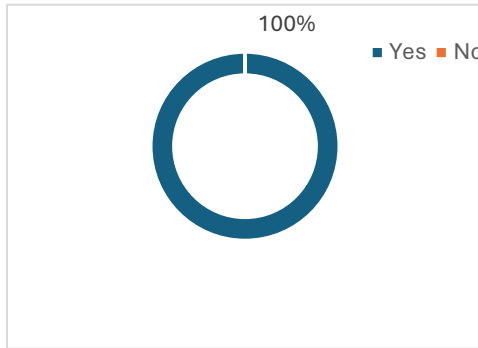
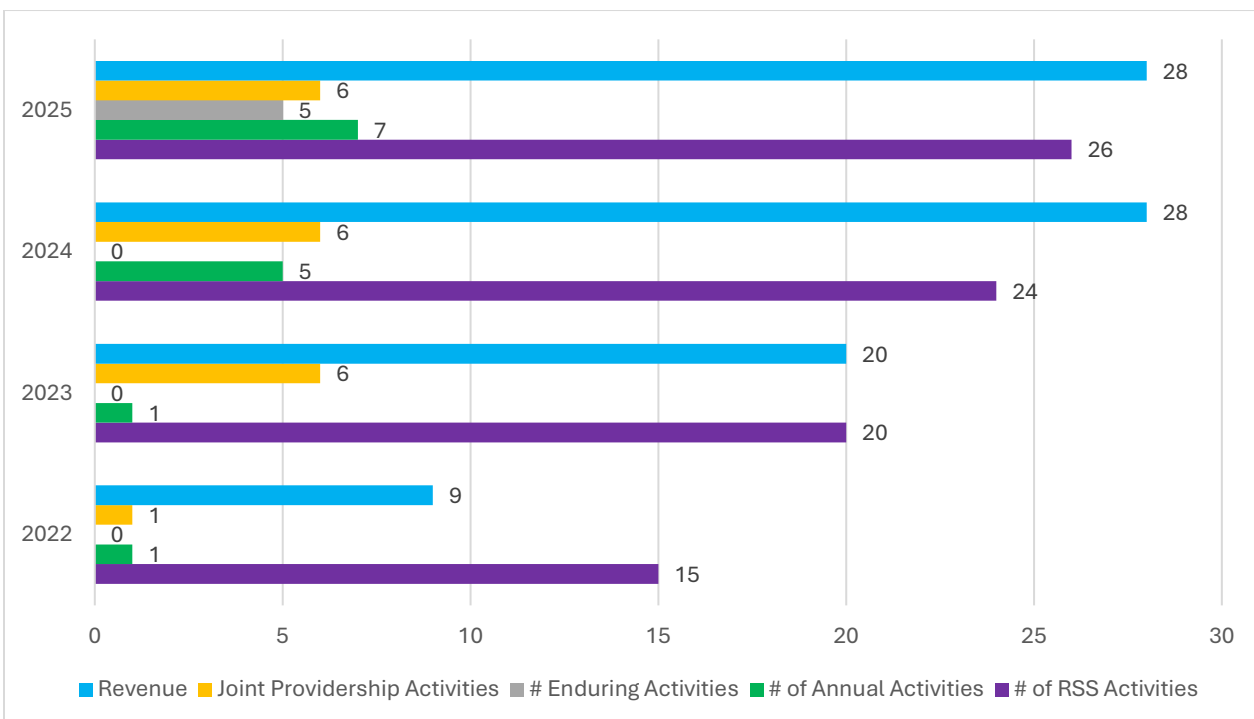
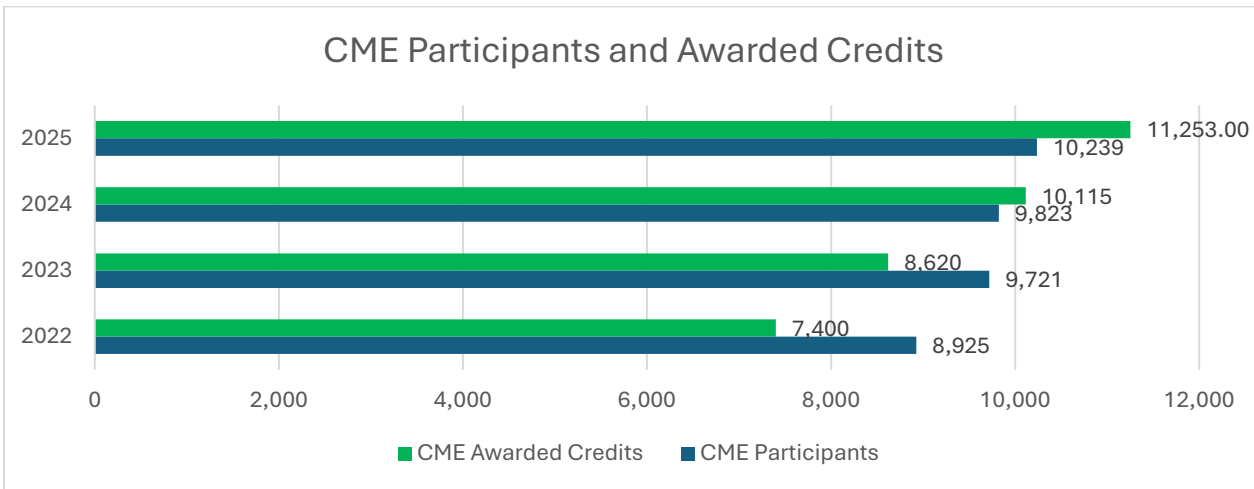


CME Office 2025 Annual Evaluation Results

1. Were all activities presented in 2025 free of commercial bias?



2. Trend in CME Participation



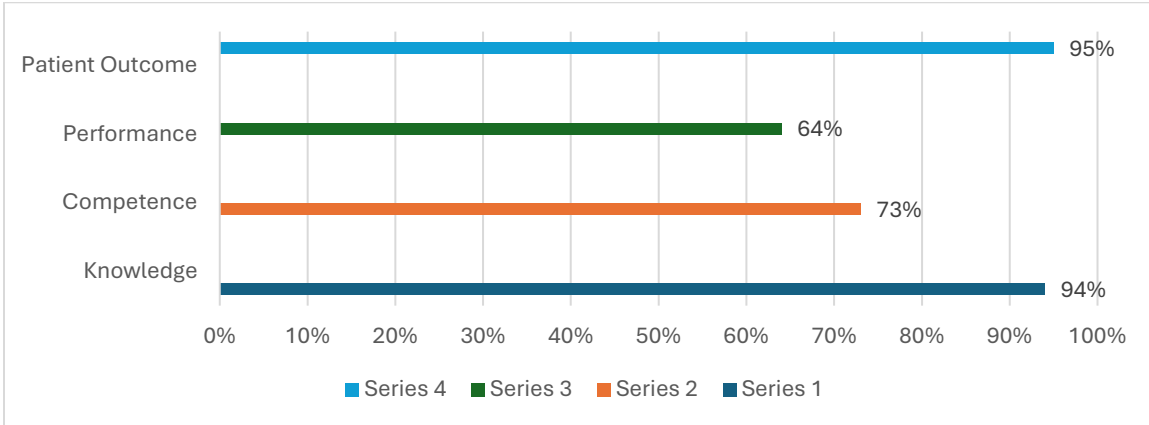
3. Overall, did all 2025 educational activities increase or improve your knowledge, competence, performance and/or patient outcome?

Your knowledge: Updated/New Knowledge

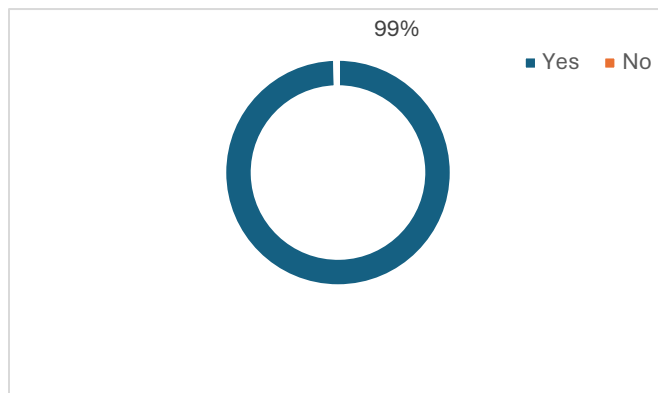
Your Competence: knowing how to do something, knowledge put into action.

Your Performance: Your competence putting into your practice

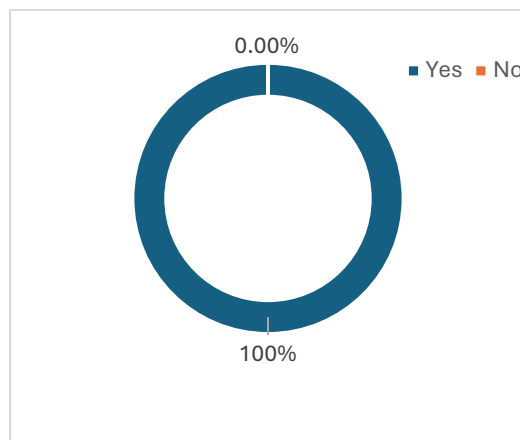
Patient Outcome: Education was linked to improving patient outcomes.



4. Overall, did you feel all Learning Objectives that were discussed during your activity were met?

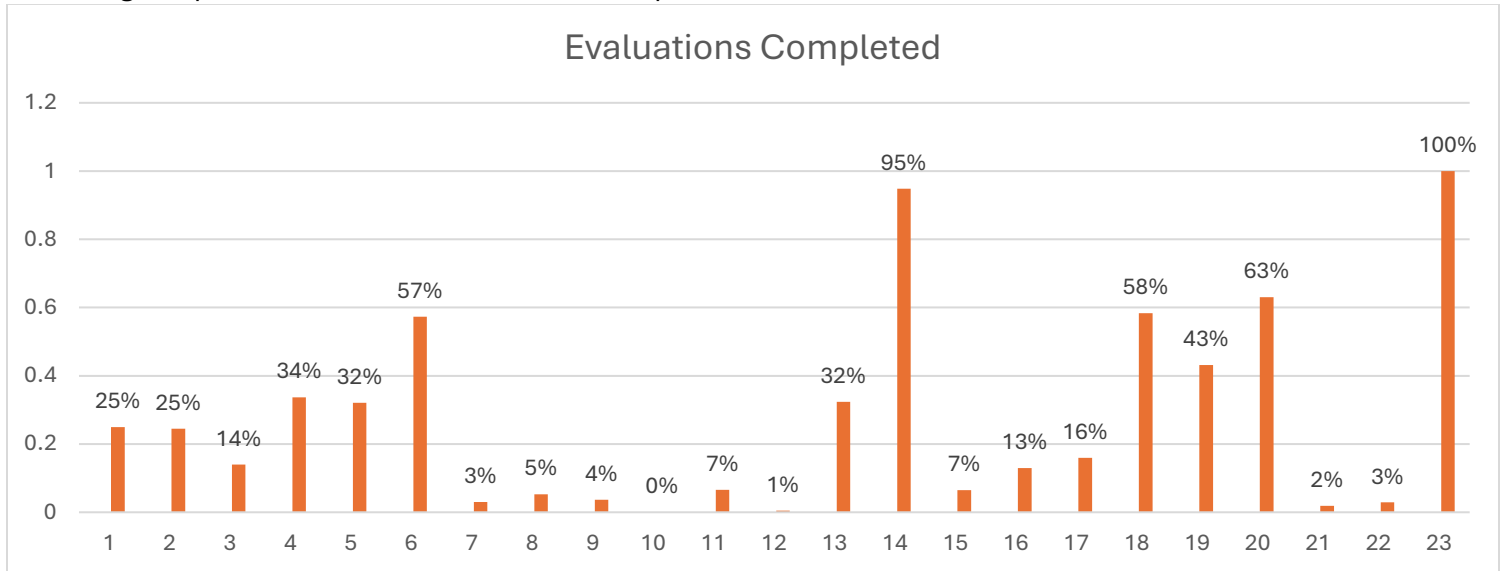


5. Overall, were the educational activities relevant to your clinical needs?



6. Evaluations Completed 2025

Percentages represent event-based evaluation completion rates



1 Cardiology Cath	2 Cardiology ECHO	3 Cardiology Nuclear Conference
4 Internal Medicine	5 Neurology	6 Neursurgery Conference
7 OB M&M	8 OBGYN Grand Rounds	9 OBGYN Fetal Anomalies
10 OBGYN Journal Club	11 Oncology	12 Orthopedic Grand Rounds
13 Pediatric	14 Psychiatry	15 Surgery Grand Rounds
16 Surgery M&M	17 MUSOM General Tumor Board	18 SMMC Combined Cardio CVT
19 SMMC Neurovascular Case	20 SMMC Quality Performance	21 SMMC Breast Tumor
22 SMMC General Tumor Conference	23 AMA Guides	

Total Evaluations 2,483 per 10183 attendees and 542 events = 25%

Written Comments by Attendees for Overall Learning Gained during Education

Activity Name	Written Comments
12 th Annual Quality & Safety Summit	Adopt a comprehensive approach to clinician well-being and patient care by enhancing understanding of burnout, quality improvement, and safety; improving cancer screenings and follow-up processes; integrating AI discussions for patient education; and applying self-care and PDSA cycles to deliver more consistent, high-quality care.
Project Unify	Enhance patient care and documentation by utilizing EMR tools such as phrases, tagging, prompts, and new notes; improving communication through the MyChart portal; and adopting comprehensive documentation practices, including subjective sections, ROS integration, and improved inpatient charting.
WV Wellness Empowering Health Aging	Integrate comprehensive strategies into practice by focusing on nutrition, medication management, cognitive health, depression, early dementia screening, advance care planning, behavioral activation, and empowering patients to live healthier, more engaged lives.
Homecoming	Enhancing understanding of population and public health, strengthening immunization and vaccine-hesitancy approaches, improving mentorship skills, gaining insight into vaccine policy and advocacy, and recognizing community and political influences on vaccination.
Summer Academy	Learning to provide timely, dialogue-based feedback, fostering psychological safety and respect for learners, and using more effective feedback approaches to enhance learner development.
Rise@MHN	Understanding the principles of peer-to-peer support, learning how to implement a RISE team to care for caregivers, identifying methods to prevent burnout and support colleagues facing emotional or mental strain, and recognizing innovative ways to integrate and promote peer-support resources across the Marshall Health Network Consortium.
Research Day	Strategies learned at the conference, including from the session 'Guardians, Healers, or Troublemakers? Pericytes in Lung Homeostasis and Injury,' involved applying research findings to clinical practice, utilizing diverse and novel research methods, integrating new information into patient care, and engaging with both oral and poster presentations to enhance understanding of current studies.
Consent and Informed Consent	I learned the importance of ensuring proper informed consent by having a family member sign when a patient can consent but is unable to write due to illiteracy, and by verifying that minors have a legal guardian present or that patients lacking decision-making capacity have appropriate power-of-attorney documentation.
HIPAA	I learned to safeguard patient information by confirming with whom PHI may be shared, ensuring computers are locked and privacy screens are used, and verifying that medical release forms are properly completed and signed.
Physician's Burn Out	One key strategy identified was to eliminate unnecessary or low-value tasks that contribute to physician burnout
Risk Management	I gained a stronger understanding of risk management and the components of malpractice lawsuits, including how to approach litigation in patient-care situations and effectively manage difficult patient interactions.
AMA Guides Training	The AMA Guides training showed that interactive, case-based learning and clear instruction greatly improved participants' confidence in applying impairment ratings. Learners valued the instructor's expertise, updated evidence, and collaborative format, while also suggesting more time and materials to support case discussions. Overall, the session strengthened practical understanding and effective use of the Guides.
SMMC Combined Cardio/CVT M&M	Improve surgical outcomes through enhanced pre-operative assessment, optimized peri-operative care, and more effective selection of operative cases
SMMC Breast Tumor Conference	Apply a multi-disciplinary approach to improve collaboration and outcomes in breast cancer care
Neurovascular Case Conference	Enhance neurovascular care through improved clinical decision-making, prompt ICP management, enhanced imaging/chart review, and ongoing case conferences for education.
Quality Performance Monitoring Committee	Enhance patient care and outcomes by improving medical documentation, optimizing use of Cerner, ensuring all consents are signed, and integrating ketamine where appropriate.

Cardiology-CATH	New Cath approach and Knowledge reinforcement. Learned about doing Cath reports accurately. Systematic review of Cath results, interesting case with multi-disciplinary approach.
Cardiology-ECHO	Enhance image and echocardiogram interpretation by strengthening clinician knowledge.
Cardiology-Nuclear Conference	Appropriate ordering of nuclear imaging, understanding and expanding the use of coronary artery calcium (CAC) scoring, and applying CAC to better refine patient cardiovascular risk assessment.
Internal Medicine Grand Rounds	Enhance diagnostic and management practices across complex conditions, optimize steroid and adrenal care, strengthen multidisciplinary communication, improve medication reconciliation and perioperative care, and apply updated guidelines for cardiac, pulmonary, and gastrointestinal diseases.
Internal Medicine M&M	Education reinforced the importance of thorough patient assessments, appropriate guideline-based management, strong documentation, and attention to detail, including safe procedural practices and use of POCUS. It also emphasized effective communication, robust handoffs, resident supervision, root cause analysis, and early, proactive goals-of-care and palliative discussions to improve patient outcomes.
Neurology	The focus was on improving early diagnosis, integrating sleep and vascular screening, enhancing Parkinson's and ALS care, refining acute responses, and strengthening multidisciplinary communication and referrals.
Neurosurgery Grand Rounds	Advance collaborative decision-making and peer feedback, optimize surgical planning and neurology service use, refine spine and aneurysm management, support student development, and maintain effective practices while identifying areas for improvement.
OB or GYN M&M	Apply evidence-based use of steroids in twin gestation, utilize medications like Wegovy for addiction management, and improve recognition and treatment of interstitial pregnancies.
OBGYN Fetal Anomalies	Increase competency in ultrasound and enhance patient counseling for cystic hygroma
OBGYN Grand Rounds	Recognize and address sexual health issues with treatment options, set clear expectations with learners, expand knowledge of available services, and involve Addiction Services in caring for pregnant patients.
OBGYN Journal Club	Key takeaways included multidisciplinary perioperative optimization for PAS, integration of GLP-1 receptor agonists into perioperative care, and critical evaluation of fractional CO ₂ laser therapy based on evolving evidence.
Oncology Grand Rounds	Use SNB as a model for early oral cavity development, increase vigilance for oral lesions, adapt referral patterns, and define the role of esophagectomy in esophageal cancer management.
Orthopedic Grand Rounds	Improve orthopedic care with better family communication, PICU debriefs, cardiac workups, neonatal fever management, AI use, and CHD transition planning.
Pediatric Grand Rounds	Improve pediatric care with inclusive practices, cultural awareness for psychosis and autoimmune conditions, substance use knowledge (THC, CBD, GLP-1, psychotropics in pregnancy), evidence-based interventions like CBT-I and crisis protocols, and a focus on provider well-being.
Psychiatry CME Series	Improve patient care with inclusive practices, cultural awareness for psychosis and autoimmune conditions, substance use knowledge (THC, CBD, GLP-1, psychotropics in pregnancy), evidence-based interventions like CBT-I and crisis protocols, and a focus on provider well-being.
Surgery Grand Rounds	Advance surgical practice through improved trauma triage, robotic surgery awareness, refined wound and abdominal closure techniques, managing complex cases, emphasizing ethics, patient expectations, and wellness, including mindfulness and learning from global surgical experiences.
Surgery M&M	Enhance surgical practice by refining trauma management, weight-based DVT prophylaxis, advanced procedures for GI and urologic conditions, stapler use, and incorporating rural surgery training into general surgery programs.
CHH Tumor Board	Ensure all learning objectives are met while incorporating neoadjuvant endocrine therapy into clinical practice.
Multi-Inst Sarcoma Tumor Board	The MISTB, including CHH, ECCC, AHN, and KY, reviewed complex cases across the year. Discussions focused on management of primary and recurrent sarcomas, including Ewing's, osteosarcoma, synovial, leiomyosarcoma, and chondrosarcoma, as well as surgical planning for foot, femoral, and periprosthetic lesions. Systemic therapy and select non-sarcoma cases, such as colon and prostate cancer, were also reviewed to support multidisciplinary care.

Program Reviews

RSS Program	Chair	
Cardiology	Nathan Vaughan	<ol style="list-style-type: none"> 1. Our goal is to present the most up-to-date information so participants can improve their knowledge, competence, and performance when diagnosing and treating patients. 2. We plan to add a mini block on imaging topics next quarter, then return to our scheduled Heart Failure curriculum while continuing to follow our structured program. 3. We recognized the need to increase evaluation feedback to ensure we are meeting the needs of our participants. 4. Our CME activities remained aligned with our educational objectives by following the planned curriculum and providing relevant information for fellows and attendings to improve medical knowledge. 5. Challenges were minimal and mainly related to weather and illness. Any issues will be discussed during planning for the next academic year to improve scheduling and topic selection.
SMMC Cardiology/CVT Combined M&M	Mehrette Maru	<ol style="list-style-type: none"> 1. Our goal is to continue reviewing morbidity and mortality cases and films to improve knowledge, strengthen competence, and enhance performance in patient care. 2. The committee will continue its longitudinal strategy of presenting case reviews and discussing case selection to support ongoing learning. 3. We gained insight that continued case-based discussions provide valuable learning opportunities and support improved patient care outcomes. 4. CME activities aligned with our objectives by focusing on case review, film evaluation, and discussion to improve clinical decision-making. 5. No major challenges were identified. We will continue reviewing cases and discussions to maintain and improve outcomes.
Internal Medicine	Ashraf Elghul	<ol style="list-style-type: none"> 1. We are making good progress and achieving our objectives by using more case vignettes and a practical approach to presentations to enhance knowledge, competence, and performance. 2. Our longitudinal CME strategy will continue to incorporate practical, case-based learning while focusing on improving survey feedback to better meet learning needs. 3. We learned that survey participation is low, limiting feedback on learning needs, and that learners may need clarification on performance and patient outcomes. 4. CME activities this quarter aligned with our objectives by emphasizing case vignettes and practical learning to support knowledge and competence. 5. The main challenge is increasing survey participation and ensuring learners understand performance and patient outcomes. We plan to educate participants and send frequent reminders to improve engagement.
Multidisciplinary Tumor Board	Mary Legenza	<ol style="list-style-type: none"> 1. Our goal is to ensure participants not only attend but also complete evaluation forms to improve knowledge, competence, and performance. 2. The committee will continue encouraging full attendance, including online participation, and recruit additional medical oncologists to strengthen the program. 3. We learned that while physicians are attending and participating, form completion is inconsistent, highlighting the need for continued encouragement.

		<p>4. CME activities aligned with our objectives by providing educational content, but we recognize the need to increase engagement from all specialties.</p> <p>5. Challenges include incomplete evaluation forms and insufficient representation from medical oncologists. We plan to recruit additional specialists and reinforce the importance of completing forms.</p>
Neurology	Paul Ferguson	<p>1. Our goal is to strengthen the translation of knowledge into clinical competence and measurable performance outcomes, ensuring participants can apply learning in patient care.</p> <p>2. The longitudinal CME strategy includes interactive Grand Rounds, real-world case scenarios, post-session clinical “action items,” quarterly thematic balance, tracking recurring clinical domains, and inter-departmental collaboration to reinforce learning and promote clinical excellence.</p> <p>3. Insights from this quarter include strong interest in AI for stroke management, advanced clinical content on immune-related neurological toxicity, and the need for interactive Q&A to improve engagement and practical application.</p> <p>4. CME activities aligned with departmental objectives by promoting lifelong learning, interprofessional collaboration, and exposure to evolving diagnostic and therapeutic modalities, including AI in stroke and immune checkpoint-related neurology.</p> <p>5. The main challenges were maintaining engagement and ensuring practical application in technically complex sessions. Planned solutions include case-based vignettes, increased faculty discussions, pre- and post-session assessments, and expanding live-streaming to multisite participants.</p>
Neurosurgery	Heather Pinckard-Dover	<p>1. Our goal is to present cases to increase awareness, foster collaborative discussion, and support the best clinical decisions for patients.</p> <p>2. The committee will continue multidisciplinary case reviews and encourage consistent scheduling to maintain regular meetings.</p> <p>3. We learned that these discussions provide valuable perspectives, encourage collaboration, and improve patient outcomes.</p> <p>4. CME activities aligned with departmental objectives by promoting teamwork, discussion of management options, and enhanced clinical decision-making.</p> <p>5. Challenges include scheduling conflicts due to busy OR schedules. We plan to encourage surgeons to block dedicated time to prioritizing these discussions.</p>
SMMC Neurovascular Case Conference	Christy Franklin	<p>1. Our goal is to provide educational activities that meet objectives and support knowledge, competence, and performance.</p> <p>2. The longitudinal strategy includes sending email reminders and inviting participants from both CHH and SMMC to ensure broad engagement.</p> <p>3. We learned that consistent reminders and outreach increase participation and help achieve the intended educational objectives.</p> <p>4. CME activities aligned with objectives by following the planned agenda and maintaining focus on key learning goals.</p> <p>5. Challenges are minimal; continued email reminders and inclusive invitations will help sustain participation.</p>
OBGYN	David Jude	<p>1. Our goal is to improve knowledge of female sexual dysfunction, strengthen competence in history-taking and evaluation, and support development of treatment plans.</p> <p>2. The longitudinal CME strategy includes incorporating more speakers from outside the department and maintaining a broad range of topics from adolescent care to menopause management.</p>

		<p>3. We learned that topics are appropriate and relevant, but session timing and AV/remote access issues affect participation.</p> <p>4. CME activities aligned with departmental objectives by covering the full spectrum of sexual health topics and providing practical guidance for patient care.</p> <p>5. Challenges include session timing and AV/remote access functionality; we are working with IT to improve these aspects and enhance participation.</p>
Oncology	Maria Tirona	<p>1. Our goal is to increase knowledge, competence, and performance by providing up-to-date topics that address practice challenges and advance scientific knowledge in cancer treatment.</p> <p>2. The longitudinal CME strategy includes continuing to offer current topics and securing outside speakers from academic institutions to present cancer and hematology lectures.</p> <p>3. We learned that participants are satisfied with the topics presented and value expert insights from external speakers.</p> <p>4. CME activities aligned with departmental objectives by delivering relevant, evidence-based content and enhancing clinical knowledge in oncology.</p> <p>5. Challenges include identifying and securing external speakers; we plan to work with physician liaisons to facilitate this process.</p>
Orthopedic	Ali Oliashirazi	<p>1. Our goal is to help learners progress by gaining knowledge, developing practical competence, and applying it to improve performance in patient care.</p> <p>2. The longitudinal CME strategy continues weekly Grand Rounds to keep attendees current at the latest in Orthopaedic Surgery and improve educational design effectiveness.</p> <p>3. We learned that regular, structured sessions support learner progression and enhance clinical decision-making.</p> <p>4. CME activities aligned with departmental objectives by focusing on knowledge acquisition, practical competence, and quality improvement in patient care.</p> <p>5. Challenges are minimal; we will continue to refine session design to maximize impact and patient outcomes.</p>
Pediatric	Joseph Werthammer	<p>1. Our goal is to continue presenting important topics with expert speakers to enhance knowledge, competence, and performance.</p> <p>2. The longitudinal CME strategy includes maintaining high-quality presentations and carefully selected speakers to align with departmental objectives.</p> <p>3. We learned that topics and speakers are well-received and effectively support educational goals.</p> <p>4. CME activities aligned with objectives by delivering relevant content that reinforces clinical knowledge and practice.</p> <p>5. The main challenge is occasional audio-visual difficulties; we will continue monitoring and coordinating with IT to minimize disruptions.</p>
Psychiatry	Suzanne Holroyd	<p>1. Our goal is to continue offering a wide variety of topics in psychology, mental health, and psychiatry to enhance knowledge, competence, and application in practice.</p> <p>2. The longitudinal CME strategy includes seeking speakers on topics not available in-house, curating journal articles on the Resident Google Drive, and planning a diverse agenda for the upcoming year.</p> <p>3. We learned that trainees and faculty are pleased with the activities, format, and topic selection, and that these activities effectively support educational objectives.</p>

		<p>4. CME activities aligned with departmental objectives by covering relevant topics, supporting resident and faculty learning, and facilitating access to curated resources.</p> <p>5. Challenges are minimal; we will continue to identify external speakers and maintain a diverse and relevant curriculum to meet learning needs.</p>
Surgery Grand Rounds	Paul Bown	<p>1. Our goal is to support resident education by enhancing knowledge, competence, and performance through structured conferences and protected learning time.</p> <p>2. The longitudinal CME strategy includes mandatory resident participation in conferences, simulation activities, and ongoing curriculum refinement aligned with board exam preparation.</p> <p>3. We learned that faculty participation in M&M, Grand Rounds, and Mock Orals supports both resident education and faculty development, with CME credit reinforcing engagement.</p> <p>4. CME activities aligned with educational objectives by providing structured learning, practical application through simulations, and preparation for the American Board of Surgery In-Training Examination.</p> <p>5. Challenges are minimal; we will continue refining curriculum and simulations to meet evolving resident training needs while maintaining faculty engagement.</p>
SMMC General Tumor Conference	Saroj Sigdel	<p>1. Our goal is to present tumor cases to improve knowledge, competence, and performance through multidisciplinary discussion of presentation, management, and outcomes.</p> <p>2. The longitudinal CME strategy includes continuing regular case presentations with required participants and encouraging virtual attendance to increase engagement.</p> <p>3. We learned that these case discussions provide valuable updates on clinical knowledge and patient management.</p> <p>4. CME activities aligned with departmental objectives by reinforcing clinical decision-making, collaboration, and best practices in patient care.</p> <p>5. Challenges include inconsistent attendance; promoting virtual participation will help improve engagement.</p>
SMMC Breast Cancer Conference	Benjamin Moosavi	<p>1. Our goal is to increase knowledge, competence, and performance by helping attendees apply new recommendations and current research in breast health and breast cancer treatment, and to identify and manage complications and uncommon presentations.</p> <p>2. The longitudinal CME strategy includes ongoing updates on current research, practical case discussions, and incorporation of emerging guidelines into clinical practice.</p> <p>3. We learned that attendees benefit from applying evidence-based recommendations to real-world patient care and from focused discussions on uncommon or complex cases.</p> <p>4. CME activities aligned with departmental objectives by reinforcing clinical knowledge, supporting competence in management, and improving patient care outcomes.</p> <p>5. Challenges are minimal; continuing case-based discussions and guideline updates will maintain engagement and practical application.</p>
SMMC Quality Performance Monitoring	Thomas Dougherty	<p>1. Our goal is to increase knowledge, competence, and performance by reviewing cases to improve quality of care, communication, and documentation.</p> <p>2. The longitudinal CME strategy includes continuing case discussions and sending correspondences for clarification or educational purposes to the providers being reviewed.</p>

		<p>3. We learned that these reviews provide valuable insight for committee members and help address quality-of-care concerns effectively.</p> <p>4. CME activities aligned with departmental objectives by promoting better documentation, communication, and understanding of care standards.</p> <p>5. Challenges are minimal; ongoing case review and educational correspondence will maintain engagement and reinforce quality improvement.</p>
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Longitudinal Assessments

What long-term impacts on your clinical practice can be attributed to educational activity? (Strategies learned and applied in Clinical Practice)

AMA Guides Training	<p>Enhancing knowledge, confidence, and application of evidence-based approaches to traumatic brain injury (TBI). Participants reported improved understanding of TBI evaluation, including greater awareness of appropriate clinical criteria and the role of imaging modalities, as well as a deeper appreciation for prognosis and long-term outcomes.</p> <p>The activity also strengthened confidence in applying IME ratings for TBI and reinforced the use of structured, well-informed decision-making in patient assessment and management. Additionally, the interactive and well-organized nature of the presentation supported ongoing professional development, with learners valuing opportunities for discussion and collaboration with colleagues, which further contributes to sustained improvements in practice.</p>
Cardiology	<p>1. Strengthened my clinical decision-making and improve the quality and consistency of my reports.</p>
Homecoming	<p>1. I use evidence-based education and motivational interviewing to address vaccine concerns and advocate for immunizations. This builds trust, promotes informed decisions, and supports overall public health.</p> <p>2. In my clinicals, I review EMR health maintenance alerts and assess vaccine status at every visit to improve immunization rates. This supports value-based care by focusing on prevention, improving quality outcomes, and strengthening community health.</p>
Internal Medicine Grand Rounds	<p>1. Work in collaboration with colleagues.</p> <p>2. The need for all our practitioners to work to meet the needs of our patients. The various diseases and conditions presented frequently have new and more complex features, and the need for input from additional experts to address new considerations has become apparent.</p> <p>3. Practicing what was learned after gaining competence and knowledge led me to improve my practice in real life with an improvement in patient outcome.</p> <p>4. More evidence-based medicine.</p>
Internal Medicine M&M	<p>1. Stronger adherence to guideline-directed therapy, including appropriate duration of antibiotic treatment in non-Staphylococcal infections and targeted biologic therapy for inflammatory bowel disease.</p>
MISTB	<p>1. Better decision making regarding surgical tumor patients.</p>
Neurology	<p>1. Knowledge gained from the comprehensive case discussions to broaden my differential diagnosis in neurological conditions, including improved recognition of stroke mimics, air embolism, prion disease, stiff person syndrome, and other complex presentations.</p> <p>2. Strengthen surgical knowledge in neuro-oncology and intracranial lesion management, enhance team-based communication across departments,</p>

	<p>implement ACLS/BLS protocols—particularly on the pediatric floor—and emphasize thorough history-taking, productivity, and structure multidisciplinary collaboration to improve patient outcomes.</p> <p>3.The planning committee's plans for longitudinal CME strategy are to:</p> <p>4.Promote research and collaboration among clinicians, researchers and advocates.</p> <p>5.Align future CME activities with long-term goals such as improving patient outcomes, meeting accreditation standards and addressing emerging healthcare trends. Providers and other attendees seem overall pleased with this educational CME activity.</p> <p>6.CME activities aligned with our department's overall educational objectives this quarter by improving clinical decision making, enhancing interdisciplinary collaboration and promoting evidence-based practice. The largest challenge this quarter was time constraints due to busy schedules. We can discuss any other possible options for scheduling the Breast Tumor conference CME activity.</p>
Neurosurgery	<p>1. Review complex cases, mortality and morbidity, invited speakers.</p> <p>2. Changed operative plan based on case discussion to improve patient outcomes.</p>
OBGYN	<p>1. This educational activity allows for discussion of evidence-based medicine, review of new guidelines and discussion of patient management with difficult cases.</p> <p>2.I have made sure that my clinical practice aligns with the most updated guidelines published.</p> <p>3. Various things including hormone therapy, better counseling, better OB management</p>
Oncology	<p>1.Change in practice based on evidence-based medicine.</p> <p>2.updated evidence-based practice.</p> <p>3.Updated practice based on evidence guidelines.</p>
Orthopedic	<p>1. Standardized Multimodal Pain Protocols After attending sessions focused on perioperative pain management and ERAS (Enhanced Recovery After Surgery) pathways, I adopted a more structured multimodal analgesia protocol for total joint patients. Incorporating preoperative counseling, regional anesthesia coordination, scheduled non-opioid analgesics, and early mobilization has reduced opioid consumption and improved early functional recovery.</p> <p>2. Evidence-Based Management of Rotator Cuff Tears Following updates presented at national meetings, including those aligned with guidance from the American Academy of Orthopaedic Surgeons, I modified my approach to degenerative rotator cuff tears—placing greater emphasis on patient selection, shared decision-making, and structured nonoperative management before proceeding to surgery when appropriate.</p> <p>3. Optimization of Periprosthetic Joint Infection (PJI) Workup Educational updates on infection prevention and management led me to standardize my preoperative infection screening algorithm (including ESR/CRP thresholds and selective joint aspiration). I also adopted more rigorous perioperative antibiotic timing protocols and collaborated more closely with infectious disease specialists, improving diagnostic efficiency and patient outcomes.</p> <p>4. Value-Based and Risk-Stratified Surgical Planning Through courses focused on value-based care and registry data, I incorporated more formal risk stratification (BMI, HbA1c, smoking status) prior to elective arthroplasty. This has enhanced preoperative optimization discussions and reduced preventable postoperative complications.</p> <p>5. Improved Communication and Shared Decision-Making Workshops on patient-centered communication reinforced the importance of expectation management. I now use visual aids and structured counseling</p>

	<p>scripts to align surgical goals with patient priorities, particularly in total joint arthroplasty and sports procedures.</p> <p>Overall, these educational activities have strengthened my commitment to evidence-based practice, standardized care pathways, multidisciplinary collaboration, and continuous quality improvement—ultimately enhancing patient safety and functional outcomes.</p> <p>6. Better control of the joint line to prevent midflexion instability</p>
Pediatrics	<p>1. Increased confidence in radiographic assessment relevant to patient care.</p> <p>2. Importance of source control as it pertains to management of complex infectious pathologies.</p> <p>3. Collaboration with Adult subspecialty services (at their discretion) for older, complex pediatrics patients benefiting from multidisciplinary intervention.</p>
Project Unify	<p>1. Enhanced my understanding of the EMR system and provided practical tools such as auto text, favorites, tagging, and structured documentation that I will implement to improve efficiency and documentation quality in my clinical practice.</p> <p>2. I incorporated more comprehensive subjective section and Review of Systems into my notes, improved order entry and use of flowsheets, and utilized patient communication tools like the MyChart portal to enhance patient care and education.</p>
Psychiatry	<p>1. I have access to resources (articles and online platforms) with data that objectively tracks cannabis use, which can be disseminated to learners.</p> <p>2. I gained information regarding cannabis use that I frequently use to educate my patients.</p> <p>3. Participation in departmental psychiatry CME activities has led to the implementation of several concrete practice enhancements.</p> <p>4. Regular critical appraisal of emerging literature has strengthened the application of evidence-based prescribing and refined risk-benefit discussions with patients.</p> <p>5. Case-based learning has improved diagnostic precision through more deliberate biopsychosocial formulation and expanded differential diagnosis, particularly in complex and comorbid presentations.</p> <p>6. All activities have supported the integration of measurement-based care through more consistent use of validated screening instruments and systematic monitoring of treatment response.</p> <p>7. Collectively, these strategies have enhanced the quality, rigor, and patient-centeredness of clinical practice.</p>
12 th Annual Quality and Safety Summit	<p>1. How to be more effectively treated by status epilepticus.</p> <p>2. Education helps improve competence and performance over time.</p>
Quality Performance Monitoring	<p>1. I have strengthened my documentation practices, with a greater focus on accuracy, completeness, and timeliness in medical records, including improved progress notes and ensuring all required consents are properly obtained and documented. I have improved my use of the Cerner system to support more efficient and effective documentation and patient care.</p> <p>2. I have applied insights from case reviews to improve patient care strategies, including the incorporation of updated clinical approaches such as the use of ketamine and management of complex cases (e.g., pelvic bleeding).</p>
Research Day	<p>1. I have incorporated some of the information from the conference into my teaching for both graduate and medical students</p>
Care for the Caregiver: Implementing Rise	<p>1. I have learned how to begin implementing a RISE team within our organization, creating a structured pathway to support colleagues during times of need. This has been particularly beneficial in my role as a chief resident, where I oversee and support many new physicians each year. I have also started recommending peer support training to residents to further strengthen this initiative.</p>

	<p>2.I have implemented several strategies in my clinical practice because of the educational activities I attended, particularly related to caregiver support and burnout prevention. The RISE program has been especially valuable in addressing burnout associated with adverse outcomes. I have gained a strong understanding of peer-to-peer support and identified practical methods to provide emotional and mental support to caregivers.</p>
Summer Academy	<p>1.I have placed greater emphasis on fostering a psychologically safe and respectful learning environment, which encourages open communication and supports learner growth. I have refined my approach to delivering feedback in a way that is more constructive and impactful, leading to overall improved feedback and better engagement with learners.</p> <p>2.I now prioritize timely, dialogue-based feedback, creating more meaningful and interactive conversations with learners.</p>
Surgery	<p>1.The educational activity has led to sustained improvements in clinical practice by reinforcing a more vigilant and proactive approach to patient care.</p> <p>2. This includes increased attentiveness to patients' overall condition, with closer monitoring of the postoperative course to identify and address potential complications early before they become severe.</p> <p>3. There is a stronger emphasis on attention to detail throughout the care continuum to reduce the risk of complications.</p> <p>4. The activity has also influenced more thoughtful and careful selection of surgical candidates, particularly for elective procedures, with a focus on minimizing risk.</p> <p>5. Ensuring patients are optimally prepared prior to surgery has become a priority, contributing to improved outcomes and a reduced likelihood of adverse events.</p>
Tumor Board Breast Cancer	<p>1.Incorporation of multidisciplinary discussion topics into the standard treatment of breast cancer.</p> <p>2.Consideration of all available clinical trials when developing treatment plans. Integration of additional knowledge and strategies gained from medical oncology into clinical practice.</p> <p>3.Continued use of case-based reviews to determine best practices and improve care for breast cancer patients.</p> <p>4.Ongoing use of case presentation formats to enhance assessment, learning, and evaluation of breast cancer management.</p> <p>5.Recognition of participant preference for in-person learning, with continued offering of both in-person and Teams options.</p> <p>Sustained provision of a multidisciplinary platform to support comprehensive case discussion and collaborative care.</p>
Tumor Board General Cancer	<p>1.Improved attention to detail in patient management.</p> <p>2. Continued use of a dedicated venue to review cancer cases and determine best practices for improving patient care.</p> <p>3. Ongoing implementation of case presentation and discussion formats to enhance assessment, learning, and evaluation of cancer-related content.</p> <p>4. Reinforcement of the importance of a multidisciplinary approach to cancer care.</p> <p>5. Sustained provision of a multidisciplinary platform to support collaborative case discussion.</p> <p>6. Increased desire for more case presentations and discussions to further enrich learning.</p> <p>7. Efforts to work with providers to boost participation and expand the number of cases presented.</p> <p>8. Focus on increasing surgeon engagement in case discussions.</p>
WV Wellness	<p>1.Connections at the Wellness meeting help in my teaching and research.</p>

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| | <ol style="list-style-type: none">2. The education helped improve my competence and performance in my clinical.3. Utilizing new approaches presented by national speaker and NIH director to improve clinical practice. |
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