## **Global Analysis CME Program Report 2020-2023**

A	В	С	D	Е
1 MUSOM CME ACTIVITY	Annual Quality and Safety Summit		Annual Research Day	AMA Guides
2 2023 Total Learners	18	] [	5	322
3 2023 Events	1		1	8
4 2023 CME Credit	1		4	128
5 2022 Total Learners	0		0	0
6 2022 Events	0	] L	0	0
7 2022 CME Credit	0		0	0
8 2021 Total Learners	0		0	0
9 2021 Events	0	l L	0	0
10 2021 CME Credit	0	l L	0	0
11 2020 Total Learners	0		279	0
12 <b>2020</b> Events	0	l L	1	0
13 2020 CME Credit	0	l L	5	0
14		l L		
15 Learning Objectives are Represented in all activities				
16 *Yes	75%		80%	100%
17 *No	25%		20%	0%
18				
19 Professional Performance gap is fulfilled by improvement in		1 [		
20 *Your Knowledge"	100%		90%	82%
21 *Your Competence"	100%	1 [	90%	77%
22 *Your Performance"	75%		90%	63%
23 *Patient Outcomes"	75%		70%	39%
24				
25 Free from commmercial interest?				
26 *Yes	100%	1	100%	100%
27 *No	0%		0%	0%
28 CLINICAL PRACTICE				
29 Information Learned Can Apply In Practice		7 F		
30 *Yes	100%		60%	94%

	A	В	С	D	Е
	As a result of this activity what changes would you make in	1.To be more aware of medical errors, in all		1. Closer attention to obesity	Feel confident in the use
		departments.			of and evaluate patients
		2.All departments work as a team and need		2. All more research opp in	per AMA guides
		to double-check each other.		everyday clinical practice	
		3.Implement "Time Out" in the OR to ensure			
		the patient's information is correct.			
		4. After completing a quality improvement			
		project this year I have been starting patients			
		on postpartum DVT prophylaxis			
		consistently			
31					
	*Make No changes	0%	•	40%	6%
	If no changes in practice, what is the Reason?			Organizational Constraints	Patient types and
					Geographic limitations
33					
	YES Acquired New Strategies during activities and will these				
	Strategies Change or Improve Patient Outcome	Yes		Yes	
<u> </u>	9 9 1 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 00		1 22	1

A	В	С	D	E
Reason	1. Improvement in chart and review data.		1. new info learned and bring	40% unsure
	2. Utilize many strategies within our		to practice	
	department to further our quality			
	improvement projects.			
	3. Hard stops for all team members when a			
	management plan is unclear.			
	4. Increase knowledge of how to			
	circumnavigate the issues of obtaining			
	diabetic retinopathy screening.			
	5. After completing a quality improvement			
	project this year I have been starting patients			
	on postpartum DVT prophylaxis			
	consistently			

Cardiology-CATH   Cardiology-EKG   32   33   31   1   2   6   7   9   9   144   15   1   1   1   1   1   1   1   1		F	G	Н	ı	J	K	L	М	N	0
3	1	Cardiology-CATH		Cardiology-EKG		Combined Cardio/CVT M&M/SMMC		ECCC Medical Oncology Grand Rounds		Echo Conference	
4	2	175		32		84	] [	61		144	
5         148           6         8           7         8           8         93           9         7           10         1           11         23           12         2           4         8           12         2           4         8           3         7           14         1           15         1           16         90%           100%         99%           78%         100%           18         100%           19         20           20         44%           21         44%           22         66%           100%         85%           21         100%           22         66%           100%         75%           23         50%           24         80%           23         50%           24         80%           25         100%           26         100%           100%         100%           28         0%           29	3	11		2		6	Ì	7		9	
6         8         1	4	11		2		6		7		9	
Toleran	5	148		64		10		112		88	
8         93         66         94         67         86         6           9         7         5         8         9         6         1         2 <td>6</td> <td>8</td> <td></td> <td>4</td> <td></td> <td>1</td> <td>] [</td> <td>13</td> <td></td> <td>7</td> <td>]  </td>	6	8		4		1	] [	13		7	]
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10	8	93		66		94	] [	67		86	
11	9	7		5		8	] [	9		6	╛
12   2	10	1		1		1	] [	1		1	
13	11	23		54		81	] [	34		75	
14       15       100% <td< td=""><td>12</td><td>2</td><td></td><td>4</td><td></td><td>8</td><td>] [</td><td>3</td><td></td><td>7</td><td></td></td<>	12	2		4		8	] [	3		7	
15	13	1		1		1	]	1		1	]
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18       19     50%     85%     100%     100%       21     44%     50%     75%     75%     90%       22     66%     100%     80%     75%     100%       23     50%     100%     80%     90%     100%       24       25     50%     100%     100%     100%       26     100%     100%     100%     100%       27     0%     0%     0%     0%       28	16	90%		100%		99%		78%		100%	
19	17	10%		0%		1%		22%		0%	
20     44%       21     44%       22     66%       23     50%       24       25     —       26     100%       27     0%       28	18										
21     44%     50%     75%     75%     90%       22     66%     100%     80%     75%     100%       23     50%     100%     80%     90%     100%       24     25     26     100%     100%     100%     100%       27     0%     0%     0%     0%     0%       28       29     0     0     0     0	19										
22     66%     100%     80%     75%     100%       23     50%     100%     80%     90%     100%       24     25     26     100%     100%     100%     100%       26     100%     100%     100%     100%     100%       27     0%     0%     0%     0%     0%       28       29     0     0     0     0	20	44%		50%		85%		100%		100%	
23       50%       100%       80%       90%       100%         24              25              26       100%       100%       100%       100%         27       0%       0%       0%       0%         28         29	21	44%		50%		75%		75%		90%	
24       25     Section 100%     100%     100%     100%       27     0%     0%     0%     0%       28       29     Section 100%     Section 100%     0%       29     Section 100%     Section 100%     0%       29     Section 100%     Section 100%     Section 100%       20     Section 100%	22	66%		100%		80%		75%		100%	
25     100%     100%     100%     100%       27     0%     0%     0%     0%       28       29     0     0     0     0	23	50%		100%		80%		90%		100%	
26     100%     100%     100%       27     0%     0%     0%       28       29     0     0     0	24						_ [				1
26     100%     100%     100%       27     0%     0%     0%       28       29     0     0     0	25						1 1				
27     0%     0%     0%     0%       28       29     0     0     0%		100%		100%		100%	1	100%		100%	1
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130   100%     1 100%     1 99%   1   50%   1   100%   1	30	100%		100%		99%	† †	50%	1	100%	1

F		G	Н	1	J	K	L	М	N	0
1. Provide parcentered care 2. work in interdisciplinateams 3. employ even based practical. Improve pare 5. increase maknowledge for employees  31 32 0%	atient- e. nary vidence- ce patient nedical or all		1. Review of common EKG findings		1. Increase knowledge of IVUS 2. Improved proficiency pulmonary evaluations 3. Explore new studies 4. Optimize timing for Coronary Artery Bypass Graft procedures.  1%  Technological limited access within the state to educational opportunities due to limited state resources.		Deepen understanding of molecular mutations and their implications.     enhance prescription regimen strategies     Strengthen proficiency in in-house ER/PR/Her2 evaluations.     Stay updated on cutting-edge research for practicial application in my clinical practice.  Resources, money, time and being understaffed		1. Reviewing some echoes with my team about specific diseases that were addressed 2. Enhancing my understanding and knowledge of the assessment and hemodynamic calculation of valvular stenosis and use in my practice. 3. Refining my Approach to valvular stenosis in echocardiography. 4. Updated my Knowledge with a refresh on valvular disease 5. Better understanding valvular evaluation on echo and improve techniques.	
34 Yes	s		YES		Yes		100%		Yes	

	F	G	Н		J	K	L	М	N	0
	1. New ideas from		1. New ideas from		1. Additional didactics		1. New treatments are available for patients with		1. Improve patient	
	Cath Cases		EKG Case Studies				certain molecular mutations.		outcomes by acquiring updated	
									information from	
									conferences.	
35										

2	Family Medicine Grand Rounds		0 1 0 035035			
-			Gynecology Conf M&M		Internal Medicine Grand Rounds	
	950		78		1538	
3	40		6		37	
4	58		6		37	
5	894		11		1802	
6	34		1		39	
7	1.5		1		1	
8	1,273		72		1931	
9	33		6		36	
10	1.5		1		1	
11	1107		196		1937	
12	47.5		9		22	
13	53		8		1	
14						
15						
16	85%		80%		85%	
17	15%		20%		15%	
18				·		_
19						
20	100%		100%		48%	
21	77%		75%		23%	
22	62%		75%		29%	
23	80%		100%		100%	
24		[  ]				
25						
26	100%		100%		100%	
27	0%		0%		0%	
28		•				•
29						
30	95%		95%		95%	

	Р	Q	R	S	Т	U
	1. Improve RX OutPatients with		1. Learning about the		1. Enhance Early Discharge protocols	
	Substance Use Disorder (SUD) wheel		complications with long-		2. Increase COVID-19 pandemic	
	with a structured approach.		acting reversible, and		awareness	
	2. Incorporate wellness assessment into		enhancing knowledge on		3. Implement root cause analysis as a	
	patient consultations for shared		contraception insertion 2.		standard practice and address all	
	understanding and engagement.		Stay up-to-date with the		complications	
	3. Prioritize investigating underlying		latest guidance and		4. The emerging role of renal	
	causes such as indulgence-related		recommendations in my field		sympathectomy, incorporates relevant	
	hangovers before initiating mgt for		3. Implement effective		advancements into clinical practice	
	Generalized Anxiety Disorder (GAD)		postoperative care strategies		5. Improve readiness in discharges	
	4. look for others overuse when 5ax of		for improved patient		6. consideration the use of minimally	
	over use present in clinic.		outcomes.		invasive procedures for treatment of	
	5. Utlize visual aids and real-life		4. Develop comprehensive		resistant hypertension to enhance patient	
	examples to facilitate discussions on		approaches for addressing		outcomes and recovery.	
	addiction forces that patients are facing		urinary incontinence 5.			
	with my clinic.		5. Refine patient			
			management techniques to			
			provide optimal care and			
			support.			
31						
32	5%		5%		5%	
	orgnizational barriers		limited financial incentives		Do not practice inpatient	
			in state to support CME for			
			primary care physicians			
33						
34	YES		YES		YES	
34	1 Eo	<u> </u>	1 EO		1 Lo	

Р	Q	R	S	Т	U
1. Use new updates to treat common		1. Recognizing		1. Decrease unnecessary consults during	
seen conditions		complications allows early		hospital admissions and accelerated	
		intervention and improves		discharges.	
		patient outcomes.			
		2. Understanding ASCCP			
		Guidelines will be important			
		to bring back to my practice			
		understanding the			
		management of abnormal			
		results.			
5					

	V	W	X	Υ	Z	AA
1	Movement Disorder Conferences		Multi-Inst Sarcoma Tumor Board		Neurology Grand Rounds	
2	7		119		482	
3	1		17		31	
4	1		17		31	
5	55		1		73	
6	6		1		10	
7	6		1		10	
8	25		83		390	
9	2		8		26	
10	1		1		26	
11	0		133		547	
12	0		4		34	
13	0		17		34	
14						
15						
16	100%		100%		80%	
17	0%		0%		20%	1
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19						1
20	50%		100%		55%	
21	30%		100%		100%	
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27	0%		0%		0%	
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29						
30	100%		100%		100%	

	V	W	X	Υ	Z	AA
	1. Include a care team consisting of		1. Optimize radiation protocols to		1. Knowing when to intubate for	
	different healthcare professionals to		minimize exposure while maintaining		status epileptics	
	enhance patient care.		effective treatment outcomes.		2. A better understanding of	
	2. Implement a structured support group		2. Empasize the utilization of minimally		mechanical thrombectomy	
	3. follow-up appointments scheduling		invasive surgical techniques		procedure for explanation to	
	and coordination to ensure continuity of				patients and families	
	care.				3. frequent reassessment of	
					patients	
					4. Improving monitoring	
					frequency of patients, especially	
					in the ER	
					5. implement better patient care	
					and the workflow of TNK and/	
					or mechanical thrombectomy	
					delivery with local health	
					system.	
31						
32	0%		0%		0%	
<u></u>	, , , , , , , , , , , , , , , , , , ,				<u> </u>	
1,,						
33						
34	YES		YES		YES	
_ <del></del>	110		110	<u> </u>	1 110	

	V	W	X	Υ	Z	AA
	1. Multidisciplinary approach to		1. Reinforce existing knowledge, fewer		1. frequent reassessment of	
	Parkinson's disease management		surgeries and more radiation		patients	
35						

	AB	AC	AD	AE	AF	AG
1	<b>Neurosurgery Grand Rounds</b>		Neurovascular Case Conference SMMC		OBGYN M&M Conference	
2	141	] [	2		85	
3	17	] [	1		6	
4	17		1		6	
5	124		0		133	
6	19		0		9	
7	19	J L	0		10	
8	192	] [	0		142	
9	23	] [	0		12	
10	23	] [	0		12	
11	177	<b>」</b>	0		135	
12	22	]	0		6	
13	22	<b>」</b>	0		6	
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16	85%		100%		90%	
17	15%		0%		10%	
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20	100%		100%		100%	
21	95%		50%		75%	
22	100%		80%		75%	
23	75%		76%		75%	
24		Ţ [		[		
25		7 ľ				1
26	100%	1	100%		100%	
27	0%	1	0%		0%	
28				•		
29		7 [				
30	75%	1	56%		75%	1

	AB	AC	AD	AE	AF	AG
	1. Enhance understanding of proper		1. Thorough review of Clinical Guidelines and		1. More complete counseling on	
	wiping techniques to prevent to		rationale behind decision-making processes to be		drug/surgical therapy for obesity, and	
	prevent herniation of disc and		used my office.		consider less medication	
	minimize postoperative					
	complications.					
31						ļ
32			44%		25%	
	No significant changes needed		Only had one activity in 2023, no reason given		None at this time	
33						
	NEC .		VEC.		NEC.	
34	YES		YES		YES	

	AB	AC	AD	AE	AF	AG
	1. Proper wiping techniques		1. Decision-making process		1. Dedication to patient "coaching"	
35						

	АН	Al	AJ	AK	AL	AM
1	OBGYN Grand Rounds		OBGYN Fetal Anomalies		Ortho CPT Coding Course	
2	131		13		8	
3	8		1		1	
4	11		1		4	
5	123		38		0	
6	8		3		0	
7	8		1		0	
8	93		33		0	
9	6		2		0	
10	6		1		0	
11	137		69		0	
12	6		3		0	
13	6		1		0	
14						ı
15						
16	100%		100%		100%	
17	0%	J L	0%		0%	
18		<u> </u>			=	
19		T [				
20	100%		100%		90%	
21	100%		100%		100%	
22	50%		67%		100%	
23	100%		100%		100%	
24		7		7		
25		1				
26	100%	1	100%		100%	
27	0%		0%		0%	
28						
29		7				
30	100%	┥ ┝	99%	7	100%	
	/-		e e / *			

	AH	Al	AJ	AK	AL	AM
	1. Early Counseling		1. Consulting with Maternal-Fetal		1. Conduct comprehensive	
	2. Understanding the team members that		Medicine and increase awareness and		educational sessions in my	
	should be contacted and include the care		understanding of the management of rare		office for coders and billing	
	team. 3.		fetal abnormalities found on an improved		staff to equip them with the	
	Share knowledge of what to expect with		reading of ultrasounds		necessary knowledge and skills	
	cleft lip/palate to improve patient care.		2. Stay updated on technology		for accurate billing and coding	
	4. Counsel while using data to back the		improvements in ultrasound		practices.	
	use of HRT, and be more careful about				2. Implement a proactive	
	prescribing HRT to ovarian cancer				approach to remove the burden	
	patients				from a patient who was	
					improperly billed which results	
					in 100% Patient Satisfaction	
31						
32	0%		1%		0%	
			none at this time			
22						
33						
34	YES		99%		YES	
34	IES		<b>フラ</b> 70		1 E3	

	AH	Al	AJ	AK	AL	AM
	1. Implement significant changes in care		1. Improved reading of ultrasounds,		1. Doctors should have to attend	
	including diagnosis and management of		consulting with MFM		the course, this would be very	
	ectopic pregnancy and methodology for				knowledgeable for them.	
	labor induction					
25						
35						

	AN	AO AP	AQ	AR	AS
1	<b>Orthopedics Grand Rounds</b>	Pediatric Grand Rounds		Pediatric Resident Lecture	
2	128	1626		57	
3	16	33		2	
4	24	33		2	
5	77	1144		57	
6	9	28		2	
7	1.5	28		12	
8	0	1722		59	
9	0	33		2	
10	0	5		1	
11	293	1662		259	
12	16	38		10	
13	1	25		1	
14			<u> </u>		
15					
16	82%	83%		100%	
17	18%	17%		0%	
18					
19		1			
20	100%	100%		100%	
21	100%	80%		84%	
22	100%	70%		64%	
23	100%	83%		99%	
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25		1	7 r		
26	100%	100%	<b>⊣</b>	100%	
27	0%	0%		0%	
28		*	<b>L</b>		
29		]			7
30	100%	83%	<b>─</b>	100%	1

	AN	ΑO	AP	AQ	AR	AS
	1. Mastering advanced techniques		1. Implement knowledge and heightened		1. Efficacy of single-dose Gardasil.	
	like arthroscopic cuff repair for		awareness of potential carotid artery injuries,		2. Follow children with autism.	
	rotator cuff tears and anterior hip		advocating for patients, and understanding		3. Understanding therapies for school-	
	replacement for acetabulum		traumatic injuries.		aged children with ASD.	
	fractures.		$2.\ emphasize\ on\ interdepartmental\ communication.$		4. Efficacy of one dose HPV vaccine	
	2. staying updated on optimal		3. increase awareness of insect vectors and the		with Persistence of Autism Spectrum	
	management approaches for specific		importance of incorporating questions about them		Disorder	
	fractures such as tibial shaft		into history-taking.		5. Use multiple strategies and	
	fractures with suprapatellar tibial		4. Diagnostic strategies were discussed, with		anticipatory guidance for parents and	
	IMN and femoral neck fractures is		considerations for potential changes in practice		educate families about oxygen saturation	
	crucial.		and testing for conditions like alpha-gal, especially		6. Turn down oxygen sooner for	
	3. Understanding and addressing		in cases of persistent abdominal pain.		bronchiolitis.	
	complications like mid-flexion		5. Education and age considerations in ASD		7. Consider lower pulse ox reading	
	instability in total knee arthroplasty		diagnosis were highlighted, along with dietary		thresholds and pediatric cardiac	
	and failed cephalomedullary nail		management and increased suspicion and testing		preventative screening.	
	fixation through techniques like THA	ł	for alpha-gal, will bring this into my practice, talk		8. Increase awareness and understanding	
			was deemed practice-changing, with plans to		of mgt of rare fetal abnomalities found on	
			include alpha-gal in the differential diagnosis of		ultrasound imaging.	
			allergic symptoms, particularly in patients with a			
			tick bite history.			
			6. Empasize Stroke evaluation and alpha-gal			
			testing, along with recognizing symptoms and			
			knowing which labs to order for suspected alpha-			
			gal cases.			
31		1				
32	0%		17%		0%	
		[	Retired, not particular to my subspecialty, doesn't			
			do any inpatient work, mainly do outpatient care			
33						
34	YES		YES		YES	
34	YES	Щ	YES		YES	

	AN	AO	AP	AR	AS
	Improve patient outcome by acquiring updated information. Staying updated on optimal management approaches.		ting for Alpha-gal	1. multiple strategies of pediatric care	2
35					

	AT	AU	AV	AW	AX	AY
1	<b>Psychiatry Grand Rounds</b>		Psychiatry Journal Club		Quality Perform Monitoring Committee	
2	215		405		48	
3	10		22		3	
4	10		22		12	
5	392		721		0	
6	34		3		0	
7	7		37		0	
8	587		0		0	
9	34		0		0	
10	1		0		0	
11	331		0		0	
12	16		0		0	
13	25		0		0	
14						<u> </u>
15						
16	100%		100%		80%	]
17	0%		0		20%	
18		_				<u>-</u>
19						
20	90%		100%		85%	
21	70%		75%		75%	
22	56%		90%		75%	
23	80%		75%		100%	
24						I
25						1
26	100%		100%		100%	1
27	0%		0%		0%	
28						
29		7				]
30	100%	1	60%		65%	1

	AT	AU	AV	AW	AX	AY
	1. culture representation of behavioral health with patients 2. work on acknowledging other people's views and my own prejudice and improving clinical skills 3. review the literature on quality improvement and implement strategies suggested for psychologists when dealing with populations discussed. 4. better understanding of using QA/QI to improve patient care, 5. FDA process training and the effects. 6. how to handle stress and burnout better, understanding of social determinants of health for rural Appalachian patients, can take this back to my office.	7.0	1. Learning about Magnetic Seizure Therapy (MST) versus Electroconvulsive Therapy (ECT), 2. help make better clinical decisions in my practice. 3. The journal club also highlighted the dangers of alprazolam and introduced me to new developments in using psilocybin for major depression treatment. And helps in the practice of making alternative medicine decisions.	7.144	1. More attention to detail and increased documentation will help to be more diligent with patient care.  2. better communication within the office  3. develop office practice for monitoring urine cultures.	
31						
32	0%		Administrative-time and finances to leave practice for training, limited financial incentives in support of CME, technological-limited access within the state to educational opportunities due to limited state resources.		Not at this time	
34	YES		YES		Yes	

	AT	AU	AV	AW	AX	AY
	1. integrated a better care model.		1. Improve treatment with		1. Attention to detail	
	2. shifting from a correcting attitude to a		depression			
	discovery attitude					
	3. collaborate more with other providers					
35						

	AZ	BA	BB	ВС	BD	BE
1	Surgical Grand Rounds		Surgical Mortality and Morbitity		Tumor Conferece CHH	
2	418		1482		1311	
3	14		46		105	
4	14		71		105	
5	409		1269		1177	
6	13		43		102	
7	13		43		102	
8	734		1126		697	
9	8		36		89	
10	8		36		1	
11	538		1120		438	
12	21		34		36	
13	18		31		1	
14						
15						
16	100%		100%		100%	
17	0%		0%		0%	
18		_		_		
19						
20	100%		100%		100%	
21	90%		80%		72%	
22	90%		83%		68%	
23	100%		100%		75%	
24				[		
25						
26	100%		100%		100%	7
27	0%		0%		0%	
28						
29						
30	50%		100%	1	86%	_

	AZ	ВА	ВВ	ВС		BE
	1. Improve care at the bedside		1. Clinical SBO, Dialysis,		1. Importance of multidisciplinary care of	
	burnout and promote wellness		2. A new approach to the patient with		breast cancer patients and use of a team	
	among healthcare professionals.		multiple drug interactions.		approach for the best clinical outcome for	
	2. Stay updated on management		3. monitor anesthesia care.		patients.	
	approaches for carotid artery		4. Improve management of hernias		2. More radiation, less surgery, and	
	stenosis.		5. reconsider options for surgery		applying consensus recommendations to	
	3. Utilize evidence-based		intervention		specific cases.	
	practices in bariatrics for				3. treating patients without PET CT	
	obesity-related conditions.				scans with expected prolonged	
	4. Develop protocols for timely				hospitalizations and incorporating	
	identification and management				relevant clinical information on	
	of moral injury and retained				Pathology,	
	surgical items.					
	5. Enhance management					
	strategies for traumatic brain					
	injury.					
	6. Stay informed about					
	accidental trauma in pediatric					
	patients for prompt care.					
31						
32	50%		0%		14%	
	No change				none at this time.	
	-					
33						
34	YES		YES		Yes	

AZ	BA	BB	ВС	BD	BE
1. Implement measures to		1. Modernize the workflow and		1. Pay more attention to acute leukemia	
address burnout and promote		understanding		prognosis.	
wellness				2. coordination of surgical care/procedure	
2. stay updated on the latest				and radiation to the partial breast and	
mgt approaches for carotid				assess the need for surgery vs. radiation	
artery stenosis				therapy for localized lunch cancer.	
3. Utilize evidence-based					
practices in bariatrics					
35					
35					

	BF	BG	ВН
1	Tumor Conference SMMC		TOTAL
2	342		10186
3	47		481
4	47		698
5	339		9110
6	41		421
7	1		312
8	341		9723
9	46		418
10	1		128.5
11	427		9816
12	47		386.5
13	1		242
14			
15			
16	100%		92%
17	0%		8%
18			
19			
20	99%		89%
21	44%		77%
22	90%		75%
23	100%		87%
24			
25			
26	100%		100%
27	0%		0%
28			
29			
30	68%		87%

	RF	BG	BH
	BF  1. Communicate with the clinician when necessary  2. Read notes more closely and increase attention to the post-mastectomy set, perhaps seeing more rad/path correlation.  3. combine immunotherapy with saber in early-stage lung cancer.  4. review imaging findings to add to staging and improve diagnosis.  5. Consider neoadjuvant therapy and ImmunoTherapy in some cases.  6. Use evidence based practices, correlation of path results and radiology findings	BG	BH New Strategies during activities will Improve Patient Outcome
31			
32	32%		12%
33	Better understand staging, diagnosis, and prognosis. Integration of imaging findings Comprehensive discussion of imaging, diagnosis, staging, and therapy plan.		None at this time
34	Yes		Yes

	BF	BG	ВН
	1. Improve patient outcomes by acquiring		
	updated information		
	2. Learning new knowledge/skills will		
	enhance competence and shared		
	information with colleagues, students,		
	residents, or fellows to use and improve		
	clinical performance.		
0.5			
35			