations and protect victims. • Identify the Florida statutes on sexual misconduct, Internal risk management, and regulations of professions and occupations.

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

☐ Other need identified. *Please explain.*	
Baptist Health Quantitative Data	Insert baseline chart or narrative here.
References: • *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	See individual courses below. McIntosh, T., Walsh, H., Parsons, M., Solomon, E. D., Mozersky, J., & DuBois, J. M. (2022). Responding to Sexual Abuse in Health Care: Development of a Guide for Patients. Journal of patient-centered research and reviews, 9(2), 117. The Florida Legislature. (2023, February 8). The 2022 Florida Statutes (including Special Session A). Statutes & constitution :view statutes : Online sunshine. Retrieved February 8, 2023, from http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499%2F0456%2FSections%2F0456.063.html

Faculty

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

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

Disclosures	**Documentation Matters** Scott L. Mendlestein, faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation will not include off-label or unapproved product usage. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies* *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.* **Sexual Misconduct and Sexual Abuse – Identify and Avoid Allegations** Scott L. Mendlestein, Esq., faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage. Mark Hauser, M.D., conference director of this activity, has no relevant financial relationships with ineligible companies* to disclose. Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.* ==Risk Management: Best Practices in Communication and Documentation to Reduce Risk== **RoseMarie Antonacci, Esq.** Falk Waas Solomon Mendlestein & Davis Boca Raton, Florida Due to the non-clinical nature of the content discussed, the speaker has no relevant financial relationships to disclose. This CME activity will not cover content that would involve products or services of commercial interests. Therefore, no opportunity exists for a conflict of interest based on the financial relationships of faculty and those persons in control of content. Since these relationships are not relevant, no disclosure information was collected. Non-faculty contributors and others involved in the planning, development and editing/review of the content have no relevant financial relationships with ineligible companies* to disclose. *Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.*
Disclosure to the audience:	☒ Ethos Course Page ☐ Welcome Slides ☐ Faculty Slides ☒ Handout ☐ Other:

Measured Outcomes				
Learner Knowledge	**Learner Competence**	**Learner Performance**	**Patient Health**	**Community Health**
Measurement Type: ☒ Subjective ☐ Objective ↻	**Measurement Type:** ☒ Subjective ☐ Objective ↻	**Measurement Type:** ☐ Subjective ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻

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

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

☐ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☐ <u>**CME Impact Assessment**</u> include Commitment to Change question.
	☐ Add <u>**Commitment to Change Ethos object**</u>.
	☐ Add commitment to change **evaluation** question. (CME Registrar)
	☐ Trigger **follow-up survey** 45 days post conference. (CME Registrar)
	☐ Include handout or resource in follow-up email. (CME Manager/ Registrar)
	☐ Additional questions for impact assessment: (CME Manager)
	   • ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***
	     Example: *I have implemented the new Baptist Health policy explained in this CME activity.*

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

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

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

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

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

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

OLP Course Details *For OLP Enduring Applications ONLY*

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

APPROVAL

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

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

Course Name	Objectives	References	CE Broker #
Sexual Misconduct and Sexual Abuse – Identify and Avoid Allegations 1.25 Cat. 1 Feb. 2023 – June 2025	• Healthcare professionals will be able to describe actions recognized as sexual misconduct.	**No bibliography.**	**20-982696**

	• Audience members will be able to identify at least two patient/hospital staff scenarios that could be perceived by patients as sexual misconduct. • Staff will be able to demonstrate at least two measures they can implement to assist in preventing patient allegations of sexual misconduct. • Audience members will learn about statutory requirements associated with patient allegations of sexual misconduct as well as Risk Management's responsibility, in conjunction with other key parties, to manage these allegations.

Overview
Scott L. Mendlestein, Esq., will discuss the management of patient allegations of sexual misconduct and how to prevent these cases from happening.

Course Name	Objectives	References	CE Broker #
Risk Management: Best Practice in Communication and Documentation to Reduce Risk 1.0 Cat. 1 June 2024-2027	• Discuss common causes of delays in accurate diagnoses of medical conditions that require treatment. • Identify practice patterns/processes to reduce the risk of such delays including communication and documentation practices to reflect the	• Agency for Healthcare Research and Quality. (2020). Making Healthcare Safer III. Content last reviewed April 2020. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/research/findings/making-healthcare-safer/mhs3/index.html • Giardina, T. D., Hunte, H., Hill, M. A., Heimlich, S. L., Singh, H., & Smith, K. M. (2022). Defining Diagnostic Error: A Scoping Review to Assess the Impact of the National Academies' Report Improving Diagnosis in Health Care. Journal of patient safety, 18(8), 770–778. https://doi.org/10.1097/PTS.0000000000000999 • Institute for Healthcare Improvement. (2018). Americans' experiences with medical errors and views on patient safety. Institute for Healthcare Improvement. https://www.ihi.org/resources/publications/americans-experiences-medical-errors-and-views-patient-safety#:~:text=Among%20the%20chief%20findings%20of,error%20in%20their%20own%20care	

	care provided and the rationale.		

Overview:

In this course, RoseMarie Antonacci, Esq., addresses communication and documentation strategies to reduce the risk of delays in diagnosis and treatment of patients.

Baptist Health South Florida
Continuing Medical Education

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

Sections highlighted in orange need to be proofread.

Activity Details		
CME Activity Title	Navigating Difficult Discussions with Patients and Families (Part 1) – Best Practice Tools	

Date		**Time**	
Location – If Virtual, fill in Zoom info at the end	Online-Enduring Materials	**Credit Hour(s)**	1.25 Cat. 1
Charge	☐ Yes _ ☐ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.** • **If Surgeons are included, approve for American Board of Surgery MOC as Accredited CME type(CTC questions and Impact assessment required)** • **If Anesthesiologists are included, approve for American Board of Anesthesia MOC as Lifelong Learning CME type (CTC questions and Impact assessment required)**	Physicians who have contact with patients and family members, Physician Assistants, Nurse Practitioners, Nurses, Respiratory Therapists (Personal Growth), Occupational Therapists, Social Workers and other interested healthcare professionals.
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**
Course overview	Physicians in every clinical specialty engage in serious and difficult discussions with patients and their family members. This course demonstrates communication models that employ an evidence-based framework for communicating serious news. Physicians who utilize effective communication tools when having serious conversations with patients and their family members about their treatment options and possible clinical outcomes can improve clinician self-assessments and patient satisfaction scores.

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

Providership	☐ Direct ☐ Joint	PARS ID #	
Publish to CME Passport	☐ Yes ☐ No	Publish to CEBroker ☐ Yes ☐ No	CEBroker # 848556

Planning Team

Conference Director(s)	**Thinh H. Tran, M.D., and Zulma Ortiz-Rivera, M.D.**
CME Manager	Katie Deane (LIVE)/Marie Vital (Online)
Conference Coordinator and/or Instructional Designer **(OLP only)**	Rose Allen, DNP, MSM/HM, RN, CHPN, HEC-C, Director, Bioethics Program, Baptist Health South Florida.
🔄 **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

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

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

Collaborative Partner:	
Describe initiative:	

Appropriate Formats

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

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

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

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

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

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

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

Educational Needs	**What practice-based problem (gap) will this education address?** *Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.* **External Resource: CE Educator's Toolkit**
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.	Physicians may not have the communication tools necessary to have a serious conversation with their patients, effective relaying important clinical treatment options and potential outcomes.
Educational needs that <u>underlie</u> the professional practice gaps of learners. ***Check all that apply.***	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement but noncompliant or inconsistent.*

Designed to Change	*The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*
This activity is designed to change:	☐ **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.	Patients will perceive their physician to be compassionate in their delivery of care. ► Patients will perceive physicians to be empathic when they engage in conversations about sad, bad, or difficult news. ► Physicians will utilize effective communication tools when having serious conversations with patients about their treatment options and possible clinical 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:
	• Effectively navigate high stakes, difficult or emotional discussions with patients and/or their families by implementing communication models that utilize an evidence-based framework for communicating serious news.

References	Ensure Content is Valid

How are educational needs identified? *Check all that apply and explain below.*

- ☐ Best practice parameters
- ☐ Disease prevention (Mission)
- ☐ Mortality/morbidity statistics
- ☐ National/regional data
- ☐ New or updated policy/protocol
- ☐ Peer review data
- ☐ Regulatory requirement
- ☒ Research/literature review
- ☐ Consensus of experts
- ☐ Joint Commission initiatives
- ☐ National Patient Safety Goals
- ☐ New diagnostic/therapeutic modality (Mission)
- ☐ Patient care data
- ☒ Process improvement initiatives

☐ Other need identified. *Please explain.*

Baptist Health Quantitative Data

References:

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

Discussing serious news is a common communication process that clinicians and patients can find challenging. Virtually every clinical specialty requires doctors at some stage to be the bearers of sad, bad, or difficult news. While the communication skills needed to disclose serious news represent a distinct type of communication, they are built upon fundamental communication skills that are used in more ubiquitous clinician-patient communication models such as in the approach to the medical interview. During the last decades, a range of guidelines or models have been developed that serve as a framework for communicating serious news. The most commonly used and cited model in the literature was developed by Walter Baile and colleagues, and is called SPIKES (table 1) [70]. While it was initially developed for patients with cancer, the model is applicable to a wide variety of clinical scenarios.

Stakes are high in these conversations. Clinicians should expect and plan for emotions of the patient/family in response to the news. Acknowledging emotions supports the patient/family through the process. A helpful communication tool for addressing emotion is the "NURSE" mnemonic, which offers several different ways to respond to emotion: naming the emotion, understanding, respect (or praise), support the patient, and exploring the emotion further. While there are no randomized interventional studies demonstrating improved patient outcomes after modifying skills to deliver serious news, a number of studies demonstrate that clinician skills in these conversations can be improved in both trainees and more senior clinicians improving their self-assessments and patient satisfaction scores.

http://www.uptodate.com/contents/discussing-serious-news?source=see_link&sectionName=APPROACHES+TO+BREAKING+SERIOUS+NEWS%3A+EXISTING+MODELS+AND+KEY+ELEMENTS&anchor=H6928175#H6928175

Title: Intensive communication training related to empathy across a large academic department: genius or madness? **Authors:** Toby C Campbell, MD, MSCI1; Amy B Smith MS1; Matt Kronberger MS1; Richard L Page MD1 Department of Medicine, University of Wisconsin. Madison, Wisconsin

Bibliography and Additional Resources
L. Schwarze, MD, MPP,1 Jacqueline M. Kehler, MD,2 and Toby C. Campbell, M (2013). Navigating high risk procedures with more than just a street map. *Journal of Palliative Medicine,* 16(10), 1169- 1171.

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Toby C. Campbell, M.D., MSCI** Associate Professor, Medical Oncology and Palliative Medicine Chief of Palliative Care Hospice & Palliative Medicine Fellowship Program Director University of Wisconsin Madison, Wisconsin

Disclosure Statement	*Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*
Mitigation Chart	☐ **Mitigation chart complete on File Checklist.**
Disclosures	**Add all faculty disclosures to this section:** **Toby C. Campbell, M.D., MSCI,** faculty of this educational activity, has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage. **Thinh H. Tran, M.D., and Zulma Ortiz-Rivera, M.D.**, conference directors for this educational activity, have no relevant financial relationships with ineligible companies* to disclose. Course coordinator, content reviewers, non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
Disclosure to the audience:	☒ Ethos Course Page ☐ Welcome Slides ☐ Faculty Slides ☒ Handout ☐ Other:

Measured Outcomes				
Learner Knowledge	**Learner Competence**	**Learner Performance**	**Patient Health**	**Community Health**
Measurement Type: ☒ Subjective ☐ Objective ↻	**Measurement Type:** ☐ Subjective ☐ Objective ↻	**Measurement Type:** ☐ Subjective ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻

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

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

☐ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☐ <u>**CME Impact Assessment**</u> **include Commitment to Change question.**
	☐ **Add** <u>**Commitment to Change Ethos object.**</u>
	☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).
	☐ Trigger **impact assessment** 45 days post conference. (LMS Support)
	☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)
	☐ Additional questions for impact assessment: (CME Manager)
	    • ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***
	      Example: *I have implemented the new Baptist Health policy explained in this CME activity.*
	    •

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

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

☐ **Improves Performance** • **Goal: 10% of activities** • **Compliance example:** The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*
☒ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* **Data must be saved to file.** *Explain.* **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 supplemental services that are **designed to reinforce or sustain change.**
    • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
    • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	  - Include Impact Assessment results and CME Provider analysis of learner comments.
	  - Add updates/ changes to resources based on learner feedback.

☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	*Explain.*

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

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	**https://cdn.baptisthealth.net/cme/vol01/difficult_discussions/Palliative_Care_Conf_PartI_6.9.mp4**
Course Handout URL	cmeonline.baptisthealth.net/sites/default/files/Difficult_Discussions_HO_0.pdf
Multiple Choice Questions	
Course Release Date	May 1, 2021
Course Renewal Date	May 2024
Course Expiration Date	May 1, 2024; May 2027

APPROVAL			
Date Reviewed	**Reviewed By**	**Approved**	**Credits**
	☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ **YES** ☐ **NO**	☐ __1.25__ AMA PRA Category 1 Credits ☐ ____ APA Approval Level: _____ ☐ ____ Dental Approval ☐ ____ Podiatry Approval

Baptist Health South Florida
Continuing Medical Education

CME ACTIVITY APPLICATION
Rev. 09/14/2022_GF

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

Sections highlighted in orange need to be proofread.

Activity Details		
CME Activity Title	Navigating Difficult Discussions with Patients and Families (Part 2) – Informed Consent/Shared Decision Making Utilizing Best Case/Worst Case Model	
Date		**Time**	
Location – If Virtual, fill in Zoom info at the end	Online-Enduring Material	**Credit Hour(s)**	1.25 Cat. 1
Charge	☐ Yes _ ☐ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.** • **If Surgeons are included, approve for American Board of Surgery MOC as Accredited CME type(CTC questions and Impact assessment required)** • **If Anesthesiologists are included, approve for American Board of Anesthesia MOC as Lifelong Learning CME type (CTC questions and Impact assessment required)**	Physicians who have contact with patients and family members, Physician Assistants, Nurses, Nurse Practitioners, Occupational Therapists, Respiratory Therapists (Personal Growth), Social Workers and other interested healthcare professionals.	
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**	
Course overview	Physicians in every clinical specialty engage in serious and difficult discussions with patients and their family members. This course demonstrates communication models that employ an evidence-based framework for communicating serious news. Physicians who utilize effective communication tools when having serious conversations with patients and their family members about their treatment options and possible clinical outcomes can improve clinician self-assessments and patient satisfaction scores.	

Credit Type		

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

Providership	☐ Direct ☐ Joint	**PARS ID #**	~~IEM2021275~~ IEM2024275
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #** 848574

Planning Team

Conference Director(s)	Thinh H. Tran, M.D., Dr. Zulma Ortiz-Rivera
CME Manager	Katie Deane (LIVE)/Marie Vital (Online)
Conference Coordinator and/or Instructional Designer (OLP only)	Rose Allen, DNP, MSM/HM, RN, CHPN, HEC-C, Director, Bioethics Program, Baptist Health South Florida.
🔄 **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

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

Collaborative Partner:	
Describe initiative:	The CME Department and the BHSF Bioethics Committee collaborate to improve healthcare provider competencies and practice by addressing areas of ethical concern or interest (as determined by the Bioethics Committee) through compelling and engaging continuing education activities.

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

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

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

Educational Needs	*What practice-based problem (gap) will this education address?* *Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.* *External Resource: CE Educator's Toolkit*
State the educational need that you determined to be the underlying cause for the professional practice gap.	Physicians may not have the communication tools necessary to have a serious conversation with their patients, effective relaying important clinical treatment options and potential outcomes.
Educational needs that underlie the professional practice gaps of learners. ***Check all that apply.***	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement but noncompliant or inconsistent.*

Designed to Change	*The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*
This activity is designed to change:	☐ **Competence -** *CME evaluation and pre/post-survey.* ☒ **Performance -** *Follow-up impact assessment and commitment to change.* ☐ **Patient Outcomes -** *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*
Explain how this activity is designed to change learner competence, performance or patient outcomes.	Patients will perceive their physician to be compassionate in their delivery of care. ► Patients will perceive physicians to be empathic when they engage in conversations about sad, bad, or difficult news. ► Physicians will utilize effective communication tools when having serious conversations with patients allowing patients to make an informed consent about their treatment.

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

Educational Objectives	What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? *Competence verbs: Identify… Eliminate… Use… Apply… Implement…*
Objectives:	Upon completion of this conference, participants should be better able to: • Identify the differences between shared decision making and informed consent. • Utilize the "Best Case/Worst Case" model to facilitate shared decision making with patients and families prior to informed consent.

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

References:	
• *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	► Informed consent is a process of communication between a clinician and a patient or surrogate decision-maker that results in the patient agreeing to undergo a specific medical intervention. It consists of providing information about the intervention, the potential benefits and risks of the intervention, and of any alternative courses of action (including no intervention), ensuring adequate understanding of the information, and then obtaining permission to perform the intervention. **http://www.uptodate.com/contents/ethics-in-the-intensive-care-unit-informed-consent?source=see_link** ► Shared decision making considers the patient's values and preferences in medical decisions and puts the patient at the center of care. When the evidence of benefit and harm is similar or uncertain, a patient's values and preferences become particularly important to inform medical decisions. **http://www.uptodate.com/contents/a-patient-centered-view-of-the-clinician-patient-relationship?source=search_result&search=shared+decision+making&selectedTitle=1%7E150** ►To support physicians in their efforts to help patients make decisions, a novel medical tool called the best case / worst case can be utilized to facilitate the decision making conversation before the process of informed consent. Best case/worst case provides a clinically feasible tool for incorporating shared decision making and informed consent aligning treatment decisions with patient preferences. **http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3791038/** ►**Title:** Intensive communication training related to empathy across a large academic department: genius or madness? **Authors:** Toby C Campbell, MD, MSCI1; Amy B Smith MS1; Matt Kronberger MS1; Richard L Page MD1 Department of Medicine, University of Wisconsin. Madison, Wisconsin **Bibliography and Additional Resources** L. Schwarze, MD, MPP,1 Jacqueline M. Kehler, MD,2 and Toby C. Campbell, M (2013). Navigating high risk procedures with more than just a street map. *Journal of Palliative Medicine,* 16(10), 1169-1171.

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Toby C. Campbell, M.D., MSCI** Associate Professor, Medical Oncology and Palliative Medicine Chief of Palliative Care Hospice & Palliative Medicine Fellowship Program Director University of Wisconsin Madison, Wisconsin

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

Disclosures	Add all faculty disclosures to this section: **Toby C. Campbell, M.D., MSCI**, faculty of this educational activity, has no relevant financial relationship with ineligible companies* to disclose and has indicated that the presentation or discussion will not include off-label or unapproved product usage. **Thinh H. Tran, M.D., and Zulma Ortiz-Rivera, M.D.**, conference directors for this educational activity, have no relevant financial relationships with ineligible companies* to disclose. Course coordinator, content reviewers, non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
Disclosure to the audience:	☒ Ethos Course Page ☐ Welcome Slides ☐ Faculty Slides ☒ Handout ☐ Other:

Measured Outcomes				
Learner Knowledge	**Learner Competence**	**Learner Performance**	**Patient Health**	**Community Health**
Measurement Type: ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

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

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

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

Baptist Health Commendation Goals	⟳ *CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*
☐ **Advances Data Use** Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	*Use PowerPoint as example.*

☐ **Addresses Population Health**
Teaches strategies that learners can use to achieve improvements in population health.
   • **Goal: 8 activities**
	Check all that apply.
	
	☐ Health behaviors ☐ Access to care
	☐ Economic, social, and environmental conditions ☐ Health disparities
	       ☐ Population's physical environment
	☐ Healthcare and payer systems

☐ **Collaborates With Other Organizations** The provider collaborates with other organizations to more effectively address population health issues. **(4 different samples per accreditation)**	*Describe the collaborative efforts.*

☐ **Improves Performance** • **Goal: 10% of activities** • **Compliance example:** The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **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 supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps** • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**	*Explain.* ☐ **Sample supplemental materials saved to file.** - Include Impact Assessment results and CME Provider analysis of learner comments. - Add updates/ changes to resources based on learner feedback.
☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	*Explain.*

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

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	https://cdn.baptisthealth.net/cme/vol01/difficult_discussions/Palliative_Care_Conf_PartII_6.22.mp4
Course Handout URL	https://cmeonline.baptisthealth.net/sites/default/files/Difficult%20Discussions_Part_2_HO_0.pdf
Multiple Choice Questions	
Course Release Date	5/1/2021
Course Renewal Date	5/1/2024
Course Expiration Date	5/1/2024; 5/1/2027

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

Baptist Health South Florida
Continuing Medical Education

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

Sections highlighted in orange need to be proofread.

Activity Details				
CME Activity Title	Echocardiographic Identification and Management of Pericardial Effusion			
Date	Internet Enduring Material	**Time**		
Location – If Virtual, fill in Zoom info at the end	Internet Enduring Material	**Credit Hour(s)**	1 Cat. 1	
Charge	☐ Yes _____ ☒ No	**SMS Code:**		
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	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	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 🔄 - **APA Checklist** ☒ Physician Assistant CE ☒ APRNs CE ☐ Dental CE ☐ Podiatry CE ☒ Interprofessional (IPCE) 🔄 **Commendation Engages Teams – See Planning Team section** ☒ MOC Points - **MOC Checklist / Self-assessment** ☐ Pediatrics - **Self-assessment**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☒ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

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

Planning Team

Conference Director(s)	Marcus St. John, M.D.	
CME Manager	Marie Vital Acle, MPH, MCHES (Director)	
Conference Coordinator and/or Instructional Designer **(OLP only)**	Jessica Armenteros	
↻ **Commendation Goal:** **Engages Interprofessional Teams**/IPCE (10% of activities)	Kevin Nicholas, MSN, RN, CV-BC	

BHSF Initiatives

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

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

Collaborative Partner:	Provide internal stakeholder here.
Describe initiative:	

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

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

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

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

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

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

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

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

State the educational need that you determined to be the **underlying cause** for the professional practice gap.	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 re-education 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 **underlie** the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement but noncompliant or inconsistent.*

Designed to Change	*The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*
This activity is designed to change:	☒ **Competence -** *CME evaluation and pre/post-survey.* ☒ **Performance -** *Follow-up impact assessment and commitment to change.* ☐ **Patient Outcomes -** *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*
Explain how this activity is designed to change learner competence, performance or patient outcomes.	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. *Please explain.*	
Baptist Health Quantitative Data	Insert baseline chart or narrative here.
References: • *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	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. *Journal of the American Society of Echocardiography*, *26*(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	☒ **Mitigation chart complete on File Checklist.**

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 ☐ Welcome Slides ☐ Faculty Slides ☐ Handout ☐ Other:

Measured Outcomes				
Learner Knowledge	**Learner Competence**	**Learner Performance**	**Patient Health**	**Community Health**
Measurement Type: ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. ☒ **Pre/Post-Survey** • *Provide 1-2 goals per lecture to measure changes in competence.* **Example:** How <u>confident</u> 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**	☒ <u>**CME Impact Assessment**</u> **include Commitment to Change question.** ☒ **Add** <u>**Commitment to Change Ethos object.**</u> ☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP). ☒ Trigger **impact assessment** 45 days post conference. (LMS Support) ☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder) ☒ Additional questions for impact assessment: (CME Manager) • *Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.* *Example: I have implemented the new Baptist Health policy explained in this CME activity.* 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 assessment plan.	

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

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

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

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

☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	*Explain.*

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

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

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

Baptist Health South Florida
Continuing Medical Education

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

Sections highlighted in orange need to be proofread.

Activity Details

CME Activity Title	Miami Cardiac & Vascular Institute Grand Rounds e-Learning Series		
Date		**Time**	
Location – If Virtual, fill in Zoom info at the end	Online Enduring	**Credit Hour(s)**	**Up to 5 cat. 1**
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Cardiologists, interventional cardiologists, cardiothoracic surgeons, vascular surgeons, interventional radiologists, echocardiographers, pulmonologists, hematologists, general internists, primary care physicians, intensivists, emergency medicine physicians, hospitalists, nurses, pharmacists, respiratory therapists and other interested healthcare providers.		
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist.** **LOA signed and dated by all parties is required.**		
Course overview	The Miami Cardiac & Vascular Institute Grand Rounds e-Learning Series provides an up-to-date clinical framework with which to approach patients with common and complex cardiac and vascular symptoms. This e-Learning series uses a combination of didactic and case-base studies given by leading experts in the field as they cover a broad range of topics.		

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

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

Planning Team

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

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

BHSF Initiatives

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

Collaborative Partner:	The Baptist Health CME Department has collaborated with the MCVI leadership to determine the educational needs of the MCVI and Baptist Health clinicians to provide current, evidence-based care to patients.
Describe initiative:	

Appropriate Formats

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

Educational Needs	*What practice-based problem (gap) will this education address?* *Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.* *External Resource:* **CE Educator's Toolkit**
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.	Clinicians may not be familiar with emerging medical therapies and surgical interventions in field of cardiology and vascular medicine. This series focuses on addressing underlying practice gaps identified at Miami Cardiac and Vascular Institute through a discussion of recent clinical cases and their implications to treatment plans moving forward – as these needs are identified by the Miami Cardiac and Vascular CME planning committee they are incorporated into the Grand Round series.
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.	Clinical care is optimized for patients with common cardiac conditions as presented through Miami Cardiac and Vascular Institute through the implementation of current evidence-based guidelines for the methods for diagnosis, diagnosis, disease management and clinical decision making.

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

Educational Objectives	What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? *Competence verbs: Identify… Eliminate… Use… Apply… Implement…*
Objectives:	Upon completion of this conference, participants should be better able to: • See objectives below.

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

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

Faculty

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

Disclosure Statement	*Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*
Mitigation Chart	☐ **Mitigation chart complete on File Checklist.**
Disclosures	**See individual courses below.**
Disclosure to the audience:	☒ Ethos Course Page ☐ Welcome Slides ☐ Faculty Slides ☒ Handout ☐ Other:

Measured Outcomes

Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

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

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

☐ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☐ <u>**CME Impact Assessment**</u> **include Commitment to Change question.**
	☐ **Add** <u>**Commitment to Change Ethos object**</u>**.**
	☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).
	☐ Trigger **impact assessment** 45 days post conference. (LMS Support)
	☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)
	☐ Additional questions for impact assessment: (CME Manager)
	    • *Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.*
	    Example: I have implemented the new Baptist Health policy explained in this CME activity.

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

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

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

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

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

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

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

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

Clinicians may not be familiar with the changes from the updated 2020 Hypertrophic Cardiomyopathy guidelines and may not be familiar with the new mainstream medication therapies available for disease management.

Overview

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

Faculty

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

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

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

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

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

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

Bibliography

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

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

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

Course Name	Objectives	CE Broker
A Comprehensive Approach to the Diagnosis and Management of Acute Pulmonary Embolism	• Utilize appropriate testing and Cerner order sets for acute pulmonary embolism	**20-1084996**

July 2023 – July 2026 1 Cat. 1	• Consult the Pulmonary Embolism Response Team (PERT) regarding patients with intermediate or high-risk PE • Initiate anticoagulation immediately on suspected diagnosis of PE	

Pulmonary Embolism (PE) is a common clinical entity and that is often misdiagnosed and mistreated. Propper treatment is critical for preventing short- and long-term complications of morbidity and mortality.

Overview

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

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

Example:

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

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

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

Ian Del Conde Pozzi, M.D., faculty for this educational activity, is on the speakers' bureau for Pfizer, Abbott, Janssen and Boston Scientific, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.
Ripal Gandhi, M.D., faculty for this educational activity, is on the speakers' bureau for Penumbra, Sirtex, Medtronic and Inari Medical; a consultant for Inari Medical, Boston Scientific, Medtronic Cordis, Argon Medical, Sirtex and BD; and an advisor for Trisalus Life Sciences. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.
Marc Gibber, M.D., faculty for this educational activity, have no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.
Brian Schiro, M.D., director of this educational activity, is a consultant for Phillips and a member of the speakers' bureau for Medtronic, Phillips, Penumbra, Cook and Sirtex.

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

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

Bibliography

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

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

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

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

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

Course Name	Objectives	CE Broker
Miami Heart Study November 2023 - 2025 Cat. 1	- Assess and characterize the presence and severity of subclinical cardiovascular disease (CVD) burden among middle-aged asymptomatic individuals. - Determine the relationships and interplay of traditional risk factors, lifestyle and behavioral factors as well as biomarkers (traditional and novel) related to the presence and burden of subclinical CVD among middle-aged asymptomatic individuals. - Apply population-based methods of screening for cardiovascular risk among middle-aged asymptomatic persons. - Utilize cost-effective resources for early CVD management.	20-

Overview

Cardiovascular disease (CVD) is a leading cause of morbidity and mortality worldwide, and accounts for a large share of total healthcare expenditure. While CVD risk assessment in general has been traditionally guided by risk estimates derived from scores combining traditional risk factors, there is a growing body of evidence showing that such an approach lacks sufficient accuracy in predicting risk of future events among asymptomatic individuals.

Please join us to hear Dr. Theodore Feldman, Dr. Ricardo Cury and Dr. Khurram Nasir discuss how the Miami Heart Study at Baptist Health South Florida aims to provide important, novel insights into the pathophysiology of early subclinical atherosclerosis and further the understanding of its role in the genesis of clinical CVD.

Faculty:

Ricardo C. Cury, M.D., MBA, MSCCT, FACR, FAHA, FACC
Chairman of Radiology

Radiology Associates of South Florida
Director of Cardiac Imaging
Miami Cardiac & Vascular Institute and Baptist Health South Florida
Professor and Chairman of Radiology
Florida International University Herbert Wertheim College of Medicine

Theodore Feldman, M.D., FACC, FACP
Medical Director, Prevention and Community Health
Co-Medical Director, The Cardiometabolic and Cardiac Prevention Center
Miami Cardiac & Vascular Institute
Baptist Health South Florida
Head of Cardiology and Clinical Associate Professor of Medicine
Florida International University Herbert Wertheim College of Medicine

Khurram Nasir, M.D., MPH
Professor of Cardiology, Academic Institute
Jerold B. Katz Investigator, Academic Institute
Full Clinical Member, Research Institute
Chief, Division of Cardiovascular Prevention and Wellness, Department of Cardiology
Co-director, Center for Health Data Science and Analytics
Houston Methodist
Weill Cornell Medical College
Houston, Texas

Khurram Nasir, M.D., MPH, faculty for this educational activity, is a consultant for Amgen, Esperion, Novartis and Novo Nordisk, and is on the speaker's bureau for Amgen. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Ricardo C. Cury, M.D., MBA, faculty for this educational activity, is a consultant for GE Healthcare, Covera Health and Cleerly, and is a shareholder in Cleerly. He has indicated that the presentation or discussion will not include off-label or unapproved product usage.

Theodore Feldman, M.D., conference director and faculty of this educational activity, is a member of the speakers' bureau for Novo Nordisk.

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

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

Bibliography
Nasir, K., Cainzos-Achirica, M., Valero-Elizondo, J., Ali, S. S., Havistin, R., Lakshman, S., ... & Cury, R. C. (2022). Coronary atherosclerosis in an asymptomatic US population: Miami heart study at Baptist Health South Florida. *Cardiovascular Imaging*, *15*(9), 1604-1618.

Cury, R. C. (2015). President's page-The promise of coronary CT angiography: Precision medicine. *Journal of Cardiovascular Computed Tomography*, *9*(3), 245-247.

Writing Committee Members, Gulati, M., Levy, P. D., Mukherjee, D., Amsterdam, E., Bhatt, D. L., ... & Shaw, L. J. (2021). 2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR guideline for the evaluation and diagnosis of chest pain: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Journal of the American College of Cardiology*, *78*(22), e187-e285.

Bergström, G., Persson, M., Adiels, M., Björnson, E., Bonander, C., Ahlström, H., ... & Jernberg, T. (2021). Prevalence of subclinical coronary artery atherosclerosis in the general population. *Circulation*, *144*(12), 916-929.

O'Sullivan, J. W., Raghavan, S., Marquez-Luna, C., Luzum, J. A., Damrauer, S. M., Ashley, E. A., ... & Natarajan, P. (2022). Polygenic risk scores for cardiovascular disease: a scientific statement from the American Heart Association. Circulation, 146(8), e93-e118.

Klarin, D., & Natarajan, P. (2022). Clinical utility of polygenic risk scores for coronary artery disease. Nature Reviews Cardiology, 19(5), 291-301.

Aragam, K. G., Dobbyn, A., Judy, R., Chaffin, M., Chaudhary, K., Hindy, G., ... & Natarajan, P. (2020). Limitations of contemporary guidelines for managing patients at high genetic risk of coronary artery disease. Journal of the American College of Cardiology, 75(22), 2769-2780.

Course Name	Objectives	CE Broker # (if more than 1 cat. 1)
Amyloidosis: No Longer a Rare Disease **(1.25 Cat. 1)**	• Recognize clinical situations in which Amyloid Light-chain (AL) amyloidosis should be seriously considered in differential. • Weigh the merits of conventional and high-dose therapy as management for AL amyloidosis. • Apply evidence-based recommendations that allow for earlier diagnosis of this rare set of diseases and enable accurate staging and counseling about prognosis.	

Clinicians will utilize evidence-based recommendations to allow for earlier diagnosis of this rare set of diseases and enable accurate staging, counseling about prognosis and effective therapy to have a meaningful effect on survival.

Overview

Amyloidosis is a rare, debilitating and often fatal set of diseases. Early recognition is vital for therapy to have a meaningful effect on survival and patient quality of life. In this online course, amyloidosis expert Morie A. Gertz, M.D., discusses the critical need for earlier diagnosis in as well as the merits of conventional and high-dose therapy for disease management.

Faculty

Morie A. Gertz, M.D., MACP
Chair Emeritus, Division of Hematology
Roland Seidler Jr. Professor of the Art of Medicine
Chair Emeritus of the Department of Medicine
Mayo Clinic College of Medicine, Mayo Distinguished Clinician
Rochester, Minnesota

Morie A. Gertz, M.D., faculty for this educational activity, receives research support from Pfizer, Alnylam, Eidos and Prothena, is a consultant for Pfizer, Alnylam, Eidos, Prothena, Ionis, Ackea and GSK, and is on the speakers' bureau for Celgene, Proteo Tech, Inc., Sanofi-Aventis, Sofinnova Ventures, Inc., Novartis, Ionis, Prothena and Johnson & Johnson, and has indicated that the presentation or discussion will not include off-label or unapproved product usage.

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

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

Brian Schiro, M.D., director of this educational activity, is a consultant for Phillips and a member of the speakers' bureau for Medtronic, Phillips, Penumbra, Cook and Sirtex.

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Bibliography

Gertz, M. A., & Dispenzieri, A. (2020). Systemic amyloidosis recognition, prognosis, and therapy: a systematic review. Jama, 324(1), 79-89.

Gertz, M. A., Buadi, F. K., Sher, T., & Dispenzieri, A. (2018). Immunoglobulin light chain amyloidosis (AL). Neoplastic Diseases of the Blood, 651-672.

Gertz, M. A. (2016). Immunoglobulin light chain amyloidosis: 2016 update on diagnosis, prognosis, and treatment. American journal of hematology, 91(9), 947-956.

Gertz, M., Adams, D., Ando, Y., Beirão, J. M., Bokhari, S., Coelho, T., ... & Merlini, G. (2020). Avoiding misdiagnosis: expert consensus recommendations for the suspicion and diagnosis of transthyretin amyloidosis for the general practitioner. BMC family practice, 21, 1-12.

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	Palliative Care and Hospice: End of Life Pain Management	
Date	Internet Enduring Material	**Time**	
Location – If Virtual, fill in Zoom info at the end		**Credit Hour(s)** 3.25 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Palliative Care Physicians, Critical Care Medicine Physicians, Hospitalists, Geriatric Medicine Specialists, Advanced Practice Registered Nurse, Physician Assistants/Physician Associates, Nurses, Social Workers, Respiratory Therapists, Clinical Chaplains, Pharmacists, Medical Students, Registered Dietitians and other interested healthcare professionals.	
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist.** **LOA signed and dated by all parties is required.**	
Course overview	This course highlights the significance of palliative care and hospice interventions and includes a discussion of current, evidence-based data supporting best practices in the management of these vulnerable patient populations. The interdisciplinary care team will learn how to effectively manage symptoms while supporting quality of life in palliative care and hospice settings. **This course includes topics presented at the 2024 Palliative Care and Hospice Symposium.** • Ketamine: A Second Look • Palliative Sedation Therapy • Buprenorphine in the Palliative Care Setting • Marijuana as Medicine?	

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

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

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

Planning Team	
Conference Director(s)	
CME Manager	**Marie Vital Acle, MPH, MCHES (Director)**
Conference Coordinator and/or Instructional Designer (OLP only)	**Jessica Armenteros**
↻ **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	**Mayra Villalba, MSN, RN, CMSRN** Brenda Daniels, M.D. Cristina Hidalgo Petersen, MSW, RCSWI

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

Collaborative Partner:	BHMG Palliative Care
Describe initiative:	The CME Department and the BHMG Palliative Care team collaborate to improve healthcare provider competencies and practice by addressing areas of clinical and ethical concern or interest through compelling and engaging continuing education activities.

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

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

Educational Needs	*What practice-based problem (gap) will this education address?* *Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.* *External Resource: CE Educator's Toolkit*
State the educational need that you determined to be the <u>underlying cause</u> for the professional practice gap.	There is a lack of frequent discussion and education to all disciplines regarding current healthcare landscape changes and the role played by Palliative and Hospice Care. Clinicians may not have the professional knowledge in Hospice and Palliative Care, as it pertains to their delivery of innovative symptom management strategies, discharge care coordination and system barriers to optimal Palliative and Hospice Care.
Educational needs that <u>underlie</u> the professional practice gaps of learners. *Check all that apply.*	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☒ **Performance -** *Able to implement but noncompliant or inconsistent.*

Designed to Change	*The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*
This activity is designed to change:	☒ **Competence -** *CME evaluation and pre/post-survey.* ☒ **Performance -** *Follow-up impact assessment and commitment to change.* ☐ **Patient Outcomes -** *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*
Explain how this activity is designed to change learner competence, performance or patient outcomes.	This interprofessional symposium will provide healthcare professional with evidence-based strategies to improve symptom management abilities, de-stigmatize use of approved medications not frequently used to optimize symptom control, understand the roles of various team members providing Palliative and Hospice Care, employ strategies shared to address various clinical perspectives of interventions and enhance confidence in the provision of end-of-life care.

Competencies	*The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*
ABMS/ACGME	☒ Patient care and procedural skills ☒ Interpersonal and communication skills ☒ Medical knowledge ☐ Practice-based learning and improvement ☒ 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: **Ketamine: A Second Look** • **Explain the development of development for clinical use and review the mechanism of action of ketamine as N-methyl-D-aspartate (NMDA) receptor antagonist.** • **Recognize the advantages of using ketamine for symptoms in patients with serious illness at end of life.** **Palliative Sedation** • **Explain the term palliative sedation (PS) and the evidence-based data supporting PS.** • **Differentiate between PS, physician-assisted suicide, and euthanasia.** • **Recognize when PS may be viable option for patient care.** • **Examine the medications used for PS and the processing leading up to PS.** **Buprenorphine in the Palliative Care Setting** • **Examine the pharmacology of buprenorphine and evaluate its efficacy and safety profile.** • **Assess benefits of buprenorphine compared to schedule II opioids.** • **Explain FDA-approved formulations of buprenorphine.** • **Outline initiation strategies for palliative care use of buprenorphine.** **Marijuana as Medicine?** • **Review the pharmacology and formulations of cannabis.** • **Identify adverse effects and delineate the harms of use of cannabis.** • **Examine the data surrounding cannabis in cancer- related symptoms.** • **Explain how to start and titrate cannabis products for palliative care use.**

Commented [MVA1]: Spell out

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

| References:
• *Provide evidence-based, peer reviewed references supporting best practice guidelines.*
• *APA Citations should be no older than 10 years old.* | AACN. (2014). PALLIATIVE CARE: SUPPORT FOR THOSE WITH SERIOUS, LIFE-THREATENING ILLNESS AND THEIR FAMILIES. End of Life Nursing Education Curriculum (ELNEC). https://www.aacnnursing.org/Portals/42/ELNEC/PDF/2014-PC-CommunityEducation.pdf

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Faculty

Faculty List	Ketamine: A Second Look
For more than two (2) faculty members, include the list at end of application.	**Andy Arwari, M.D., M.S., FACP, SFHM, FAAHPM, HMDC** Medical Director VITAS Healthcare Miami, Florida
	Palliative Sedation Therapy **Ileana M. Leyva, M.D., FAAHPM** Regional Medical Director VITAS Healthcare Miami, Florida
	Buprenorphine in the Palliative Care Setting **Suleyki Medina, M.D.** Palliative Medicine Specialist Symptom Management and Palliative Medicine Service Miami Cancer Institute Baptist Health South Florida Miami, Florida
	Marijuana as Medicine? **Sheena M. Zapata, M.D.** Palliative Medicine Specialist Symptom Management and Palliative Medicine Service Miami Cancer Institute Baptist Health South Florida Miami, Florida

Disclosure Statement	*Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*
Mitigation Chart	☒ **Mitigation chart complete on File Checklist.**
Disclosures	**The following faculty have indicated that they do not have any relevant financial relationships with ineligible companies* to disclose and have indicated that their presentation or discussion <u>will not include</u> off-label or unapproved product usage.** **Speakers:** Andy Arwari, M.D. Ileana Leyva, M.D. Sheena M. Zapata, M.D. **The following faculty have indicated that they do not have any relevant financial relationships with ineligible companies* to disclose and have indicated that their presentation or discussion <u>will include</u> off-label or unapproved product usage.** **Speakers:** Suleyki Medina, M.D. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies*. **Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

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

Measured Outcomes				
Learner Knowledge	**Learner Competence**	**Learner Performance**	**Patient Health**	**Community Health**
Measurement Type: ☒ Subjective ☐ Objective ↻	**Measurement Type:** ☒ Subjective ☐ Objective ↻	**Measurement Type:** ☒ Subjective ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻	**Measurement Type:** ☐ Subjective ↻ ☐ Objective ↻

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. ☒ **Pre/Post-Survey** • *Provide 1-2 goals per lecture to measure changes in competence.* **Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls") • **Utilize evidence-based strategies to improve symptom management in palliative and hospice care.** • **Employ strategies to address various clinical perspectives of interventions and enhance confidence in the provision of end-of-life care.**
☒ **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.* *In the last 60 days, I have* *•Utilized evidence-based strategies to improve symptom management in palliative and hospice care.* *•Employed strategies to address various clinical perspectives of interventions and enhance confidence in the provision of end-of-life care.* *If yes, please provide examples:* *If you have not implemented the strategies for end-of-life pain management, please identify one of the following barriers:*

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

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

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

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

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	April 2024
Course Renewal Date	
Course Expiration Date	April 2027

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