Follow-up Conference Evaluation Survey Summaries
Presented to Continuing Medical Education Committee
October 13, 2014

- April 5, 2014
  Pediatric Symposium: A Multispecialty Approach to Pediatric care

- April 12, 2014
  Fourth Annual Nephrology Symposium: Microscopic Histology to Healthcare Changes in our Practice

- April 25-26, 2014
  Third Biennial Miami Robotic Symposium

- April 26, 2014
  Third Annual Head and Neck Cancer Symposium: HPV-induced Head & Neck Cancer: Screening, Detection and Less Invasive Therapies

- June 14, 2014
  Fifth Annual State of the Science Symposium: Critical Care Best Practices

- February 16-18, 2012
  CLI Miami: The Miami Critical Limb Ischemia Symposium

- June 27-29, 2014
  13th Annual Primary Focus Symposium
Activity: 13th Pediatric Symposium: A Multispecialty Approach to Pediatric Care

FACULTY

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Medical Director, Pediatric Emergency Department
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Date: April 5, 2014 Survey Sent: 7/19, 7/30, 8/15 Location: Marriott Miami Dadeland Hotel, Miami Florida

Educational Objectives:
Upon completion of this conference, participants should be better able to:

- Analyze the etiology and prevalence of the worldwide obesity epidemic. Assess the sensitivity of body weight regulation and its relationship to environmental triggers.
- Discuss the impact of governmental policies on the obesity epidemic. Analyze the “obesogenic” food production and the incentives for “food addiction”.
- Examine the potential role of political medicine and medical intervention in government, industry and corporations dealing with obesity.
- Explain the pathophysiology of insulin secretory capacity and the consequences of its altered physiology.
- Describe the roles of obesity and metabolic syndrome on health and the function of fitness on morbidity and mortality.
- Discuss the causal relationships of obesity to diabetes and childhood diabetes phenotypes to type 2-diabetes.
- Implement the appropriate medical interventions for the pediatric patient with obesity, metabolic syndrome and/or diabetes.
- Recognize the importance of training the executive functions in preschool-aged children and identify patients at risk of ADHD.
- Discuss new strategies to prevent school ADHD, and implement well-timed interventions.
- Explain the importance of reciprocal inhibition treatment in preschool children at risk of cerebral palsy (CP).
• Identify and employ new strategies to prevent CP.
• Identify the physical exam findings of scoliosis, spinal asymmetry, key history and physical findings in spondylosis.
• Effectively identify patients with spinal pathology and appropriately refer patients to a specialist for treatment.
• Identify the common sports related fractures and recognize common associated mechanisms.
• Analyze the different treatment methods for sports related fractures.
• Establish post injury restrictions after sports-related fractures and return to play.
• Effectively screen for ADHD in pediatric patients and implement first tier treatment approaches.
• Appropriately identify when to refer patients to a specialist based on diagnosis.
• Explain and identify epidemiology of pediatric psychiatric disorders.
• Consistently utilize the Pediatric Health Questionnaire and identify when to refer patients to a specialist for proper and timely treatment.

Physician Survey Results
Total number of physicians in attendance: 82
Number of Physicians Surveyed: 80 Number of Responses: 8 Response Rate: 10%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?
   • I have encouraged more activity for obese patients. 4 (50%)
   • I have started earlier screening and use ADHD screening questionnaires. 4 (50%)
   • I have provided better examination for spondylosis. 4 (50%)
   • I have identified and employed new strategies to prevent Cerebral Palsy. 5 (63%)
   • I have been more aggressive in screening and counseling for obesity. 6 (75%)

2. If you have not utilized any new strategies, what has prevented you from doing so? Please list any barriers that might be keeping you from applying the new strategies listed above.
   • N/A. (2)
   • My specialty of Neonatology.
   • Specialist - already do many of them and the others are not part of my field.
   • I already do early screening and ADHD screening questionnaires. I already have an insanely aggressive screening and counseling for obese children in my practice.

4. Comments/Suggestions about this symposium.
   • Excellent conference with many thought provoking lectures. (3)
   • Very practical and informative.
   • Will attend this next year.
Activity: Fourth Annual Nephrology Symposium: Microscopic Histology to Healthcare Changes in our Practice

Speakers:
James Loewenherz, M.D., FACP, FASN
Nephrologist
Symposium Director
Baptist, Doctors, Homestead, Mariners
South Miami and West Kendall Baptist Hospitals
Miami, Florida

Allen R. Nissenson, M.D., FACP
Chief Medical Officer
DaVita HealthCare Partners Inc.
Emeritus Professor of Medicine
David Geffen School of Medicine at UCLA
Los Angeles, California

Michael B. Stokes, M.D.
Associate Professor of Pathology and Cell Biology,
Columbia University College of Physicians and Surgeons,
New York, New York

Date: April 12, 2014 Survey Sent: 8/6, 8/20, 9/10 Location: 5MCVI Conference Room, Miami, Florida

Educational Objectives:
Upon completion of this conference, participants should be better able to:
• Identify new disease entities recognized by renal biopsy findings.
• Fully execute the role of a renal biopsy in uncovering novel forms of kidney injury related to therapeutic agents.
• Identify differential diagnosis of common pathologic patterns in kidney disease.
• Implement the role of renal biopsy in guiding clinical management of patients with kidney disease.
• Explain and implement the general principles of predictive modeling when treating patients with kidney disease.
• Implement integrated care management in patients with kidney disease.
• Execute plans from the Center for Medicare and Medicaid Innovation (CMMI) to provide appropriate services through End Stage Care Organizations (ESCO).

Physician Survey Results
Total number of physicians in attendance: 53
Number of Physicians Surveyed: 50 Number of Responses: 4 Response Rate: 8%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?
• I have identified new disease entities in renal biopsy findings. 3 (75%)
• I have identified common pathological patters in kidney disease. 2 (50%)
• I have implemented renal biopsy clinical management in patients with kidney disease. 2 (50%)

Other:
• N/A

2. Since, and because of your participation at this symposium how many patients have you impacted by what you learned at the symposium?
• Not applicable to my practice. 1 (25%)
• 1-5 1 (25%)
• 6-10
• Over 10 1 (25%)

3. If you have not utilized any new strategies, what has prevented you from doing so? Please list any barriers that might be keeping you from applying the new strategies listed above.
• Insurance
4. Comments/Suggestions about this symposium.
   • Excellent Symposium.
   • Solidly and succinctly presented. Good Data.
Activity: Third Biennial Miami Robotic Symposium
Symposium Directors / Planning Committee
Ricardo Estape, M.D.
Medical Director, South Miami Hospital Center for Robotic Surgery
Gynecologic Oncologist, Obstetrician and Gynecologist
Baptist and South Miami Hospitals
Miami, Florida

John Diaz, M.D.
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Miami, Florida

Mark Dylewski, M.D.
Thoracic Surgeon, Baptist, Doctors, Homestead and South Miami Hospitals
Director of Thoracic Robotic Surgery, South Miami Hospital Center for Robotic Surgery
Director of General Thoracic Surgery and Thoracic Surgical Oncology
Baptist Health Cardiac and Thoracic Surgical Group
Miami, Florida

Anthony González, M.D.
Chief of Surgery and Minimally Invasive and Robotic Surgery, Baptist Hospital
Medical Director, South Miami Hospital's Weight-loss Surgery Program
General Surgeon, Baptist and South Miami Hospitals
Miami, Florida

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Chair, Fibroid Center and Center for Women and Infants
South Miami Hospital
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Florida International University Herbert Wertheim College of Medicine
Chairman, Department of Surgery
Jackson South Hospital
Surgeon, Baptist and South Miami Hospitals
Miami, Florida

Carmen Rodríguez, R.N., MSHSA
Assistant Vice-president of Peri-Operative Services
South Miami Hospital
Miami, Florida

Guest Faculty by Specialty
General / Bariatric Surgery
Session Facilitators: Anthony M. González, M.D., Jorge Rabaza, M.D.

Eugene Dickens, M.D.
Chairman of Surgeon, Utica Park Clinic
Tulsa, Oklahoma

Charan Donkor, M.D.
General and Bariatric Surgeon, Baptist, South Miami, Homestead, Mariners and West Kendall Baptist Hospitals
Miami, Florida
Clark Gerhart, M.D., FACS
Assistant Professor, Commonwealth Medical College
General Surgeon, Wilkes-Barre General Hospital
Wilkes-Barre, Pennsylvania

Troy Houseworth, M.D., FACS
Director of Robotic Bariatric Surgery, Franciscan Health System, St. Francis Hospital
Federal Way, Washington

Keith Kim, M.D.
Director, Bariatric and Metabolic Surgery
Co-director of Minimally Invasive Surgery Fellowship Program, Florida Hospital
Celebration, Florida

Rupa Seetharamaiah, M.D.
General and Bariatric Surgeon, Baptist, South Miami Homestead and West Kendall Baptist Hospitals
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Paul Singh, M.D., FACS
Assistant Professor of Surgery, director of the Minimally Invasive Center for Training and Education
Director of Bariatric Surgery
Fellowship Director for Robotic and Minimally Invasive Surgery
Albany Medical Center
Albany, New York

Yassar Youssef, M.D., FACS
Director of Bariatric Surgery, Sinai Hospital of Baltimore
Assistant Professor of Surgery, Johns Hopkins University
Baltimore, Maryland

General / Colon and Rectal
Anthony M. González, M.D., Eduardo Parra-Dávila, M.D., Jorge Rabaza, M.D.

Morris Franklin, Jr., M.D.
Director of the Texas Endosurgery Institute
San Antonio, Texas
Henry Lujan, M.D.
Director, Advanced GI MIS Fellowship, Jackson South Community Hospital
Sub-section Chief, Colon and Rectal Surgery
Baptist Hospital
Miami, Florida

Vincent Obias, M.D.
Assistant Professor of Surgery, Chief, Division Colon and Rectal Surgery
George Washington University
Washington, DC

Eduardo Parra-Dávila, M.D.
Director, Minimally Invasive and Colorectal Surgery
Director, Hernia and Abdominal Wall Reconstruction
Florida Hospital
Celebration, Florida

Alessio Pigazzi, M.D.
Assistant Clinical Professor, Surgery, University of California, School of Medicine
Irvine, California

Gustavo Plasencia, M.D., FACS, FASCRS
Clinical Professor of Surgery, University of Miami Miller School of Medicine (voluntary faculty)
Clinical Professor of Surgery, Florida International University College of Medicine
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**Cesar Santiago, M.D. FACS, FASCRS**  
Colon and Rectal Surgeon, Medical Director, Robotic Surgery, Advanced Center for Robotic Surgery  
St. Joseph's Hospital  
Tampa, Florida

**Gynecology and Gynecology Oncology**  
**Session Facilitators: Ricardo E. Estape, M.D., John Diaz, M.D., Rafael Perez, M.D.**

**Chris Ciocco**  
Strategic Planning  
Baptist Health south Florida  
Miami, Florida

**Patrick Culligan, MD, FACOG, FACS**  
Division and Fellowship Director, Atlantic Health Division of Urogynecology and Reconstructive Pelvic Surgery  
Professor of Obstetrics, Gynecology and Reconstructive Science  
Mount Sinai School of Medicine  
Morristown, New Jersey

**Walter Gotlieb, M.D., Ph.D.**  
Director, Gynecologic Oncology, Jewish General Hospital  
Professor and Director of Surgical Oncology, McGill University  
Montreal, Canada

**Armando Hernandez-Rey, M.D.**  
Reproductive Endocrinologist and Infertility Specialist  
Baptist, South Miami Doctors and West Kendal Baptist Hospitals  
Miami, Florida

**Robert Holloway, M.D.**  
Medical Director, Florida Hospital Gynecologic Oncology  
Founding Member, Florida Hospital’s Global Robotic Institute  
Clinical Professor, University of Central Florida College of Medicine  
Orlando, Florida

**Dwight Im, M.D., FACOG**  
Clinical Assistant Professor  
Department of Obstetrics, Gynecology and Reproductive Sciences, University of Maryland School of Medicine  
Director, the Gynecologic Oncology Center and the National Institute for Robotic Surgery  
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Baptist Hospital of Miami  
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Medical Director, Center for Excellence in Minimally Invasive Gynecology  
South Miami Hospital  
Miami, Florida

**Javier Magrina, M.D.**  
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Department of Gynecology, Mayo Clinic  
Scottsdale, Arizona
Pedro Ramirez, M.D.  
Professor, Department of Gynecologic Oncology and Reproductive Medicine  
Director of Minimally Invasive Surgical Research and Education  
Division of Surgery, University of Texas MD Anderson Cancer Center  
Houston, Texas  

Jaime Sepulveda-Toro, M.D., FACS, FACOG  
Female Pelvic Medicine and Reconstructive Pelvic Surgery  
South Miami Hospital  
Miami, Florida  

Thoracic  
Session Facilitator: Mark R. Dylewski, M.D.  

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Chief, Division of Thoracic Surgery  
North Shore LIJ Health System  
New York, New York  

Patrick Ross, Jr., M.D., Ph.D.  
Professor and Chief, Division of Thoracic Surgery, Ohio State University  
Wexner Medical Center  
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Laurence Spier, MD  
Director, Minimally Invasive and Robotic Thoracic Surgery  
North Shore University Hospital  
Manhattan, New York  

Eric Toloza, M.D., Ph.D., FACS, FCCP  
Thoracic Surgeon and Associate Member, Moffitt Cancer Center  
Associate Professor of Surgery and Associate Professor of Oncologic Sciences  
University of South Florida College of Medicine  
Tampa, Florida.  

Urology  
Session Facilitator: Sanjay Razdan, M.D.  

Thomas Ahlering, M.D.  
Professor and Vice Chairman  
Department of Urology  
University of California School of Medicine  
Urologic Oncology and Robotic Surgery  
Irvine, California  

Randy Fagin, M.D.  
Chief Administrative Officer, Texas Institute for Robotic Surgery  
St. David’s North Austin Medical Center  
Austin, Texas  

Reza Ghavamian, M.D.  
Professor of Urology, Director of Urologic Oncology Services, Department of Urology  
Director of Robotic Surgery, Montefiore Medical Center  
Albert Einstein College of Medicine  
New York, New York  

Benjamin Lee, M.D., FACS  
Professor of Urology and Medicine (Oncology)  
Robotics, Endourology and Laparoscopic Surgery  
Tulane University School of Medicine, Department of Urology
Educational Objectives:
Upon completion of this conference, participants should be better able to:

- Recognize the prevalence and devastating nature of CLI.
- Improve gynecologic surgical outcomes by applying state of the art robotic surgical techniques and principles.
- Compare strengths and limitations of the current robotic surgery system to those of conventional gynecologic laparoscopic surgery.
- Implement a safe and efficient robotic surgery operating room set-up that supports proper patient positioning and trocar placement.
- Explore cutting edge applications of robotic technology in gynecologic oncology surgery.
- Explore emerging robotic surgical techniques in the fields of general, bariatric and colorectal surgery.
- Implement standard robotic port placement as well as variations for extenuating patient circumstances to include patients with prior abdominal surgery and obesity.
- Examine detailed robotic surgical steps and philosophies, and apply them to improve function and outcomes of several general and bariatric procedures.
- Assess emerging robotic surgical techniques for complex thoracic surgery procedures including those for mediastinal and esophageal disorders.
- Recognize the complexities of anesthesia management during robotic thoracic surgery, and effectually implement strategies to avoid potentially adverse event and complications.
- Discuss the benefits of a multi-disciplinary robotic surgery program as it relates to thoracic surgery.
- Examine the surgical techniques and methodology behind complex robotic urologic cancer surgeries such as prostatectomy, cystectomy and partial nephrectomy.
- Analyze robotic techniques unique to the surgical management of bladder, kidney and prostate cancer.
- Evaluate current and emerging protocols for regaining potency and continence following robotic prostatectomy and cystectomy.
- Explain key benefits and complications of intra-operative and post-operative robotic surgery using video-based learning and discussion.
- Develop and build an effective team for a robotic surgery program.
- Identify potential team members and explain their respective roles and requirements.
• Train surgical team members for robotic surgery.
• Develop a plan for efficient operating room setup, including proper patient positioning for specific types of surgery.
• Identify instrumentation and equipment needed for specific robotic procedures.
• Examine the processes for decontamination and sterilization of instrumentation.
• Develop and implement an efficiency model for a robotic surgery program.
• Describe emergency undocking of the robot, and explain how to unclamp tissue from the instrumentation.

**Physician Survey Results**
Total number of physicians in attendance: 98
Number of Physicians Surveyed: 96 Number of Responses: 8 Response Rate: 8%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?
   • I improved my surgical outcomes. 3 (38%)
   • I improved our operating room set-up to support proper patient positioning and trocar placement. 4 (50%)
   • I now open the retroperitoneal spaces in all my cases. 3 (38%)
   • I perform more single site surgery. 2 (25%)
   • I am better at dissection with advanced endometriosis treatment. 3 (38%)
   • I keep up-to-date on recent literature. 4 (50%)
   • I make my patients aware of risks and benefits of robotic surgery. 4 (50%)
   • I now visualize the anatomy, prior to resection. 1 (13%)
   • I am better aware of new and safe techniques. 3 (38%)
   • I now perform more robotic surgeries. 4 (50%)

2. Please describe one or two patient outcomes you have observed related to your enhanced use of the above strategies you learned at this symposium.
   • Shorter intra op times.
   • Willing to approach bigger uterus.
   • Working at being better at retroperitoneal spaces dissection.
   • I just start training for single site.
   • I am able to dissect a uterus on stage IV endometriosis case.

3. If you have not utilized any new strategies, what has prevented you from doing so? Please list any barriers that might be keeping you from applying the new strategies listed above.
   • N/A.

4. Since, and because of your participation at this symposium how many patients have you impacted by what you learned at the symposium?
   • Not applicable to my practice.
   • 1-5 5 (63%)
   • 6-10
   • Over 10 3 (38%)

5. Comments/Suggestions about this symposium.
   • Excellent conference.
   • Great speakers!
   • Availability of the lectures in a timelier fashion.
   • Become annual meeting. Better timing so doesn't interfere with American Academy of Thoracic Surgeons.
Activity: Third Annual Head and Neck Cancer Symposium: HPV-induced Head & Neck Cancer: Screening, Detection and Less Invasive Therapies

Speakers:
Joseph P. McCain, DMD
Symposium Director
Oral and Maxillofacial Surgery
Baptist, South Miami, Doctors and West Kendall Baptist Hospitals
Subsection Chief, Oral Surgery
Baptist Hospital of Miami

Eva Grayzel
Oral Cancer Survivor, Motivational Speaker, Author
New-York, New York

Ines Velez, DDS, M.S.
Professor and Director
Oral and Maxillofacial Pathology
Nova Southeastern University
Davie, Florida

Andre A. Abitbol, M.D.
Radiologist/Oncologist
Baptist Hospital of Miami

Kevin J. Abrams, M.D.
Medical Director, Neuroradiology and Magnetic Resonance Imaging
Baptist Hospital Neuroscience Center
Neuroradiologist, Baptist, Doctors, Homestead and South Miami Hospitals
Clinical Associate Professor, Department of Radiology
Florida International University Herbert Wertheim College of Medicine

Adam Cohn, DMD
Restorative and Cosmetic Dentistry
Head & Neck Cancer Clinical Interest Group
Miami, Florida

Ripal T. Gandhi, M.D., FSVM
Vascular and Interventional Radiology
Baptist Cardiac and Vascular Institute
Miami Vascular Specialists
Associate Clinical Professor, FIU Herbert Wertheim College of Medicine
Asst Clinical Professor, University of South Florida College of Medicine
Miami, Florida

Allie M. Garcia-Serra, M.D.
Radiologist/Oncologist
Radiation Therapy Department
Baptist Hospital and South Miami Hospital
Miami, Florida

Edwin W. Gould, M.D.
Pathologist
Baptist Hospital of Miami
Educational Objectives:
Upon completion of this conference, participants should be better able to:

- Maintain awareness of the patient's perspective to provide empathic care, build trust and avoid contributing further to any delay in diagnosis or treatment.
- Improve care of the HPV-positive patient by effectively addressing patients' fears and their need for additional information.
- Recognize the importance of screening patients for oral cancer, and incorporate resources and strategies to implement and encourage screening.
- Discuss the roles of dentists and general practitioners in identifying oral cancer and in the comprehensive management of oral head & neck cancer patients.
- Examine the relationships between delivering evidence-driven patient-centered counseling, achieving optimal health promotion and minimizing negative psychosocial outcomes.
- Identify HPV malignancies, and explain etiology of same.
- Examine latest research and literature on clinical manifestations, locations, transmission, and treatment modalities of HPV-induced malignancies.
- Discuss the changing landscape of oropharyngeal and oral cavity squamous cell carcinoma including epidemiology.
- Implement referral and care pathways for oral cancers that adequately support patients and avoid contributing further to any delay.
- Effectively identify implications in patient counseling on viral HPV-induced cancer and its sexual transmission.
• Examine individualized treatment paradigms based on specific anatomical extent of disease, staging and primary site of HPV disease.
• Discuss management of acute treatment related toxicities and long term toxicities.

Physician Survey Results
Total number of physicians in attendance: 137
Number of Physicians Surveyed: 129  Number of Responses: 39  Response Rate: 30%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?
   • I have improved completeness of exam and rapid diagnosis. 33 (85%)
   • I have reinforced faster follow-up with negative patient exams. 15 (38%)
   • I have recognized early signs and symptoms and have better diagnosed patients with HPV. 18 (46%)
   • I have included radiology exams that commonly find oral cancer. 9 (23%)
Other:
   • Read above response, the conference certainly gave me a stronger appreciation of the diagnostic and treatment strategies, so I can better examine and evaluate patients in my general dental practice, and in my service as a dental educator. Oral cancer screenings and any necessary radiography with proper follow up, have always been a regular part of practice for every patient.
   • I am not practicing at this time.

2. Since, and because of your participation at this symposium how many patients have you impacted by what you learned at the symposium?
   • Not applicable to my practice. 7 (18%)
   • 1-5 18 (46%)
   • 6-10 4 (10%)
   • Over 10 10 (26%)

3. If you have not utilized any new strategies, what has prevented you from doing so? Please list any barriers that might be keeping you from applying the new strategies listed above.
   • N/A.
   • Increased knowledge makes me a better dentist which impacts all my patients.
   • No Barriers.
   • Random radiology exams are not pertinent in finding potential oral cancer, once the diagnosis is made, the practitioner can order the appropriate exams.
   • I am not practicing at this time.
   • I am still applying for a medical residency program so I have no patients at the moment.

4. Comments/Suggestions about this symposium.
   • Excellent conference. (11)
   • Very informative. (4)
   • Outstanding instructors. (2)
   • Many thought provoking lectures.
   • It was a fantastic conference all of the speakers/participants were very knowledgeable.
   • Great job, thanks for inviting me.
   • This conference woke me up and has motivated me to do a more thorough head and neck exam.
   • I look forward to future conferences.
   • I work in a state prison where oral and head and neck cancer is not necessarily uncommon and screenings are a critical preventive measure. The conference helped me to improve my diagnostic skills and increase my awareness of Head and Neck cancers. Thank you.
   • Effective and educational.
   • I like the science. I can never see enough pictures. Thought it was interesting hearing the treatment and experience of the lady with her history of oral cancer. I did not think her professional motivational speaking approach was appropriate, and seemed a bit self serving. It’s hard to clap to music about such subject matter.
   • Very effective and motivating lecture.
   • The patient's point of view was most impressive.
   • Motivational and it reinforced that we have to be very vigilant.
   • It was very instructive and promotes a better examination to diagnose cancer earlier.
• Overall speakers, audio, visual -- all superb.
• Accentuates the need for a thorough history & examination, treatment & follow up with emphasis on collaborative care.
• It was a well organized conference with very knowledgeable clinicians.
• Registration needs to be more organized, I registered before the deadline and when I made it to the conference I was told I didn't show on the list. Even though I was able to participate in the event the person that informed me of this was rude and said it was my fault even though I had my printed confirmation.
• Very well organized conference and the prominent speakers. Thank you very much for making this conference possible. Looking forward for next year's activity.
• I will be going again next year and will bring my entire office staff.
• Superb conference especially for the physicians who are not specialists in the team areas that handles these types of lesions.
Activity: Fifth Annual State of the Science Symposium: Critical Care Best Practices

Speakers:
Ednan K. Bajwa, M.D., MPH
Medical Director, MICU
Vice Chief, Pulmonary/Critical Care Unit
Massachusetts General Hospital
Boston, Massachusetts

Philip S. Barie, M.D., MBA, FIDSA, FCCM, FACS
Professor of Surgery
Professor of Healthcare Policy and Research
Weill Cornell Medical College
New York, New York

Lynn H. Harrison Jr., M.D.
Medical Director
Professional Standards and Leadership Development
Baptist Health South Florida
Miami, Florida

Robert Kacmarek, Ph.D., RRT, FCCM, FCCP
Director, Respiratory Care Services
Professor, Harvard Medical School
Boston, Massachusetts

Ralph E. Lawson, CPA, FHFMA
Executive Vice President and Chief Financial Officer
Baptist Health South Florida
Miami, Florida

Kathleen Vollman, MSN, R.N., CCNS, FCCM, FAAN
Clinical Nurse Specialist, Educator, Consultant
Advancing Nursing LLC
Northville, Michigan

Date: June 14, 2014 Survey Sent: 8/6, 8/20, 9/10 Location: Baptist Hospital Auditorium, Miami, Florida

Educational Objectives:
Upon completion of this conference, participants should be better able to:

• Maintain awareness of the patient’s perspective to provide empathic care, build trust and avoid contributing further to any delay in diagnosis or treatment.
• Analyze and determine the most appropriate sedation options for patients in the ICU.
• Implement the best strategies for managing sedation, delirium and mobility that minimize the harm associated with ICU sedation.
• Describe the principles used in spontaneous breathing trials as the primary approach to weaning patients from ventilator support.
• Compare treatment options and outcomes between weaning protocols and standard physician orders for weaning patients from ventilator support.
• Implement evidence-based recommendations for minimal sedation in patients during the provision of ventilator support.
• Identify appropriate candidates for lung recruitment maneuvers and determine optimal lung recruitment treatment method using pressure control ventilation.
• Determine the most appropriate lung recruitment treatment method using pressure control ventilation.
• Demonstrate how to perform a decremental PEEP, determine the optimal compliance for PEEP and recommendation to selecting PEEP post lung recruitment.
• Describe the impact of immobility on the skeletal, cardiovascular and pulmonary systems.
• Identify and discuss key in-bed and out-of-bed mobility research findings, there application to practice and patient focused outcomes.
• Describe rationale for, and strategies to facilitate early progressive mobility for the ICU patient.
• Identify three modes of transmission for the spread of microorganism in the critical care environment.
• Define key care practices based on the evidence that can reduce bacterial load and/or prevent the development of health care acquire infections.
• Recognize key program steps using case examples for creating a source control program within your unit.
• Recognize the impact of red cell transfusion on wound infection, prolonged ventilation and survival.
• Identify the impact of anemia on function upon discharge.
• Compare outcomes of matched groups with and without transfusion.
• Implement transfusion thresholds for the various patient populations.
• Identify the spectrum of intra-abdominal infections that may require ICU care, or complicate the course of an ICU patient.
• Distinguish the microbiology of community verses hospital-acquired intra-abdominal infection, and the implications for treatment.
• Qualify surgical management options to achieve source control.
• Discuss the significant changes that must be implemented in the healthcare delivery system to materially lower costs, improve care and create greater value.
• Explain the impact of Affordable Care Act and market forces on different stakeholders.
• Establish the critical link between quality improvements and lower healthcare costs.

Physician Survey Results
Total number of physicians in attendance: 36
Number of Physicians Surveyed: 36 Number of Responses: 6 Response Rate: 17%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?
   • I have recognized case examples for source control within the unit. 1 (17%)
   • I have implemented transfusion thresholds for the various patient populations. 2 (33%)
   • I have implemented strategies for managing sedation, delirium and mobility that minimize the harm associated with ICU sedation. 1 (17%)

   Other:
   • Though retired still attend many meetings, local and national and this one excellent. If you love medicine do not retire.
   • Our family predates the Civil War as doctors in Ohio and a surgeon then during the war. I was a Navy Flight Surgeon though retired I still keep up to date as much as I can go to both local and national meetings Charles A Monnin., MD., FACS. SSA
   • Not applicable to my practice but nice to know these alternatives

2. Since, and because of your participation at this symposium how many patients have you impacted by what you learned at the symposium?
   • Not applicable to my practice. 3 (50%)
   • 1-5 1 (16%)
   • 6-10
   • Over 10 1 (16%)

3. If you have not utilized any new strategies, what has prevented you from doing so? Please list any barriers that might be keeping you from applying the new strategies listed above.
   • Not applicable to my practice

4. Comments/Suggestions about this symposium.
   • Would strongly recommend a transcription a lot of the information provided cannot be accessed or properly searched a waste of a lot of information provided.
   • Very good conference.
   • Excellent conference even for the non practicing surgeon.
   • It was great..!
Activity: CLI Miami: The Miami Critical Limb Ischemia Symposium

Speakers:
Barry T. Katzen, M.D.
Symposium Director
Founder and Medical Director
Miami Cardiac & Vascular Institute

Vickie R. Driver, M.S., DPM, FACFAS
President, Association for the Advancement of Wound Care AAWC
Section Chief, Podiatric Surgery
Brown University, School of Medicine, Professor of Orthopedic Surgery- In Process
Director, Research Fellowship Program
Director, Clinical Research Limb Preservation and Tissue Repair
VA New England Health Care Division
Providence, Road Island

Richard F. Neville, M.D.
Professor of Surgery
Chief, Division of Vascular Surgery
George Washington University
Medical Faculty Associates
Washington, District of Columbia

FACULTY
Ira Baum, DPM
Podiatry
Baptist and South Miami Hospitals

Abilio A. Coello, M.D.
Vascular Surgery
Baptist, Doctors, Homestead and West Kendall Hospitals

Ian del Conde Pozzi, M.D.
Cardiovascular Disease
Vascular Medicine
Baptist, Doctors, Homestead and West Kendall Hospitals

Ripal Gandhi, M.D.
Diagnostic Radiology
Vascular & Interventional Radiology
Baptist, Doctors, Homestead, South Miami and West Kendall Hospitals
Baptist Outpatient Services

Jason R. Hanft, DPM, FACFAS
Podiatrist, Baptist, Doctors and South Miami Hospitals
Director of Podiatric Education and Director of Research, Podiatry Residency Program, South Miami Hospital
Adjunct Professor, Rosalind Franklin University, Temple University and Barry University
Diplomate, American Board of Podiatric Surgery
Chief Science Officer, Doctors Research Network, South Miami, Florida
South Miami, Florida

Constantino S. Pena, M.D
Diagnostic Radiology
Vascular & Interventional Radiology
Baptist, Doctors, Homestead, South Miami and West Kendall Hospitals
Baptist Outpatient Services

Alex Powell, M.D.
Diagnostic Radiology
Vascular & Interventional Radiology
Baptist, Doctors, Homestead, South Miami and West Kendall Hospitals
Baptist Outpatient Services
Date: June 7-8, 2014   Electronic Survey Sent: 7/18, 7/30, 8/15   Location: Biltmore Hotel, Coral Gables, FL

Educational Objectives:
Upon completion of this conference, participants should be better able to:

• Recognize the prevalence and devastating nature of CLI.
• Implement clinical evaluation strategies that promote early identification of CLI.
• Formulate a plan to identify high-risk patients and prevent onset of limb ischemia.
• Explore important considerations regarding amputation decisions, and discuss post-procedure patient care and wound therapies.
• Examine the range of revascularization strategies for the treatment of patients with CLI. Implement evidence-based strategies that will improve outcomes for the CLI patient.

Physician Survey Results
Total number of physicians in attendance: 59
Number of Physicians Surveyed: 57   Number of Responses: 16   Response Rate: 28%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?

• I have implemented clinical evaluation strategies that promote early identification of Critical Limb Ischemia (CLI). 8 (50.00%)
• I have formulated a plan to identify high-risk patients in an office setting. 4 (25%)
• I have incorporated more comprehensive and interdisciplinary treatment strategies. 8 (50%)
• I have implemented more thorough work-up for ischemic symptoms/changes. 6 (38%)

Other:
• None apply to me.
• Though I am retired, I did a great deal of limb vascular work, venous as well as arterial. At 93 I am still interested in limb vascular disease.

2. Since, and because of your participation at this symposium how many patients have you impacted by what you learned at the symposium?

• Not applicable to my practice. 3 (19%)
• 1-5 10 (63%)
• 6-10 1 (6%)
• Over 10 2 (13%)

3. If you have not utilized any new strategies, what has prevented you from doing so? Please list any barriers that might be keeping you from applying the new strategies listed above.

• I don’t practice medicine...however I do chart reviews usually as retrospective though I still attend Baptist, University as well as National Surgical conferences; SSA CAM.

5. Comments/Suggestions about this symposium.

• Excellent conference, great speakers!
• Wonderful as usual.
• Impressive.
• Great conference!!! Have to be done again next year. Thank you.
• I really enjoyed the speakers and their topics. I especially enjoyed The Biltmore as your venue.
• It was great!
• Excellent. I am fascinated by new hardware.
• The conference was very interesting and I did learn a lot regarding saving a limb...it is amazing how far medicine has progressed...I am waiting for the 1-800-CLI-SAVE - number; I am waiting for the team of consultants. The physician's did seem to consult in the conference and gave opinions regarding what was seen in some of the case studies...that was interesting but sometime hard to hear...thanks for the opportunity to attend the first annual conference.
• Outstanding!
• This conference was very helpful.
• Wonderful conference! Nurses and Vascular technologists in attendance were very happy to see the in depth concern to keep vascular patients in the loop and not loose them to primary care physicians. Patients then get lost in the system.
• Very informative.
Activity: 13th Annual Primary Focus Symposium

Symposium Director
A. Ruben Caride, M.D., FACP
General Internist, Baptist Hospital
Miami, Florida

Lillian Abbo, M.D.
Internal Medicine - Infectious Disease
Assistant Professor of Clinical Medicine
Medical Director, Antimicrobial Stewardship Program
University of Miami Health System
Miami, Florida

Jamie S. Barkin, M.D.
Professor of Medicine
University of Miami, Miller School of Medicine
Miami, Florida

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Diagnostic Radiologist,
Baptist, South Miami, Doctors, Homestead and West Kendall Hospitals
Miami, Florida

Kaia Calbeck, Ph.D.
Psychologist, Baptist and South Miami Hospitals
Miami, Florida

Robert Derhagopian, M.D.
General and Oncology Surgeon
Baptist, South Miami and Doctors Hospitals
Miami, Florida

Silvio E. Inzucchi, M.D.
Professor of Medicine
Director, Yale Diabetes Center
Yale University School of Medicine
New Haven, Connecticut

Carlos Larocca, M.D.
Assistant Co-medical Director
Addiction Treatment and Recovery Center
South Miami Hospital
Miami, Florida

Khurram Nasir, M.D.
Research Director, Center for Prevention and Wellness
Director, High-risk Cardiovascular Disease Clinic
Baptist Health South Florida, Miami, Florida
Assistant Professor, Johns Hopkins Ciccarone Center for Preventive Cardiology
Baltimore, Maryland

Michael R Renfrow, M.D.
Colon and Rectal Surgeon
Baptist and South Miami Hospitals
Miami, Florida

Wayne M. Sotile, Ph.D., FAACVPR
Special Consultant in Behavioral Health, Carolinas Medical Center, Charlotte, North Carolina
Clinical Assistant Professor, Tulane University School of Medicine, Department of Orthopedic Surgery
New Orleans, Louisiana
Educational Objectives:
Upon completion of this conference, participants should be better able to:
- Discuss approaches to diagnosis of diverticulitis based on clinical exam and appropriate use of diagnostic testing such as CT scan.
- Identify dietary and lifestyle factors that influence the course of diverticular disease.
- Examine the current standard and methods of screening for colorectal cancer.
- Examine the clinical practice guidelines for dyslipidemia, and demonstrate how coronary artery calcium may have the potential to help match statin therapy to absolute CVD risk.
- Utilizing evidence based criteria, identify patients who will benefit from lung cancer screening with chest CT.
- Interpret the radiologist’s report of CT screening for lung cancer.
- Effectively explain to patients the risks and benefits of screening for lung cancer.
- Recognize the current surgical and medical treatment options available for breast cancer and explain the long-term survival rates associated with these treatments.
- Examine the current mammography screening recommendations published by the US Services Preventative Task Force and discuss the controversy surrounding the adoption of these recommendations.
- Examine barriers to effective integration of mental health care in the primary care setting.
- Appropriately screen and recognize when a referral to a specialist is indicated.
- Examine fact versus fiction about the incidence and causes of physician burnout.
- Implement evidence-based strategies to promote physician resilience, and apply these to patient care.
- Assess and strengthen teamwork in health care settings.
- List the four primary drivers of physician career satisfaction.
- Employ evidence-based solutions to work/life challenges of busy physicians.
- Identify the pathophysiological defects that culminate in type 2 diabetes.
- List the benefits and risks of each major class of glucose lowering medication.
- Design rational treatment programs for individual patients with type 2 diabetes.
- Identify patients who are candidates for surgical intervention.
- Evaluate current and emerging surgical options (open, laparoscopic, robotic) for patients with a hernia.
- Examine specific laws of physics that may be hindering a patient’s ability to lose weight.
- Apply these laws in the context of weight loss to develop strategies personalized to the individual patient’s needs.
- Enhance patient education effectiveness – utilizing the laws of thermodynamics as they relate to calorie measurement – by explaining how and why different foods have different affects on weight loss results.
- Identify the pain generator of low back pain in order to differentiate possible causes.
- Determine the most appropriate and cost-effective tests to order for the specific low back pain diagnosis.
- Explain the pathophysiology and basic biomechanics of low back pain.
- Recognize the potential use of recreational drugs currently popular in South Florida, including Molly”, crystal met, heroin and marijuana.
- Delineate best practice approaches to care when recreational drug use is identified in the primary care setting.
- Discuss current perspectives on medically appropriate application of marijuana considering the traditional methods of use as well as the pill form.
- Implement strategies to help patients diagnosed with substance abuse or dependence disorders reduce or achieve a substance-free life.
- Explore treatment resources that will help prevent or reduce the frequency and severity of relapse.
- Review trends in antimicrobial resistance and clostridium difficile infections.
- Recognize the impact of antimicrobial use on the emergence of resistant pathogens.
- Implement evidence based strategies to guide the appropriate selection and duration of antimicrobial therapy.
- Apply antimicrobial stewardship strategies to improve clinical outcomes and minimize adverse events related to antimicrobial use.
Physician Survey Results
Total number of physicians in attendance: 185
Number of Physicians Surveyed: 178  Number of Responses: 21  Response Rate: 12%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?
   - I am now better able to more effectively order diagnostic testing for my patients for back pain. 15 (71%)
   - I am better able to identify patients in need of colorectal cancer screening. 13 (62%)
   - I now know which patients should have lung cancer screening. 11 (52%)
   - I now am better able to discuss the various treatment options for breast cancer with my patients. 11 (52%)
   - I prescribe antibiotics to my patients only when indicated and for the shortest effective time period necessary. 16 (76%)
   - I am more attentive and take time to listen to my patients concerns. 12 (57%)
   - I implemented better strategies to help manage depression in my patients. 11 (52%)
   - I improved documentation of home exercise program for back pain. 11 (52%)
   - I recommend colonoscopy after diverticulitis. 13 (62%)
   - I listen and laugh more. 13 (62%)

2. Please describe one or two patient outcomes you have observed related to your enhanced use of the above strategies you learned at this symposium.
   - I have sent more patients for lung cancer screening. (2)
   - Two of my patients were diagnosed with cancer based on my recommendations that they see a specialist.
   - Fewer return visits for low back pain
   - I have implemented more education for patients regarding over antibiotics use. Patients were more receptive when I told them I learned this information from a recent conference I attended. They are listening more and are willing to avoid excessive abuse.
   - Diet and exercise instructions should be part of all appointments with patients.
   - Patients are able to manage their depression thru relaxation and exercise.
   - Back exercises performed at home by patients have better outcomes.
   - I have prepared patients for chest CT when they are covered by insurance. Used shorter duration treatment with good response.

3. If you have not utilized any new strategies, what has prevented you from doing so? Please list any barriers that might be keeping you from applying the new strategies listed above.
   - Some of the medications are not on formulary in my hospital.
   - Some insurance companies do not cover CT
   - Poorly motivated patients

4. Since, and because of your participation at this symposium how many patients have you impacted by what you learned at the symposium?
   - Not applicable to my practice.
   - 1-5 3 (14%)
   - 6-10 2 (10%)
   - Over 10 13 (62%)

5. Comments/Suggestions about this symposium.
   - Good lectures. (2)
   - Excellent. (2)
   - Third year attending this symposium.
   - Will it be back to Hawks Cay at Duck Key?
   - Keep up the great work.
   - I look forward to attending next year.
   - It was great and focused on common medical problems, which is what I needed.