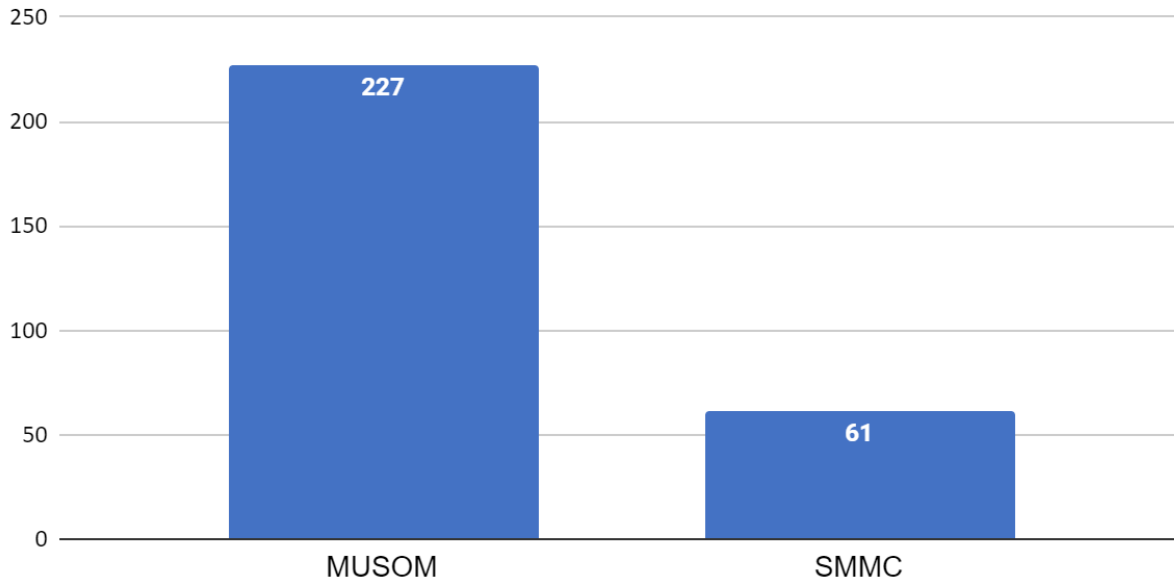


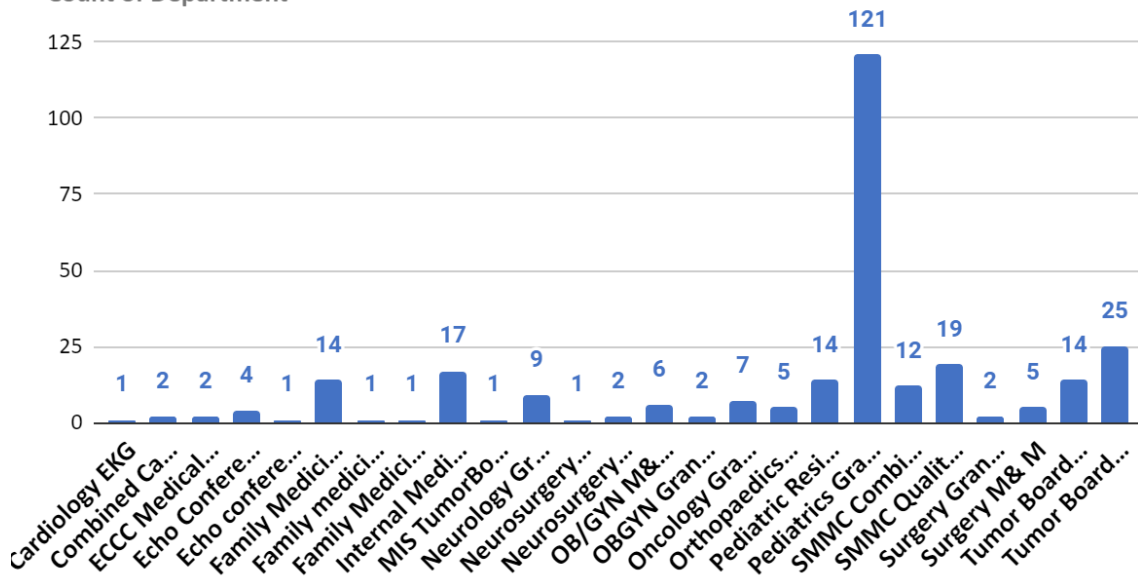
MUSOM CME Activity Evaluation 2023

Count of Institution



Count of Institution

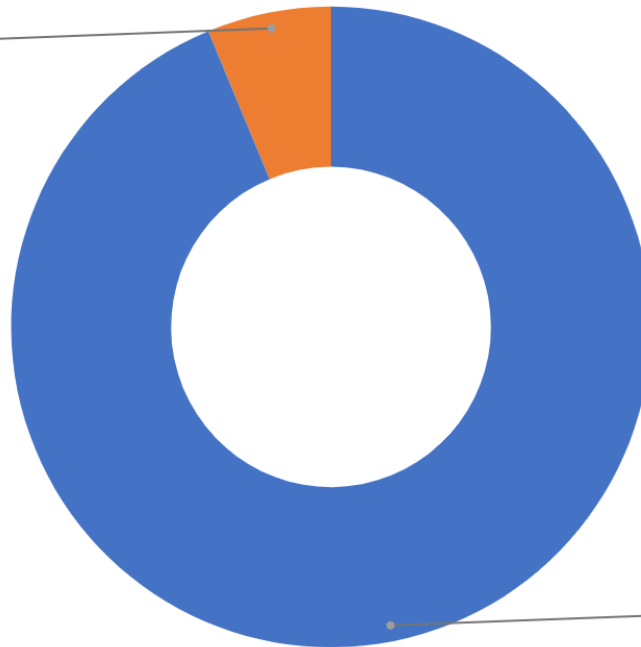
Count of Department



Count of Department

Count of Was this activity relevant to your clinical needs?

No
6.3%

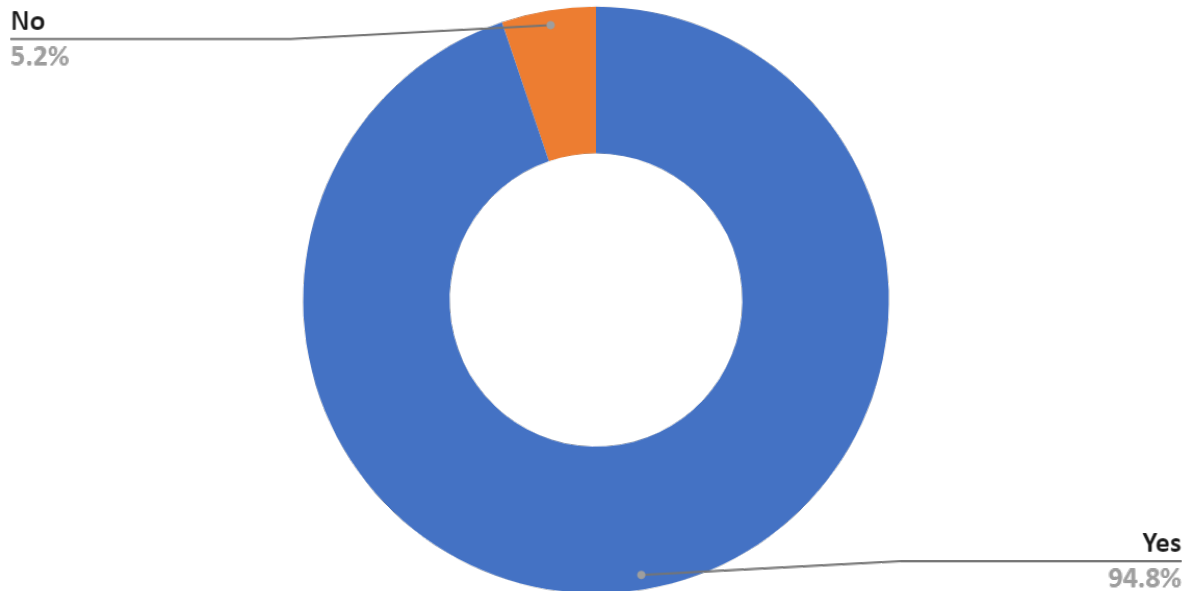


Yes
93.7%

If no, please explain:

- I do not practice in patient work.
- I don't do inpatient critical care medicine.
- Mainly just about decompensation in the PICU, and I solely work outpatient.
- More relevant to inpatient than outpatient care
- Not relevant to my subspeciality
- Outpatient only
- Retired, no longer practicing.

Count of Did the information presented reinforce and/or improve your current skills?



If no, please explain:

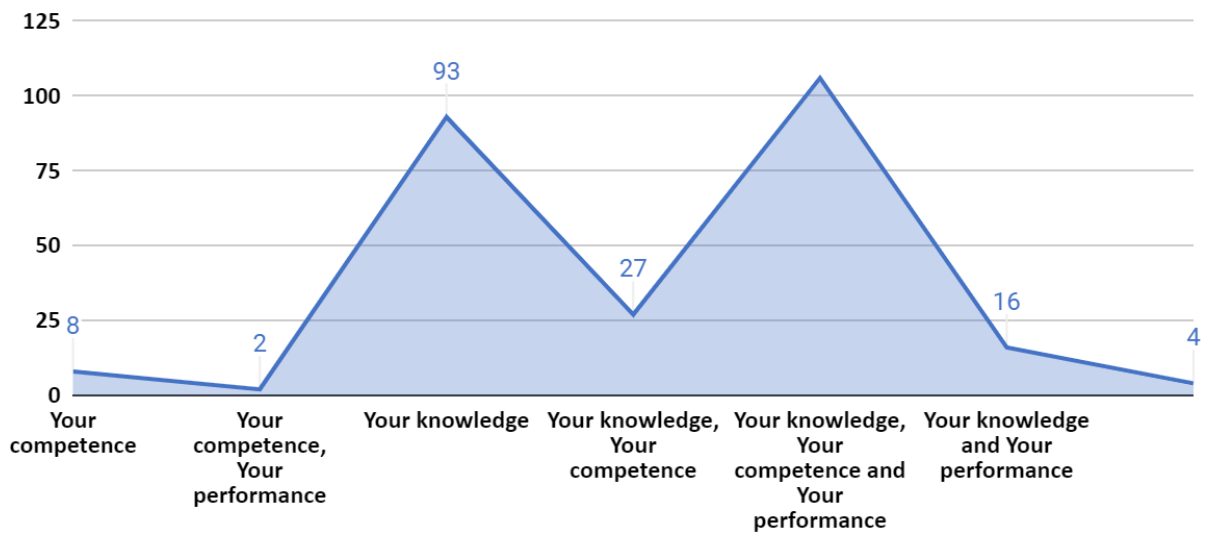
- Better understanding of staging, diagnosis, and prognosis. Integration of imaging findings
- I don't do critical care medicine or hospital service.
- I'm not in the PICU
- More relevant to inpatient than outpatient care
- I found it very useful and important as it clarifies many things I had to learn the hard way when I did practice at the hospital understanding and ability to discuss addiction and patients.
- Retired

Your knowledge: Knowing how to do something.

Your competence: knowing how to do something and putting it into action

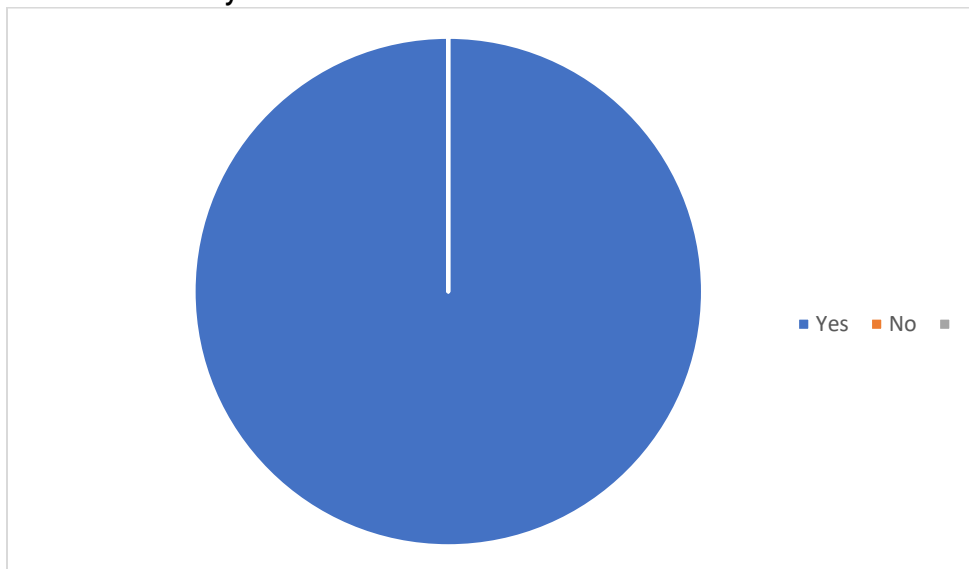
Your Performance Your competence in putting into your practice

Count of Did this activity increase or improve the following: Select all that apply.



Count of Did this activity increase or improve the following: Select all that apply.

Was the activity content free of commercial bias?



Please share one new strategy or change that you would like to implement or apply to your practice after participating in this activity.

Program	Strategy	Change Patient's outcome?
Cardiology EKG	Review of common EKG findings	Yes
Combined (SMMC) Cardio/CVT M&M	-Increase us of IVUS -Improved pulmonary evaluation and improved documentation. -Additional didactics	Yes
ECCC Medical Oncology	-Assessing the need for surgery vs radiation therapy for localized lung cancer based on PFTs. -Need better sarcoma management -Continue to have more interactive discussions.	Yes
Echo Conference	-Reviewing echoes together with the specific diseases that were addressed. -An approach to valvular stenosis in echo. -Need knowledge refreshed on valvular disease and a better understanding of valvular evaluation on Echo.	Yes
Family Medicine Grand Rounds	-Improve RX Outpatients with SUD, and wheel. Share the wellness assessment with patients. Investigate the cause of the hangover from indulging in addictive behavior. -Example Visuals for discussion of addiction forces that patients are facing.	Yes, but hoping it will improve.
Internal Medicine Grand Rounds	-Plan discharges the night before and have early discharge. -Proper coding of illnesses is very important. -Recognize DRG and problems with extended stay. - Talk about ways to decrease unnecessary consults during hospital admissions, and consults that are better done as outpatient post-admission (like thyroid nodules and adrenal nodules in my specialty) - More information on improving outpatient diagnosis codes to reflect the complexity of patients.	Yes, but difficult to track those who don't follow patients in the hospital

Program	Strategy	Change Patient's outcome?
Neurology Grand Rounds	-Knowing when to intubate for status epilepticus. -Frequent reassessment of patients. -Workflow of TNK and/or mechanical thrombectomy delivery within local health sys.	Yes
Neurosurgery Grand Rounds	-Continue regular Case Conferences -Better specificity about exclusion/ inclusion criteria for TNK	Yes
Neurosurgery M&M	-Inform patients not to wipe their bottoms to prevent twisting and re-herniation of disc.. -M/M helps prevent further complications	Yes
OBGYN Fetal Anomaly M&M	-Increase awareness and understanding of the management of rare fetal abnormalities found in ultrasound imaging. -Technological improvements in ultrasound. -Consult with maternal-fetal medicine.	Yes
OBGYN GR	Assist with my knowledge of reading/interpreting fetal ultrasounds and have more interactive lectures.	Yes
Oncology GR	-Have fewer trials to be discussed so we can privately discuss the trial. -Offer more RX regimens.	Yes
Orthopedics GR	Review cases to see what we can improve upon on what alternative would have worked.	Yes
Pediatric Residents Lecture	-Critical appraisal of literature -Efficacy of single-dose Gardasil. -Follow closely with children with autism. -Understand and knowledge regarding therapies provided to school-aged children with ASD diagnosis. -Efficacy of HPV vaccine. -Persistence of following patients with autism spectrum disorder from an early age, now more aware of possible misdiagnosis -Anticipatory guidance for parents. -Educating families of children with respiratory distress about the safety of oxygen saturations in the low 90s and upper 80s. -Turn down oxygen sooner for bronchiolitis. Consider lower pulse ox reading thresholds for bronchiolitis. --Approach to pediatric cardiac preventative screening.	Yes

Program	Strategy	Change Patient's Outcome?
<p>Pediatrics Grand Rounds</p>	<ul style="list-style-type: none"> -Recognizing clinical signs of a potentially “unsafe” transfer before they cause patient harm or prolong the hospital admission. -Developing and our understanding of tic bites is a huge top with it increasing. -Understanding acute pediatric concerns. -Recognizing early warning signs and paying more attention to vitals. I would love to implement more situational awareness and debriefing in the NICU. -Reinforce vital sign measurement for trends. -Increase focus on creating mitigation plans for “watcher patients” to put into practice when the patient begins showing signs of early clinical deterioration. -Teamwork to have better strategies for monitoring and intervening in respiratory season. -Intervene early and more standardized patient handoffs. -The importance of discussions related to bad outcomes is reinforced. -Implementing huddles. -Increase the nurse's participation in the rounds. -more debriefing and watchlist. -Communicate more regularly with nurses regarding watcher/sicker patients regarding anticipatory planning. -More debriefing -Communication/Huddle essential parameter for Practice/Safety QI; prevention of unrecognized clinical deterioration. -Leveraging AI while emphasizing critical thinking to help maximize patient care. -Increase quality improvement strategies in the office setting. -Group meetings to assess patient stability. -Multidisciplinary teamwork. 	<p>Yes, although information is more relevant to inpatient than outpatient care.</p>

Program	Strategy	Change Patient's Outcome
Pediatrics Grand Rounds	<ul style="list-style-type: none"> -Knowing and recognizing symptoms/signs of carotid artery dissection/vascular trauma injuries. -Better prepared for decision-making for imaging in cases of high-speed blunt injuries. -Awareness of pediatric trauma patients for possible vascular complications. In the importance of adequate imaging and evaluation. -Better understanding of mechanical thrombectomy procedure for explanation to patients and families -Assessment of trauma-associated "seat belt sign" including asymptomatic children and adolescents. -More aware of carotid artery injuries and more vocal advocating for patients. -A higher level of awareness for investigation. -Interdepartmental communication. -Diagnostic strategies -Consider age in ASD diagnosis -Consider alpha-gal in diagnosis -perform more screenings. -More advice on the outpatient perspective 	Yes, however, I do not see Alpha-Gal in my subspecialty.
Quality Performance Monitoring SMMC	<ul style="list-style-type: none"> -More attention to detail and increased documentation. -Better and pay more attention to communication. -Develop office practice for monitoring urine cultures. Be more diligent with patient care. 	Yes
Surgery Grand Rounds	<ul style="list-style-type: none"> -Improve care at the bedside 	Yes
Surgery M&M	<ul style="list-style-type: none"> -New approach to the patient with multiple drug interactions. -Monitor anesthesia care. -Management of hernias. -Reconsider options for surgery intervention -Modernize workflow and understanding. 	Yes

Program	Strategy	Change Patient's Outcome
Tumor Board MUSOM	<ul style="list-style-type: none"> -Reinforce existing knowledge -Pay more emphasis on acute leukemia prognosis. -Reinforce care for breast cancer by involving multiple disciplines and updating knowledge of the other oncology disciplines. -Look at Neoadjuvant therapy for my patient and add Preop Oncotype Dx. -More student and resident participation. -Apply consensus recommendation to the specified case. -Treating patients without PETCT scans with expected prolonged hospitalizations - Collaboration and More folks from SMMC 	Yes
Tumor Board St. Mary's	<ul style="list-style-type: none"> - correlation of path results and radiology findings. -Evidence-based practices. -Neoadjuvant Therapy and Immunotherapy in some cases. Review imaging findings to add to staging and improve diagnosis. -Better communication with clinicians. -Combination of immunotherapy with saber in early-stage lung cancer. -see more rad/path correlation. -increase attention to post-mastectomy. 	Yes