BHSF CME Committee Review
Evaluation Scores
February - April 2022
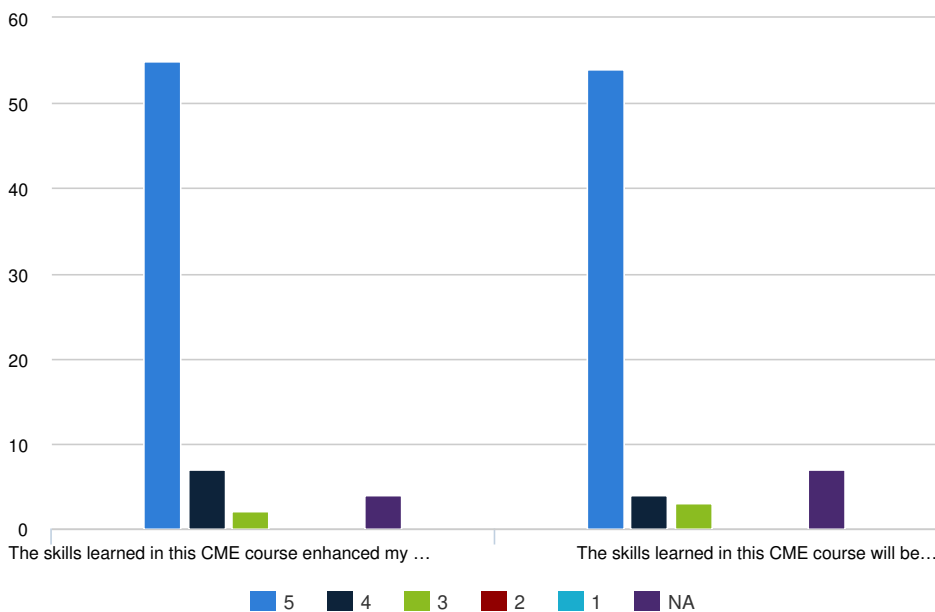
Lecture Date	Lecture Title	Speaker(s)	Total Attnd	Skills learned enhanced my professional competence	Skills learned will be applied in my practice	Avrg. Score
2/9/2022	Echocardiography and Noninvasive Vascular Testing Lecture Series: Diagnosing Thoracic Outlet Syndrome: Current Approaches and Future Directions	Constantino S. Pena, M.D	108	4.8	4.8	4.8
2/10/2022	MCVI Burnout: The Barrier to Clinician Well-being	Laxmi Mehta, M.D.	13	4.6	4.5	4.8
2/22/2022	Mental Health Conference Series: Enhancing Communication with Pediatric Patients and Families in the Hospital Setting	Brandon M. Korman, Psy.D., Ph.D., ABPP	29	4.7	4.7	4.8
2/24/2022	MCVI Grand Rounds: Aortic Stenosis and Treatment with TAVR/SAVR	Patrick T. O'Gara, M.D.	106	4.8	4.8	4.7
3/2/2022	MCVI Grand Rounds: Obstructive Sleep Apnea: An Affair of the Heart?	Harneet Walia, M.D.	101	4.9	4.9	4.8
3/8/2022	MCVI Vascular and Endovascular Lecture Series: Screening for the Silent Killer: Ruptured Abdominal Aortic Aneurysms (AAA) — Prevention, Evaluation and Treatment	Brian Schiro, M.D., RPVI, FSIR	63	4.8	4.8	4.6
3/9/2022	Echocardiography and Noninvasive Vascular Testing Lecture Series: Echocardiography in Profiling the Athlete's Heart	Eli Friedman, M.D.	112	4.7	4.8	4.6
3/10/2022	Baptist Health Medical Group Conference: Urology Trends - Update on Management of Overactive Bladder and Urge Urinary Incontinence	Lunan Ji, M.D.	37	4.8	4.8	4.8
3/10/2022	Miami Cancer Institute Dental Oncology Conference Series – Overview of Radiation Oncology in Head and Neck Cancers	Noah S. Kalman, M.D., MBA	24	4.8	4.8	4.9
3/16/2022	Echocardiography and Noninvasive Vascular Testing Lecture Series: Noninvasive Imaging and Classification of Severity of Carotid Bifurcation Atherosclerosis	Muhammad Hasan, MBBCh, RPVI, RVT, RDCS, RDMS	112	4.8	4.8	4.7
3/25/2022	Boca Raton Regional Hospital Internal Medicine Symposium		300	4.8	4.7	4.7
3/31/2022	Mental Health Conference Series — Update on Psychopharmacology: A Contrarian (or Skeptical) View?	David M. Tobolowsky, M.D.	51	4.6	4.6	4.1
4/8/2022	Miami Cancer Institute Summit of the Americas on Immunotherapies for Hematologic Malignancies, Third Annual		95	4.9	4.9	4.9

Lecture Date	Lecture Title	Speaker(s)	Total Attnd	Skills learned enhanced my professional competence	Skills learned will be applied in my practice	Avrg. Score
4/13/2022	Echocardiography and Noninvasive Vascular Testing Lecture Series: Multimodality Cardiovascular Imaging of Patients with Hypertrophic Cardiomyopathy	Elliott J. Elias, M.D., MPH, FACC, FASE	108	4.8	4.7	4.8
4/14/2022	MCVI Grand Rounds: The ABCs of Primary and Secondary Prevention of Cardiovascular Disease	Roger S. Blumenthal, M.D., FACC, FAHA, FNLA	93	4.7	4.7	4.6
4/22/2022	2022 Caring For Kids With Cancer Symposium		130	4.8	4.8	4..8

Baptist Health South Florida
Continuing Medical Education

Echocardiography and Noninvasive Vascular Testing Lecture Series: February 9, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Result details

|	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	55	7	2	0	0	4
The skills learned in this CME course will be applied in the treatment of my patients	54	4	3	0	0	7

How confident are you in your ability to:
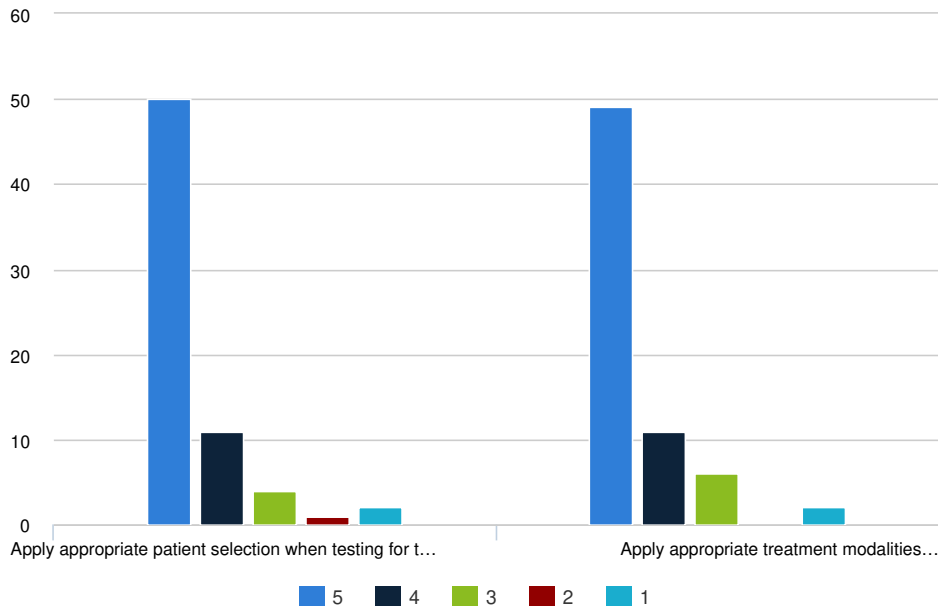
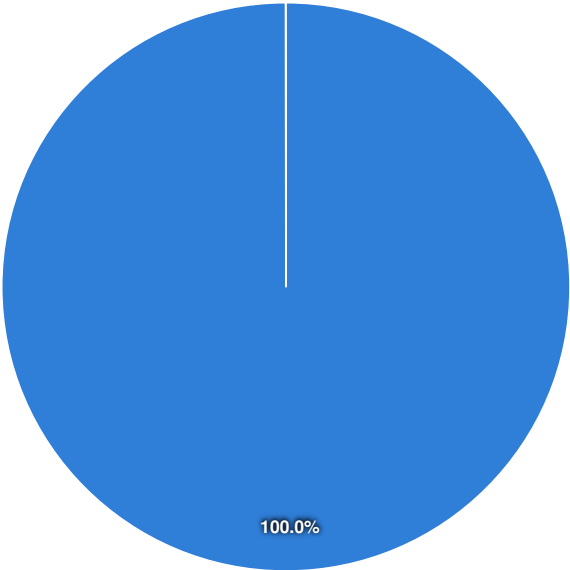|	5	4	3	2	1
Apply appropriate patient selection when testing for thoracic outlet syndrome.	50	11	4	1	2
Apply appropriate treatment modalities for diagnosing and managing thoracic outlet syndrome.	49	11	6	0	2

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?

Legend: 5, 4, 3, 2, 1
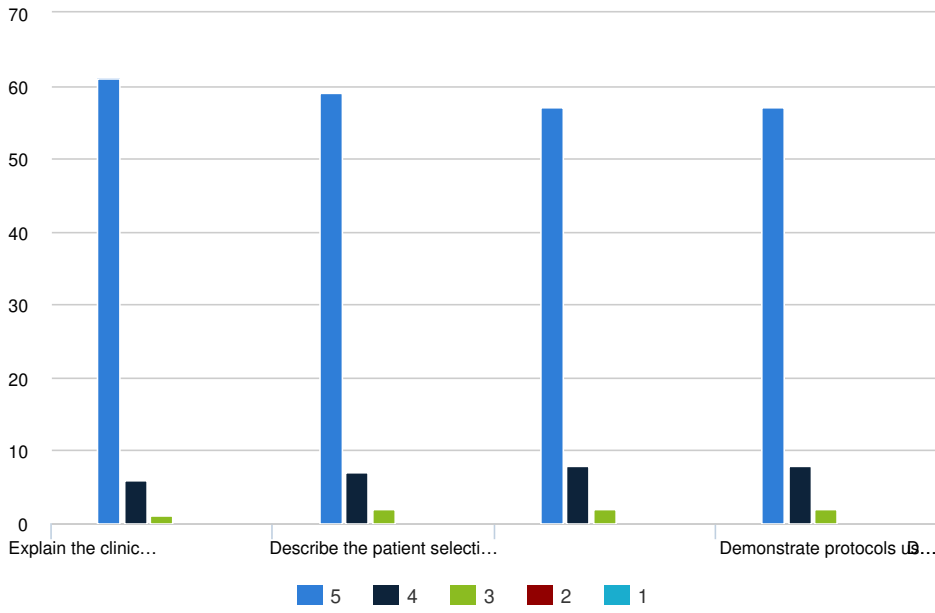
Result details

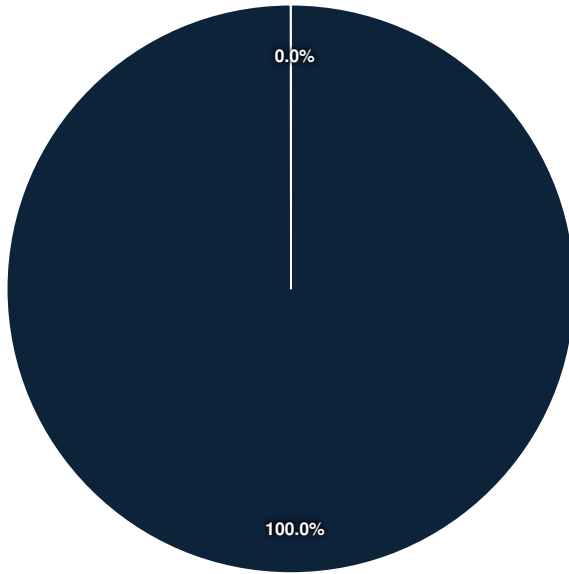|	5	4	3	2	1
Explain the clinical presentation for thoracic outlet syndrome.	61	6	1	0	0
Describe the patient selection process for testing thoracic outlet syndrome.	59	7	2	0	0
Demonstrate protocols used in the diagnosis and classification of disease management.	57	8	2	0	0
Describe new and established treatment modalities for thoracic outlet syndrome.	57	8	2	0	0

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	68

What, if any, new skills/strategies will you apply in your clinical practice?

Result details	
Left Blank	0
User entered value	68
Average submission length in words (ex blanks)	4.82
-	
N/A	
Improved the diagnosis of tos	
Improved the diagnosis of tos	
Improved the diagnosis of tos	
I will use Doppler and conventional ultrasound.	
Knowledge	
N/A	
Reaffirmed	
Everything	
Becoming more familiar with pericardial disease.	
Very interesting course, I will definitely use this information on my upper extremity arterial and venous studies.	
No	
I will read more new publications and watch webinars about this important topic	
Great lecture	
N/A	
Not performing those studies at the moment	
new knowledge	
.	
None	
Testing and examining to rule in/out TOS	
NA	

NA

N/A. Attendance was to learn

None

Pt history

New clinical pearls

A new skill that I will apply is being able to classify a thoracic outlet syndrome.

None

It was very informative. I did not even know what thoracic outlet syndrome was before this CME.

..

.

N/A

evaluate causes thoracic outlet syndrome

All of them

Everything

new and established treatment modalities for thoracic outlet syndrome.

Moving patients arm in different directionsto identify where the problem is.

Be aware of thoracic outlet syndrome

complete physical exam in appropriate patients

n/a

n/a

n/a

n/a

Best imaging to help Doctors for a good diagnosis

N/A

It was something new for me, it was interesting how we can identify different pathology

.

Be more aggressive ordering imaging studies such as MRA and MRV

N/A

Better awareness and ability to diagnose thoracic outlet syndrome

All of them

n/a

N/A

.

N/a

Will be more aware of syndrome

Be more informed when evaluating patients with thoracic outlet syndrome. He be more knowledgeable in regards to a treatment modalities.

understanding anatomy and therapeutic options of thoracic outlet syndrom

it was an excellent refresher which included additional skills which will be incorporated into our existing protocol.

Yes

Yes

Requesting appropriate MRI scans

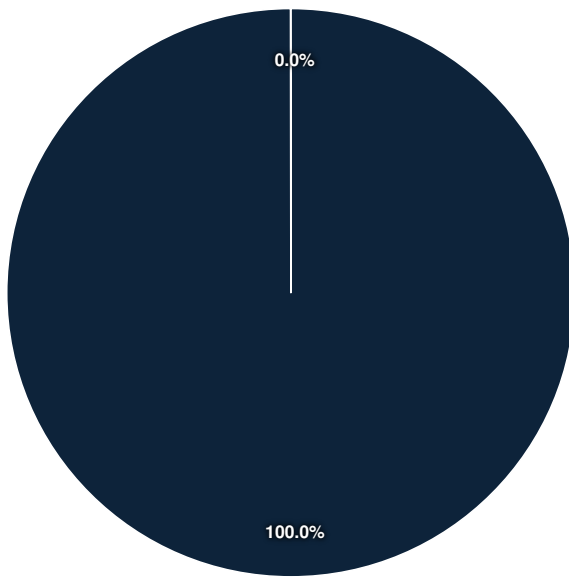Positions to induce symptoms is most critical to diagnosis.

Good course

Good course

Everything

skills such as evaluation skills

Usually, I don't have direct contact with patients.

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%

Result details	
Left Blank	0
User entered value	68
Average submission length in words (ex blanks)	2.25
-	
N/A	
I will	
I will	
I will	
None	
I work at a great practice	
N/A	
None	
NA	
N/A	
I am going to implement these skills.	
No	
I plan to implement new skills in my clinical practice	
Great lecture	
N/A	
I may change back to Echo/ US department	
none	
.	
I will	
Na	

NA

Not currently employed

We don't test for this in our lab

.

n/a

N/A.

None

CME

..

.

N/A

N/A

I plan to implement.

PLAN TO

N/A

N/A

Nothing

n/a

n/a

n/a

n/a

N/A

N/A

N/A

.

Not applicable

N/A

No barriers to implementation

Nothing... I'm applying all of them

n/a

N/A

.

N/a

N/A

Gina Schwartz

no

n/a

None

None

N/a

Good lesson

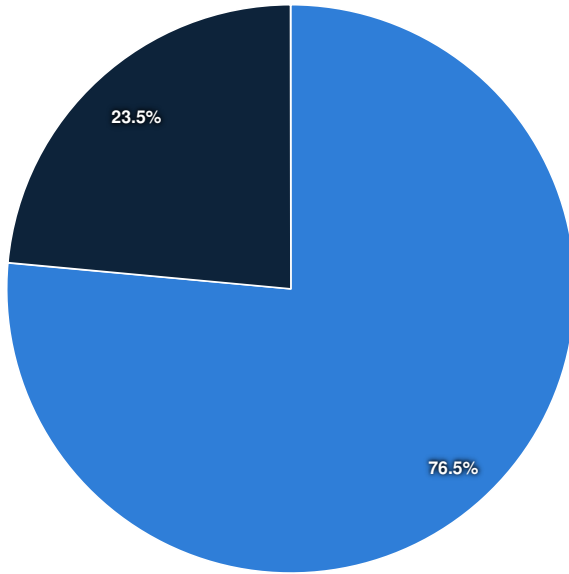Good lesson

Good lesson

Everything

still unclear radiology request

Usually, I don't have direct contact with patients.

Please provide any additional comments or suggestions.

23.5%

76.5%

Result details	
Left Blank	52
User entered value	16
Average submission length in words (ex blanks)	7.00
For me as a student webinar was helpful and has a lot new information	
N/A	
Thank you	
NA	
Thanks, a lot of learning	
Excelente review	
Great presentation.	
he diagnosis and classification of disease management	

Very informative about a difficult diagnosis particularly the neurogenic type of TOS

N/A

.

As always Dr Tino Pena did an excellent presentation which will be of tremendous help to those newly hired staff as well as students which attended.
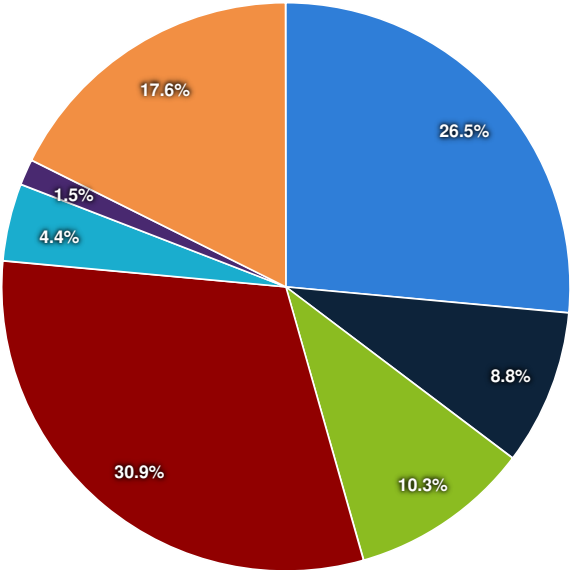
I would have liked to know how to word the MRI scans for completeness and in keeping with coding

Excellent presentation.

Looking forward to presentation

need to further look into proper screening studies in respect to radiology
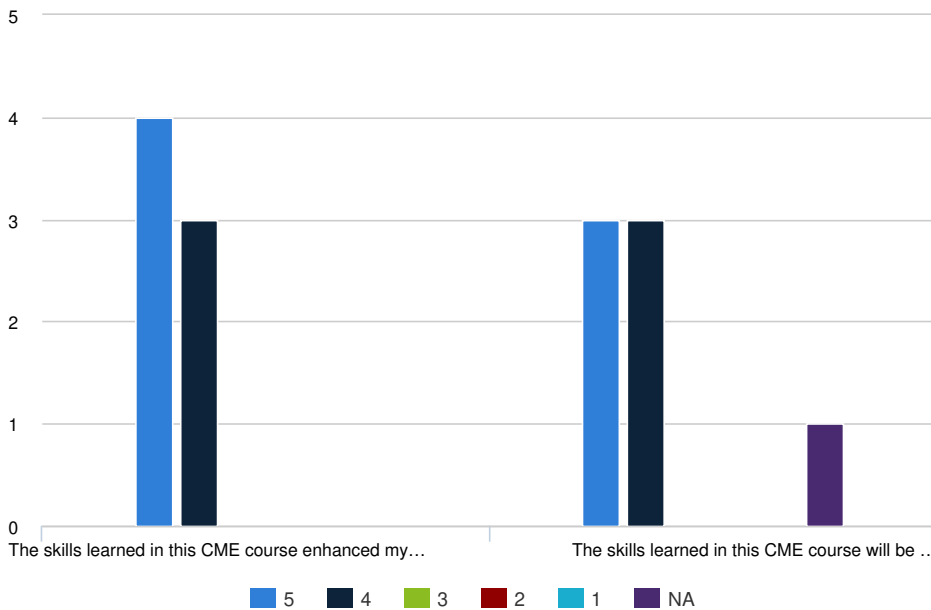
Please select one:

Result details	
M.D., D.O.	18
ARNP/PA-C	6
R.N.	7
Sonographer	21
Untrasound Tech	3
Respiratory	1
Other...	12 (view)

Baptist Health South Florida
Continuing Medical Education

MCVI Burnout Evaluation - February 10, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: 5, 4, 3, 2, 1, NA

Result details

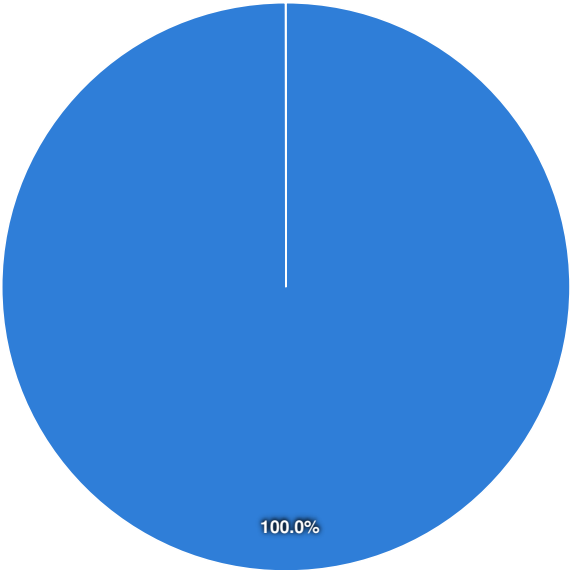|	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	4	3	0	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	3	3	0	0	0	1

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?
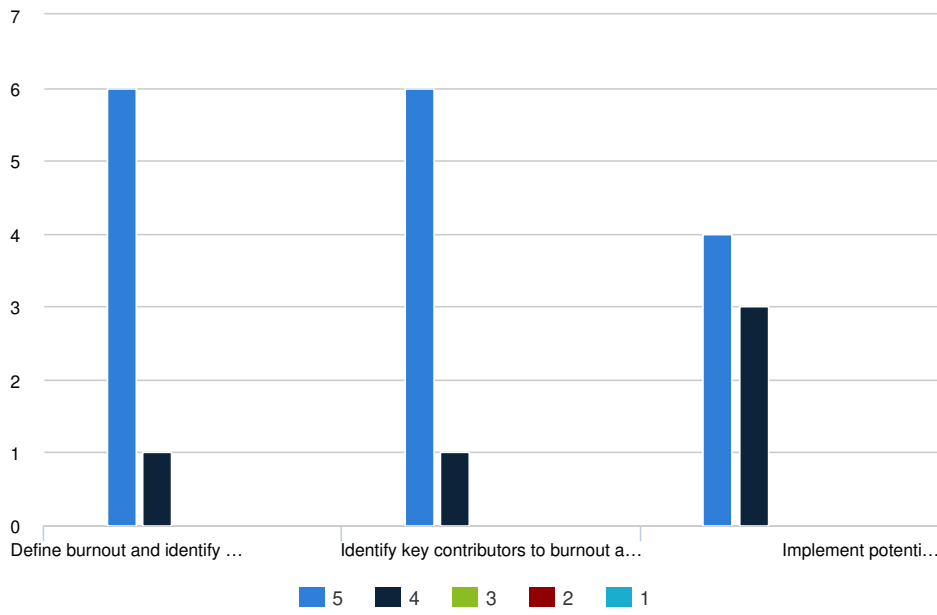
Result details

|	5	4	3	2	1
Define burnout and identify the repercussions of physician burnout.	6	1	0	0	0
Identify key contributors to burnout among cardiologists.	6	1	0	0	0
Implement potential well-being solutions on a professional and personal level.	4	3	0	0	0

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	7

What, if any, new skills/strategies will you apply in your clinical practice?
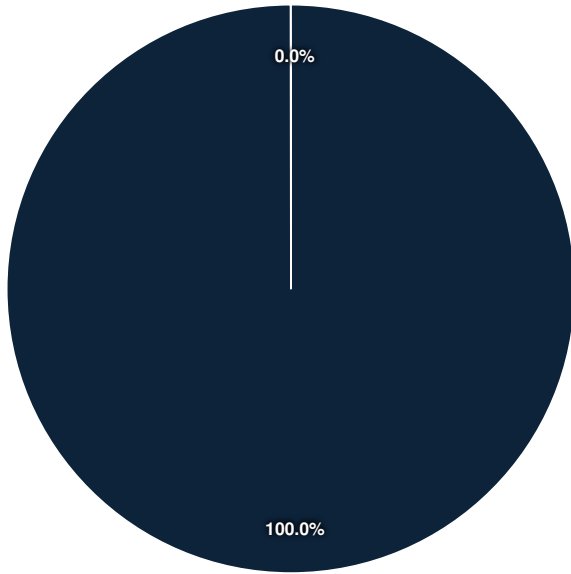
0.0%

100.0%

Result
details

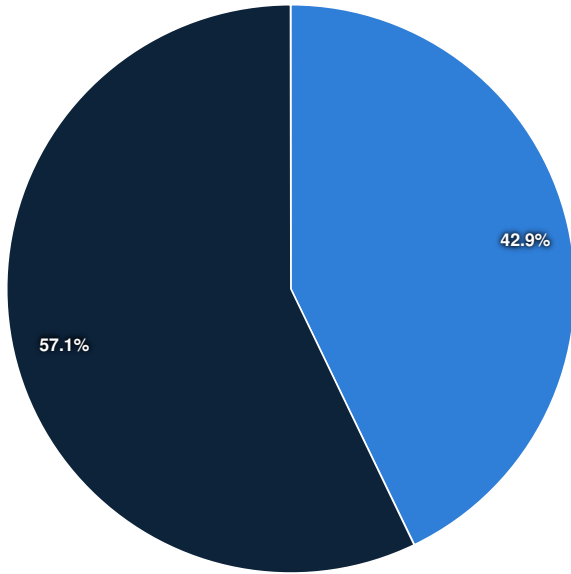|	
Left Blank	0
User entered value	7
Average submission length in words (ex blanks)	4.71
Being more mindful of symptoms of burnout and how they affect patient care.	
More self care	
.	
Take self care more serious.	
apply concept	
0	
Information that I can apply to not get burned out.	

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%
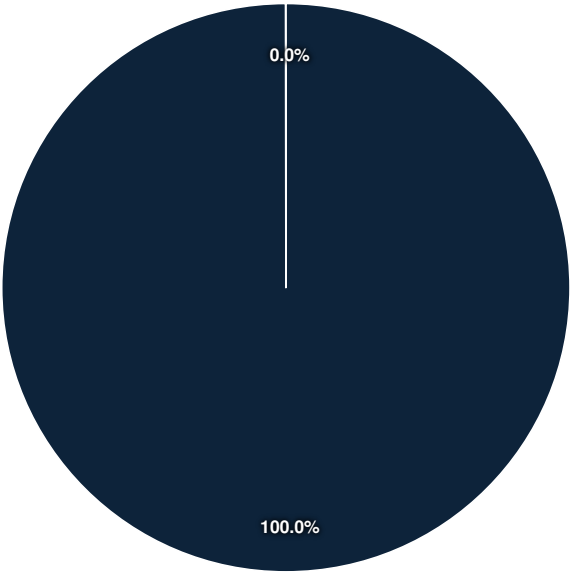
Result details	
Left Blank	0
User entered value	7
Average submission length in words (ex blanks)	0.71
N/A	
.	
.	
.	
yes	
0	
N/A	

Please provide any additional comments or suggestions.

42.9%

57.1%

Result details

|	
Left Blank	3
User entered value	4
Average submission length in words (ex blanks)	11.50
I would appreciate information on what the system is doing to help with provider burnout. I understand that a wellness officer has been hired. Other than individual counseling what strategies are being undertaken on a system level to assist with provider burnout.	
Excellent presentation	
great presentation	
0	

How did you hear about this course?
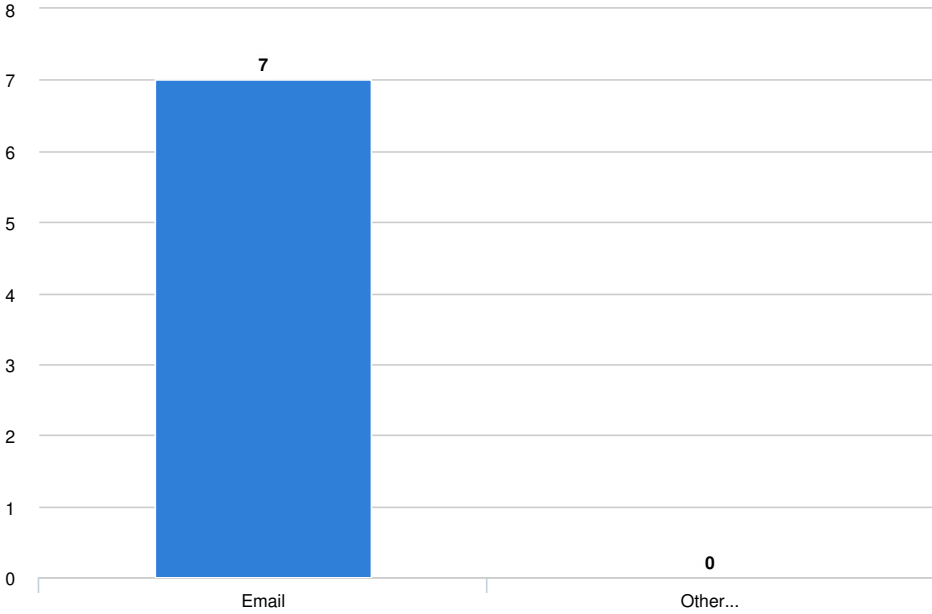
Result details	
Email	7
Other...	0

Please select one:
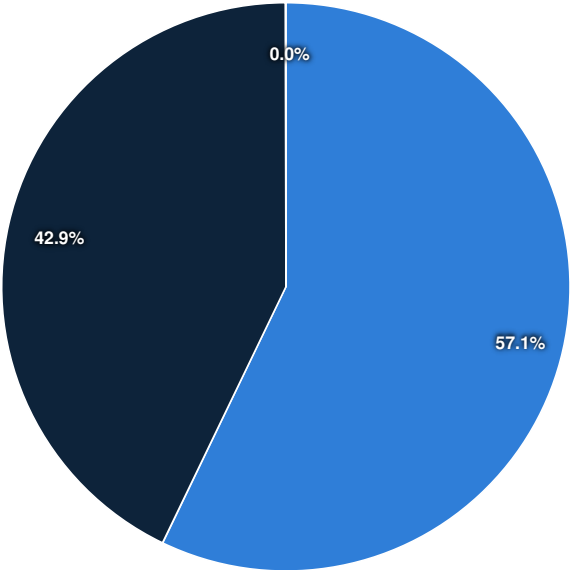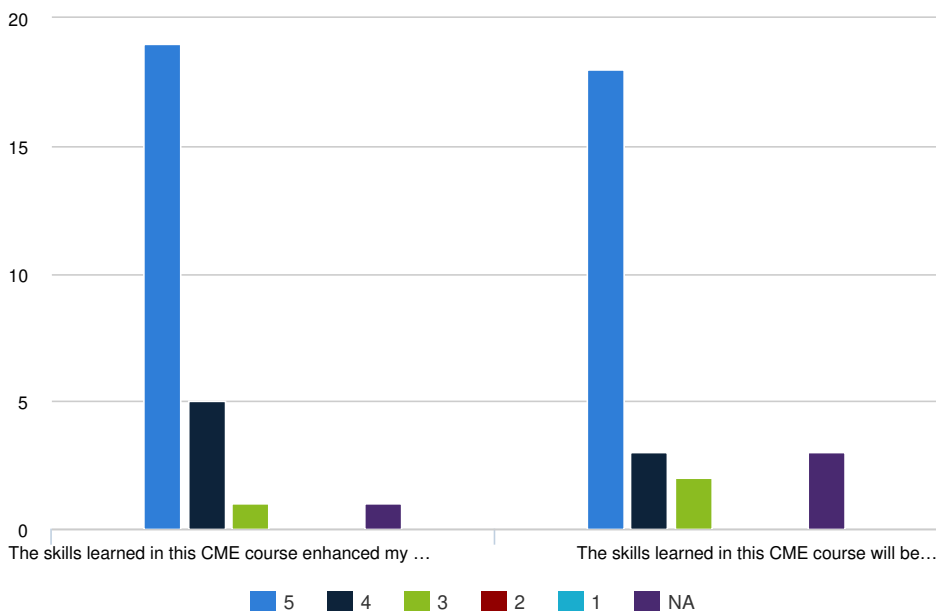

Result details	
M.D., D.O.	4
ARNP/PA-C	3
Other...	0

Mental Health Evaluation - February 22, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.
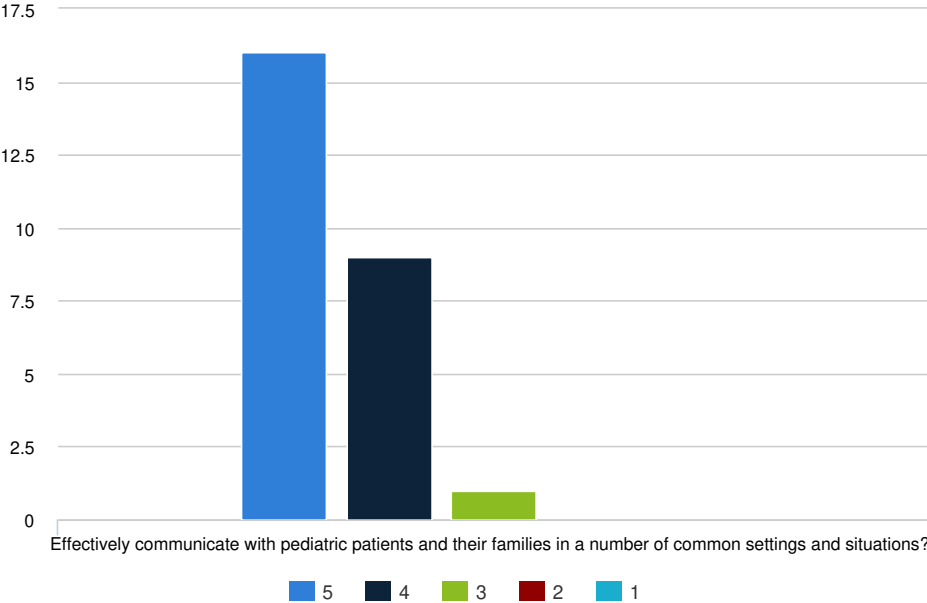
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Result details

|	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	19	5	1	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	18	3	2	0	0	3

How confident are you in your ability to:

Effectively communicate with pediatric patients and their families in a number of common settings and situations?

Legend: 5, 4, 3, 2, 1

Result details

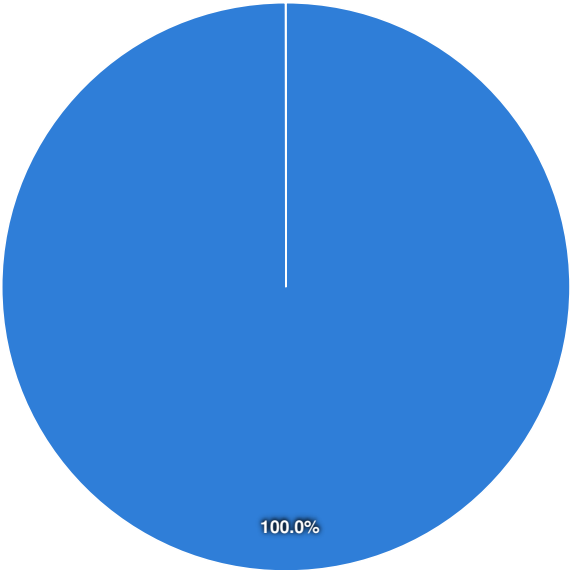|	5	4	3	2	1
Effectively communicate with pediatric patients and their families in a number of common settings and situations?	16	9	1	0	0

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?
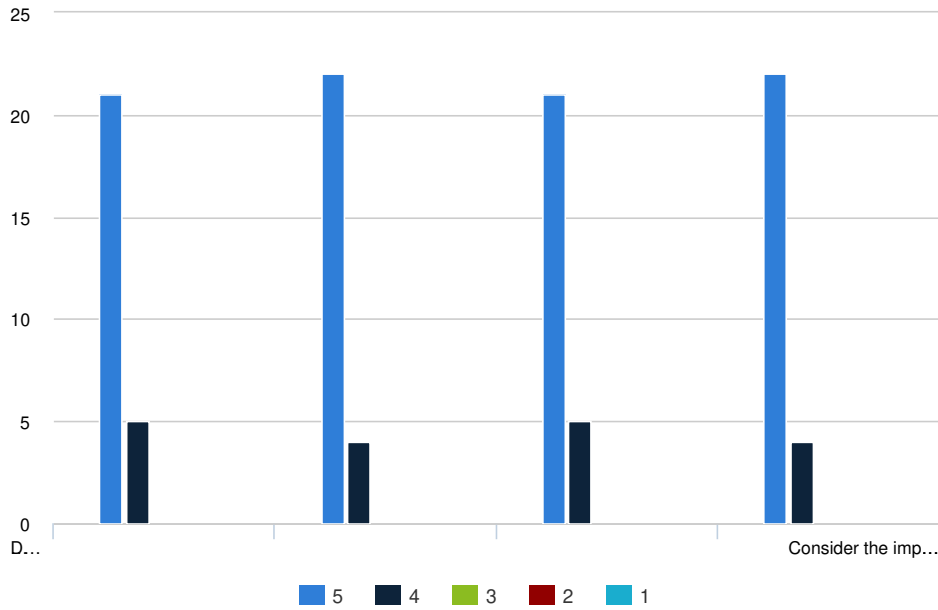
Result details

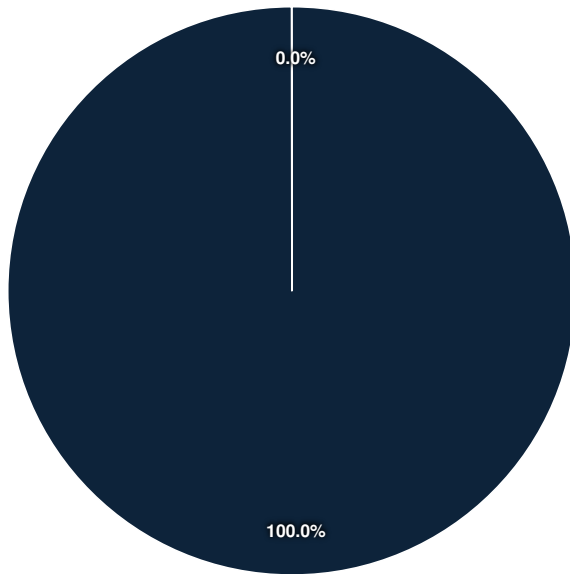|	5	4	3	2	1
Describe why provider-patient communication so important and when it is "good enough".	21	5	0	0	0
Identify how cultural background, family dynamics and other psychosocial factors can affect the communication process, and how meeting families where they are facilitates positive interactions.	22	4	0	0	0
Consider the importance of developmental factors and use them to improve messaging and compliance.	21	5	0	0	0
Discuss the power of empathy as a universal communication tool, and describe the strengths and weaknesses of various communication strategies.	22	4	0	0	0

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	26

What, if any, new skills/strategies will you apply in your clinical practice?

0.0%

100.0%

Result details	
Left Blank	0
User entered value	26
Average submission length in words (ex blanks)	9.04
I'm a hospice and palliative social worker	
N/A	
N/A	
great examples	
to be more aware of patient and family's specials needs	
Understanding emotions behind patient response	
n/a	
Even more carefully than before consider the sentence construct and preempt how it will be received by the patient.	
Communication with parents	
n/a	
Listening with more empathy and compassion	
Me more observant of cultural differences	
This information was not only good for clinical practice but also good for parenting as well. I liked the way he addressed biases and the use of alternate forms of communication (facial expressions, humor, touch).	
yes	
None	
will better educate staff and patients	
will better educate staff and patients	
Compassion is best	
Better understanding of family relationships in the office	
I am pleased he mentioned the importance of developmental factors in order to have effective communication .	

Communicate more with the child instead of only or mostly with the parents / guardian or caregiver. Be sensitive in watching for communication which may be interpreted as offensive to patient and apologize quickly and try to rectify .

R-E-S-P-E-C-T To empathize and not only sympathize to have a deeper connection when communicating; Show compassion; use humor appropriately with timing; Also communicate with the child;
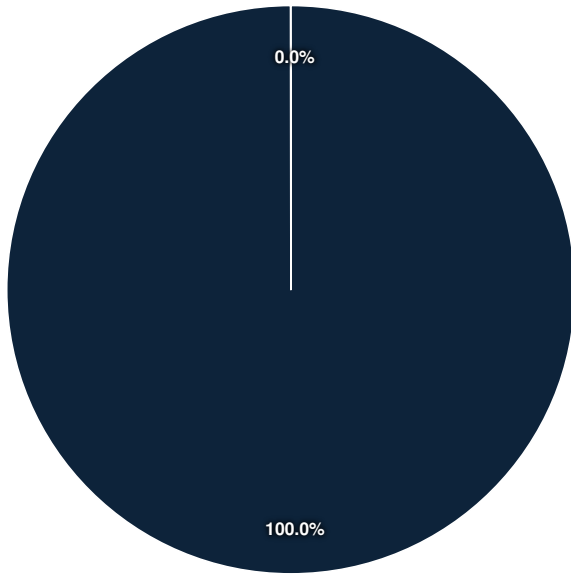
N/A

Emphaty is one very important technique in doing my job every day

My emotion drives my rational ability. Communicate with respect, collaboration, genuine intent.

all of them.

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%

Result details

|	
Left Blank	0
User entered value	26
Average submission length in words (ex blanks)	2.35
N/a	
N/A	
N/A	
I have gained new strategies	
n/a	
..	
n/a	
NA	
N/A	
n/a	
not applicable	
None	
nothing	
none	
Retired	
nothing	
nothing	
Nothing	
Improve	
Not applicable	
N/A	

none so far.

N/A

I do to implement this new strategie in the communication I have with patients.

I will implement all the new skills.

Please provide any additional comments or suggestions.
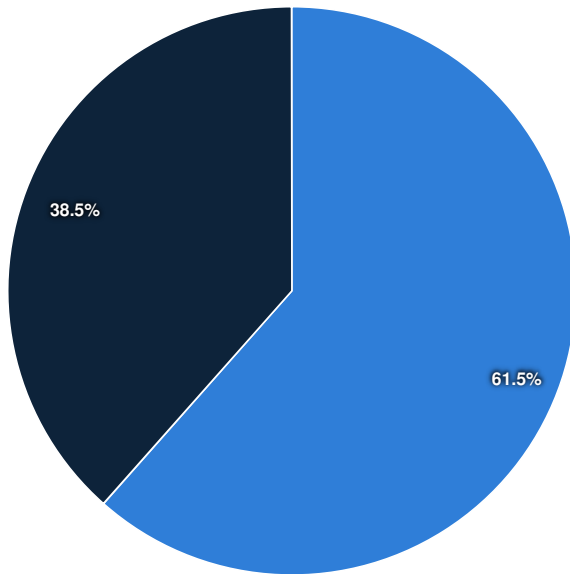
Result details

|	
Left Blank	16
User entered value	10
Average submission length in words (ex blanks)	6.50
more scenarios the ones presented were great	
Given the diverse setting in which we live, I would like more information about pediatrics and cultural diversity	
None	
n/a	
Further discussions	
Excellent speaker!	
Speaker was exceptional. His voice, tone and style were empathic and a great role model.	
A very comprehensive presentation.	
This was an excellent presentation and very practical and enlightening.	
The presentation was excellent.	

How did you hear about this course?
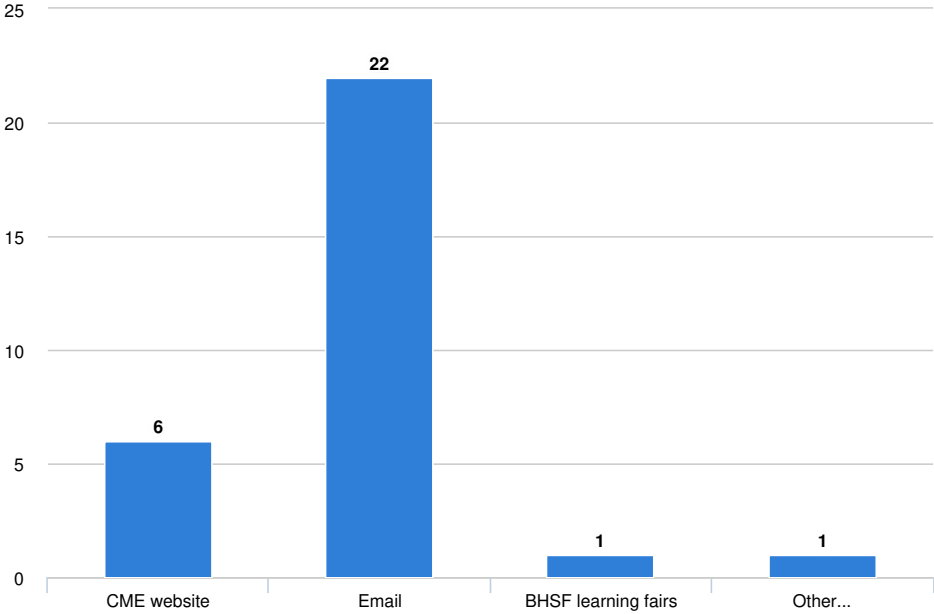
Result details

CME website	6
Email	22
BHSF learning fairs	1
Other...	1 (view)

Please select one:
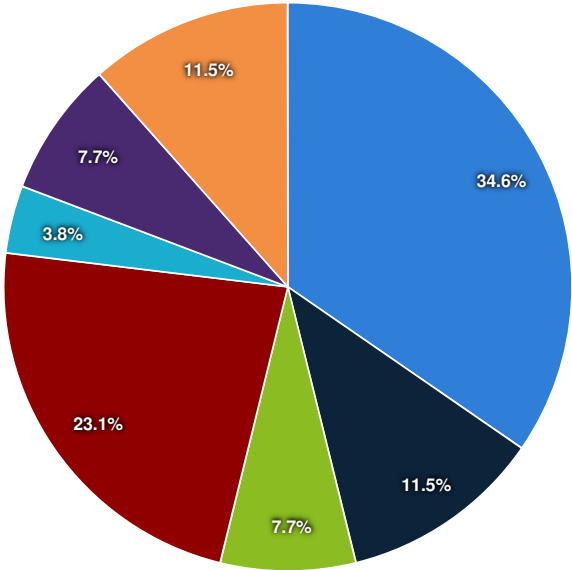
Result details

M.D., D.O.	9
Ph.D/Psy.D	3
ARNP/PA-C	2
R.N.	6
Untrasound Tech	1
Pharmacist	2
Other...	3 (view)

Baptist Health South Florida
Continuing Medical Education

MCVI Grand Rounds Evaluation - February 24, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: 5 | 4 | 3 | 2 | 1 | NA

Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	44	11	3	0	0	3
The skills learned in this CME course will be applied in the treatment of my patients	45	8	1	2	0	5

How confident are you in your ability to:

Legend: 5, 4, 3, 2, 1
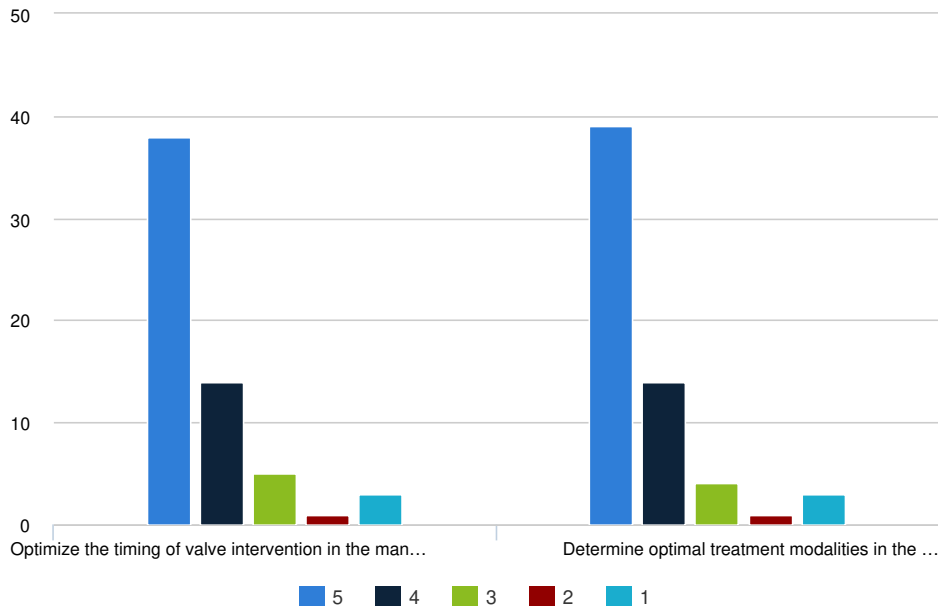
Result details	5	4	3	2	1
Optimize the timing of valve intervention in the management of aortic stenosis.	38	14	5	1	3
Determine optimal treatment modalities in the management of aortic stenosis.	39	14	4	1	3

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?
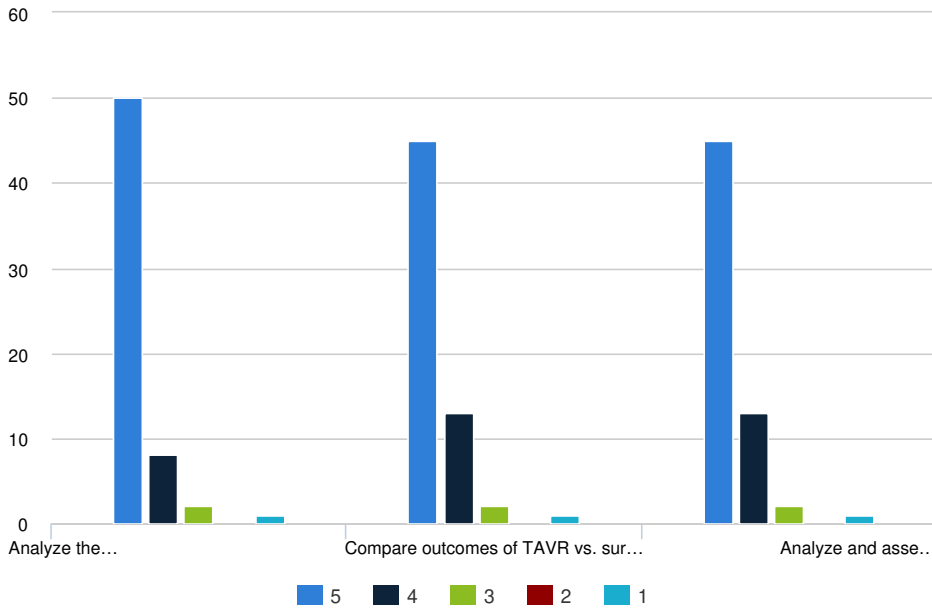
	5	4	3	2	1
Analyze the natural history of aortic stenosis and determine appropriate timing of valve interventions.	50	8	2	0	1
Compare outcomes of TAVR vs. surgical AVR (SAVR).	45	13	2	0	1
Analyze and assess situations in which SAVR might be preferred over TAVR.	45	13	2	0	1

Result details

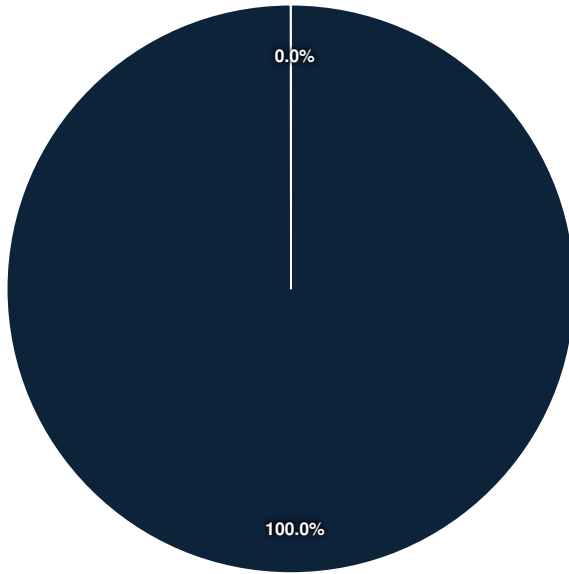**Was this course fair, balanced and without commercial bias?**

100.0%

Result details	
Yes	61

What, if any, new skills/strategies will you apply in your clinical practice?

0.0%

100.0%

Result details	
Left Blank	0
User entered value	61
Average submission length in words (ex blanks)	5.82
N/A	
utilizing imaging and serum biomarkers in determining appropriate therapy , TAVR vs SAVR	
No new skills. Confirmation of what I already knew except for the percentage of AS patients with hypertension, diabetes and hyperlipidemia (34%) which I was unaware of.	
Evaluation of TAVR vs SAVR, understanding that not everyone is in fact a candidate for TAVR as much as we want them to be	
Better insight into Dx and Rx	
More timely referrals for repair	
nop	
.	
NA	
NA	
Na	
.	
Earlier referral for assessment of aortic outflow murmur to better plan timing and therapeutic options for each patient	
Being to determine AS	
increase knowledge about AS	
application of aortic valve calcium score	
TAVR indications and contraindications	
Order a CT scan to determine a calcium score	
N/A	
Indications regarding TAVR in older patients	

Use of biomarkers ie BNP and calcium in the Av to help decide what procedure and timing

Low risk and bav pts

learned about calcium scoring of aortic valve

adding calcium score of aortic valve to evaluation

Treatment options

when to recommend SAVR

NA

Taking care of TAVR pets.

Better assessment of severity of aortic stenosis

Na

Greater use of bio markers and CT AV calcium score

Better screening for valve procedures

Better screening for valve procedures

.

Better choosing between tact and save for my patients

After participating in this Webinar I will pay more attention to adequately diagnosing valvular aortic stenosis and take the right course of action to correct the problem, either to refer to the Cardiologist or Surgeon

N/A

Refer suspected aortic stenosis earlier

Excellent

Na

Great presentation

evaluation of patients for TAVR

As an echo tech, obtaining good quality images and Doppler for AS cases.

Better diagnose and treat AS

Not applicable

risk stratification for AS Diagnose low gradient AS

Everything

Everything

Everything

Use of CT

all

NOW AWARE OF ADVANCED HEART SCANNING

Timing for surgery for low flow and high flow scenarios was clearly reviewed for be better implementation and timing of valve replacement.
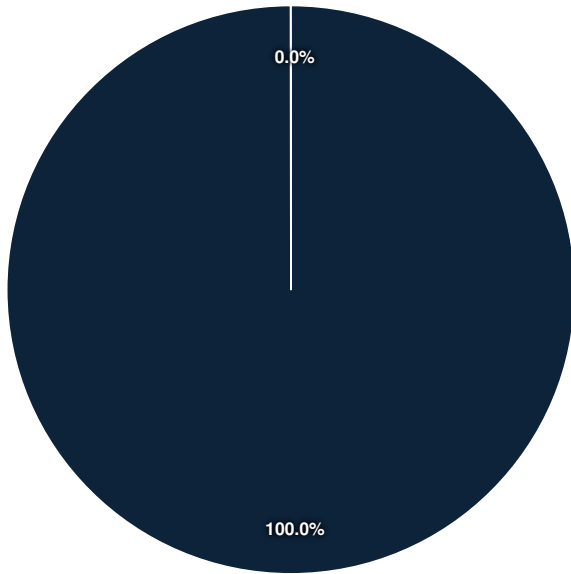
N/A

None

none at this time.

NA

N/a

.

very good presentation.

Better knowledge regards the timing of intervention for aortic stenosis

Better knowledge regards the timing of intervention for aortic stenosis

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%

Result details

Left Blank	0
User entered value	61
Average submission length in words (ex blanks)	2.11
N/A	
N/A	
Nothing really new to implement. I am very up-to-date on this subject (many other webinars from the UM etc.)	
NA	
None	
Not in clinical practice	
si	
.	
NA	
NA	
Na	
.	
Nothing	
Still a student	
N/A	
n/a	
N/A	
N/A	
N/A	
None	
Nothing	

No

yes

as above

N/A

na

NA

N/A

Nothing

Na

NA

None

None

.

Both

Do not have any objections to implement above recommendations

Nothing

nothing

Good

Na

Nothing

I'm an echo technician but I assist during Tavr. I like to learn more.

N/A

Not applicable

nothing

Nothing

Nothing

Nothing

N/A

will implement

NA

See above

N/A

None
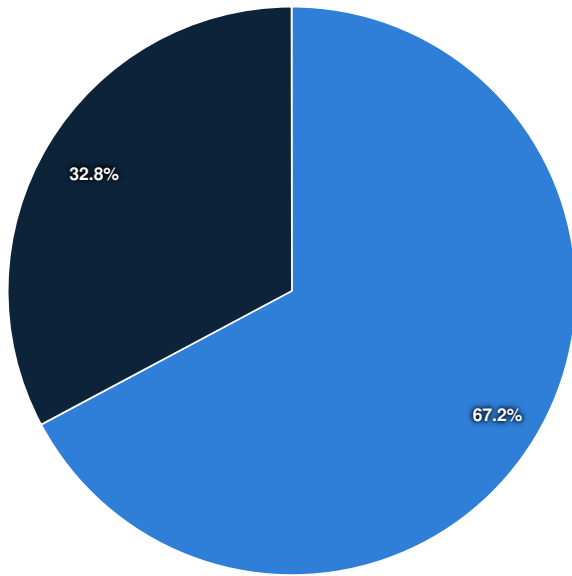
no patient care. I work in quality department.

NA

N/a

.

None

No barriers to implementation

Please provide any additional comments or suggestions.

Result
details

Left Blank	41
User entered value	20
Average submission length in words (ex blanks)	4.20
N/A	
Excellent	
nop	
.	
None	
Excelente presentation with an outstanding speaker	
Dr. O'Gara is an excellent speaker!	
Amazing speaker	
Excellent lecture	
.	
Excellent Webinar, please consider having similar lectures on Mitral valve pathology	
None	

Great

Great presentation

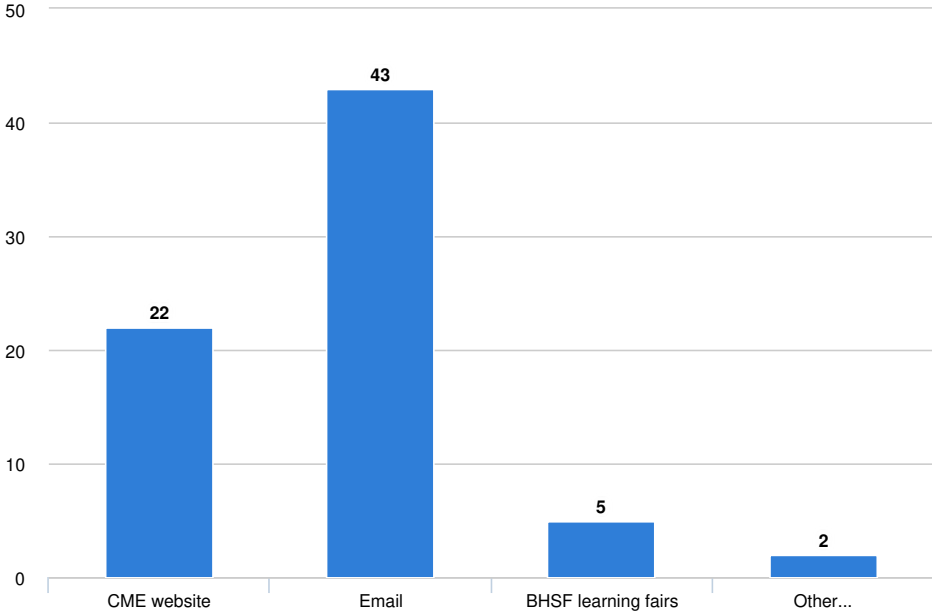Great presentation

Great presentation

Excellent presentation!

Extremely well done and very relevant program. Thanks

I enjoyed hearing about the basics of identifying TAVR patients and how they are cared for. It was great insight on SAVR vs. TAVR. thanks.

Excellent presentation. This was for my own knowledge.

How did you hear about this course?

Result details

CME website	22
Email	43
BHSF learning fairs	5
Other...	2 (view)

Please select one:
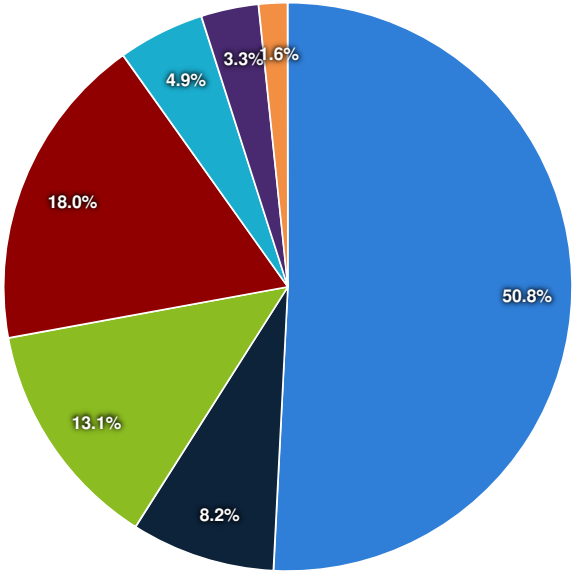
Result details	
M.D., D.O.	31
ARNP/PA-C	5
R.N.	8
Sonographer	11
Untrasound Tech	3
Pharmacist	2
Other...	1 (view)

Baptist Health South Florida
Continuing Medical Education

MCVI Grand Rounds Evaluation - March 2, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: 5, 4, 3, 2, 1, NA

Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	52	8	3	0	0	1
The skills learned in this CME course will be applied in the treatment of my patients	48	7	3	1	0	5

How confident are you in your ability to:

Legend: ■ 5 ■ 4 ■ 3 ■ 2 ■ 1
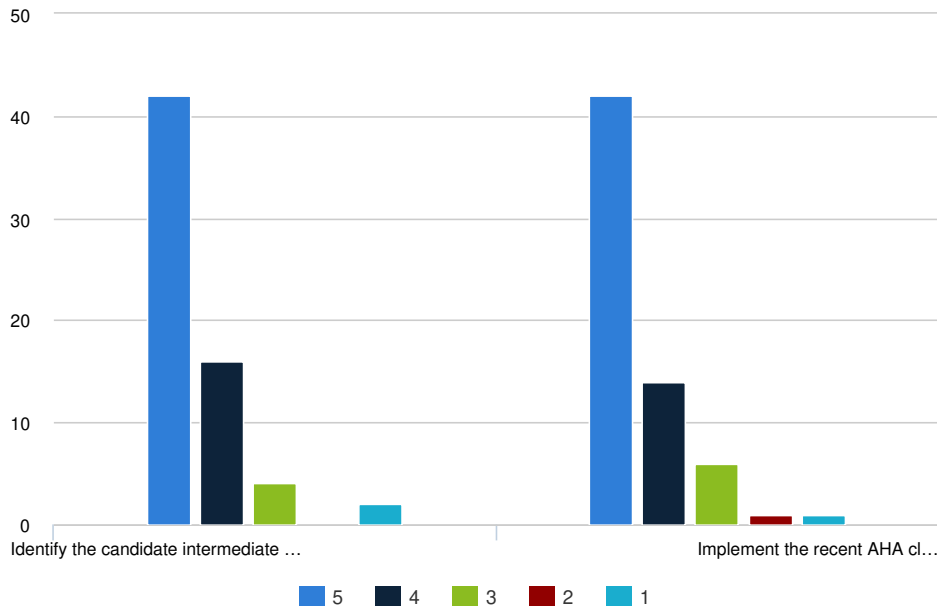
Result details	5	4	3	2	1
Identify the candidate intermediate pathways that mediate obstructive sleep apnea with cardiovascular disease?	42	16	4	0	2
Implement the recent AHA clinical practice guidelines for the diagnosis and treatment of obstructive sleep apnea?	42	14	6	1	1

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?
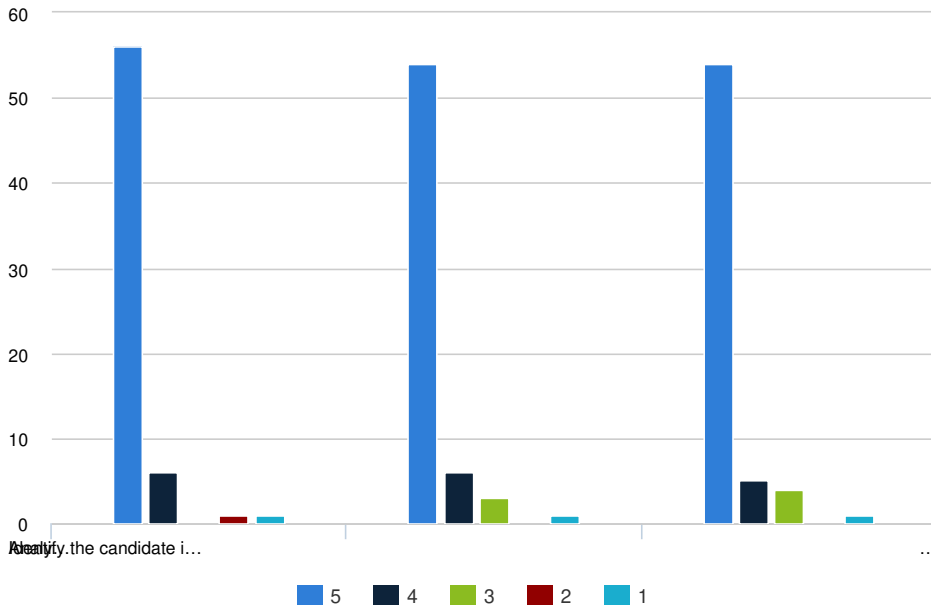
Result details

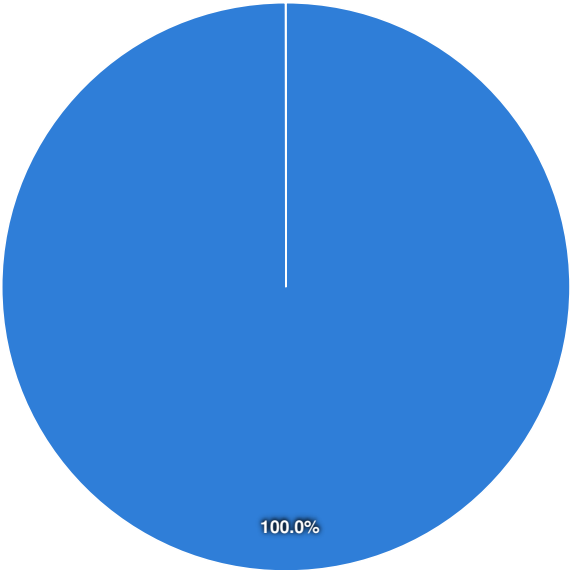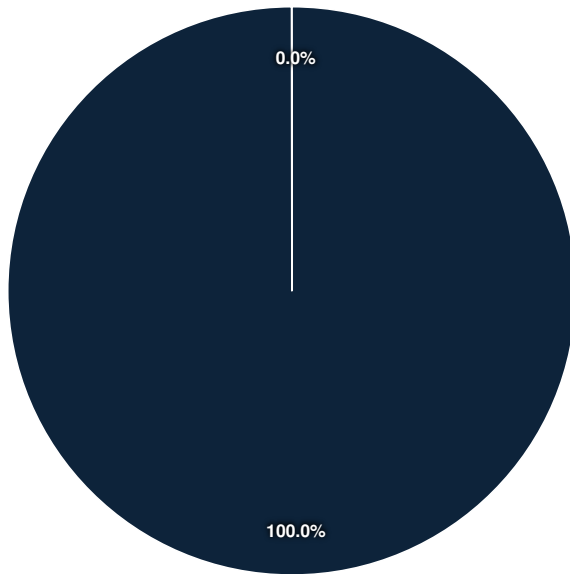|	5	4	3	2	1
Analyze the evidence supporting the association between obstructive sleep apnea and cardiovascular disease.	56	6	0	1	1
Identify the candidate intermediate pathways that mediate obstructive sleep apnea with cardiovascular disease and the implications for treatment options.	54	6	3	0	1
Apply the screening and treatment recommendations outlined in the recent AHA scientific statement on Obstructive Sleep Apnea and Cardiovascular Disease.	54	5	4	0	1

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	64

What, if any, new skills/strategies will you apply in your clinical practice?

0.0%

100.0%

Result details	
Left Blank	0
User entered value	64
Average submission length in words (ex blanks)	8.78
N/A	
Inquire of my patients on their sleep patterns	
Testing more HTN resistant pts with sleep study	
Na	
Understand Sleep Study testing results	
Will order more sleep studies on my afib and hypertensive patients	
I will be more aware of those patients who meet criteria and refer them for testing	
Recognize the CVS AND SOA	
Improved awareness of cardiovascular implications of OSA will lead to increased screening for this condition.	
Referrals to sleep clinic if OSA is suspected.	
Closer review of resistant HTN patients, ti consider OSA evaluation	
Implement different evaluations at home and hospital that are appropriate for patients with comorbidities	
Earlier referral to sleep study	
I am now better equipped counsel at risk patients about the benefits of formal sleep apnea consultation and screening. I am confident that there is a local state of the art referral base (BHSF MCVI) for consultation and follow-up treatment.	
Better educate the patient on the benefits of adhering to PAP therapy and the importance to follow up with the referring physician.	
NA	
More frequent screening for OSA in patients with resistant hypertension and paroxysmal arrhythmias	
More frequent screening for OSA in patients with resistant hypertension and paroxysmal arrhythmias	
Ask patients about symptoms of OSA	
Identifying and reporting the patients with Obstructive Sleep Apnea.	

Identifying at risk persons for CVD who have OSD Screening persons for OSD as a significant percentage are undiagnosed and the risk of CVD is significant

N/A

Implementation of the recent AHA diagnosis and treatment guidelines for sleep apnea

consider clinical differences between OSA and central sleep apnea

.

Being able to identify sleep apnea and the potential benefits of CPAP for myself and for those I care about.

--

Looking for osa in CV disease pts

importance for screening CV its for OSA

Great talk

Informative statistical data outlining the correlation between OSA and CV disease.

I learned that if there are any issues with sleep refer patient for sleep study. Also I didn't realize the high incidence on African American males.

recognizing that OSA is more prominent in men, African American, and Asian. Recognizing sleep patterns complaints and daytime symptoms. Recognizing the link between OSA and cardiac dysfunction such as arrhythmias and hypertension.

Yes

Somehow

Better screen

Sleep apnea may frequently be overlooked when deciphering what is going on with the pt. To look beyond the primary complaint and see the underlying issue may have to do with sleep apnea, either not being diagnoses or non-compliance with the treatment.

test more patients

Better monitoring of cardiovascular problems and work up of sleep apnea inappropriate patients

reinforced learning

New CPAP devices

Interpreting severity of sleep apnea based on AHI.

N/A retired

identify symptoms early on

Identify sleep apnea symptoms

new knowledge

N/A

Nothing new

Now recognize daytime symptoms of OSA and what lab studies are important.

Better understanding of relationship of OSA and heart disease. when to oprder sleep evaluation.

N/A

N/A

Educate pts on cardiovascular risks associated with sleep apnea

consider osa in pts with resistant htn

As many as I can

reinforced learning

Reinforced learning

Reinforced learning

As sleep tech we apply all these knowledge of n a regular basis

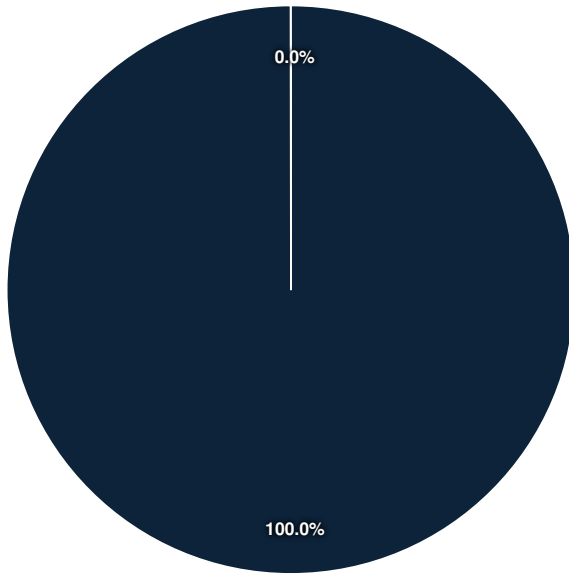Better knowledge and understanding of subject matter.

To be more aware of the correlation between sleep apnea and the heart.

advised CPAP use.

Be more aware of sleep apnea

Widened the spectrum of susceptible patients

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%

Result details	
Left Blank	0
User entered value	64
Average submission length in words (ex blanks)	3.11
N/A	
N/A	
Na	
Taking a break from nursing	
n/a	
None	
I find this lecture so eye-opening that makes me realize I should pay more attention to patients that may have the condition	
Nothing	
NA	
Knowledge and practice	
Do plan on new strategies	
Na	
N/A	
n/a	
N/A	
Retired Orthopedist	
Nothing	
Nothing	
N/A	
Planning g to implement skill in clinical practice.	
I plan to implement new strategies.	

0

N/A

na

.

I am not a practicing physician, but I learned a great deal.

--

N/a

NO

NA

NP student so I am in learning process.

Implementation can turn challenging if patients are non compliant.

n/a

Yes

NA

Work in an office setting

new cpap devices

Na

will implement skills and strategies

N/A

n/a

N/A retired

n/a

Do not see many pts with this

insurance companies

N/A

I'm already following the guidelines and actually exceeding them

N/A

I plan to order more sleep studies.

N/A

N/A

Na

lack of pt contact

N/A

will implement the new strategies /skilss

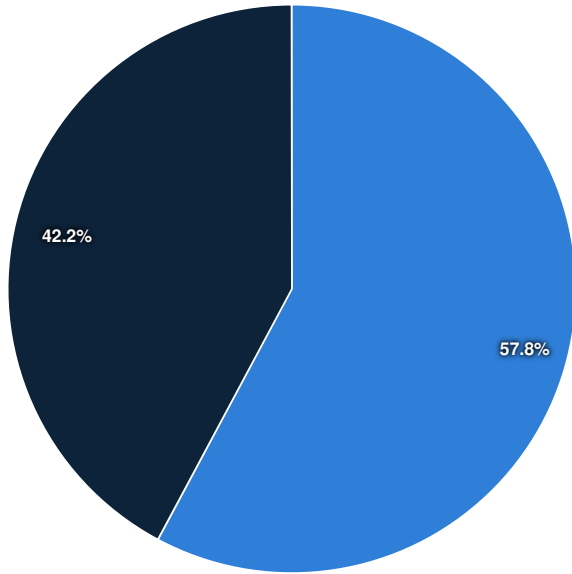Will implement new skills /strategies

???

None

Learn more about the heart.

insurance coverage

nothing

None

Please provide any additional comments or suggestions.

42.2%

57.8%

Result details	
Left Blank	37
User entered value	27
Average submission length in words (ex blanks)	6.26
N/A	
Excellent lecture, please continue this Webinar lectures	
None	
Fantastic talk with very clinically relevant and actionable material.	
None	
Great thanks to Dr. Walia, her staff and the administration of BHSF/MCVI for her / their dedication and hard work in order to help so many patients in need. Excellent presentation. Will you consider a presentation on the subject of Central Sleep Apnea?	
None	
None	
None	
Excellent presentation to highlight the significance of Diagnosing and screening OSD . Thank you.	
0	
None at this time	
Dr. Walia is an excellent Lecturer. In one hour , I learned a tremendous amount of information regarding sleep apnea and how it correlates with: Strokes, Arrhythmias, Heart failure and how CPAP can improve these outcomes, if not prevent them.	
N/A	

N/A

Fantastic presenter.

Excellent presentation.

Very important topic

Enjoyed the talk and lecture.

excellent

excellent talk with excellent powerpoint to support information

N/A

Excellent course. Thank you
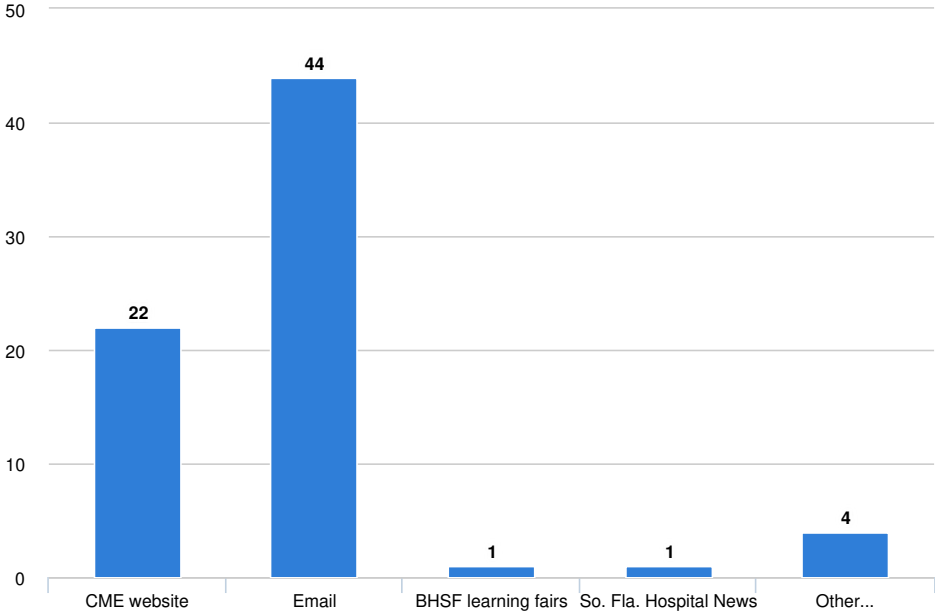
speaker was very knowledgeable in her field of expertise.

N/A

excellent presentation

Excellent presentaion

Excellent vivid presentation

How did you hear about this course?

Result details	
CME website	22
Email	44
BHSF learning fairs	1
So. Fla. Hospital News	1
Other...	4 (view)

Please select one:
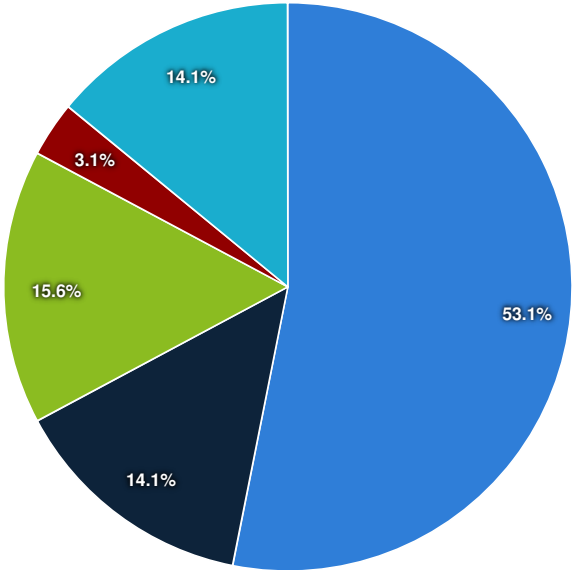
Result details	
M.D., D.O.	34
ARNP/PA-C	9
R.N.	10
Respiratory	2
Other...	9 (view)

Baptist Health South Florida
Continuing Medical Education

MCVI Vascular and Endovascular Lecture Series Evaluation - March 8, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: ■ 5 ■ 4 ■ 3 ■ 2 ■ 1 ■ NA

Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	23	7	1	0	0	3
The skills learned in this CME course will be applied in the treatment of my patients	18	6	0	0	0	10

How confident are you in your ability to:

Determine the best treatment strategy for patient with ruptured AAA to minimize subsequent aneurysm-related dea…
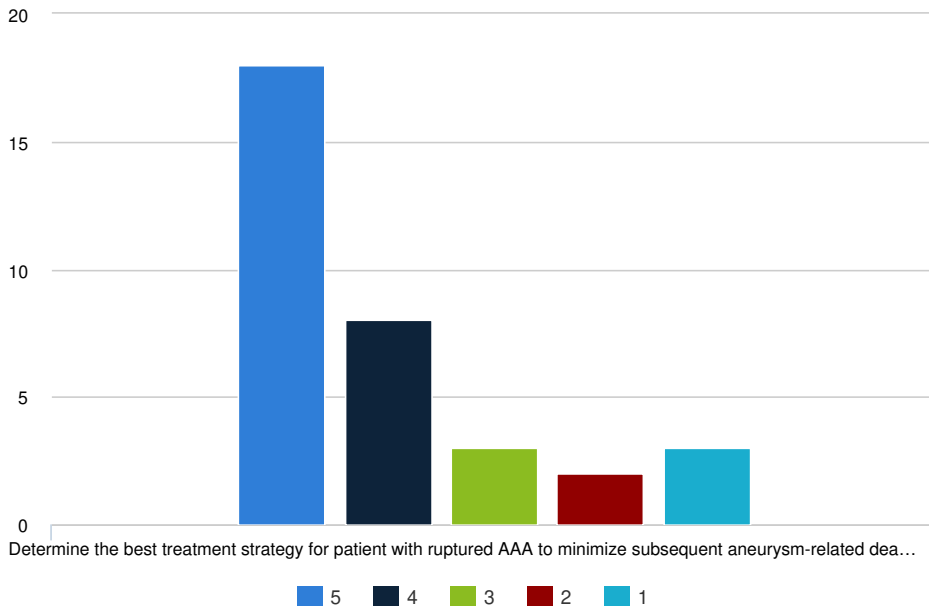
■ 5 ■ 4 ■ 3 ■ 2 ■ 1

Result details

	5	4	3	2	1
Determine the best treatment strategy for patient with ruptured AAA to minimize subsequent aneurysm-related death or morbidity?	18	8	3	2	3

As a result of attending this course, to what extent do you agree that you will be better able to:

Legend: 5, 4, 3, 2, 1, NA
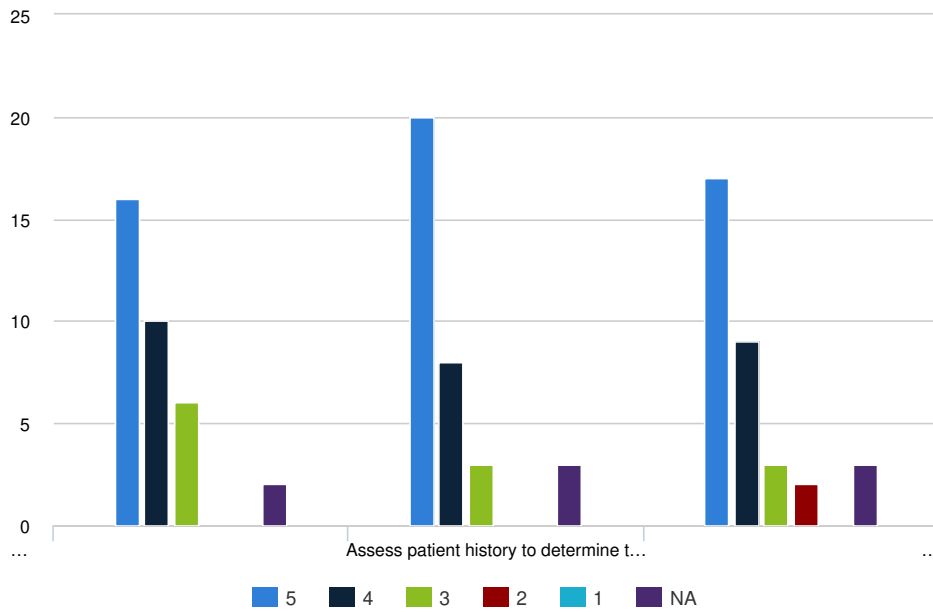
Result details

|	5	4	3	2	1	NA
Summarize the latest research findings and current theories on the pathogenesis and epidemiology of abdominal aortic aneurysm (AAA) with and without rupture.	16	10	6	0	0	2
Assess patient history to determine the best screening tools for AAA.	20	8	3	0	0	3
Utilize evidence-based guidelines to determine the best treatment strategy for patients with ruptured AAA to minimize subsequent aneurysm-related death or morbidity.	17	9	3	2	0	3

How satisfied or dissatisfied were you with the following conference content?
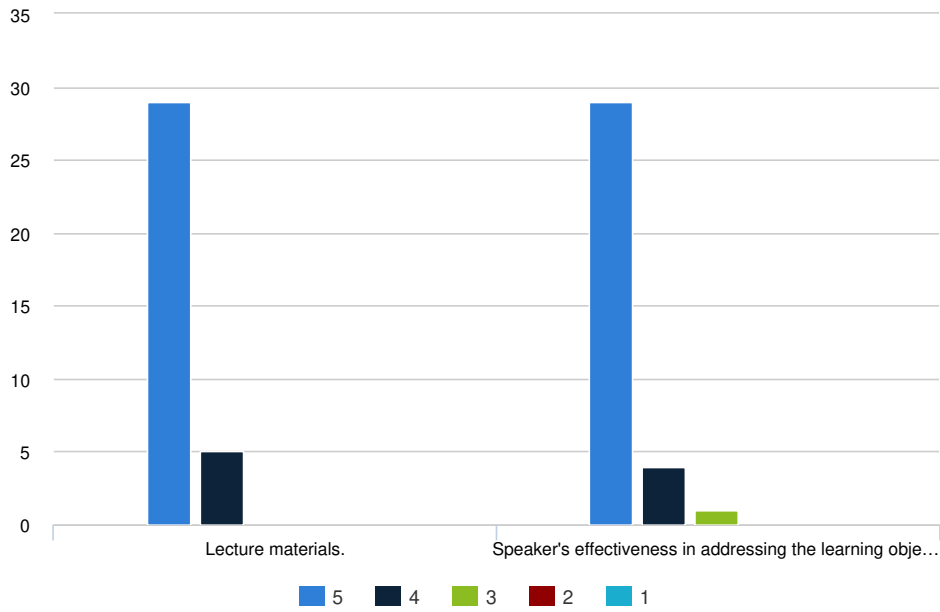
	5	4	3	2	1
Lecture materials.	29	5	0	0	0
Speaker's effectiveness in addressing the learning objectives	29	4	1	0	0

Result details

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	34

What, if any, new skills/strategies will you apply in your clinical practice?

0.0%

100.0%

Result
details

Left Blank	0
User entered value	34
Average submission length in words (ex blanks)	8.35
appropriate screening for AAA	
Being able to recognize stable vs unstable rupture	
Being able to recognize stable vs unstable rupture	
N/A	
N/A	
Try to screen more high risk patients early	
This class was a refresher and affirmation of the protocol we follow in our institution. We will definitely apply the concepts taught here.	
update monitoring strategies for AAA	
Screening recommendations	
Remembering the ETI in OR	
Increased my knowledge of evidenced based treatment strategies for patients with AAA	
Observation and imaging regardless of renal function	
Screening for AAA with US	
signs and symptoms of AAA rapture surgical VS EV repair	
1. I am much more aware of patients who are at risk for AAA. 2. I will refer risk category patients for proper screening. 3. I am aware and grateful that there are clinicians with the dedication and expertise of Dr. Schiro and his staff. 4. I am grateful to the administration of BHSF for their support of the staff and provision of the technological materials required for optimal patient care and best outcomes.	
screening for AAA in men 65-75 who are former or current cigarette smokers	
More comfortable screening and referring for procedures	
CTA	
NA	
NA	

Better knowledge regarding appropriate screening for AAA.

learn to recommend treatment for AA

more knowledgeable regarding AAA stable and ruptured

Improve screening

New information to help decide whether patient will do better with open repair vs endovascular repair

n/a

Reinforced learning

N/A

All skills will be applied

Became more aware of following AAA and the preferred Treatments

All relevant

I work in a different setting as an OT.

smoking is still a big risk factor.

Reemphasized that percutaneous intervention was treatment of choice for a ruptured aortic aneurysm.

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

50.0%   50.0%
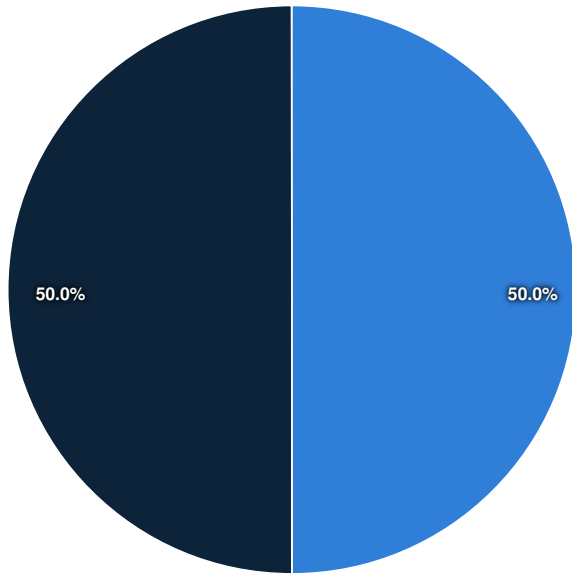
Result details	
Left Blank	17
User entered value	17
Average submission length in words (ex blanks)	4.24
nothing	
N/A	
N/A	
This material is excellent and well taught, no reason not to apply it everyday and teach it to our Echo and Med students.	
N/A	
Medical therapy Betablockers	
n/a	
nothing	
There are no barriers to implementation	
na	
na	
n/a	
N/A	
N/A	
N/A	

I work in a different setting as an OT.

The talk validates my practice. I do not have to change.

Please provide any additional comments or suggestions.

Result details	
Left Blank	23
User entered value	11
Average submission length in words (ex blanks)	6.00
wonderful presentation	
Thank you for the concepts shared in this class, as always, I look forward to the next webinar.	
More time for questions	
Thanks very informative	
Excellent presentation by Dr. Schiro. Excellent updated information ... necessary for us to know, especially as we care for for the risk population presented.	
none	
np	
n/a	
Excellent	
Very good Course	
Thank you for providing this and other courses.	

How did you hear about this course?
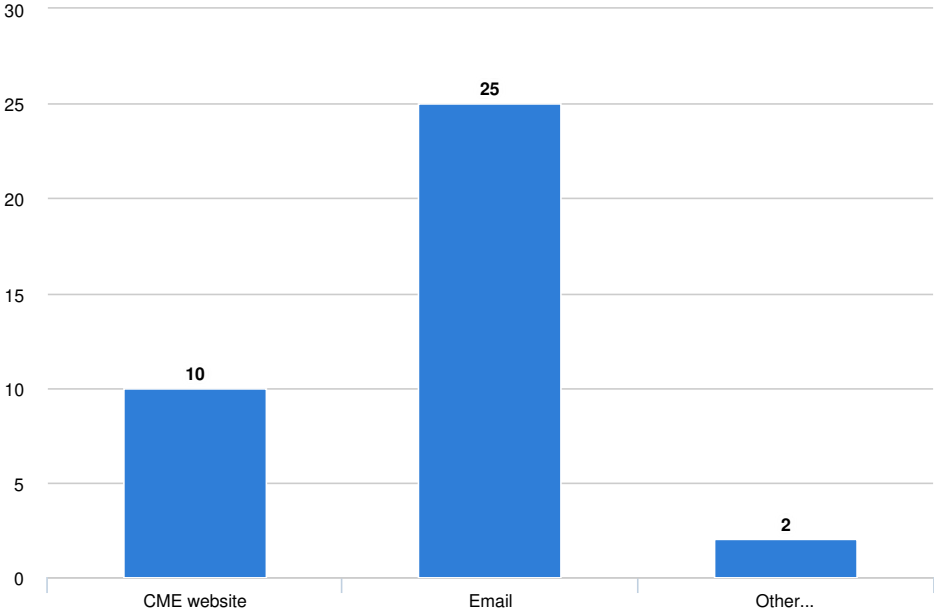
Result details

CME website	10
Email	25
Other...	2 (view)

Please select one:
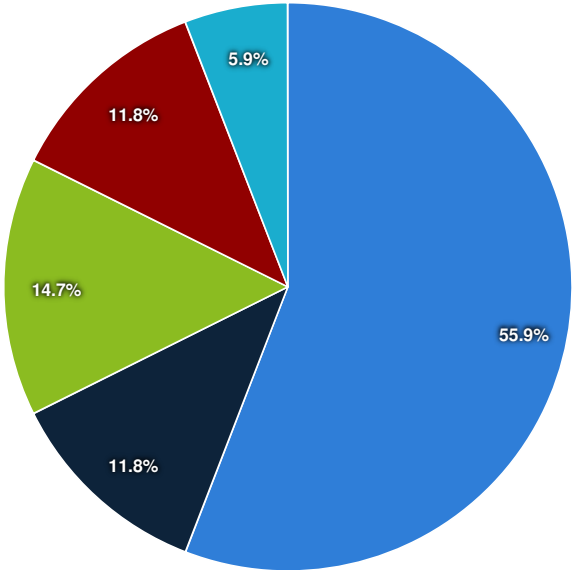
Result details	
M.D., D.O.	19
ARNP/PA-C	4
R.N.	5
Occupational Therapist	4
Other...	2 (view)

Baptist Health South Florida
Continuing Medical Education

Echocardiography and Noninvasive Vascular Testing Lecture Series: March 9, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: 5, 4, 3, 2, 1, NA

Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	27	5	2	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	25	7	0	0	0	2

How confident are you in your ability to:

Legend: 5 · 4 · 3 · 2 · 1
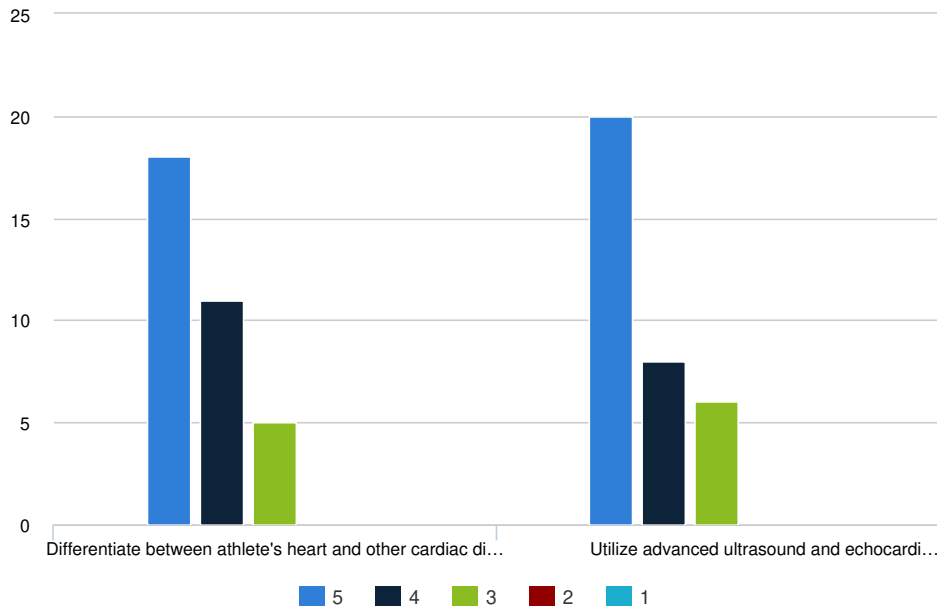
Result details

	5	4	3	2	1
Differentiate between athlete's heart and other cardiac diseases?	18	11	5	0	0
Utilize advanced ultrasound and echocardiography in the diagnoses of athlete's heart?	20	8	6	0	0
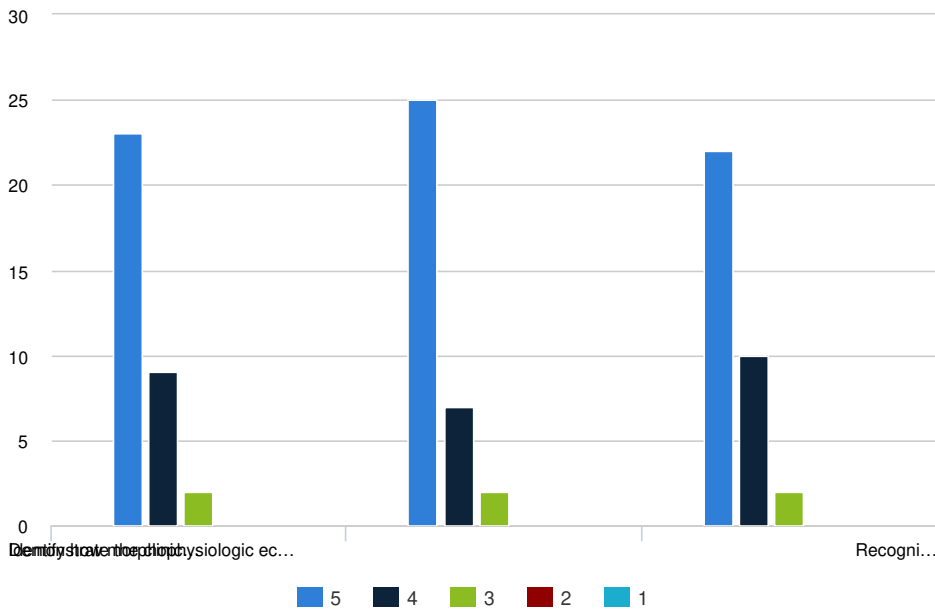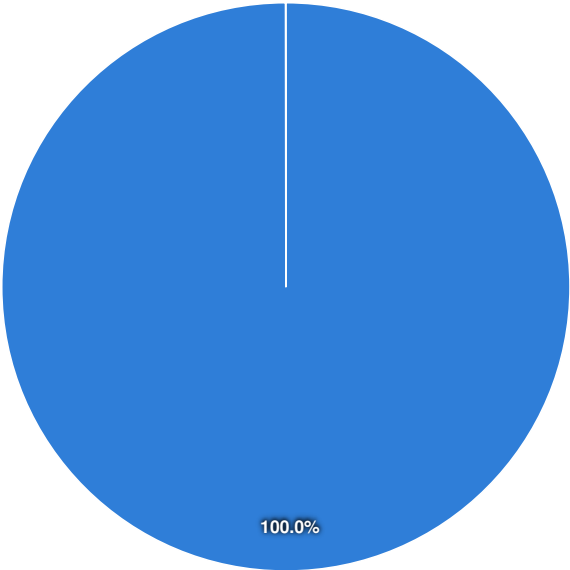
How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?

	5	4	3	2	1
Demonstrate the clinical presentation of probable heart disease in an athlete.	23	9	2	0	0
Identify how morphophysiologic echocardiography may be the most definitive way to classify cardiovascular risk in most athletes.	25	7	2	0	0
Recognize specific features of an athlete's heart, including the left and right ventricular functions.	22	10	2	0	0

Result details

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	34

What, if any, new skills/strategies will you apply in your clinical practice?

0.0%

100.0%

Result
details

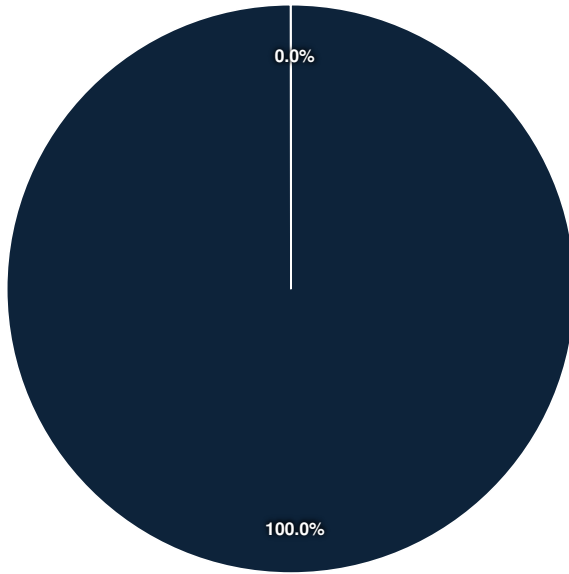|	
Left Blank	0
User entered value	34
Average submission length in words (ex blanks)	5.74
N/A	
Better understanding of echo and stress echo in extreme athletes	
All	
Use Global strain imaging and cardiac MRI	
Echo differences and what is normal for athletes and not	
Not to "detrain" athletes	
Enhance usage of strain values	
Na	
Recognize and differentiate the cardiomyopathy from an Athletic heart	
helped to build on current knowledge of diagnostic testing of the athlete.	
Continue same scanning	
images of aortic LCA and RCA , GLS	
-	
More indepth screening for sports clearance/ physicals	
a lot of what I learned .	
NA	
Strain	
Learning to understand EKGs from an athlete perspective.	
Better patient evaluation .	
None	
Incorporate GLS measurement from abnormal echocardiograms, specifically athletic population	
.	

Pressure Vs volume Wt lifters Vs runners

Pressure Vs volume Wt lifters Vs runners

.

NA

Right ventricular function

Better selection of athletes patient that need a more profound evaluation

Yes, taking in consideration the type of sport and race and sex to determine better if there is a possible heart condition.

The knowledge of knowing the different markers for an athletes heart.

Echo interpretation

All

Recognize that an abnormal appearing EKg may actually be normal in an athlete and not a cause of concern

All new skills learned

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%
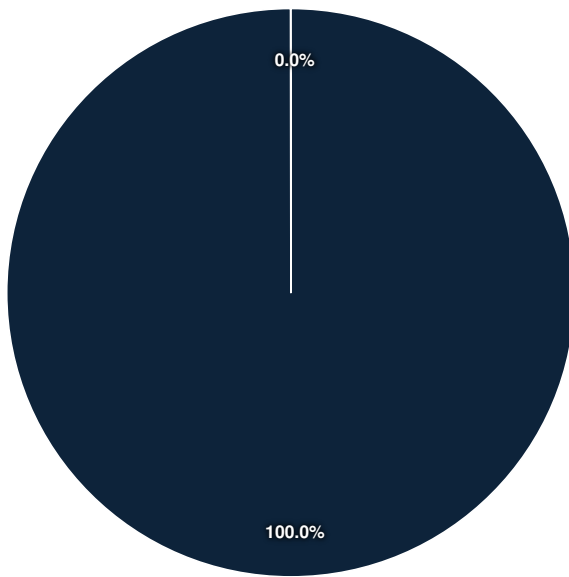
Result details	
Left Blank	0
User entered value	34
Average submission length in words (ex blanks)	2.29
I am not a physician	
None	
N/a	
N/A	
Yes	
n/a	
N/A	
Na	
N/A	
na	
None	
none	
None	
N/A	
learning	
NA	
N/A	
I need better skills at reading echocardiograms.	
None	
I am a retired Physician	
No barriers	

.

O

O

.

I am occupational health

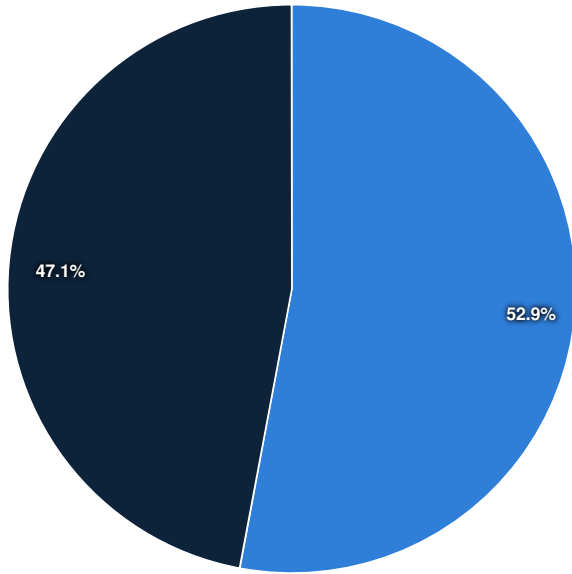I will apply this new knowledge

Nothing

Yes

N/a

N/a

.

This lecture very informative and it opened my eyes to this field of sports Cardiolgy

Will apply

Please provide any additional comments or suggestions.

47.1%

52.9%

Result details

Left Blank	18
User entered value	16
Average submission length in words (ex blanks)	6.06

Dr. Friedman is an excellent speaker!

Amazing speaker Dr Friedman

He was an excellent speaker!

n/a

Very informative conference , great pictures. I would like some guidance from a sonographer prospective on additional pictures that we should add to our baseline protocol in order to assess better an athletic heart

please continue the heart education courses , the better we understand the heart the better echo studies done and better for the patient clinical management

-

Dr friedman was excellent.

Very good presentation

None

Great presentation

O

O

.

Thank you

Very interesting and information I didn't consider before

Please select one:
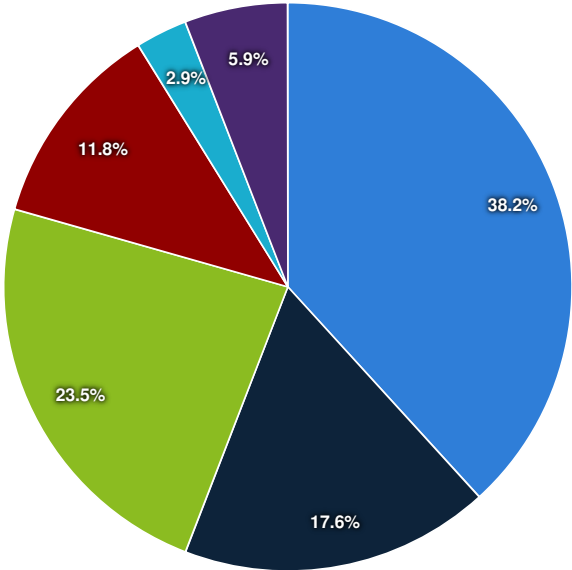
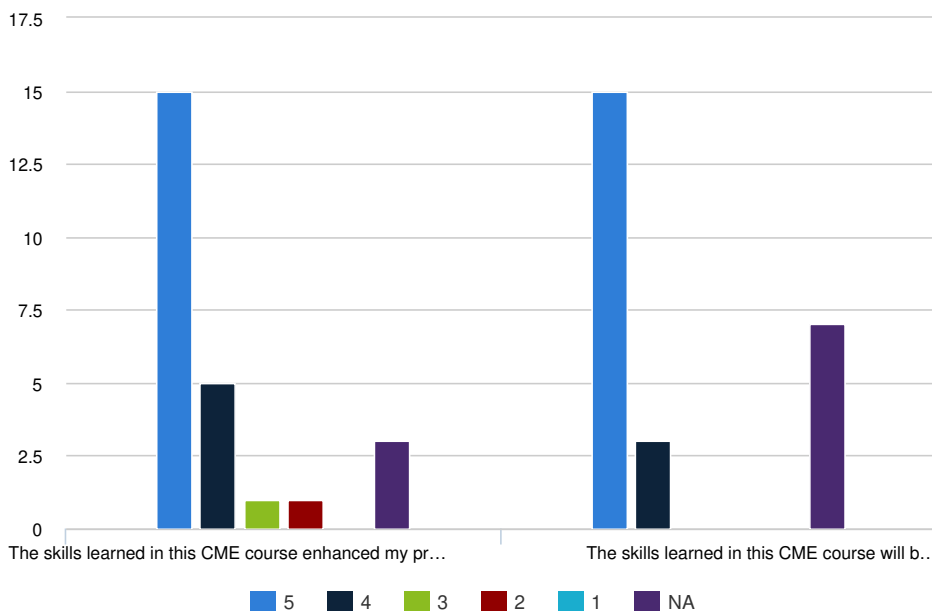| Result details	
M.D., D.O.	13
ARNP/PA-C	6
Sonographer	8
Untrasound Tech	4
Pharmacist	1
Other...	2 (view)

Baptist Health South Florida
Continuing Medical Education

Baptist Health Medical Group Conference Evaluation - March 10, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: 5, 4, 3, 2, 1, NA

Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	15	5	1	1	0	3
The skills learned in this CME course will be applied in the treatment of my patients.	15	3	0	0	0	7

How confident are you in your ability to:

Determine which patients would benefit from anticholinergic class of medicines for overactive bladder and urge ur…
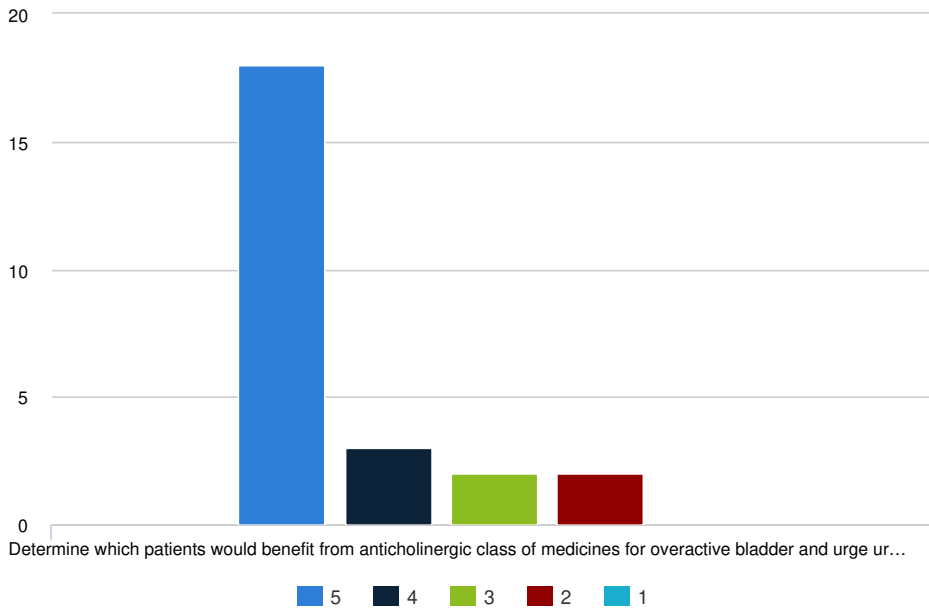
■ 5   ■ 4   ■ 3   ■ 2   ■ 1

Result
details

	5	4	3	2	1
Determine which patients would benefit from anticholinergic class of medicines for overactive bladder and urge urinary incontinence?	18	3	2	2	0

As a result of attending this conference, to what extent do you agree that you will be better able to: (rate the objectives)

Legend: 5 | 4 | 3 | 2 | 1 | NA
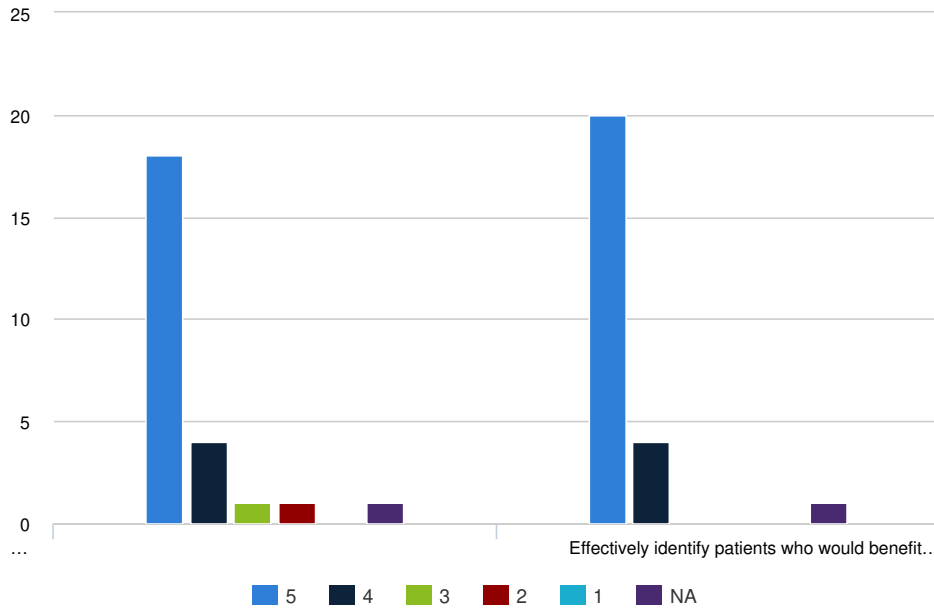
Result details

	5	4	3	2	1	NA
Examine the current recommendations and data on CNS side effects for anticholinergic class of medicines and determine which patients would benefit from medication management for overactive bladder and urge urinary incontinence.	18	4	1	1	0	1
Effectively identify patients who would benefit from proper referral to a specialist.	20	4	0	0	0	1

How satisfied or dissatisfied were you with the following conference content?
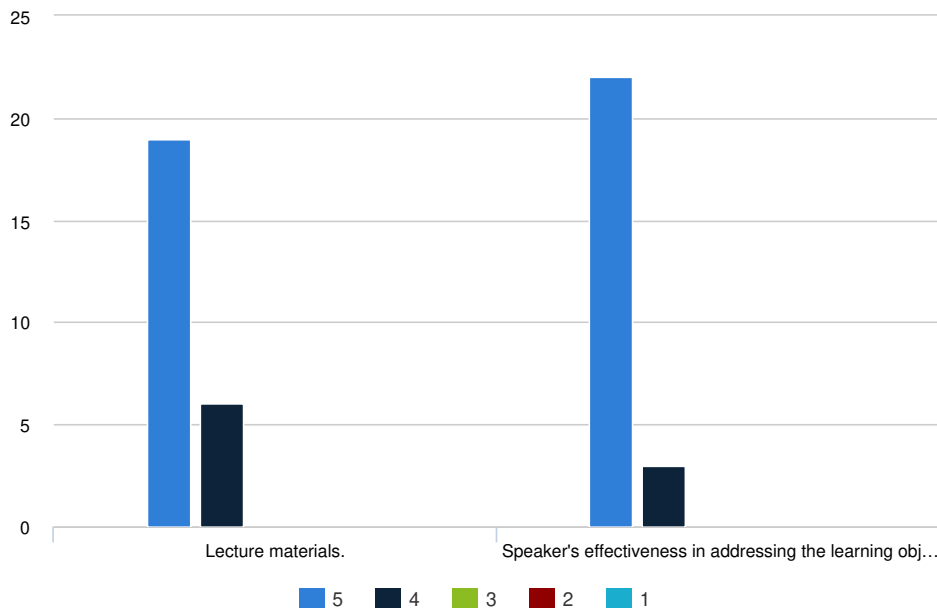
	5	4	3	2	1
Lecture materials.	19	6	0	0	0
Speaker's effectiveness in addressing the learning objectives.	22	3	0	0	0

Result details

Was this course fair, balanced and without commercial bias?

100.0%
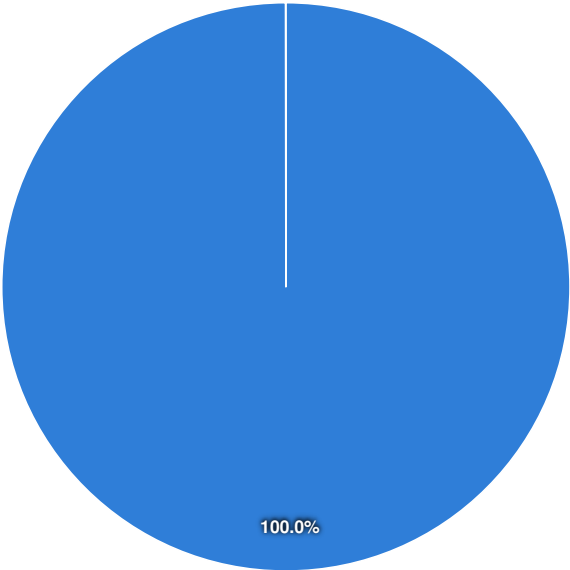
Result details	
Yes	25

What, if any, new skills/strategies will you apply in your clinical practice?
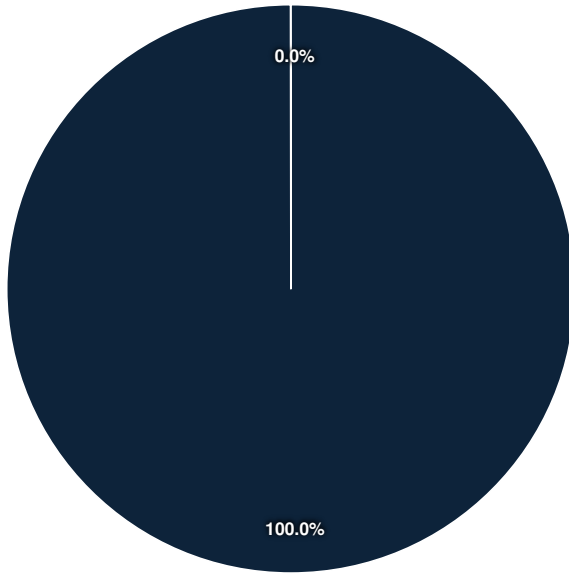
0.0%

100.0%

Result details

Left Blank	0
User entered value	25
Average submission length in words (ex blanks)	5.04
Not applicable to my practice.	
I am a retired Physician	
N/A	
N/A- retired	
retired	
NA	
Not new	
None	
who would benefit from treatment	
How to help my patients to manage this issue with a better understanding.	
NA	
Will place pt on treatment earlier and refer to specialist if needed	
Will place pt on treatment earlier and refer to specialist if needed	
N/A	
make timely dx of overactive bladder	
N/A	
This course Expanded my knowledge on new therapeutics available in treating OAB and UC.	
Appropriate recognition of overactive bladder in elderly patients.	
I am retired.	
Yes	
Múltiple skills	
Not much-knew most of it; thought it would be more advanced	

Reinforced learning

Therapy management

How to treat overactive bladder in a stepwise fashion

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

36.0%

64.0%
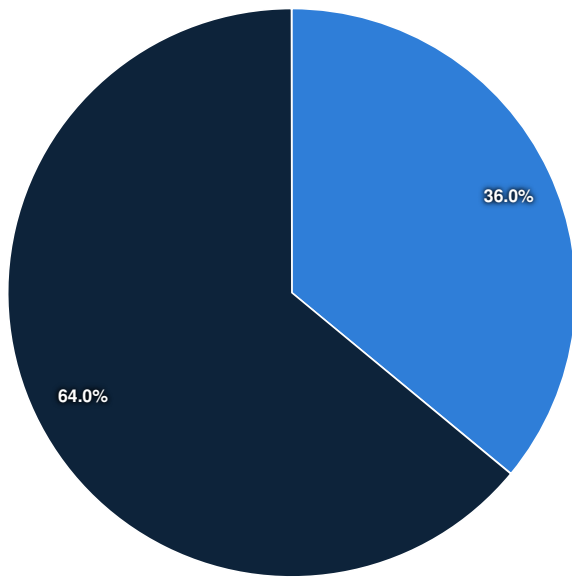
Result details

Left Blank	9
User entered value	16
Average submission length in words (ex blanks)	2.25
Not applicable to my practice.	
Already implementing	
N/A retired- but I do teach	
retired	
RETIRED	
Same	
Not so!	
None	
None	
na	
N/A	
N/A	
Nothing	
N/A	
Will implement learning	
Tibial nerve stimulation referrals	

Please provide any additional comments or suggestions.
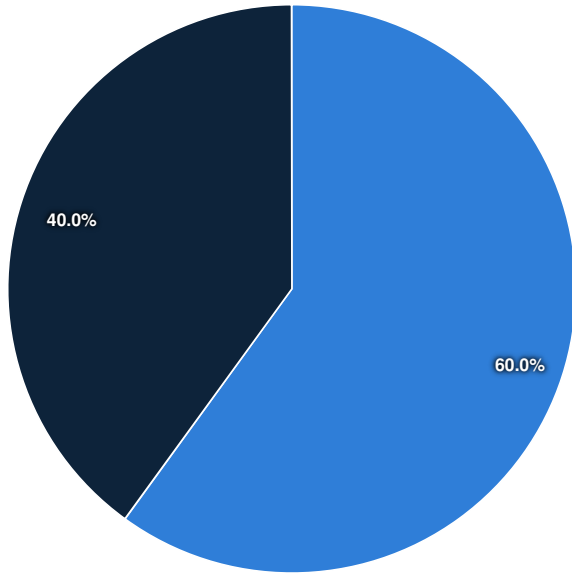
Result details

Left Blank	15
User entered value	10
Average submission length in words (ex blanks)	8.40
None	
N/A	
a very excellent talk with easy to understand alternative approaches.	
na	
Very comprehensive program	
Would like to hear about testosterone replacement and treatment for ED, treatment and surgery options for BPH, would love to hear about the Mona Lisa surgery and treatment for menopause options	
Would like to hear about testosterone replacement and treatment for ED, treatment and surgery options for BPH, would love to hear about the Mona Lisa surgery and treatment for menopause options	
no	
Good lecture	
Excellent meeting	

How did you hear about this course?
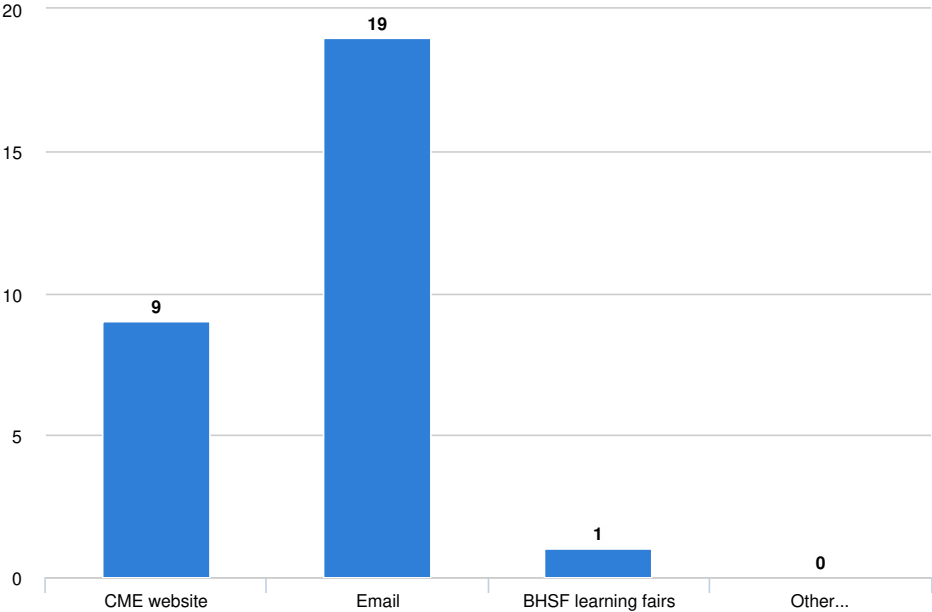
Result details

CME website	9
Email	19
BHSF learning fairs	1
Other...	0

Please select one:
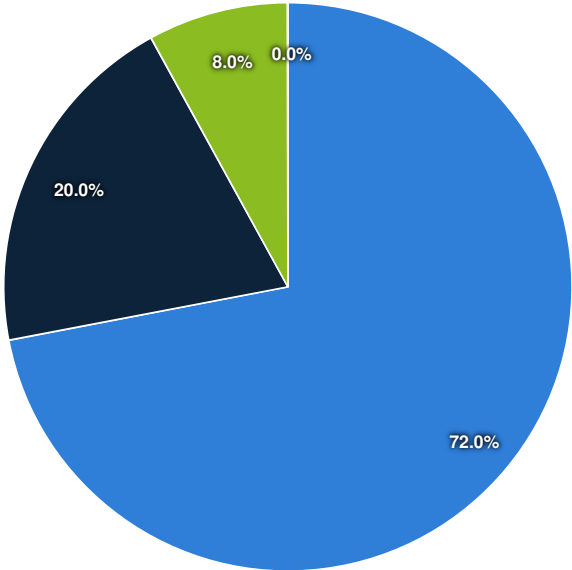
Result details	
M.D., D.O.	18
ARNP	5
R.N.	2
Other...	0

Baptist Health South Florida
Continuing Medical Education

Dental Oncology Conference Series Evaluation - March 10, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	18	4	0	0	0	0
The skills learned in this CME course will be applied in the treatment of my patients	15	4	0	0	0	3

As a result of attending this conference, to what extent do you agree that you will be better able to: (rate the objectives)
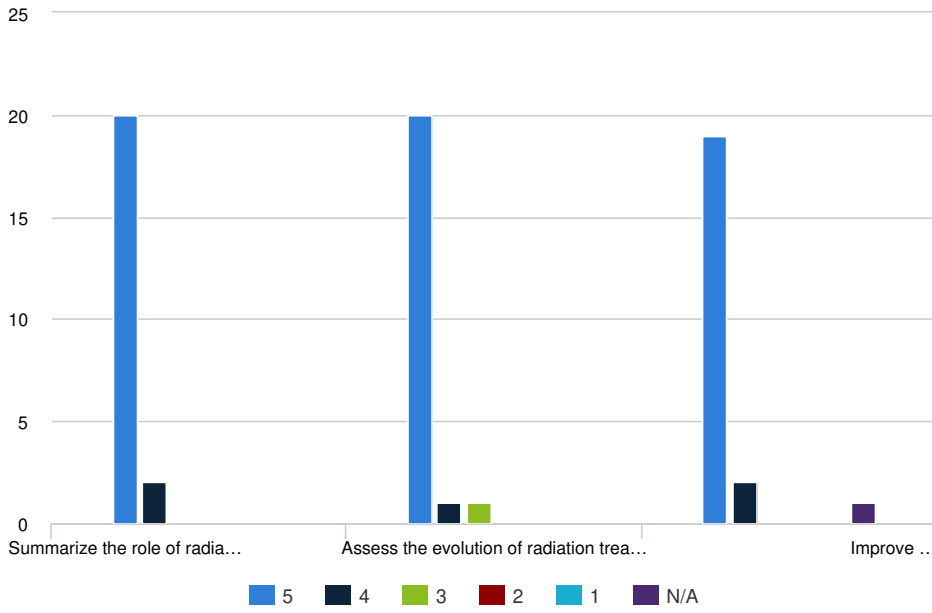
Result details

	5	4	3	2	1	N/A
Summarize the role of radiation oncology in head and neck cancers.	20	2	0	0	0	0
Assess the evolution of radiation treatment and how these changes impact the risk of dental sequelae.	20	1	1	0	0	0
Improve the comfort level of dental providers in caring for patients with head and neck cancers.	19	2	0	0	0	1

How satisfied or dissatisfied were you with the following conference content?
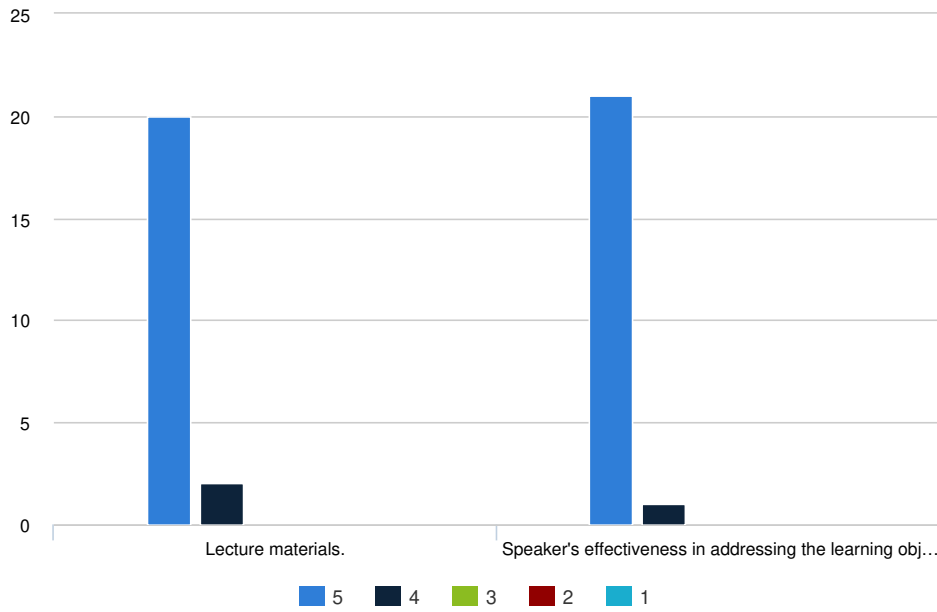
	5	4	3	2	1
Result details					
Lecture materials.	20	2	0	0	0
Speaker's effectiveness in addressing the learning objectives.	21	1	0	0	0

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	22

What, if any, new skills/strategies will you apply in your clinical practice?

0.0%

100.0%

Result details	
Left Blank	0
User entered value	22
Average submission length in words (ex blanks)	8.27
I will train staff to give patients that are pending cancer treatment "emergency" appointments to start any necessary treatment as soon as possible.	
Be more thorough on exams & get the clearances a priority,	
1. Pay more attention to the examination of the oral cavity and the neck (areas above the clavicles.) 2. Recommend HPV vaccination 3. Immediately refer suspicious oral lesions and/or neck 'lumps / nodes.'	
N/A	
NA	
NA	
..	
Retired. But still like to learn.	
Reinforced learning	
Information/update only	
Dental imaging	
Reinforcement of what we can do to help our mutual patients.	
Educating the patient	
I will be able to evaluate radiation treatment and future treatment for my patients	
Will send to dentist for evaluation when a head and neck cancer is suspected	
Will refer to dentist ASAP when head and neck CA being considered	
Will refer to dentist ASAP when head and neck CA being considered	
Will refer to dentist ASAP when head and neck CA being considered	
Educating pts	
Starting dental oncology evaluation early	
As a clinically practicing oral pathologist, many management points were given.	

It was a great talk.

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%
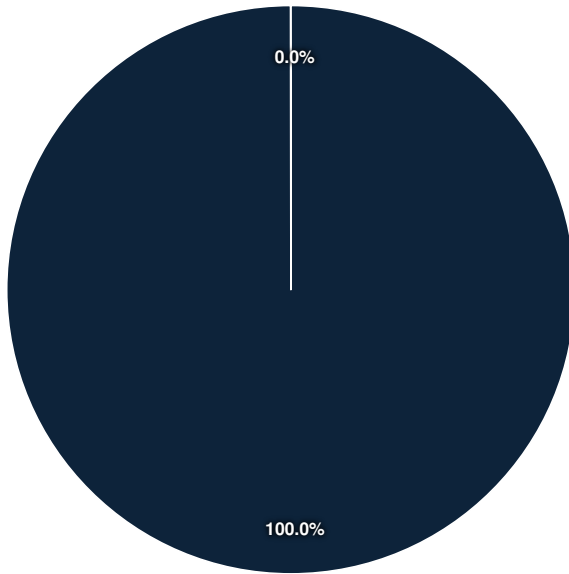
Result details	
Left Blank	0
User entered value	22
Average submission length in words (ex blanks)	3.18
N/a	
Lack of head & neck oncologist to refer to that will accept pts with limited income & on medicaid.	
n/a	
No barriers	
NA	
NA	
..	
Retired	
N/A	
Information/update only	
No barrier	
Nothing	
None	
I will implement skills learn into my practice	
None	
None	
None	
None	
I am a nurse can only educate	
nothing	
The patient's that require resection and further treatment are referred from my practice	

N/a

Please provide any additional comments or suggestions.

Result details	
Left Blank	17
User entered value	5
Average submission length in words (ex blanks)	12.20
Excellent presentation by Dr. Kalman. Great teamwork with Dr. Rosen. Great example of the importance of a coordinated, comprehensive team for such a serious condition (Head and Neck Cancer.) Suggestion for the future: Presentation on the treatment of pain in post-surgical / post-radiation therapy Head & Neck Cancer patients.	
Dr. Kalman provided an excellent presentation. Very thorough.	
Excellent presentation	
Excellent material	
Excellent talk	

Please select one:
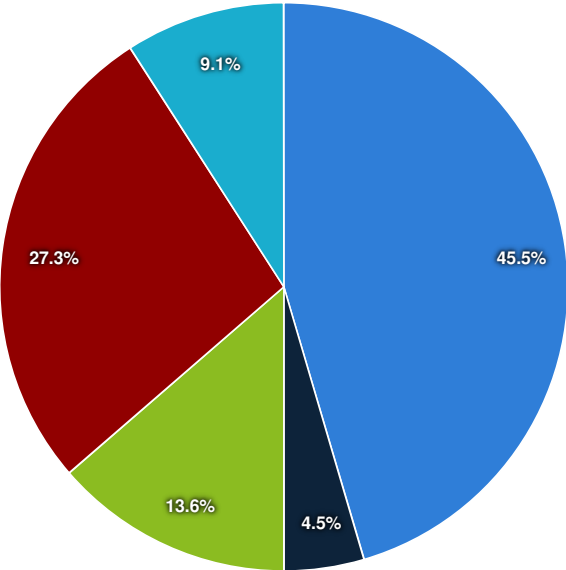
Result details	
M.D., D.O.	10
ARNP/PA-C	1
R.N.	3
DMD/DDS	6
Other...	2 (view)

Baptist Health South Florida
Continuing Medical Education

Echocardiography and Noninvasive Vascular Testing Lecture Series: March 16, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: 5 | 4 | 3 | 2 | 1 | NA

Result details

	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	55	16	5	0	0	2
The skills learned in this CME course will be applied in the treatment of my patients	57	10	4	4	0	3

How confident are you in your ability to:

Legend: 5, 4, 3, 2, 1
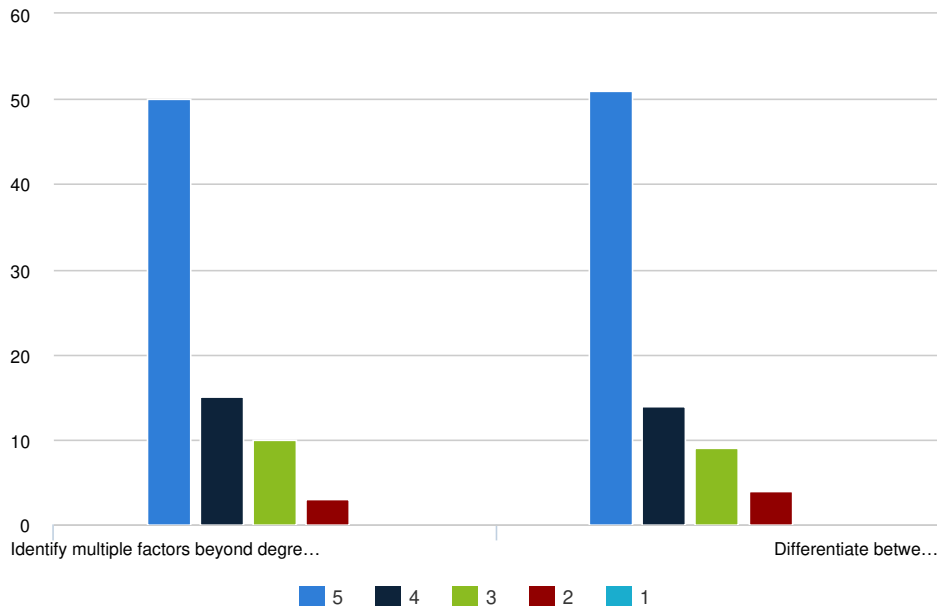
Result details	5	4	3	2	1
Identify multiple factors beyond degree of stenosis and symptom status to mitigate clinical decision-making.	50	15	10	3	0
Differentiate between duplex ultrasonography and other imaging modalities in the management of carotid bifurcation atherosclerosis.	51	14	9	4	0

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?
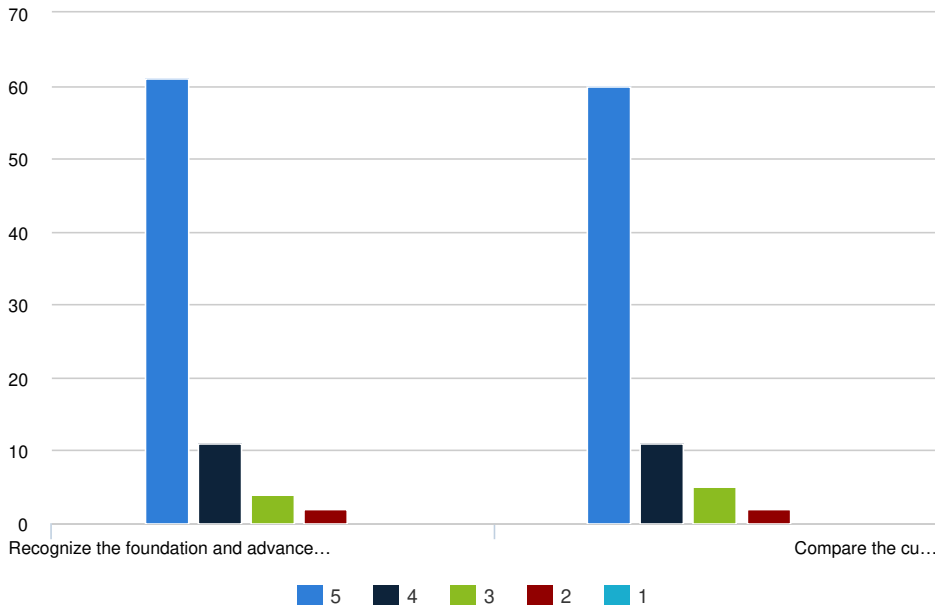
	5	4	3	2	1
Recognize the foundation and advances in duplex ultrasonography of carotid bifurcation atherosclerosis.	61	11	4	2	0
Compare the current role of duplex ultrasonography with other imaging modalities in the management of carotid bifurcation atherosclerosis.	60	11	5	2	0

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	78

What, if any, new skills/strategies will you apply in your clinical practice?

0.0%

100.0%

Result
details

Left Blank	0
User entered value	78
Average submission length in words (ex blanks)	6.09
NA	
NA. I am Occupational health	
Helping me understand what stenosis and atherosclerosis differences are.	
Increase knowledge in non invasive assessment of vascular flow srudued	
Increase knowledge in non invasive assessment of vascular flow srudued	
Increase knowledge in non invasive assessment of vascular flow srudued	
Increase knowledge in non invasive assessment of vascular flow srudued	
newer modes of diagnosis	
`	
Na	
As a technologist, emphasize more plaque description on my feedback to the reading physician. As a manager of the noninvasive vascular lab, I will round and review with the technical staff the importance of plaque morphology in the presence or absence of hemodynamically significant stenosis.	
N/A	
Paying special attention to 2cm past bifurcation	
Paying special attention to 2cm past bifurcation	
How to better evaluate plaque with different techniques	
Reinforcing importance of duplex	
N/A	
How to differentiate duplex from other imaging modalities	
understand the different modalities to dx carotid disease	
Understand different modalities to dx carotid disease	
Thank you for the information on ultrasonography techniques and findings	

Great info

Measurements of complex plaque thickness and length

Apply definitions for degree of stenosis

Apply definitions for degree of stenosis

si

Better evaluation of carotid plaques !

Better patients evaluation .

Usage of angio and contrast.

continue to apply what was covered in the presentation.

Interpreting carotid us

Modified SRU Criteria (IAC 2021)

Excellent information, very useful on how to characterize plaque and high risk plaque vs low risk of rupture

All

very clinically helpful

Degree of stenosis and characteristic of plaques

Na

None

Contrast duplex carotid scanning

I will read more new publications and watch new webinars about this important topic

N/A

More selective

More selective

More selective

N/a

N/A

N/A

understand multiple modalities to interpret duplex US of carotid bification atherosclerosis

N/A

N/A

N/A

N/A

I am now more knowledgeable regarding vascular health.

As a medical practitioner, as opposed to a technologist or surgeon, I will not directly apply the learning directives to patient care. However, should I find a clinical basis for expert assessment, I feel very confident in referral to the presenting and panelist team. I am able to assure my patients of the highest quality and expertise of care.

Angle correction

Better patient evaluation, Carotid US Doppler and contrast use for evaluation, management of complex vascular disease.

Better evaluation of carotid disease

I will apply everything I learned from the seminar.

Better evaluation

N/A

Continue with referrals, a person with expertise to refere to

All of it

n/a

Great information

Pay more attention to plaque morphology.

None

Appreciate duplex

improved counseling

great

.

D 4 D Carotid images

Better understanding of clinical management of patients with carotid stenosis.

N/A

xplane, better visualization of Bulb

Observe carefully to not miss atherosclerosis by evaluating any abnormal waveforms and using color doppler.

.

O

very helpful to my scanning.

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%
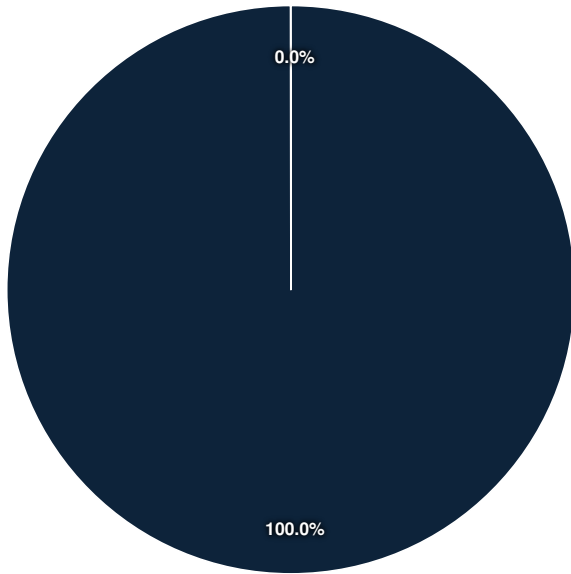
Result details	
Left Blank	0
User entered value	78
Average submission length in words (ex blanks)	3.00
NA	
NA. I am Occupational health	
I have not picked a field to work in yet. Still a student.	
Increase test in accuracy of information revealed by vascular US	
Increase test in accuracy of information revealed by vascular US	
Increase test in accuracy of information revealed by vascular US	
Increase test in accuracy of information revealed by vascular US	
yes	
`	
Not employed	
N/A	
N/A	
N/a	
N/a	
N/A	
I know pretty much all of it. That's my specialty	
N/A	
N/a	
NA	
na	
N/A	

N/a	
N/a	
NA	
NA	
si	
None	
None	
N/A	
see above	
Na	
N/A	
N/a	
Nothing	
this lecture was very clinically helpful	
N/A	
Na	
Not applicable to my current practice. I am not a reader of carotid imaging studies.	
None	
I plsn to implement new skills in my clinical practice	
Retired	
No applicable	
No applicable	
No applicable	
N/a	
N/A	
N/A	
NA	
N/A	
N/A	
Different field	
Different field	
N/A	
n/a	
N/A	
None	
no impediments	
Nothing	
Nothing	
retired	
Yes	
N/A	
n/a	
Yes	

Yes

NA

Time

My specialty know more than the speaker's most of which have never seen a carotid artery

n/a

sure

.

I am retired radiologist

No barriers to implementation

N/A

Not doing vascular studies as of now.

N/A

.

O

I PLAN TO IMPLEMENT THE NEW SKILLS.

Please provide any additional comments or suggestions.
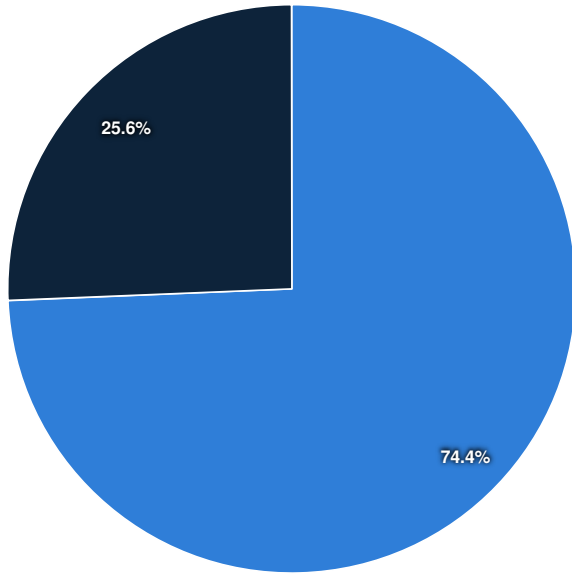
Result details	
Left Blank	58
User entered value	20
Average submission length in words (ex blanks)	4.70
None	
Thank you so much	
Excellent presentation	
Excellent presentation	
Excellent presentation	
Excellent presentation	
Amazing presentation, images and speakers!!	
NO	
no	
Case presentation and audience participation is helpful	
si	
great presentation	
Congratulations to Muhammad Hasan, Dr. B. Schiro, and Dr. L. Watch for an excellent presentation and discussion.	
Great presentation.	

Na

None

Thank you

Great thank to Professor Hasan for educating us on the modern diagnostic technologies and "formulas" to aid diagnosis and management of carotid artery disease. Many thanks to the panelists for clinical correlation and feedback. Excellent prresentation.

None at this time

None

Please select one:
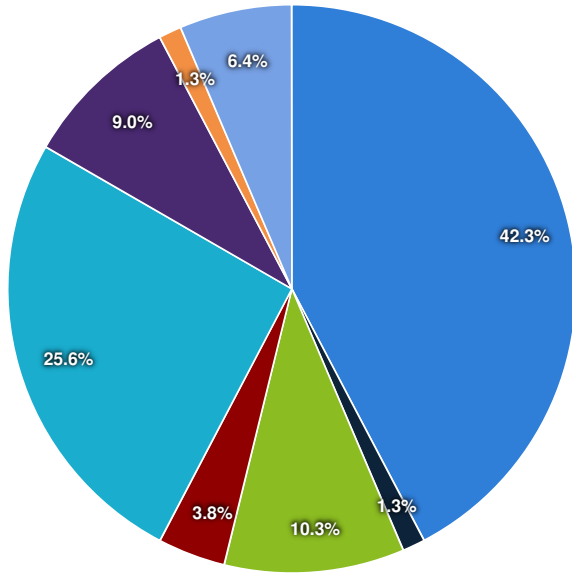
Result details

M.D., D.O.	33
Ph.D/Psy.D	1
ARNP/PA-C	8
R.N.	3
Sonographer	20
Untrasound Tech	7
Pharmacist	1
Other...	5 (view)

Baptist Health South Florida
Continuing Medical Education

Boca Raton Regional Hospital Internal Medicine Symposium Evaluation

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Result details

	5	4	3	2	1
The information and/or skills learned will enhance my professional competence or ability.	149	28	1	0	0
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of of my patients.	140	30	5	0	3

How confident are you in your ability to: Identify at-risk populations and effectively apply evidence-based screening, intervention, and treatment as a comprehensive approach to treating and managing individual patients with:
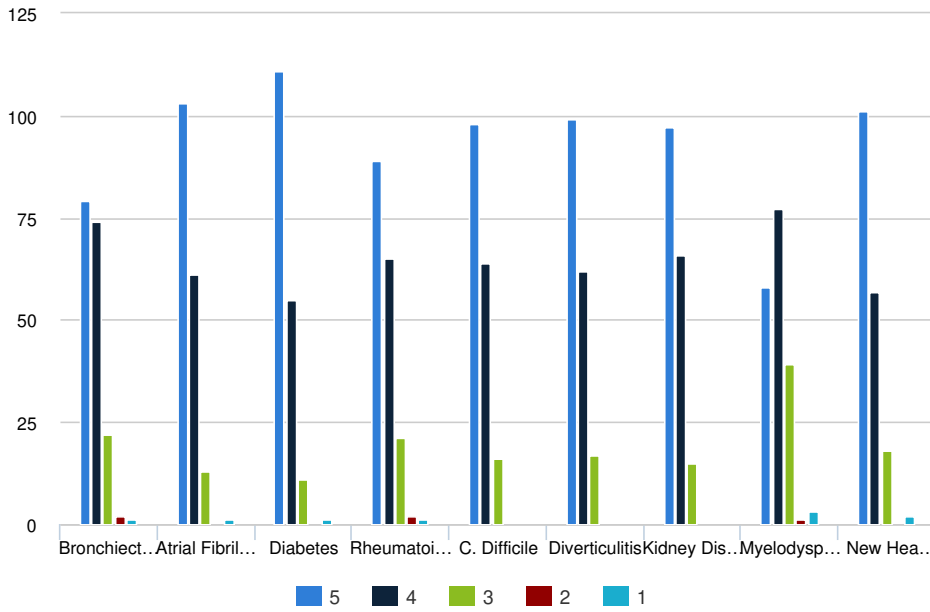
Result details

	5	4	3	2	1
Bronchiectasis	79	74	22	2	1
Atrial Fibrillation	103	61	13	0	1
Diabetes	111	55	11	0	1
Rheumatoid Arthritis	89	65	21	2	1
C. Difficile	98	64	16	0	0
Diverticulitis	99	62	17	0	0
Kidney Disease	97	66	15	0	0
Myelodysplastic Syndrome	58	77	39	1	3
New Headache	101	57	18	0	2
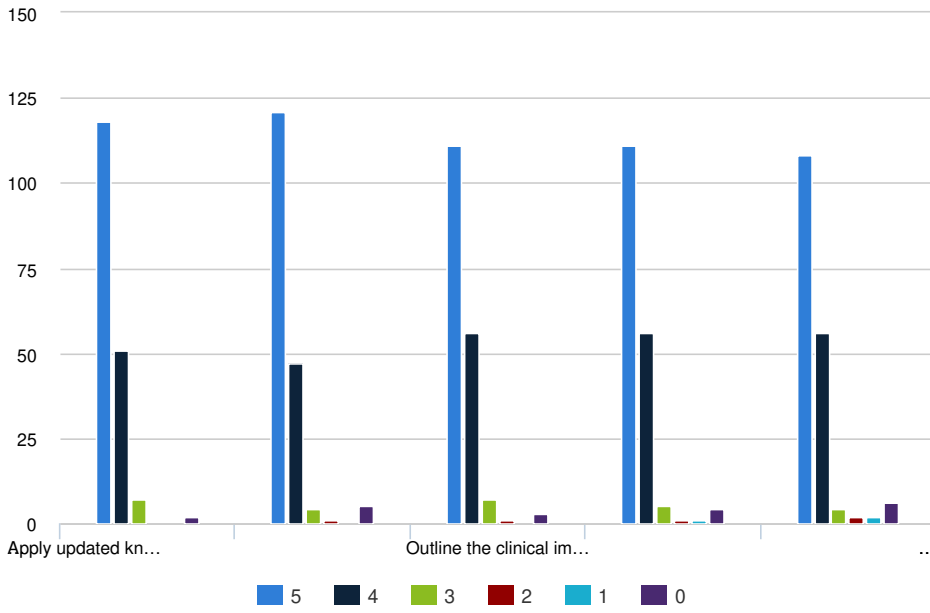
As a result of participating in this activity, to what extent do you agree that you will be better able to accomplish these objectives

	5	4	3	2	1	0
Assess recent advances in clinical medicine and related sciences in light of the supporting evidence;	118	51	7	0	0	2
Apply updated knowledge of Internal Medicine to clinical practice to improve patient care	121	47	4	1	0	5
Outline the clinical implications of recent research in selected areas of Internal Medicine	111	56	7	1	0	3
Evaluate and respond to changes in the external practice environment and their potential impact on medical practice and patient care	111	56	5	1	1	4
Improve clinical practice by incorporating major new developments in subspecialty medicine.	108	56	4	2	2	6

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?
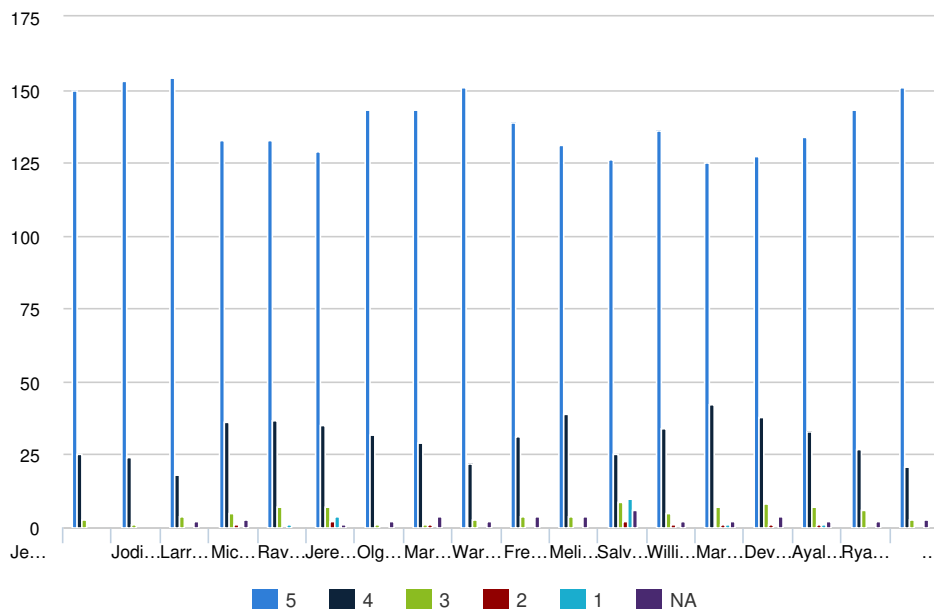
Result details

	5	4	3	2	1	NA
Jessica Allegretti, M.D.	150	25	3	0	0	0
Jodie Adam Barkin, M.D.	153	24	1	0	0	0
Larry M. Bush, MD, FACP	154	18	4	0	0	2
Michael J. Blaha, M.D., MPH	133	36	5	1	0	3
Ravi Durvasula, M.D.	133	37	7	0	1	0
Jeremy S. Faust, M.D.	129	35	7	2	4	1
Olga Fermo, M.D.	143	32	1	0	0	2
Margaret Johnson, M.D.	143	29	1	1	0	4
Warren L. Kupin, M.D.	151	22	3	0	0	2
Fred Kusumoto, M.D.	139	31	4	0	0	4
Melissa Lyle, M.D.	131	39	4	0	0	4
Salvatore Mangione, M.D.	126	25	9	2	10	6
William Sanchez, M.D.	136	34	5	1	0	2
Marwan Shaikh, M.D.	125	42	7	1	1	2
Devin Steenkamp, M.D.	127	38	8	1	0	4
Ayalew Tefferi, M.D.	134	33	7	1	1	2
Ryan Uitti, M.D.	143	27	6	0	0	2
Benjamin Wang, M.D.	151	21	3	0	0	3

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	178

As a result of what was discussed at this activity what do you intend to do differently? Identify at least two learnings that could be incorporated into your practice

0.0%

100.0%

Result details	
Left Blank	0
User entered value	178
Average submission length in words (ex blanks)	12.62
A-fib, CKD	
n/a	
Different lab diagnosis in gfr for African American population and effects on occupational hazard for kidney function	
NA	
Emerging treatments and use of chlorthalidone use	
1. Proper workup for new headaches 2. When to use aspirin	
Limit antibiotic usage. More aggressive blood pressure treatment.	
N/a	
More informative approach and better understanding of patients with above diseases	
Differentiating between stroke vs aura Hydration for kidney failure	
review CKD in blacks, hydrate those working outdoors, genetics in PD,	
Teaching about Taking an Accurate Blood Pressure Stress Mask Wearing to prevent Covid-19 depending on area positivity rates - Note Dr. Faust's studies from his lecture	
Acute diverticulitis, update screening , heart failure and Parkinson's disease update	
Knowledge of subject areas discussed	
Screen depressed pts for Parkinson's. Think about csf leak	
The CKDU issues with the migrant workers in this community Social responsibility for treating the community and the patient	
understand better the evaluation of thrombocytopenia and pay attention to certain red flags regarding headaches	
I attended this course for updated information on the various diagnoses and conditions discussed. 1) Increase advocacy for patients and clients with regard to access to basic healthcare in my area. 2) Share information updates with my colleagues about rheumatoid arthritis, Parkinson's disease, and migraines.	

information updates with my colleagues about rheumatoid arthritis, Parkinson's disease, and migraines.

Heightened awareness to identify and/or treat disease or refer to proper specialist

i hope to incorporate these new developments into practice, and also will reinforce these new developments in keeping current.i

n/a

antibiotic usage, and aspirin prevention.

Evaluation of headahes. Tx of atrial fibrillation.

I have an administrative role currently

Apply what I have learned to my daily practice.

different GI manifestations, migraine red flags

None

Diverticulitis treatment - decrease antibiotic use. Consider fecal transplantation in C dif

early diagnosis and treatment of Parkinson syndrome Proper history taking in migrane

Use alternative diagnostic tools and use new medications.Restrictions of ospital

All lectures were very interesting and very relevant in general medical practice. The remarks about chronic interstitial kidney disease will allow me to look into identifying these patients and educating them. Lecture about the diverticulitis will help me consider non antibiotic treatment for this common disease.

Expand medical history taking Improve ability to convey new information to student learners.

Better identify atypical migraine headaches and utilize testing for other causes, better understand usage of meds for CHF

Apply the info gained

I'm retired IR. This was a good IM review.

Evaluate headaches better, use new treatments

New genetic marker for Parkinson's syndrome and the 3strikes and you don't go to surgery for diverticulitis.

N/A Retired

Evaluation of atypical headaches Calcium scre us in CAD

Use the information of current status in my everyday considerations of medications chosen and eliminate what would be considered as past thought narrative of choices from the past. Try to keep current with the recommended treatment parameters given in these lectures.

great course

Will work with local hospital system/laboratories to incorporate evidence-based/non-race based parameters in laboratory testing. Improve knowledge of migraine management. Will utilize SNOOP4 mnemonic in identifying bad etiologies of headaches.

New approach to treatment of diverticulitis. New awareness of CKDu and causes. How to approach migraine headaches. Reaffirmed that politics should NOT be used in approach to Covid disease. New view of Parkinson syndromes.

NA

I am retired

reinforce the concept that a physician is a doctor/healer and not just a "provider" better understanding the approach to treating atrial fibrillation

Identify CKDu

Better understanding of headaches and migraines Better understanding of Parkinson's

I plan to concentrate on evaluation even more to minimize use of ineffective treatments from the past.

I will use antibiotics wisely. I will be referring out migraine patients more often to neurologist

use of antibiotic in acute. diverticulitis the entity. of CKD-u and use of. the diuretic Chlorthalidone

Will provide me the opportunity to update my students and trainees on the latest advances

Better understanding of red flags in migraine. I will incorporate them into an AI project in medicine I am

Better understanding of red flags in migraine. I will incorporate them into an AI project in medicine I am working on. Better understanding of risk factors and screening for afib.

Pbx food sources best - decrease use of unnecessary pill supplements. High fiber diet & vigorous exercise, Plant based diets all helpful in managing diverticular disease

Clinical guidelines.

I liked Dr Mangione saying we are not providers we are teachers & I will try to teach patients to be healthier in their choices. The way the covid science was presented about curve flattening and vaccines etc will help me educate others about their choices

I feel more comfortable with lower platelet levels. Headache evaluation will include a better history taking. Kidney evaluation will include screening pt, especially those immigrant population, for non-HTN disease

HEADACHE COMPLETE EVALUATIONS; EVALUATION OF ATRIAL FIBRILLATION IMPLICATIONS

Diverticulitis treatment. Antibiotic stewardship.

Considering Finerenone in DM type 2 patients with CKD progression. Use of ACPA in RA diagnosis.

Evaluate headaches and new therapy for patients with rheumatoid disease

Screen better.Ask better questions

Screen better.Ask better questions

Better patient management

Improve protocols and assessment

1. The institution of chlorthalidone and chronic kidney disease. 2. Withholding antibiotics with mild diverticulitis

Improve my clinical skills and practice by incorporating the evidence base knowledge obtained.

Identifying at risk patients for CKD, diabetes, RA, bronchitis and others. Possible treatments.

Apirin TX , CAC score Parkinson mutation gene

I am presently retired.

There wide ranging lectures will help in the perioperative management of complex patients.

Better dx & txmt

Better treatment of bp and a fib approach

Better treatment of bp and a fib approach

Initiation of treatment in the setting of MDS Covid-19 evaluation

Better clinical judgment

Dealing with Headaches. Dealing with CKD.

None

think differential diagnosis, better patient care, update knowledge.

Be more comfortable evaluating headaches and using chlorthalidone

Headache mgt Cdiff maintenance treatment

Migraine information Mylodysplasia information

General medical knowledge

look more closely at the Click Trial and learn more about the Snoop4 memory device.

x

x

better adherence to guidelines better history taking!

I will follow newest clinical diagnosis, treatment, and monitoring guidelines for kidney disease, PD, thrombocytopenia, transfusion, C-diff and all other topics presented, will consider new treatments and medications as indicated, and have numerous new clinical insights that will improve patient care. I will educate patients and other HCPs about new clinical practice changes.

A better understanding of antibiotic use and abuse and renal disease

A better understanding of antibiotic use and abuse and renal disease

Consideration of fecal transplantation for C. Diff infections that do not respond to antibiotics.

CKDu A. fib

better screening for ra and mds

be cognizant of antibiotic overuse. Utilize continuous glucose monitoring better

Better understanding of MDS and Rheumatoid arthritis

Adjust my work up plod new onset headache. Utilize more chlorthalidone

Better understanding cardiac and kidney disease

Totally different approach to dietary restrictions in diverticulitis patients. More tendency to recommend watchman in atrial fibrillation

New medications and new testing

.

Taking a better clinical history Order the appropriate labs and investigations

Retired

New method to evaluate Kidney Diseases Bronchiectasis management

Apply new recommendations

Evaluate migrainers more effectively when presenting with headache. When looking at GFR labs consider if lab is using older 'race' differences in equation to determine GFR rates

None

GFR not based on race as won't give accurate results for treatment of CkD

wider approach to my daily practice

n/a

rely on evidence based studies

na

Better understanding and approach to different medical conditions seen on a daily basis in my practice

Improved screening and counseling

Taking more detail history regarding history of headache.Ore conservative treatment for ccdiffe

consider new rx for PD consider new HA differential

Educate individuals on importance of avoiding Beverages that contain high fructose for rehydration after exposure to long periods of heat exposure. Re thrombocytopenia always follow the trend

stop recommending probiotics concurrent with antibiotics; recommend adequate hydration during outdoor activity

In mild diverticulitis may not need abx. Pt can have multiple bouts of diverticulitis without necessarily going to surgery Treat c dif with vancomycin instead of flagyl

Diabetes and C. Difficile

N/A

Will screen smokers ages 50-80 with low dose CT lung. Will allow patient with RA who insists on 1 drink daily, to take methotrexate.

Adjusting my recommendations regarding aspirin for primary prevention of a cardiac event. Adjusting how I approach the management of CKD.

am retired

Better understanding of mds Renal disease with unknown etiology and chemical exposure

n/a

N/A Retired

Refer appropriately

It was great, dont change

It was great, dont change

Personal review of kidney disease. I plan on implementing some of the hypertension treatments that were discussed.

Better identification of bronchiectasis and heart failure patients

Diverticulitis Rx Headache Rx

Continue to expand knowledge base and keep up to date on recent advances

N/a

I am retired so do not have a practice. I do, however, find many individuals coming to me with questions regarding their medical care and medications. I feel that the new information I have received will assist me in advising individuals seeking and/or receiving medical care in navigating the system more effectively. The information presented will also enable me to better evaluate and manage the quality of medical care I and other family members are receiving.

evaluation of headaches, and importance of history and exam to detect any signs or symptoms out of the typical headache ; importance of diet and hydration specially in farmers from Centro America and awareness of chronic kidney disease how to diagnose Kidney disease chronic and acute

Be up to date on advancements and current practices in topics presented.

The prevention, diagnosis and treatment of kidney diseases and COVID-19 were particularly outstanding.

Upgrade

Retired. No practice.

Retired

Awareness of the role of high fructose and dehydration in the Genesis of CKD Assessment of cardiac function in systolic and diastolic aspects in heart failure

Use of chlrthalidone Headache algorithm

Use of chlrthalidone Headache algorithm

more aware, will follow up more than in the past

improve work information .patients from central america Adjust management clostridium difficile

C diff treatment

---better approach to primary prevention use of aspirin ---enhanced knowledge on the evaluation and treatment of bronchiectasis

More aware of updates Try to incorporate in clinical practice

I am going to use SGLT2 inhibitors more often. I also am going to discuss use of ARNI medications for CHF - hopefully I will be able to implement these or at least offer discussion so patients can discuss with their specialists. Dig deeper for other issues when patients present with arthralgia, back pain - to uncover other diseases that these symptoms may be masking.

Improve diagnostic aproach

nothing

Classification of migraines

Up to date on therapy and classification and prognosis and do of medical disease.

Not applicable.I am retired.

Updated and reinforced knowledge on : 1.CKD in Central America with increasing mortality over the past 20 years . Chronic kidney disease is world wide health crisis . 2.in 2021 Newer equations for calculating eGFR incorporate creatinine & cystatinC without including race .

Enjoyed the CME Retired MD Learnt a lot.

Excellent lectures! Looking forward to in person

It had provided me with updated knowledge as to the approach on identifying the disease and to follow evidence based on diagnosing and treating certain disease (as discussed per topics).

Not an appropriate question for the format. Many aspects were reinforcing and new information was enhancing. Be a humanitarian as well as a doctor...to be a good doctor...and don't call me a provider. Take time to get a good history and explain to the patient WHY the antibiotic WILL NOT BE

Take time to get a good history and explain to the patient WHY the antibiotic WILL NOT BE PRESCRIBED!

Update information in office practice

A

1) I am going to reassess my protocol for the assessment of new, or change in headache pattern in my patients with migraines. 2)I also intend on improving my skills in diagnosing the the different types of arthritis and updating myself on the different management protocols for Rheumatoid arthritis and knowing when to refer to the Internist for specialist treatment.

approach to headache, c diff, A fib management treating Parkinson's, DM

Not much since I am retired.

Wonderful review and refresher I've attended every year and I come back with the latest updates in various topics

I look forward to the conference every year it always highlights the latest changes in the various topics and I walk away with a better base knowledge

Decreasing the use of NSAIDs in diverticulitis, be more observant and willing to investigate changes in migraines and now aware and educated on meat allergy.

Requesting screenings early especially for ct scans and do same with dyes Encouraging breaks, hydration for workers in higher temperatures areas to save their kidneys from failing

Requesting screenings early especially for ct scans and do same with dyes Encouraging breaks, hydration for workers in higher temperatures areas to save their kidneys from failing

Will screen for renal failure in immigrant patients. Will encourage them to drink fluids Will be more thoughtful in prescribing antibiotics.

Application of new evidence based guidelines regarding management of CKD Indentifying Parkinson disease in its early stages.

None

The lecture in nephrology about the new phenomenon, of young people getting renal failure due to heat exposure was interesting. And the adjustment in GFR bias according to race being addressed.

In IBD and Diverticulitis

Additional tools to aide diagnosis.Earlier referrals.

I will be able to teach the medical student about hemochromatosis and review headache cases.

Recommend Probiotic use to restore intestinal flora. Prescribe antibiotics cautiously to prevent antibiotic resistance

afib and diabetes care

A more methodical approach to headache diagnoses Use of coronary calcium scores in the stratification of chest pain

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this activity?

0.0%

100.0%
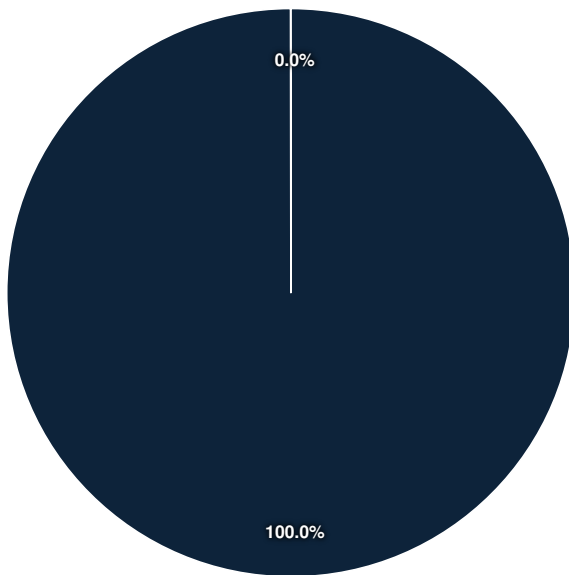
Result details

Left Blank	0
User entered value	178
Average submission length in words (ex blanks)	4.92
No Barriers	
n/a	
I do not believe I have any	
NA	
Lack of access. No repeating or long term patients	
Nothing	
Lack of patients.	
N/a	
Not having access ti certain medications/diagnostic procedures	
n/a	
time with patients	
Insistence of Nursing Staff to use automated BP Cuffs Politics in Florida	
I think no barriers , I am agree and glad to see this updates	
I am occupational health	
None	
Changing the culture, reaching out to different ethnic groups that have suspicions of the medical community	
Cost of medications	
I am not a physician, and do not diagnose or manage the medical care of patients/clients.	
Limited scope of practice	
Not surprisingly, actual time with patients is the main barrier.	
n/a	

regulations and cost

Time limits.

None

not seeing a particular type of patient

I am retired

preauthorization for tests. Approval for medications

Hospital restrictions of diagnostics test and new expensive medications.

Access to some treatments may be limited by the health care administration. Timely access to specialists is sometimes difficult.

Peer response to new information. Student inertia

Resistance to change,

None

None

Career choice- as a retired ophthalmologist, all but the headache lecture is out of my field

N/a

Retired

No barriers

None envisioned at this time.

noe

None.

No barriers.

NA

I do not see any potential barriers

Political climate in FL.

Time constraints during an office visit Burden of Electronic medical records not allowing me to apply what I learned during the symposium

patient satisfaction and reviews...

my specialty

Often times the barrier is the lack of available resources be at equipment staffing or finances

Partially retired, thus less patient contact than in the past

N/A

No barriers.

patient noncompliance

As a NP, I feel I prescribe much less antibiotics, but it is a culture in our private practice to treat uri/cough with antibiotic therapy. Changing and educating the population will be challenging.

NONE

Na

Insurance cost/limitations.

Time constraints

Time Insurance barriers

Time Insurance barriers

None

None

1. Insurance 2. Enough time to include more expensive patient teaching

Time constraints and policies.

N/A

Retired.

None

Cost

None

None

N/a

Time constraint

My practice is limited to Rheumatology. Being aware of issues discussed via symposium, will be able to refer to appropriate specialist.

I am retired but I keep active my medical license, and the acquired knowledge helps me to stay updated in medical science. All the information was very helpful.

Insurance coverage

I don't have repeat patients

Insurance

I am a nurse at bedside

None

x

x

drug formularies

Organizational constraints, insurance formularies or cost of medications, patient compliance, and time constraints.

Cost for patient and their insurance limitations

Lack of syllabus to be able to refer back to for information.

None

time

patient compliance and insurance coverage

None

My organization pushes to prescribe empiric antibiotics prn for COPD patients

Insurance approval

Really none other than time restraints

Cost

.

Cost Availability of investigational resources

Retired

Cost of new drugs Antibiotics resistance

Cost of new drugs Antibiotics resistance

Patients insurance

Not all labs have changed to newer recommended formulas (to exclude'race') to calculate GFR

None

Patient compliance?

N/A

n/a

not enough time to keep up

na

None

N/a

Time

None

some are not applicable

None

None

N/A

None

am retired

None

n/a

N/A Retired

Lack of receiving consultants

I don't see as much population of patients with these diagnosis

Cost. Insurance coverage.

Patient population

None

no specific obstacles

None

I am retired and not associated with a "practice."

no barriers

NA

The willingness of patients to incorporate the excellent suggestions of the speakers into their lifestyle habits.

Technical

Retired. No practice

Retired

Unfamiliarity of office staff in navigating prior authorization requirements for some of the therapeutics mentioned in the course

None

None

time

time

language barrier

No barriers

no barriers

Recall updates

A lot of time, cost of medications can prohibit treatment - for example SGLT2 inhibitors and ARNI medications can be expensive. Sometimes pill burden and drug interactions can make treatments difficult to implement.

Insurance coverage

N/a

Time and costs.

I am retired.

Retirement

N/A

Availability of the above diagnostics for work up, otherwise none.

Time. Doctors don't get paid to listen to patients.

Time

Nothing

Availability of data locally; availability of a wider range of medications for treatment and also a lack of more advanced investigative facilities and laboratory tests to help with proper diagnoses.

availability of time

Retired status.

Wonderful review and refresher I've attended every year and I come back with the latest updates in various topics

I look forward to the conference every year it always highlights the latest changes in the various topics and I walk away with a better base knowledge

I am in Radiology, can suggest change but can't implement change.

Financial Protocols

Financial Protocols

Patients are uninsured so cost will limit some implementation

Pt non-compliance with treatment plans

Better screenings. Better follow through

Obtaining new effective antibiotics for patients with MDR organisms, especially oral formulations, as they are cost prohibitive.
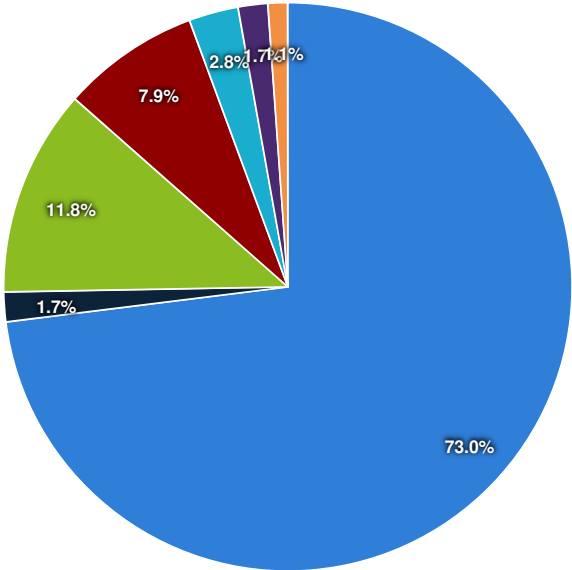
Insurance coverage

None, all the topics are relevant for teaching.

Patient compliance

time and policies

Major issues are cost of drugs and patient compliance
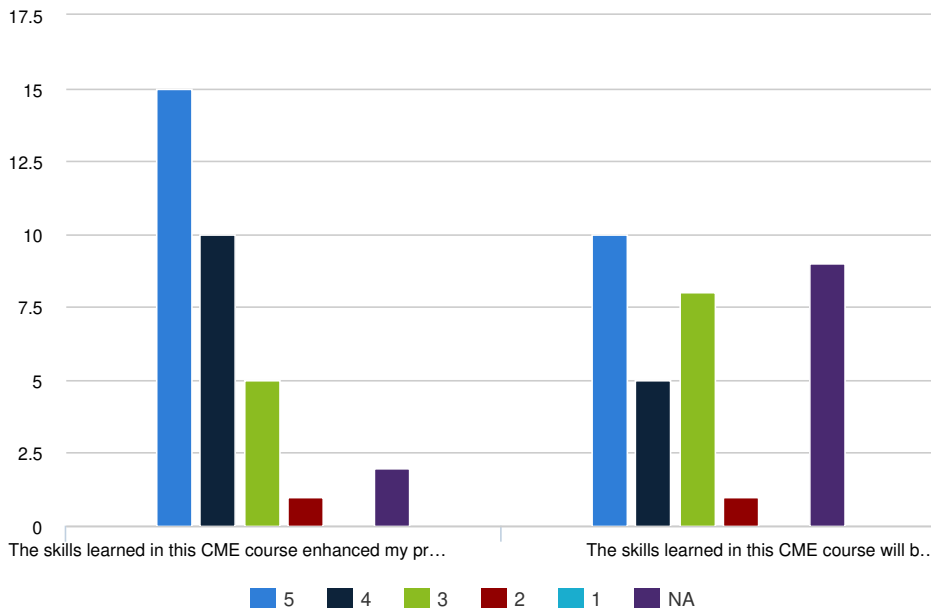
Please select one:

Result details	
M.D., D.O.	130
PA-C	3
ARNP	21
R.N.	14
Pharmacist	5
Occupational Therapist	3
Other...	2 (view)

Baptist Health South Florida
Continuing Medical Education

Mental Health Evaluation - March 31, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Result details

|	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	15	10	5	1	0	2
The skills learned in this CME course will be applied in the treatment of my patients	10	5	8	1	0	9

How confident are you in your ability to:
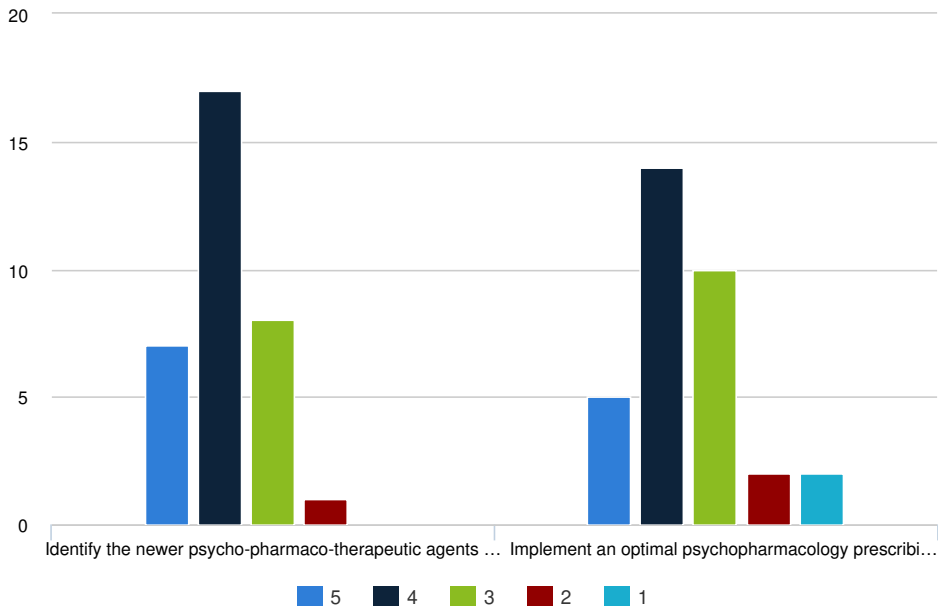
	5	4	3	2	1
	5	**4**	**3**	**2**	**1**

Result details

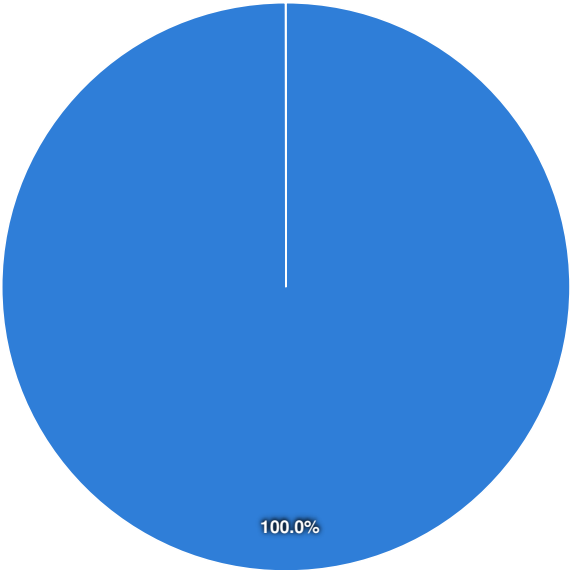|	5	4	3	2	1
Identify the newer psycho-pharmaco-therapeutic agents by name?	7	17	8	1	0
Implement an optimal psychopharmacology prescribing strategy?	5	14	10	2	2

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?
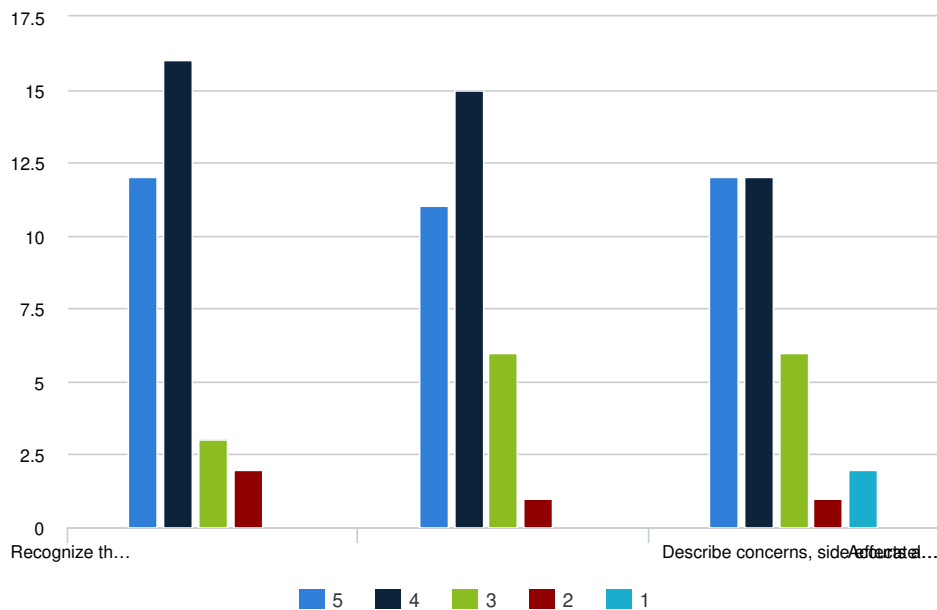
Result details

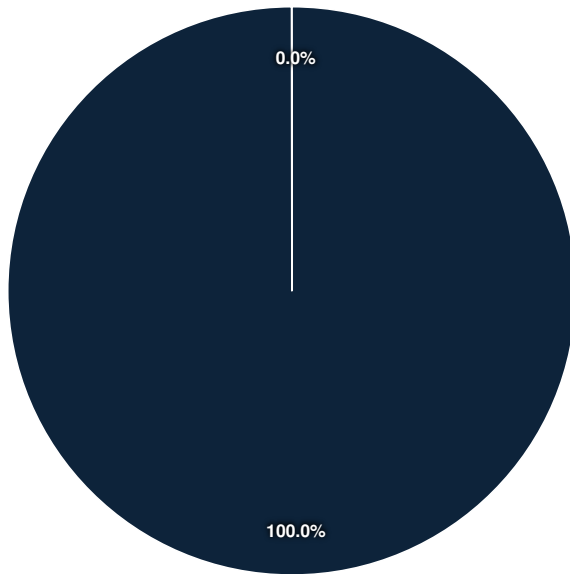|	5	4	3	2	1
Recognize the names and indications for some of the newer psycho-pharmaco-therapeutic agents.	12	16	3	2	0
Describe concerns, side effects and contraindications associated with the use of psycho-pharmaco-therapeutic agents.	11	15	6	1	0
Accurately identify which patients psycho-pharmaco-therapeutic agents may be indicated for.	12	12	6	1	2

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	33

What, if any, new skills/strategies will you apply in your clinical practice?

0.0%

100.0%

Result details

Left Blank	0
User entered value	33
Average submission length in words (ex blanks)	7.21
None	
Improved understanding of newer drugs	
NA	
NA	
.	
this course taught me more about Careful consideration of patients receiving antipsychotic meds	
I am able to learn new medications	
N/a	
None	
Discuss options with patients when I refer them t o a psychiatrist or other Mental Health provider	
The complete history Education on the new drugs	
N/A	
Defere pt for specialist to manage	
I do not prescribe but helps to consider client;s medication	
Treatment options for post partum depression	
Evaluation of newer psychotherapeutic medications for the treatment of depression, bipolar disorder, postpartum depression, and psychosis in Alzheimer's disease.	
Im retired so I can't.	
More judicious use of BDZs in the treatment of anxiety disorders	
Not sure	
Be more aware.	
Knowledge of new strategies and medications	

I can recognize the newer psychopharmacotherapeutic medications

Better knowledge and general education.

New treatments for depression and Alzheimer's

Some information learned was helpful

1. Assure that a proper diagnostic assessment has taken place before prescribing. 2. As per Dr. Tobolowsky's personal viewpoint: before considering a patient "treatment resistant" ... consider other alternatives ... consultation with a more experienced psychiatrist. 3. Remain aware, skeptical (and a bit contrary) to the claims and marketing ploys of the pharmaceutical 'industry" ... including medications with FDA "approval." Show me the data ... and the cost!!!

conduct a comprehensive psychiatric exam.

Increased treatment matching

Clinical evaluation improved selection of therapeutic agent to be used.
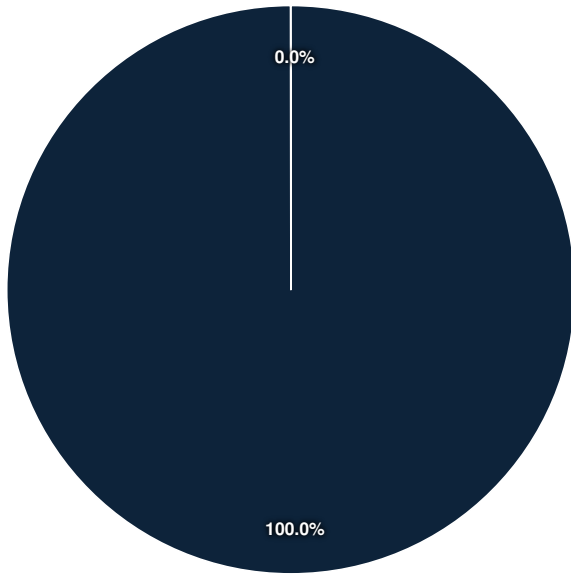
Better counseling

Depression vs unhappiness

na

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%

Result details	
Left Blank	0
User entered value	33
Average submission length in words (ex blanks)	4.48
None	
N/A	
I am occ health	
NA	
Acute care patient population	
no barriers	
Affordability or price OF THE MEDICATION	
N/a	
I am retired from clinical practice	
NA	
The exorbitant cost of the drugs	
retired	
No change	
not a doctor, just a mental health counselor	
Na	
None	
Retired	
The cost of many of the newer agents is financially prohibitive for my client market in Barbados	
It's not clear to me that I had new information that I can use.	
N/A	
.	

no longer bedside

This course is an excellent source of general Medicine for me.

No new treatments for Schizophrenia

Will apply some learning as needed

n/a

time constraint

I am a Licenced Mental Health Counselor and lack a database of psychiatrists that I know professionally and feel comfortable referring to
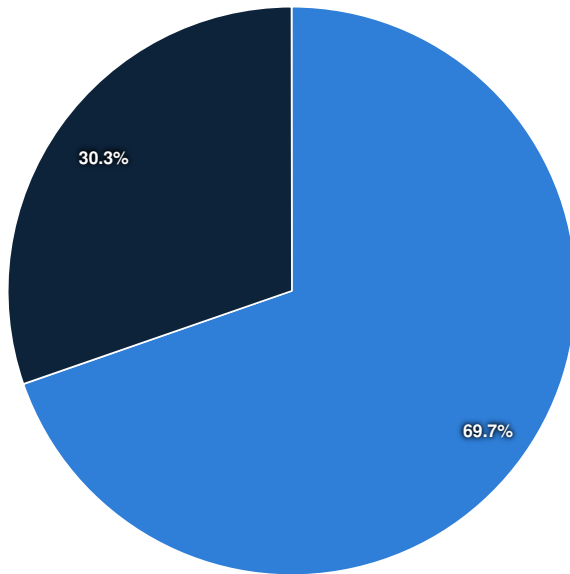
N/A

N/a

My specialty

retired and not prescribing medications

Work at hospital setting

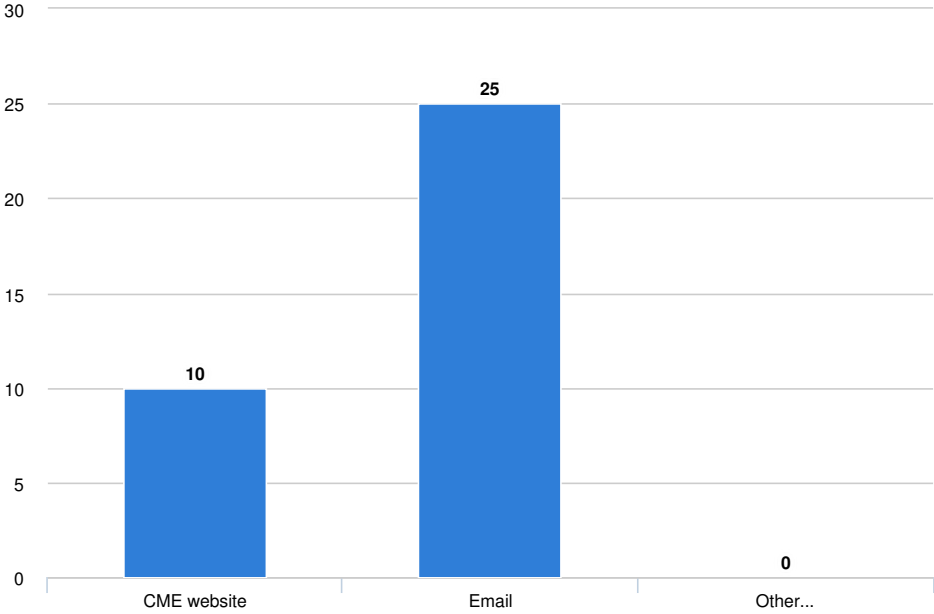## Please provide any additional comments or suggestions.

30.3%

69.7%

Result details

Left Blank	23
User entered value	10
Average submission length in words (ex blanks)	16.40

Thank you so much

The preparation of the patient on multiple psychiatric meds for surgery

Webinars could be at least 2 hours to allow more to be said about the different conditions. Good presentation.

excellent well-organized program. However, due to both being retired and not very clinically knowledgeable in Psychiatry, this program was difficult to follow. However, I purposely decided to watch it so that I could learn something more about this field. And to that extent it was very worthwhile for me.

Speaker was excellent.

This speaker was not very good.

None at this time

Excellent presentation. Thank Dr. Sobolowsky for his diligence and dedication to both science and patient care. Thanks to the BHSF CME staff for helping him with the preparation and presentation. I would like to "see" presentations focusing on patient case presentations; patient outcomes; and the role of neuroimaging in mental health disorder diagnoses (i.e.: SPECT Scanning; f-MRI.)

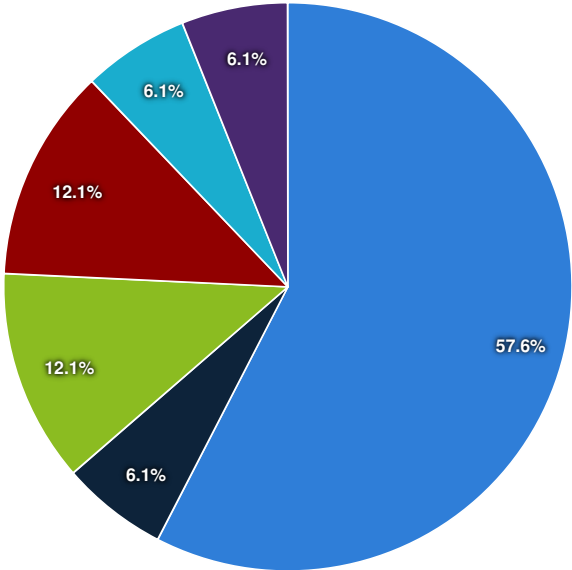Could a recording be available for this excellent presentation please .

Ñ/A

How did you hear about this course?

Result details

CME website	10
Email	25
Other...	0

Please select one:

Result details	
M.D., D.O.	19
Ph.D/Psy.D	2
ARNP/PA-C	4
R.N.	4
Pharmacist	2
Other...	2 (view)

Baptist Health South Florida
Continuing Medical Education

Miami Cancer Institute Immunotherapies Evaluation - Day 1

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.
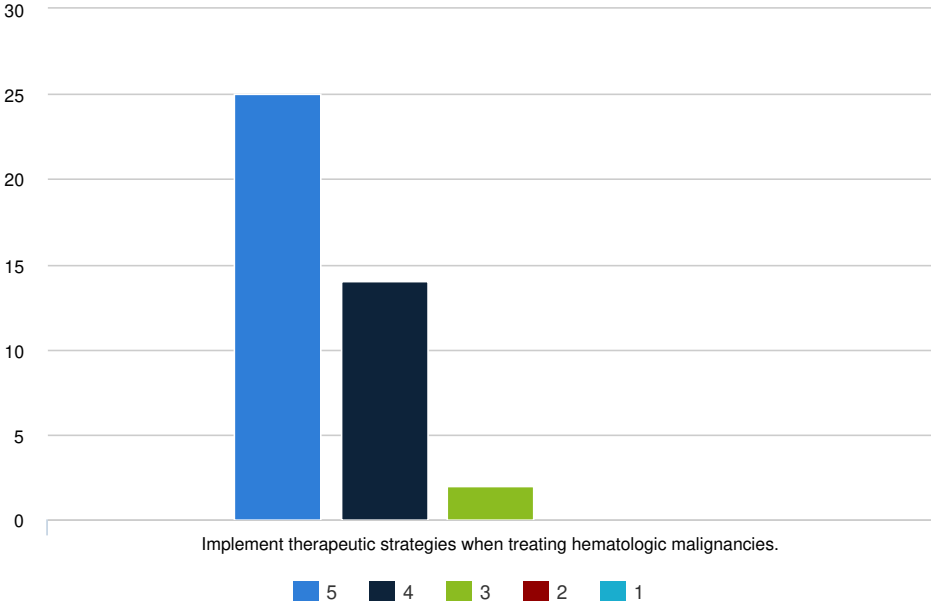
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: 5 4 3 2 1

Result details

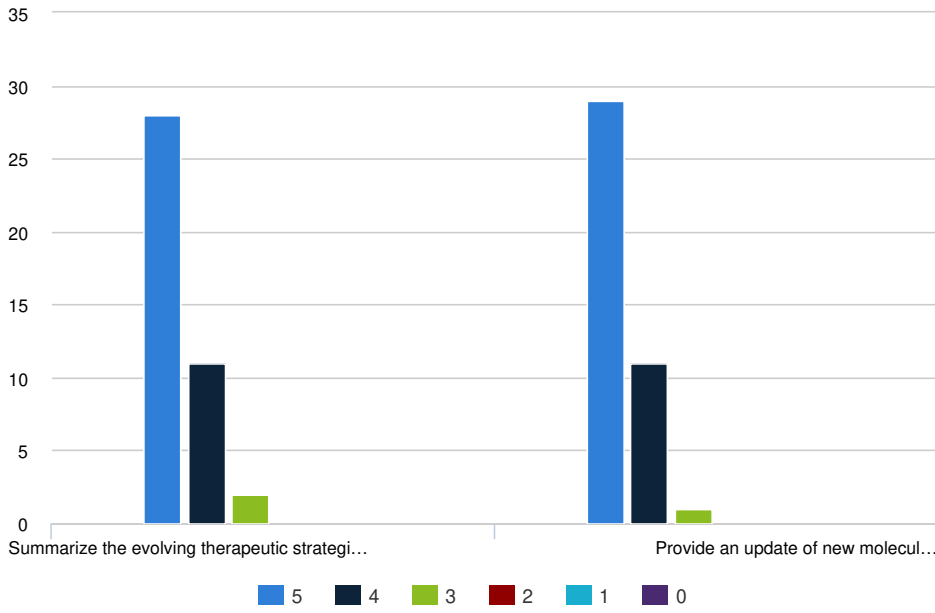|	5	4	3	2	1
The information and/or skills learned will enhance my professional competence or ability.	34	7	0	0	0
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of of my patients.	33	8	0	0	0

How confident are you in your ability to:

Implement therapeutic strategies when treating hematologic malignancies.

Legend: 5 | 4 | 3 | 2 | 1

Result details

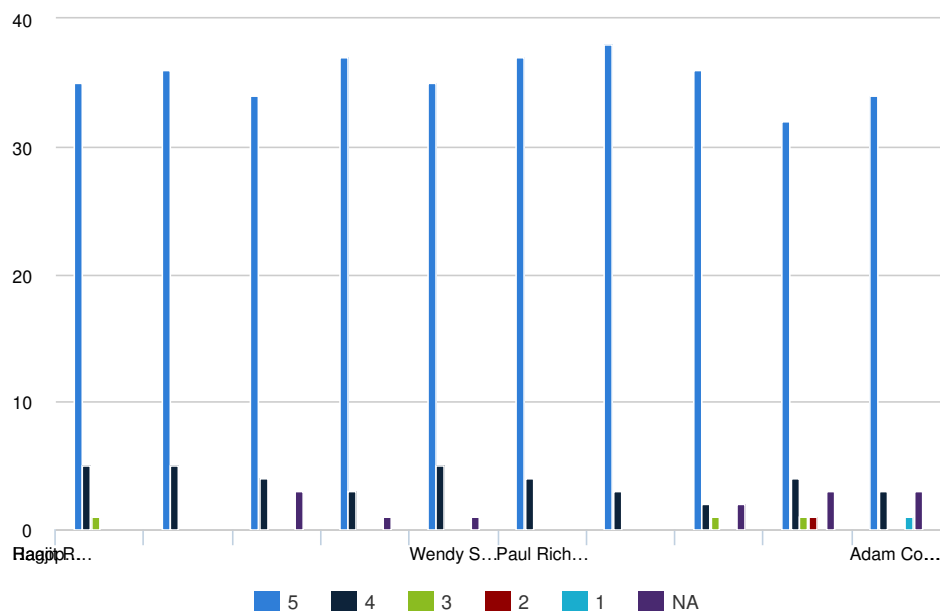|	5	4	3	2	1
Implement therapeutic strategies when treating hematologic malignancies.	25	14	2	0	0

As a result of participating in this activity, to what extent do you agree that you will be better able to accomplish these objectives

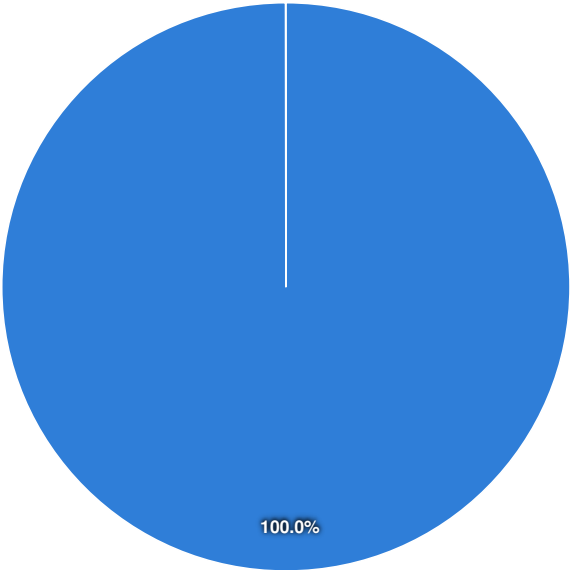|	5	4	3	2	1	0
Summarize the evolving therapeutic strategies in the treatment of hematologic malignancies.	28	11	2	0	0	0
Provide an update of new molecular and immunological treatments being developed for these diseases.	29	11	1	0	0	0

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?

Legend: 5 | 4 | 3 | 2 | 1 | NA

Result details

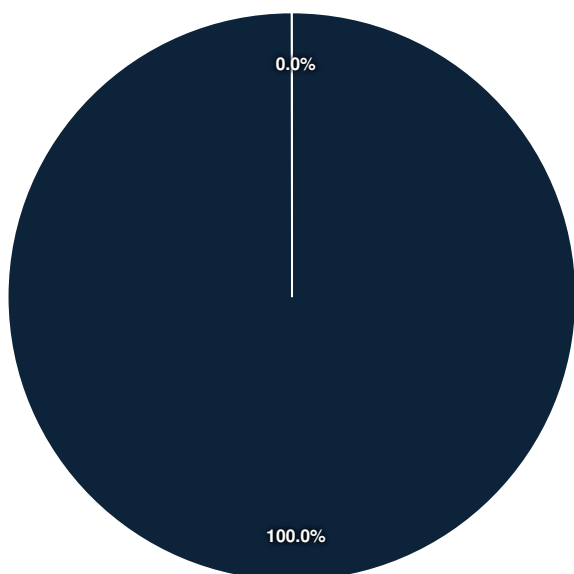|	5	4	3	2	1	NA
Richard Stone, M.D. - Treatment Approached for high-risk Acute Myeloid Leukemia in 2022	35	5	1	0	0	0
Eytan Stein, M.D. - Overcoming Resistance to Targeted therapies in Acute Myeloid Leukemia	36	5	0	0	0	0
Raajit Rampal, M.D. - Myelofibrosis: Current and Emerging Treatments	34	4	0	0	0	3
Hagop Kantarjian, M.D. - Updates on Treatment Approaches for Acute Lymphoblastic Leukemia	37	3	0	0	0	1
Wendy Stock, M.D. - Improving Outcomes in T-ALL: Challenges and New Directions	35	5	0	0	0	1
Paul Richardson, M.D. - Treatment approaches for Multiple Myeloma in 2022	37	4	0	0	0	0
Adam Cohen, M.D. - Update on BCMA-Directed Therapies for Multiple Myeloma	38	3	0	0	0	0
Guenther Koehne, M.D., Ph.D. - Wilms' Tumor antigen 1 in Multiple Myeloma	36	2	1	0	0	2
Charles Dimitroff, Ph.D. - Signature human B-Cell surface Glycosylation Can Provide Key Insights for Treating B-Cell malignancies	32	4	1	1	0	3
Matthew Matasar, M.D. - Updates on Treatment Approaches in Diffuse Large B-Cell Lymphoma (DLBCL)	34	3	0	0	1	3

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	41

As a result of what was discussed at this activity what do you intend to do differently? Identify at least two learnings that could be incorporated into your practice

0.0%

100.0%

Result details

Left Blank	0
User entered value	41
Average submission length in words (ex blanks)	9.54
Add to treatment plan for care	
Yes	
Yes	
Nothing but good to know all these information	
I am a clinical nurse	
None	
Knowledge on different heme malignancies	
Na	
Influence myeloma management	
N/A	
Treat Ph+ ALL without chemotherapy, with targeted therapy alone Optimal use of targeted agents in AML	
I am a new APP, the presentations were informative the added knowledge will certainly be incorporated in practice in the near future. Target therapy overcoming resistance because of the RAS pathway . The effectiveness of Ponatinib to Mini hyper Chad in the treatment of T cell ALL	
I am a new APP, the presentations were informative the added knowledge will certainly be incorporated in practice in the near future. Target therapy overcoming resistance because of the RAS pathway . The effectiveness of Ponatinib to Mini hyper Chad in the treatment of T cell ALL	
.	
Na	
Keep in mind newer options for patients	
Useful info for myeloma and dlcl treatments	
Elotuzab vs daratumumab first? - controversial but thought provoking 7+3 vs FLAG Ida as induction in AML? I feel more comfortable with 7+3 data	

Medication side effects. New innovative medications.

Management of multiple myeloma, AML, ALL

Better engagement with HCP Better planning of clinical trials

DLBCL treatment Novel Management of MM

NA

N/A

Na

I am a new APP, the presentations were informative the added knowledge will certainly be incorporated in practice in the near future. Target therapy overcoming resistance because of the RAS pathway . The effectiveness of Ponatinib to Mini hyper Chad in the treatment of T cell ALL

Na

CPX351 is better induction for 2' AML midostaurine is best used in SCT in CR1

N a

Better collect stem cells and CAR-T cells. Better communicate with manufactures and clinicians about specifications for stem cells which will be used in immunotherapy.

New therapies for MM and CART

new protocols developed for AML and ALL, upcoming treatments such as Flag Ida Ven

Collaboration with research to enroll patients on vor study.

BETTER UNDERSTANDING OF NEW CHEMOTHERAPIES TO BE ORDERED FOR MY PATIENTS IN THE FUTURE

CAR T-cell therapy implementation

Assess AML first line therapy in accordance to the lecture/NCCN guidelines Recommend targeted therapies
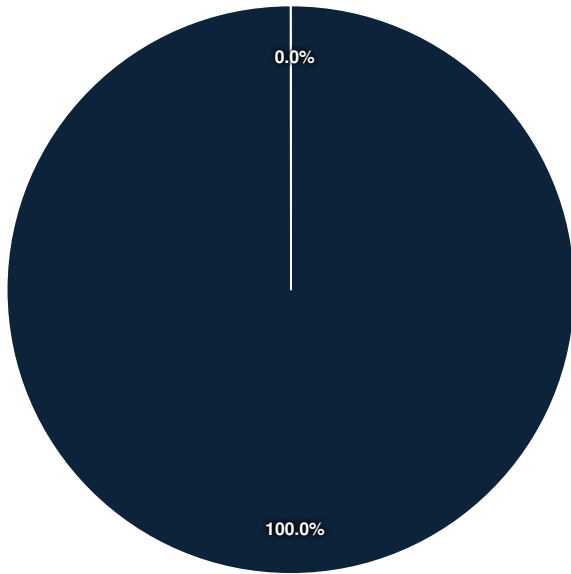
n/a

I have a better understanding of the pathogenesis and how these medications work

Educate

Use of VOR study

I will be considering cell based therapy more often in my patients.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this activity?

0.0%

100.0%

Result details	
Left Blank	0
User entered value	41
Average submission length in words (ex blanks)	4.02
None	
None	
None	
Probably time	
None	
None	
N/A	
Na	
N/A	
n/a	
Complete FDA approval Slow development of clinical trials	
In my practice treatment decisions are made by oncologist	
In my practice treatment decisions are made by oncologist	
.	
Na	
Concerns for toxicity	
None	
None	
Educating the rest of staff. Implementing availability.	
NA	
None	

None

NA

Not actively practicing

Na

In my practice treatment decisions are made by oncologist

Na

Insurance coverage

N a

Keep[ng up with the rate of new information that is being presented at ever increasing speed.

N/A

time

Knowledge of how to triage aml patients to this protocol

LIMITED KNOWLWDGE ON MY PART AS A NEW NAIGATOR WORKING WITH ADULTS. WORKED AS ONCOLOGY BEDSIDE NURSE FOR 21 YRS.

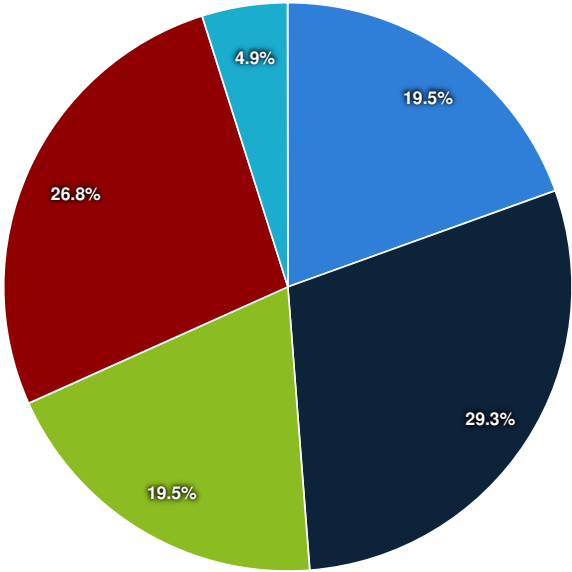Insurance coverage Cost of agents

n/a

We are a pharmaceutical company. Our job is to research and improve patient care. I see finances as an obstacle and not identify patients properly for clinical trials

Time

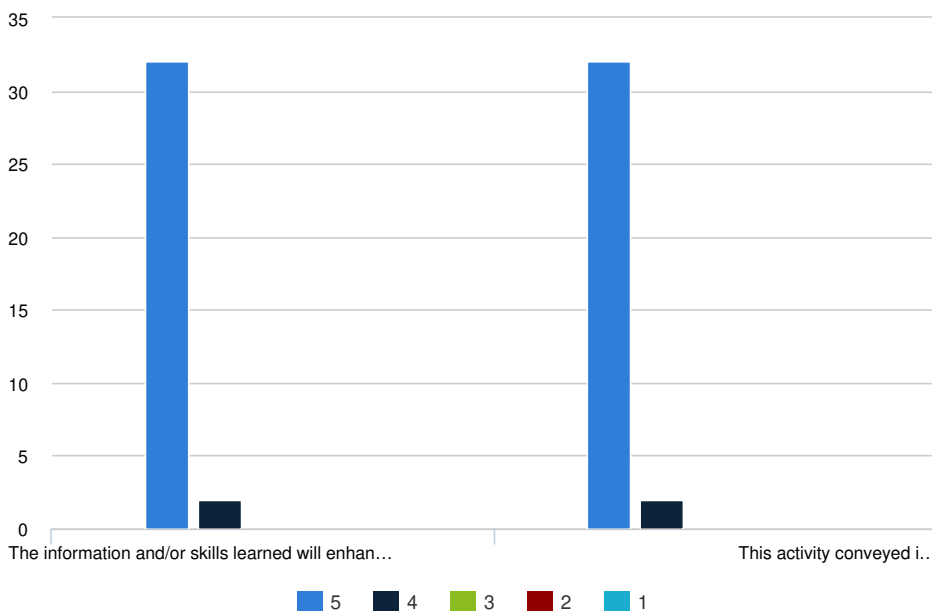Patient eligibility

CART accreditation

Please select one:

Result details	
M.D., D.O.	8
ARNP	12
R.N.	8
Pharmacist	11
Other...	2 (view)

Baptist Health South Florida
Continuing Medical Education

Miami Cancer Institute Immunotherapies Evaluation - Day 2

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.
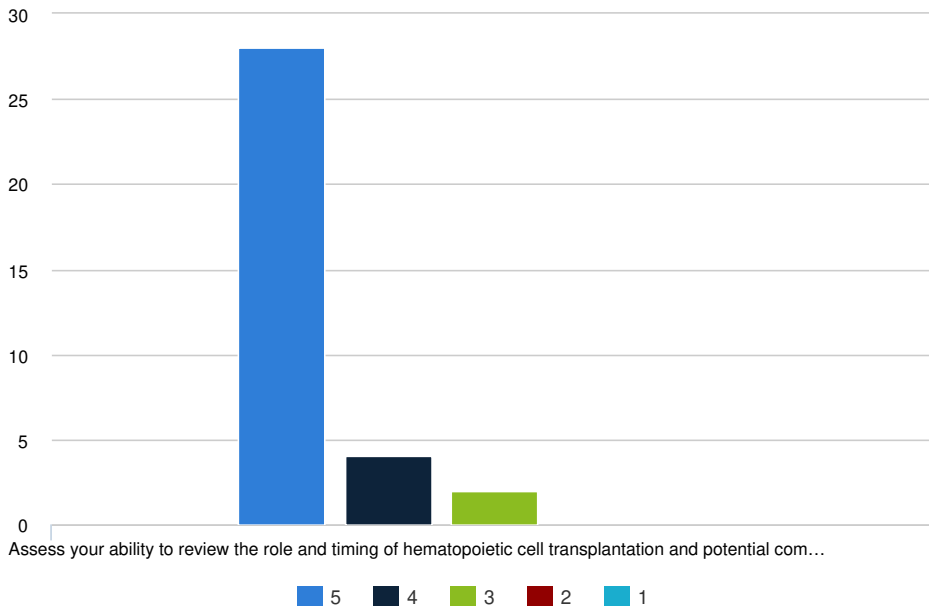
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Result details

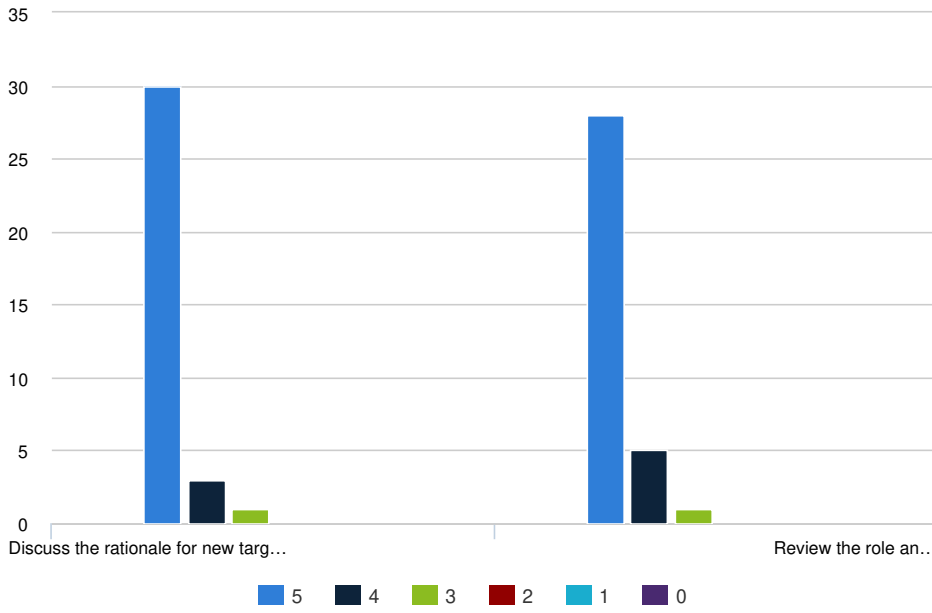|	5	4	3	2	1
The information and/or skills learned will enhance my professional competence or ability.	32	2	0	0	0
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of of my patients.	32	2	0	0	0

How confident are you in your ability to:

Assess your ability to review the role and timing of hematopoietic cell transplantation and potential com…

■ 5 ■ 4 ■ 3 ■ 2 ■ 1

Result details

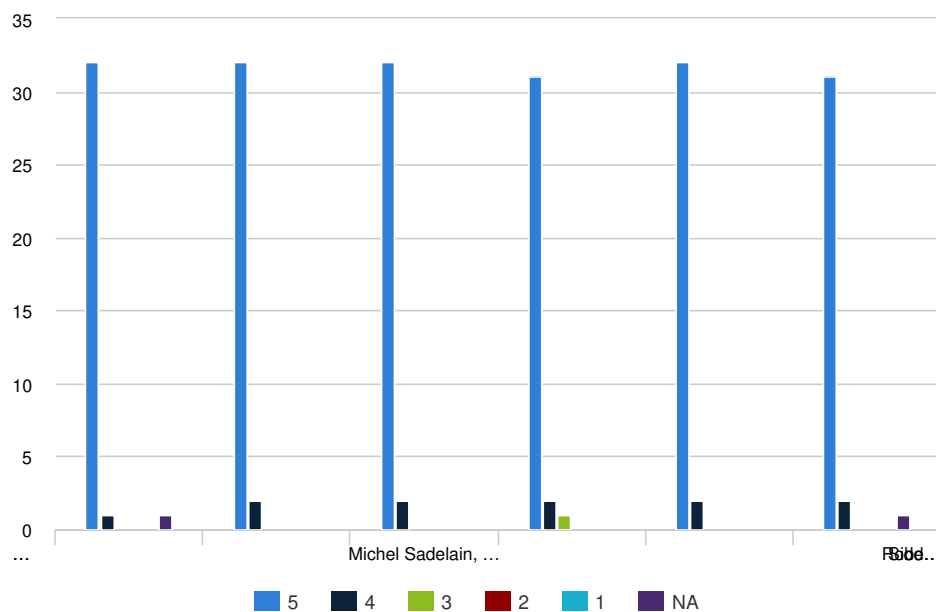|	5	4	3	2	1
Assess your ability to review the role and timing of hematopoietic cell transplantation and potential combinations of immunotherapeutic treatment options.	28	4	2	0	0

As a result of participating in this activity, to what extent do you agree that you will be better able to accomplish these objectives

Legend: 5, 4, 3, 2, 1, 0

Result details

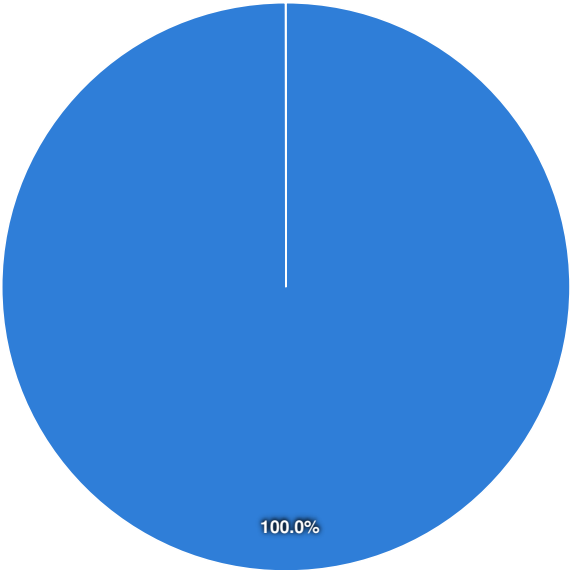|	5	4	3	2	1	0
Discuss the rationale for new targeted diagnostic and therapeutic strategies for lymphoma, myeloma and leukemia.	30	3	1	0	0	0
Review the role and timing of hematopoietic cell transplantation and potential combinations of immunotherapeutic treatment options.	28	5	1	0	0	0

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?

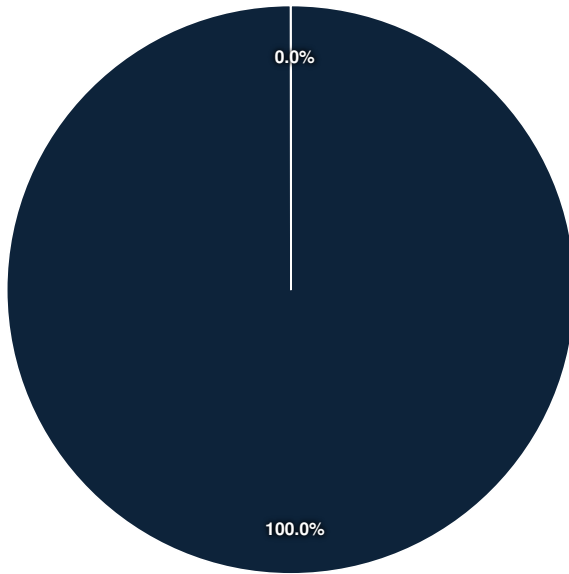|	5	4	3	2	1	NA
Marcel van den Brink, M.D., Ph.D. - The Role of Intestinal Microbiome in Hematopoietic Stem Cell Transplantation and Immuno-oncology	32	1	0	0	0	1
Robert Soiffer, M.D. - The Impact of CAR T-Cell Therapy on Hematopoietic Stem Cell Transplantation	32	2	0	0	0	0
Michel Sadelain, M.D., Ph.D. - Keynote Address - Next Steps in CAR T-cell Therapies	32	2	0	0	0	0
Robert Sackstein M.D., Ph.D. - Optimizing CAR Cell-based Immunotherapy by Targeting the Cancer Cell "Sugar-Coat"	31	2	1	0	0	0
Siddhartha Mukherjee, M.D. - Novel Approaches of CAR T-cell Therapies for AML	32	2	0	0	0	0
Paul Lin, M.D. - Do CARs Always Have to Be T-Cells	31	2	0	0	0	1

Result details

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	34

As a result of what was discussed at this activity what do you intend to do differently? Identify at least two learnings that could be incorporated into your practice

0.0%

100.0%

Result details

Left Blank	0
User entered value	34
Average submission length in words (ex blanks)	8.00
Yes	
Different types and ways to transplant stem cells. Combination of chemotherapy with stem cells transplant.	
CAR T in first line therapy for large cell lymphoma	
That blood types are glycans! And that I need to learn more about CAR-T cell therapy =). Inspirational speakers! Thank you for the content.	
Na	
Nothing but I learned a lot from this class.	
No comment	
Na	
Proper evaluation of the patient undergoing the therapy. Identifying significant findings that will relate to the importance of the therapy.	
I have a better understanding of the journey the patients i work with are on and the options they have.	
None	
None	
None	
CD19 CART may be a reasonable substitute for alloHCT in ALL CD19 CART may be better for relapsed DLBCL	
Please see day one comments.	
New targeted therapies and use of CART	
Na	
BETTER UNDERSTANDING OF WHERE PROGRESS HAS BEEN MADE WITH CAR T CELL THERAPY & POSSIBILITIES FOR FUTURE USE	

N/A

It was an amazing speakers and topics but it will be very difficult to incorporated into my practice due to cost of the treatments.

sequencing of CAR-T but it will be very challenging due to cost

bmthematology maglinancies

cart implementation

Pre-screen patients in a more complete manner Bring patients to MD's attention for trial participation

n/a

anticipating use of CAR Tcells in our clinical practice and utilization of information provided

New targeted diagnostic and therapeutic strategies for lymphoma, myeloma and leukemia.
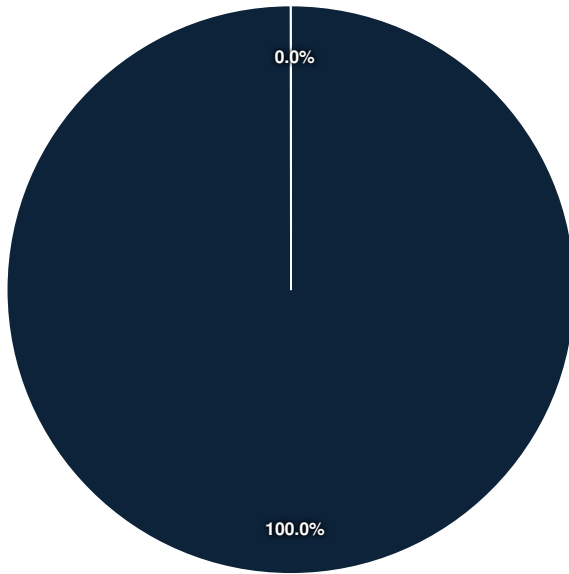
N/A

N/A

N/A

N/A

Informed of current trials and possible future treatment options

information will be used to inform my decisions

This new knowledge will be used to inform decisions

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this activity?

0.0%

100.0%

Result details

Left Blank	0
User entered value	34
Average submission length in words (ex blanks)	4.00
None	
Patients disease process and comorbidities.	
Needing to complete clinical trials of novel agents	
None	
Nq	
None	
No comment	
Na	
The availability of equipments and the cost for the treatment.	
This activity was made for physicians, as a CRC i can't put into practice a lot of the things i learned, but I learned a lot about the process of treatment my patients experience and the exciting new direction the field is going in.	
None	
None	
None	
Insurance coverage for CART	
Please see day one comments.	
N/A	
Na	
I HAVE BASIC KNOWLEDGE OF CAR T CELL THERAPY	
N/A	
cost, reimbursement	

cost, reimbursement issues	
No barriers	
time	
Trial availability	
none	
financial coverage for patient affordability	
Financial and regulations	
N/A	
N/A	
N/A	
N/A	
Teaching staff in a multidisciplinary setting	
NA	
NA	

Please select one:
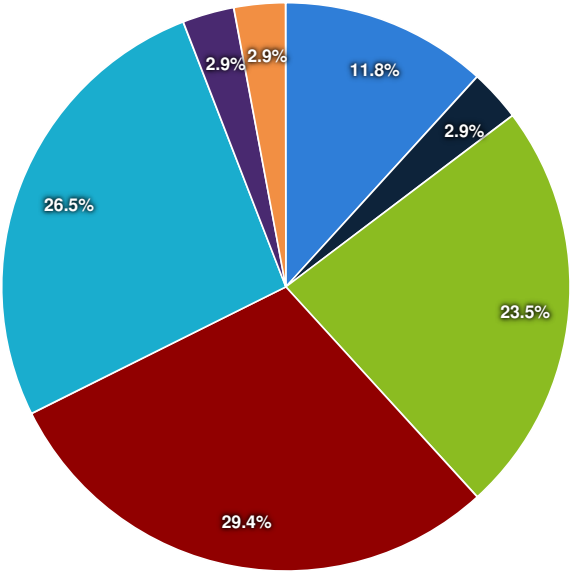
Result details

M.D., D.O.	4
PA-C	1
ARNP	8
R.N.	10
Pharmacist	9
Laboratory	1
Other...	1 (view)

Baptist Health South Florida
Continuing Medical Education

Echocardiography and Noninvasive Vascular Testing Lecture Series: April 13, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: ■ 5 ■ 4 ■ 3 ■ 2 ■ 1 ■ NA

Result details

|	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	65	13	2	0	0	2
The skills learned in this CME course will be applied in the treatment of my patients	58	16	2	0	0	6

How confident are you in your ability to:
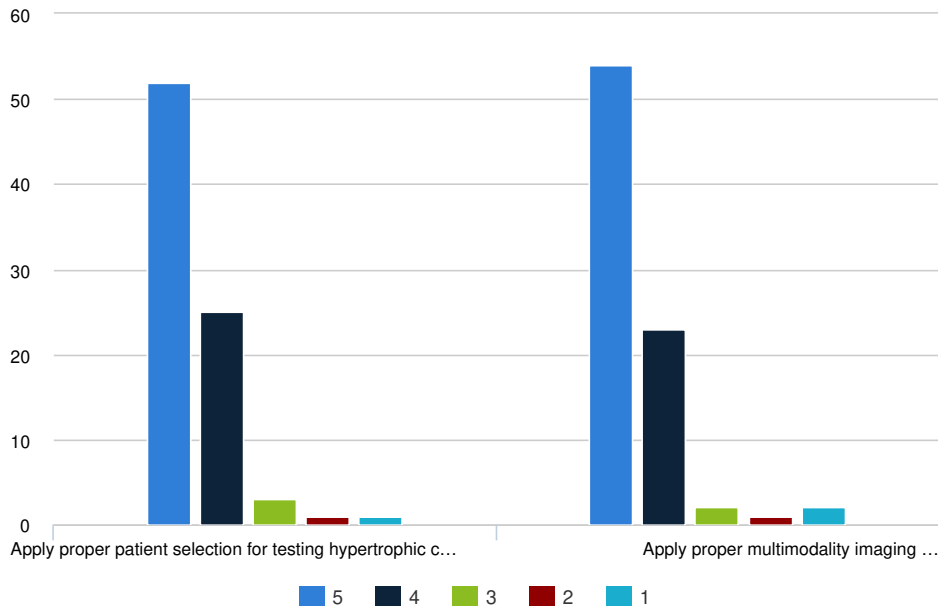
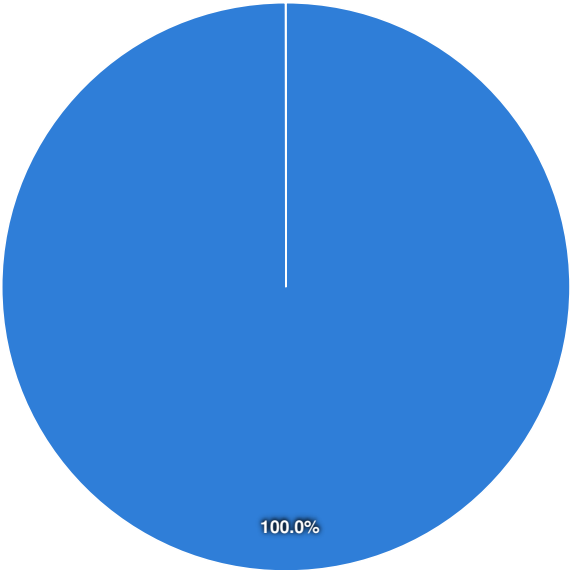|	5	4	3	2	1
Result details					
Apply proper patient selection for testing hypertrophic cardiomyopathy.	52	25	3	1	1
Apply proper multimodality imaging approaches in the assessment of hypertrophic cardiomyopathy.	54	23	2	1	2

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?
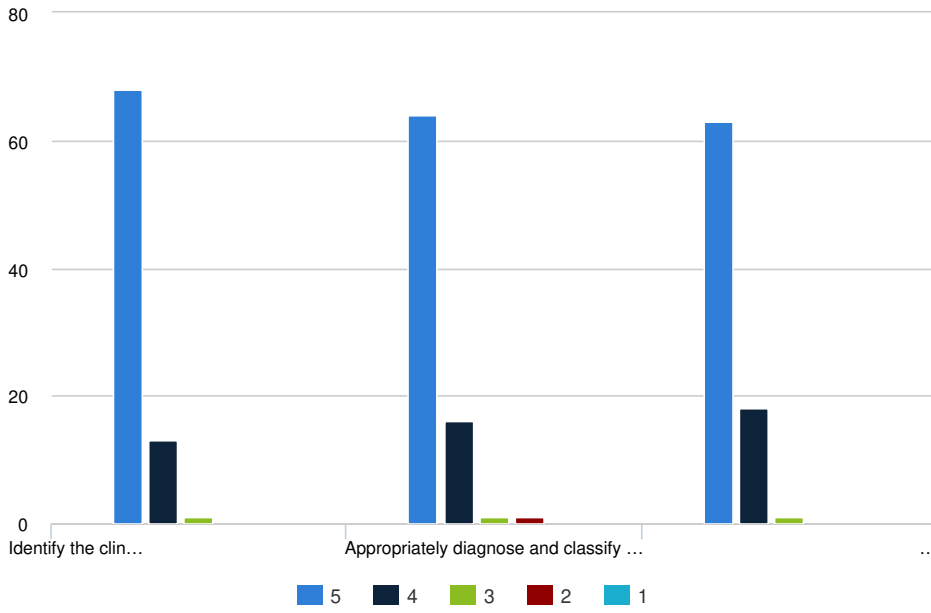
Result details

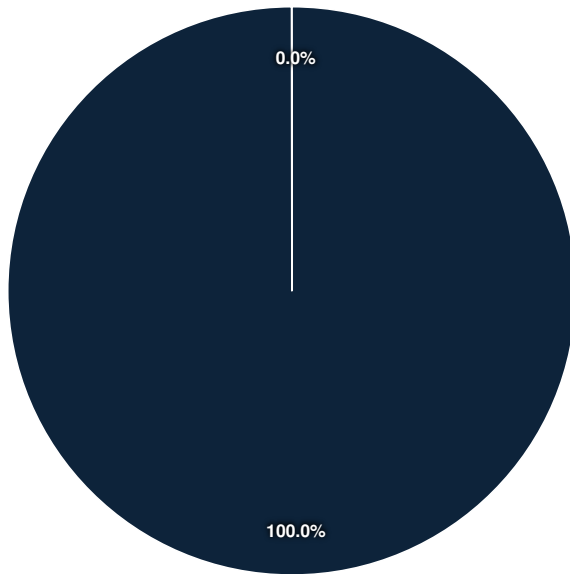|	5	4	3	2	1
Identify the clinical presentation and patient selection for testing hypertrophic cardiomyopathy.	68	13	1	0	0
Appropriately diagnose and classify hypertrophic cardiomyopathy.	64	16	1	1	0
Examine multimodality imaging approaches in the assessment of patients with hypertrophic cardiomyopathy.	63	18	1	0	0

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	82

What, if any, new skills/strategies will you apply in your clinical practice?

0.0%

100.0%

Result details

Left Blank	0
User entered value	82
Average submission length in words (ex blanks)	5.84
Strain	
NA. Thank you	
Combined modalities	
`	
consider MRI in the evaluation of cardiac disease	
Learned that genetic testing can be done, to do strain on all hypertrophic cases and what cardiac MRI evaluates	
Proper testing, echo, cardio eval	
To use contrast when indicated.	
Yes, I will now know the signs of hypertrophic cardiomyopathy and recognize it better	
Na	
The use of mri in hocm	
N/A	
Earlier use of cardiac MRI with contrast enhancement in pts with hypertrophic cardiomathy	
The role of MRI	
Assess LVOT in HCOM	
Use it TEE to evaluate Mirta valve papillary muscle placement to see if septal ablation will help with treatment of SAM	
Yes	
As a future sonographer is important to provide a good quality image to help the patient for a better course of action.	
Better recognition of echocardiography findings	
Better recognition of echocardiography findings	

Better awareness

N/A

Echo in hocm

Better scanning skills as a cardiac Sonographer such as differentiate AS from LVOTO and MR . Make sure to do Valsalva for better outcomes.

How to differentiate between lvot obstruction and aortic stenosis

..

No

Na not currently employed

Better use of diagnostics in HXM

NONE

N/A

Na

testing and imaging

Will follow recommendations which were very proper and new methods of diagnosis'

Learned major differences between echo and mri for cmp

the appropriate echo and mri testing testing for pts with thickened hearts

All

NEWER CONCEPTS

NA

NA

Differential diagnosis between HCOM, athlete's heart. Imaging modalities (US, contrasts agents, MRI)

multimodalty imaging

d

Consider CT/ MRI

N/A

N/A

Better patient evaluation.

GLS

N/a

Valsalva when evaluating LVOTO in echocardiography

I will be able to review the raw echo data in more detail

Not currently performing Echo

All of them

NA

updated skills

I think the news skills will help me with my scanning in general.

I'll be applying everything I learned from the course to my day to day scanning.

MRI evaluation

We already do most of what was covered

On a daily basis when I have a pt with hcm

I will be more attentive to patients symptoms that suggest an underlying, not previously diagnosed hypertrophic cardiomyopathy and order the appropriate test in a highly reputable institution such as Baptist Echo Lab.

Echo Lab

n/a

Y

1. Be more aware of the EKG and physical exam indicators of hypertrophic cardiomyopathy 2. Promptly refer such patients to the experts at MCVI

New modalities

Realize the importance of the use of ALL non invasive techniques to properly diagnose hypertrophic cardiomyopathy.

Differentiate athlete's heart vs HCm

Yes

multimodalities

Some

Categorizing hypertrophic cardiomyopathy

will use all 3 modalities when neccesary to evaluate HCM.TTE,CMR and CT .

better assessment of hypertrophic conditions

.

Better understanding of diagnosis and evaluation of HCM

Strain

Great detail.

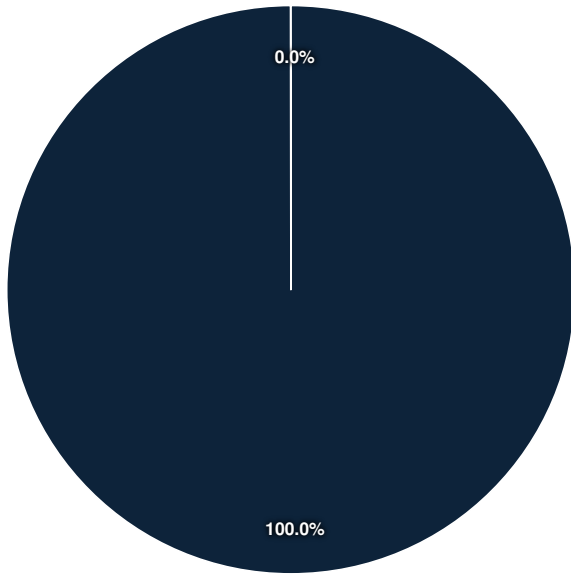Multimodality imaging in patients with suspected HCM

Yes, definitely.

reinforced learning & new skills

N/a

Different modalities of evaluation for hypertrophic cardiomyopathy

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?

0.0%

100.0%

Result details	
Left Blank	0
User entered value	82
Average submission length in words (ex blanks)	2.71
Na	
I am occupational health	
None	
`	
NA	
N/A	
N/A	
None	
N/A	
Na	
None	
N/A	
Nothing	
N/A	
..	
N/A	
Yes	
N/A	
N/a	
N/a	
None	

N/A

Na

…

None

..

No

Not employed

Nothing will keep me from implementing knowledge

not my specialty

N/A

Na

n/a

I will follow the steps to stay up to date.

Time and knowledge at times.

N/A

N/A

YES

NA

NA

Currently teaching. The material received will reinforce lectures.

NA

d

NA

N/A

N/A

None

NONE

N/A

N/A

I always try to learn something to apply to clinical practice. It was a good lecture.

I will when I start performing echocardiograms again

N/A

NA

Can update skills

I do plan to implement the skills and strategies I learned indeed.

I do plan to apply all i learn indeed.

None

See above

Yes, like the basal a maneuver for velocities

Nothing keeps me from doing the right tests on patients that need to be adequately diagnosed

Y

n/a

n/a

Finances

will be implementing multivariate approach to evaluating HCM.

n/a

Nothing

nothing

Tech

N/A

NA

.
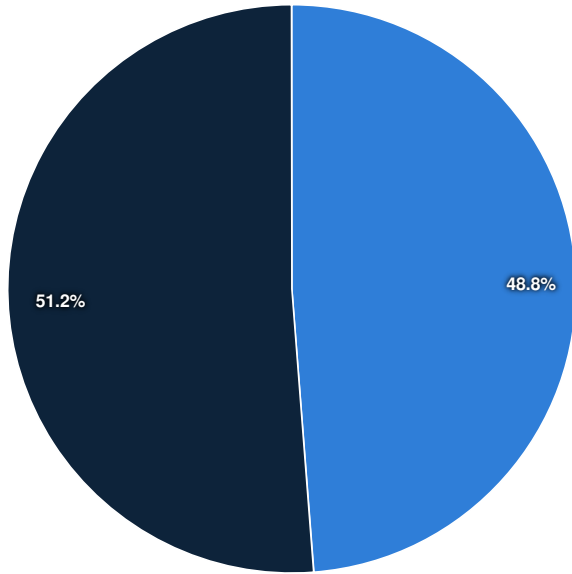
.

No barriers to implementation

.

N/a

N A

Limitations in availability of diagnostics at the location of practice.

yes ,plan to implement learning

N/a

N/A

Please provide any additional comments or suggestions.

51.2%   48.8%

Result details

Left Blank	40
User entered value	42
Average submission length in words (ex blanks)	4.62

NO

Great talk on a subject which I personally find challenging (interrogating for LVOT obstruction).

N/A

Echo evaluation to decide on which surgery to apply to different pts

This speaker is excellent! His clarity of thought and ability to explain complex material is superb.

Very well done presentation.

Excellent presentation…

Excellent presentation…

Thanks for making me a better cardiac Sonographer

Excellent webinar, very helpful! Thank you

Na

Lecture was ups to date and.

Excellent and clear presentation

Great presentation

EXCELLENT

NA

Thankful for the CME opportunities and of the relevant topics.

d

N/A

Great speaker. Very informative

Very good lecture

excellent

Great presentation. Very helpful.

The webinar was great. Very informative and helpful.

Well presented

Very interesting, thanks

Excellent Webinars, Please continue to use this format

Y

1. excellent presentation 2. because I am an office-based physician, I do not plan to attempt to manage the further diagnosis (multimodality imaging) and treatment protocols for such patients.

Yes I will

would appreciate more work shops in analyzing various forms of hypertrophic cardiomyopathy

very well done

Need to get a conference's copy

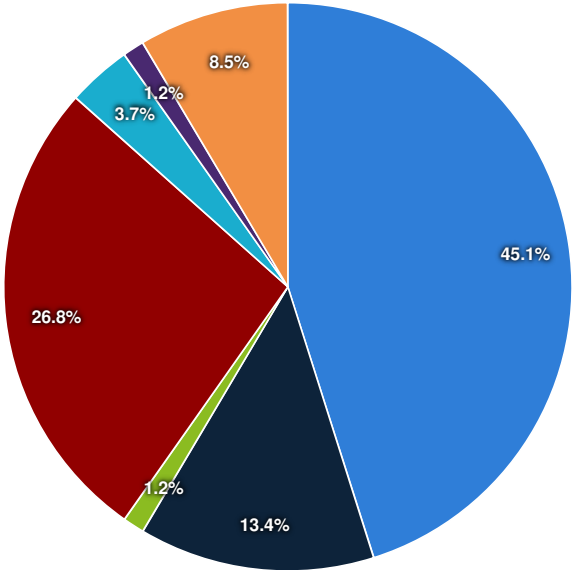good presentation

None

N/A

.

.

-

Excellent presentation with informative updates.

excellent
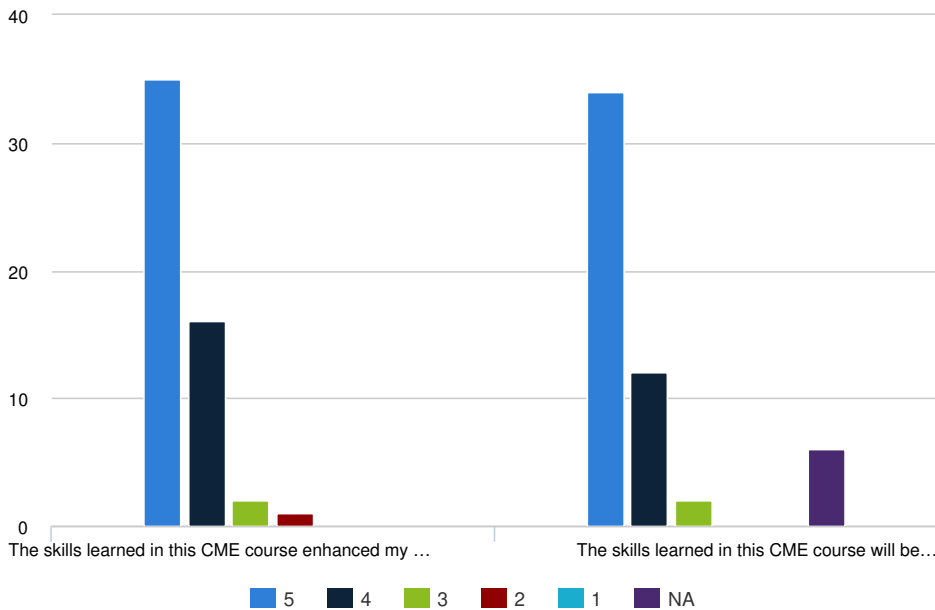
Excellent lecture

Please select one:

Result details	
M.D., D.O.	37
ARNP/PA-C	11
R.N.	1
Sonographer	22
Untrasound Tech	3
Respiratory	1
Other...	7 (view)

Baptist Health South Florida
Continuing Medical Education

MCVI Grand Rounds Evaluation - April 14, 2022

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.
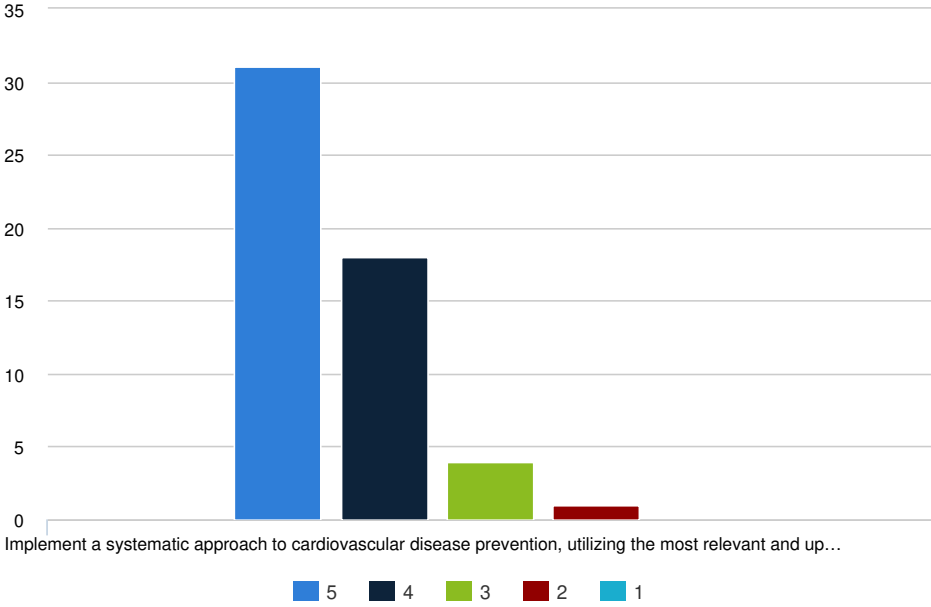
Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Result details

|	5	4	3	2	1	NA
The skills learned in this CME course enhanced my professional competence.	35	16	2	1	0	0
The skills learned in this CME course will be applied in the treatment of my patients	34	12	2	0	0	6

How confident are you in your ability to:

Implement a systematic approach to cardiovascular disease prevention, utilizing the most relevant and up…

■ 5　■ 4　■ 3　■ 2　■ 1

Result details

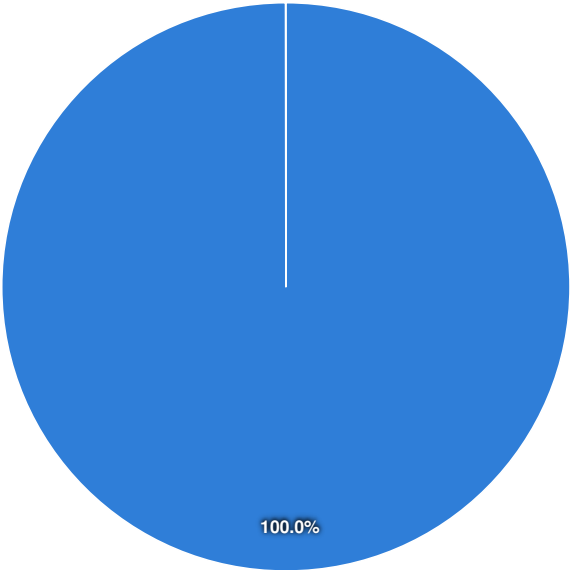|	5	4	3	2	1
Implement a systematic approach to cardiovascular disease prevention, utilizing the most relevant and up-to-date guidelines and recommendations?	31	18	4	1	0

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?
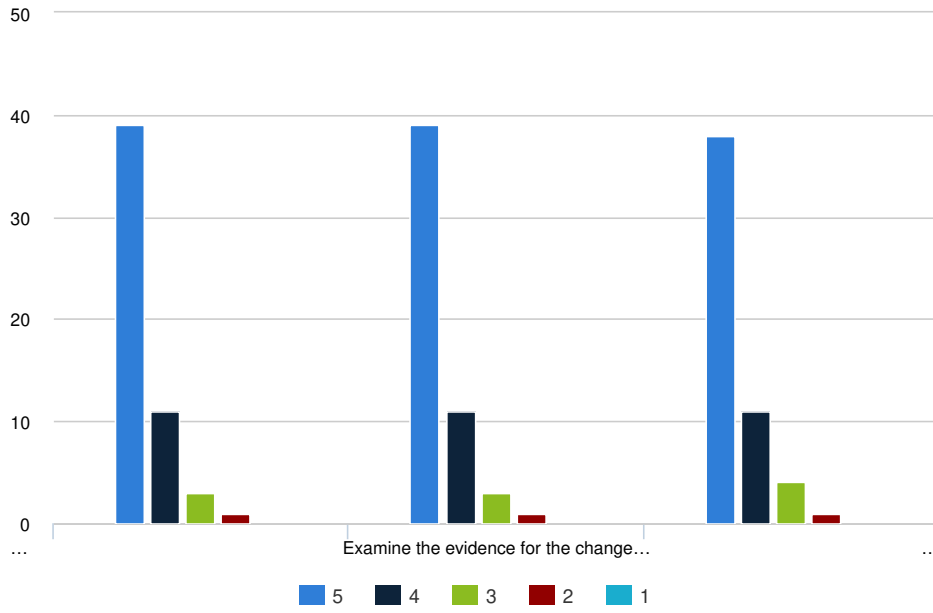
Result details

|	5	4	3	2	1
Compare and contrast the AHA/ACC and European guidelines on cholesterol, blood pressure and atherosclerosis management.	39	11	3	1	0
Examine the evidence for the changes in cardiovascular risk assessment guidelines over the past decade.	39	11	3	1	0
Implement a systematic approach to cardiovascular disease prevention, utilizing the most relevant and up-to-date guidelines and recommendations.	38	11	4	1	0

Was this course fair, balanced and without commercial bias?

100.0%

Result details	
Yes	54

What, if any, new skills/strategies will you apply in your clinical practice?
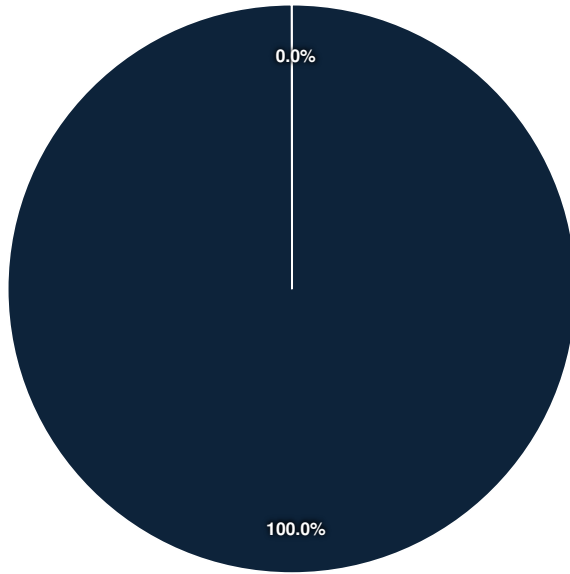
0.0%

100.0%

Result details

Left Blank	0
User entered value	54
Average submission length in words (ex blanks)	5.31
Calcium shoring correlation	
NA	
N/A	
Use CAC to risk stratify for more aggressive treatment of lipids	
retired	
na	
More consistent use of coronary artery calcium score assessments.	
Application of prevention of cad	
As a pharmacist, trying to reinforce the ABCDE's that was stressed tonight	
Good Conferance	
none	
apply the principle ABCDE	
Up to date knowledge of CAD management	
N/A	
NA	
Better B P control	
Better approach to cardiovascular disease prevention	
more imaging	
I am no longer bedside. No skills to apply.	
N/A	
none	
ABCD of preventive care	

Educate younger patients more on life long LDL burden risk

NA

Diligence in optimizing RF.

Different prevention strategies

Use of CT calcium scoring for risk stratification of cardiovascular risk.

Patient education

Use Zetia more and Aspirin less

NA. I am Occupational; health

Better utilization of medications for prevention of cardiovascular disease

Great prevention educational information . Better details to provide to our patients. Great presentor

Retired

All

reinforced strategies & learning

Better patient evaluation

Good general review of the subject

Good general review of the subject

Good general review of the subject

None

Greater emphasis on discussing preventive measures with patients especially those with risk factors.

Greater emphasis on discussing preventive measures with patients especially those with risk factors.

Greater emphasis on discussing preventive measures with patients especially those with risk factors.

reinforced learning and will apply

N/a

N/a

Na

Non-clinical RN

Emphasize to patients that smoking cessation is proven to lower cardiovascular risk and that reduction is not acceptable therapy. Address smoking cessation at every visit.
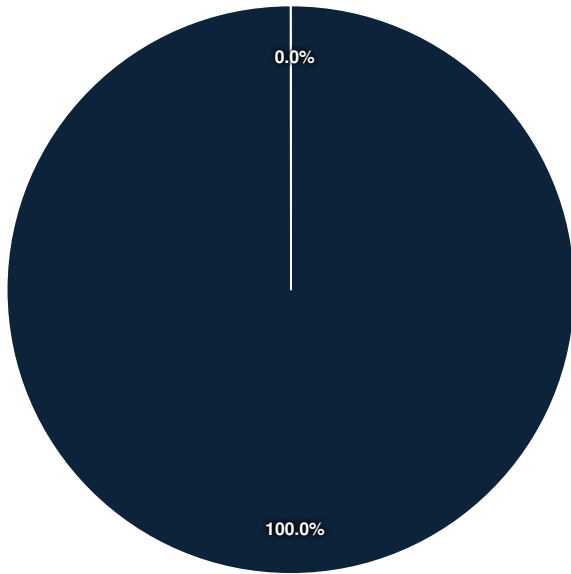
n/a

most of the training afforded the ability to tweak current practice

Recent guidelines for primary prevention of ASCVD

medical strategy for prevention of PAD

More aggresive lipid control

If you do not plan to implement any new skills/strategies in your clinical practice, what is keeping you from doing so?


0.0%

100.0%

Result details

Left Blank	0
User entered value	54
Average submission length in words (ex blanks)	2.56
Practice is limited	
N/A	
N/A	
Nothing	
retired	
na	
N/A	
NA	
-	
I don't do primary care	
nothing	
time and cooperation of the patients.	
Nothing	
N/A	
NA	
N	
No barriers seen	
n/a	
I am no longer bedside.	
NONE	
N/A	

na	
Nothing	
NA	
N/A	
N/a	
N/A	
Not applicable	
N/A	
NA. I am Occupational; health	
NA	
will implement in clinical practice	
Retired	
N/A	
will implement new strategies/ skills	
None	
Nothing	
Nothing	
Nothing	
Already are applied	
Definitely will discuss lifestyle changes as they relate to cod.	
Definitely will discuss lifestyle changes as they relate to cod.	
Definitely will discuss lifestyle changes as they relate to cod.	
plan to apply learning & skills	
N/a	
None	
Using consultants on a regular basis	
Non-clinical RN	
NA	
n/a	
not applicable	
N/A	
timne	
None	

Please provide any additional comments or suggestions.

46.3%   53.7%
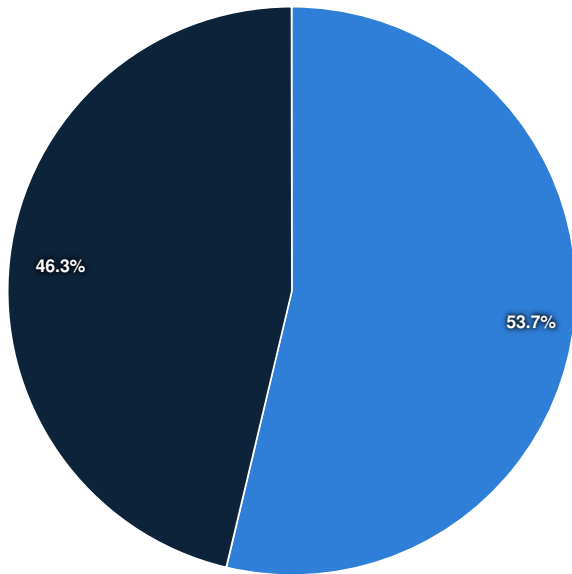
Result details	
Left Blank	29
User entered value	25
Average submission length in words (ex blanks)	7.44
Excellent speaker	
N/A	
Recommend case studies	
None	
N/A	
na	
Some good slides with useful information. Would be helpful to be able to select at least a few for future reference or study.	
Good to have specialists review for primary care. 1 hr in evenings good.	
He was an excellent speaker!	
Thank you very much	
NA	
great info	
excellent	

I think too many references to personal family members of speaker - unnecessary distraction from the topic

None

A very worthwhile discussion especially with primary care providers. We, as physicians, must remain vigilant and follow up closely with patients.
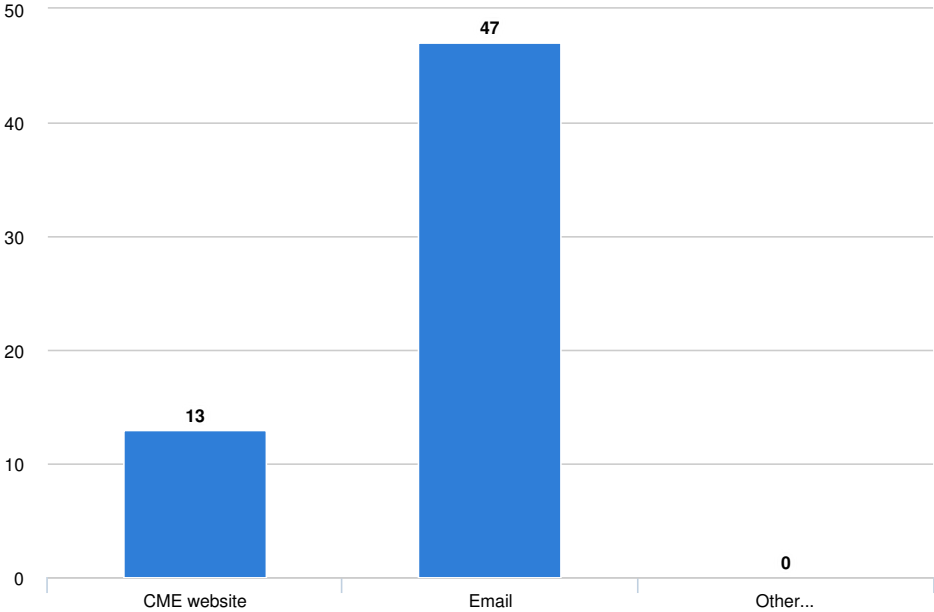
excellent

None

Using consultants on a regular basis
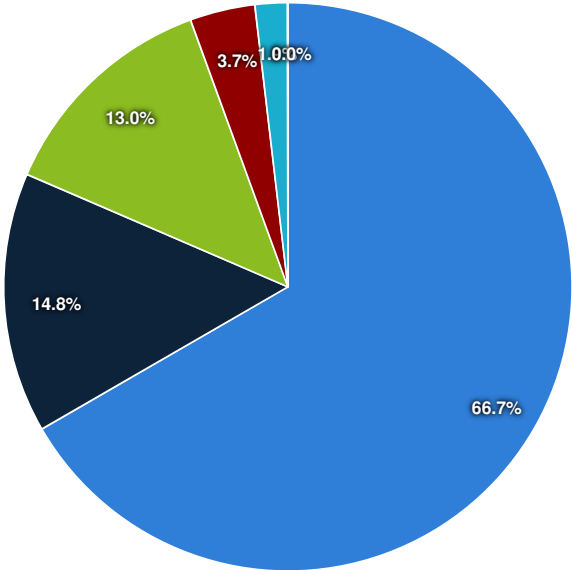
Thank you.

N/A

How did you hear about this course?

Result details	
CME website	13
Email	47
Other...	0

Please select one:

Result details	
M.D., D.O.	36
ARNP/PA-C	8
R.N.	7
Sonographer	2
Pharmacist	1
Other...	0

Baptist Health South Florida
Continuing Medical Education

2022 Caring For Kids With Cancer Evaluation

This page shows analysis of submitted data, such as the number of submissions per component value, calculations, and averages. Additional components may be added under the "Add analysis components" fieldset.

Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

Legend: 5, 4, 3, 2, 1

Result details

	5	4	3	2	1
The information and/or skills learned will enhance my professional competence or ability.	68	20	5	0	0
This activity conveyed information which will assist me in improving the health and/or treatment outcomes of of my patients.	67	22	2	1	1

How confident are you in your ability to:
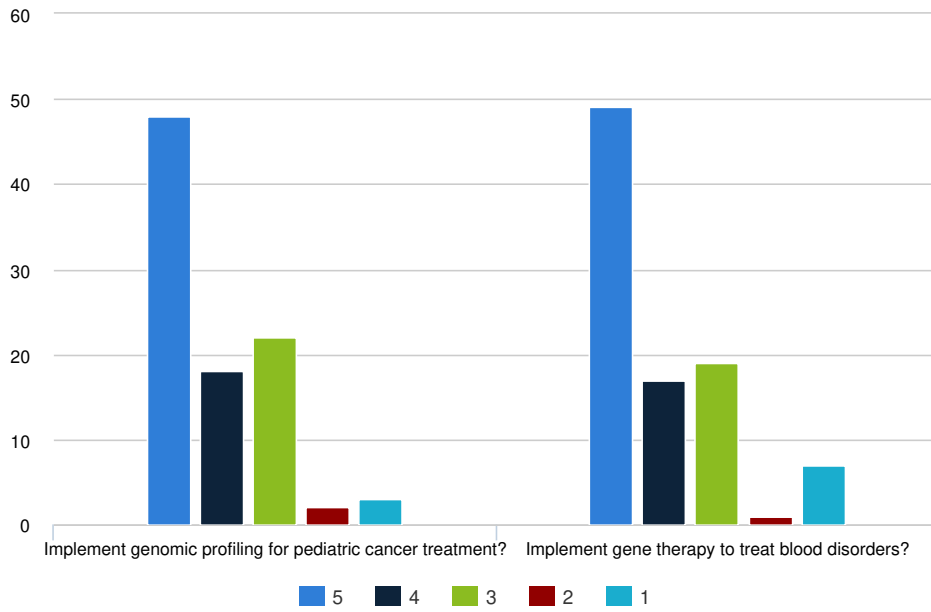
Result details

|	5	4	3	2	1
Implement genomic profiling for pediatric cancer treatment?	48	18	22	2	3
Implement gene therapy to treat blood disorders?	49	17	19	1	7

How satisfied or dissatisfied were you with the Speaker's effectiveness in addressing the learning objectives?

Legend: 5, 4, 3, 2, 1, NA
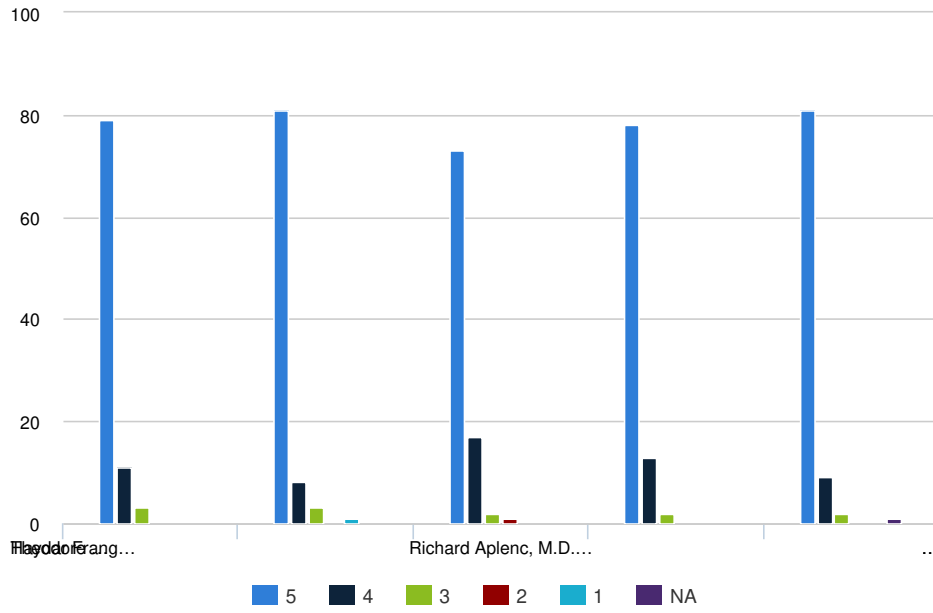
Result details

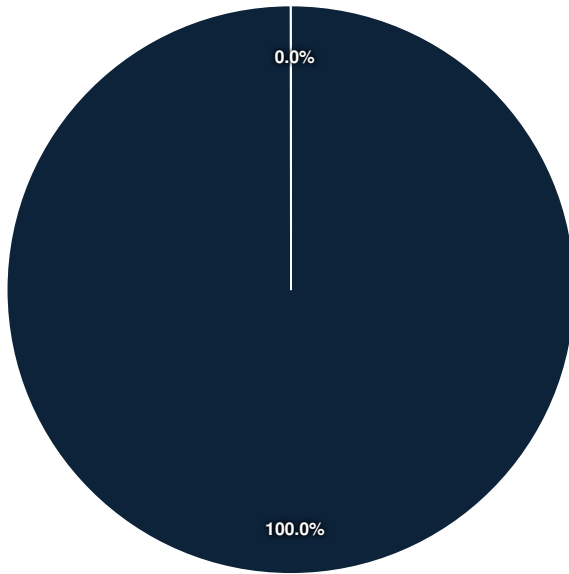|	5	4	3	2	1	NA
Theodore W. Laetsch, M.D. - Pediatric Precision Oncology	79	11	3	0	0	0
Haydar Frangoul, M.D. - CRISPR- Cas9 For Gene Editing for Sickle Cell Disease B-Thalassemia	81	8	3	0	1	0
Richard Aplenc, M.D. - Tyrosine Kinase Inhibitors in Pediatric Acute Myeloid Leukemia	73	17	2	1	0	0
Kristina Hardy, Ph.D. - Neuropsychological Late Effect of Pediatric Cancer: Characterization Assessment and Intervention	78	13	2	0	0	0
Ziad Khatib, M.D. - Targeted Therapy for Vascular Malformations in Children	81	9	2	0	0	1

Was this course fair, balanced and without commercial bias?
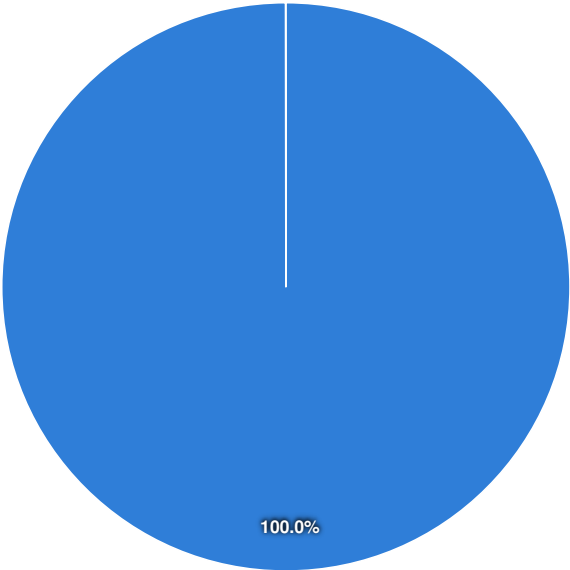
Result details	
Yes	93

As a result of what was discussed at this activity what do you intend to do differently? Identify at least two learnings that could be incorporated into your practice

0.0%

100.0%

Result details

Left Blank	0
User entered value	93
Average submission length in words (ex blanks)	9.37
.	
No changes. Just learning.	
Long term sequential of cancer treatment	
I am in a retail setting but will use this info if I ever find myself with direct patient care	
Targeted therapies for Peds Tumors - results of Peds MATCH were great. Dr. Kristy Hardy's talk was fantastic - a comprehensive review of how we affect cognition in peds cancer survivors - not just brain tumors. With some practical suggestions!	
More knowledge on targeted therapy, better care for surviviors with neuro deficits	
Learned about new PI3CKA inhibitor Consider referral of sickle cell/TDT patients for Crispr-Cas9	
Sickle cell disease, neuropsychological consequences	
yes	
Treating children both medically and psychological	
apply genetics to why the treatment plan.	
I would do more research into treatments and how the effects are for long term. I learned that there's a lot of research that still needs to be done upon medicine for children because of how they react. For now, they are using adult treatments for the mean time. I also learned that pros can progress very fast in 180 days.	
Targeted therapy was very interesting	
.	
As an pediatric oncology and hematology RN, the information provided today will be very useful and aiding my understanding of sickle cell and thalassemia treatment. I was previously unaware of the long term neuropsychological effects on pediatric cancer survivors.	
1)Improve patient/parent information 2)Allow easier transition to new patient treatment modalities	
NEW MANAGEMENT OF LMF MTOR INHIBITORS IN PRACTICE	

I've become more aware of cancer treatments neurological and behavioral impacts on children

Be aware of the social and mental effects this could have on children as they become adults.

Identify which medications can be administered differently to children example, memantine. How genetic mutation can play an important role in how we diagnose cancer patients

Not directly related to my position

Medication Usage and Information Knowledge to assist others.

Gene editing was something I never really knew of till this class. I was very interested in the vascular malformation in children due to cancer.

I have limited contact with patients. I work for a specialty pharmacy

This education will not effect what I do on a normal basis. I can, however, share this information with fellow Pharmacists. Gene therapy is interesting information !

Terapia de patologías hematologicas Asesoría genomica

Best practice with studies and evidence

.

N.a.

What I learned today cannot by incorporated into my current practice, but I have gained a lot of information which will assist me in moving toward my career goals.

The social and mental effects on children as they become adults. The Sickle Cell information was interesting.

None

As a nurse it was a learning and informative experience

As a nurse it was a learning and informative experience

I will be able to identificate changes in pediatric cancer and change the treatment

..

..

..

Genetic sequence

1)Appreciate the excellent presentation from Dr. Hardy regarding neuropsychological late effects of pediatric cancer. 2)We see children with vascular malformations and the presentation wasexcellent

Terapia de patologías hematologicas Asesoría genomica

Inform physicians about the available trials

N/a

Vigilance & Rx & referral for : Neuro Psych late effect : 1. 60 % to greater than 90 % develop one or more chronic health conditions . 2. 20% to 80% experience severe or life threatening complications during childhood . Be aware of subsequent neoplasms , late effects of CVS system , immune system , .headaches , loss of co-ordinatioin , seizures. Anxiety , depression

For educational purposes.

More awareness of what new about cancer treatment in children

Not much as I am retired!

Ask for outcomes data to prove targeted therapy works

at this point and time I am not in the position to change our policies.

N/a

Refer for testing

NA. I am occupational health

N/A

N/A

All of them

N/A

I am more aware of treatment modalities

Genetic analysis NTRK

NTRK

NTRK

NTRK

N/a

N/A

Implement latest technologies and guidelines

I have learned about all the updates on treatment of several diseases that we tent yo forget

Speak with dermatologists about skin abnormalities.

n/a

will incorporate in our practice.

.

In office questionnaires to look for red flags for neurocognitive issues. Get baseline within 2 years

Targeted therapy

Currently in an administrative role and not clinically practicing.

Use precision medicine especially in relapsed Pts

1

Involve my hematology oncology colleagues always.

Now i have learned the newest treatment options in cancer which i hope in future will be available in my country

NTRK

Excellent

N/A

1) Promoting early neuropsyche evaluation and therapy especially with cerebral cancers, and > 7years old. 2) Sickle cell chemo

Encourage treatment

Suggest new interventions for patients Incorporate understanding of genetic influences on illness to students

Better understanding of the neuropsychological effects to apply to pedi patients later in life Better understanding of vascular malformations and treatment options

1. Provide various treatment modalities. 2. Educate patients and families about treatment options.

NA

retired

best talk Dr Kristy Hardy and close second Dr T Laetsch. Awesome

Early diagnosis and referral
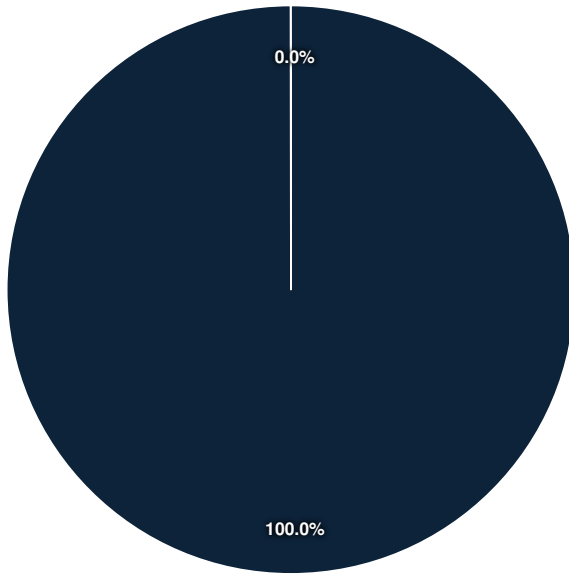
Gene therapy for Sickle cell Disease, TKI for AML

1. CRISPR-Cas9 gene editing for SSD (where are known cases in the region of practice) 2. Tyrosine Kinase Inhibitor in Pedia Acute Myeloid Leikemia (not commonly seen in pracyice but an interesting area of study)

Na

I'll share my learnings with my hem/onc team

.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this activity?

0.0%

100.0%

Result details

Left Blank	0
User entered value	93
Average submission length in words (ex blanks)	4.66
.	
None	
Refer to academic centre for expertise	
Working in a retail setting	
none	
Need more time in the day !!	
Financing of care	
I work at a pharmacy. I am a pharmacy technician	
n/a	
None	
N/a	
Data is being changed daily and must be reviewed very often in order to make progress.	
The limited amount of new cases we see	
;	
The only obstacle/barrier for me would be that I am an RN and not a physician. However, the information provided today helped me better understand the different treatments available.	
Not having sufficient information	
COST AND APPROVAL OF TREATMENTS	
none	
Different hospitals I travel to.	
Ready access to resources	
Not directly related to my position	

None of what I can visualize .

My knowledge as a pharmacy technician in the chemotherapy field can only go so far but I am grateful to have learned some of the things that go on above me.

Limited contact with patients.

As a pharmacy technician we do not assist in direct patient care.

Costos

Tech

.

N.a.

I currently work in retail pharmacy.

I travel for respiratory, so every hospital does things different.

I am retired

As a nurse it was a great informative and learning experience

As a nurse it was a great informative and learning experience

My work's population

..

..

..

None

Currently we have no patients with pediatric cancer in our outpatient therapy center

Costos

Pharmacoeconomics, the high cost of these medications

N/a

profession

None

Retirement.

?

N/a

Na

No barriers

N/A

N/A

None

N/A

Not my field

Financial

$

$

$

N/a

None

Financial issues

With this information I will be better prepared to answer wuestions

I've retired.

n/a

N/A

Cost

Cost

Currently in an administrative role and not clinically practicing.

1

None

Till now some drugs are still not available in my country I hope soon

FINANCIAL

Excellent

N/A

1) Parent acceptance, and cultural differences. 2) Physician practices.

N/A

I think that genetic influence on health and treatment options is not currently valued by many health professionals or patient population . Health providers are not proactive on learning about new developments in genetic therapy. Its an intense learning curve especially for an old nurse for me so how do you entice peers to value? Sometimes I feel like we are still bleeding patients ...How to change the culture

Would have been nice to sit in/face to face presentation instead of zoom
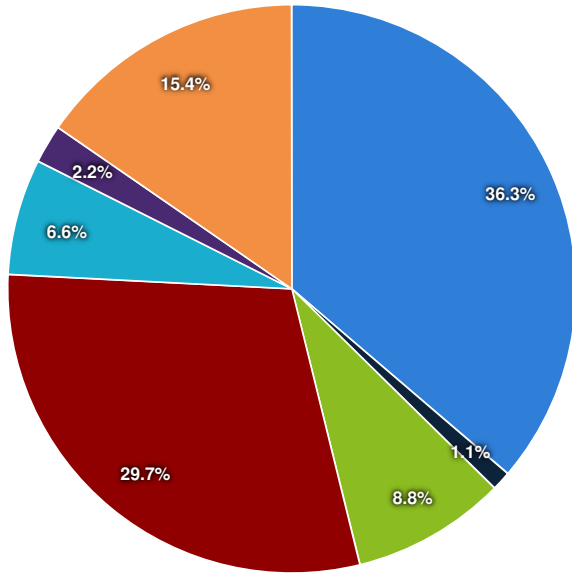
N/A

NA

retired

None

Limitation of diagnostics and treatment modalities at the place of practice.

Na

My role in the medical team

.

Please select one:

Result details	
M.D., D.O.	33
PA-C	1
ARNP	8
R.N.	27
Pharmacist	6
Respiratory	2
Other...	14 (view)