## FOLLOW-UP CONFERENCE EVALUATION SURVEY SUMMARIES

May ??, 2015

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Activity: Acute Chest Pain Patient Assessment in Clinical Practice

Speakers:
Ricardo C. Cury, M.D., FAHA, FSCCT
Workshop Director
Director of Cardiac Imaging, Baptist Hospital and Miami Cardiac & Vascular Institute
Clinical Associate Professor in Radiology, Herbert Wertheim College of Medicine, Florida International University
Miami, Florida

Juan Carlos Batlle, M.D.
Diagnostic Radiologist, Baptist, South Miami, Doctors, Homestead and West Kendall Hospitals
Miami, Florida

Jonathan Fialkow, M.D., FACC, FAHA
Medical Director, Clinical Cardiology
Miami Cardiac & Vascular Institute
Medical Director, Stress Lab, Electrocardiology and Cardiac Rehabilitation Services
Cardiology Director, Chest Pain Center
Baptist Hospital
Miami, Florida

John Lesser, M.D., FACC, FAHA, FSCAI, FSCCT
Researcher, Minneapolis Heart Institute Foundation
Clinical Cardiologist, Minneapolis Heart Institute® at Abbott Northwestern Hospital
Director of Cardiovascular MRI and CT, Minneapolis Heart Institute® at Abbott Northwestern Hospital
Adjunct Associate Professor of Medicine
University of Minnesota
Minneapolis, Minnesota

Carol Mascioli
Chief Operating Officer, Miami Cardiac & Vascular Institute
Miami, Florida

Constantino S. Peña, M.D.
Medical Director, Vascular Imaging, Miami Cardiac & Vascular Institute
Diagnostic Radiologist
Baptist, Doctors, Homestead and South Miami Hospital and Baptist Outpatient Services
Miami, Florida

Jack Ziffer, M.D., Ph.D., FACC, FSCTT
Chief Executive Officer, Baptist Health South Florida Medical Group
Clinical Professor in Radiology and Nuclear Medicine, Herbert Wertheim College of Medicine, Florida International University, Miami, Florida

Date: January 10-11, 2015 Electronic Survey Sent: 3/19, 3/30, 4/3 Location: Baptist Hospital, Auditorium

Educational Objectives:
Upon completion of this conference, participants should be better able to:
- Recognize the value of the anatomic information provided by CT.
- Direct the patient to proceed with the best next steps after the ED evaluation.
- Define collaborative approaches between hospital and physicians for proper assessment of chest pain patients.
- Apply appropriate clinical pathways for chest pain patient assessment.
• Examine the growing evidence supporting the use of coronary CTA in early assessment of patients presenting with acute chest pain to the emergency department.
• Recognize how coronary CTA can be implemented effectively in clinical practice.
• Identify the ideal test characteristics needed to evaluate potential ACS in the ED.
• Recognize why a physiology based test may not be adequate in the acute setting.
• Implement a Coronary CTA program as part of the clinical pathway to improve outcomes of chest pain patients presenting to the emergency department. The CLI patient.

Physician Survey Results
Total number of physicians in attendance: 64
Number of Physicians Surveyed: 64 Number of Responses: 6 Response Rate: 9%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?
   • I now consider cardio cranial scanning for triple rule-out. 3 (50%)
   • I better stratify which patients should undergo CCTA. 3 (50%)
   • I collaborate with the ARNP more often. 3 (50%)
   • I implemented a CCTA program at my institution. 1 (17%)
   • I apply appropriate clinical pathways for chest pain patient assessment. 1 (17%)

Other:
   • We are still waiting to get the Cardiologist and Emergency Room doctors on board for a rational approach to ER CCTA.

2. Please describe one or two patient outcomes you have observed related to your enhanced use of the above strategies you learned at this workshop.
   • Early discharge of patients undergoing negative CCTA.

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.
   • See above. The Hospital is not willing to engage in appropriate ancillary personnel.
   • My patient population is children.

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 (17%)
   • 1-5 3 (50%)
   • 6-10 1 (17%)
   • Over 10

5. Comments/Suggestions about this symposium.
   • Great Course.
   • Great course and good plan for dealing with ER chest pain.
Activity: Sixth Annual Coronary CTA in the Emergency Department: A Hands-on Workshop

Speakers:
Ricardo C. Cury, M.D., FAHA, FSCCT
Workshop Director
Director of Cardiac Imaging, Baptist Hospital and Miami Cardiac & Vascular Institute
Clinical Associate Professor in Radiology, Herbert Wertheim College of Medicine, Florida International University
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Chief Executive Officer, Baptist Health South Florida Medical Group
Clinical Professor in Radiology and Nuclear Medicine, Herbert Wertheim College of Medicine, Florida International University, Miami, Florida

Date: January 10-11, 2015 Electronic Survey Sent: 3/19, 3/30, 4/3 Location: Baptist Hospital, Auditorium

Educational Objectives:
Upon completion of this conference, participants should be better able to:
- Effectively utilize coronary computed tomography angiography (CTA) and triple rule-out CT protocol to properly diagnose, detect and evaluate emergency department patients with acute chest pain or other symptoms suggestive of coronary artery syndrome.
- Apply the basic and more advanced interpretation principles of coronary CTA datasets.
- Explain the relationship between coronary CTA findings and the clinical outcome of patients with acute chest pain.
Utilize the appropriate noninvasive studies to assess risk of acute coronary syndrome.
Cite the benefits and limitations of electrocardiogram, biomarkers and imaging.
Implement essential components of patient preparation for CTA.
Formulate radiation reduction strategies based on scanning methods.
Determine which emergency room patients will benefit most from assessment with CTA.
Identify the benefits and drawbacks of utilizing CTA imaging studies.
Detect and differentiate CTA appearances of acute conditions of the abdominal aorta.
Diagnose and treat life-Threatening causes of chest pain.
Determine when coronary CTA and triple rule-out may be an alternative and useful diagnostic study in a select group of emergency department patients.

Physician Survey Results
Total number of physicians in attendance: 26
Number of Physicians Surveyed: 26 Number of Responses: 6 Response Rate: 23%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?
   - I have increased the use of coronary CTA in emergency room chest pain patients. 2 (33%)
   - I apply more advanced interpretation principles of coronary CTA datasets. 5 (83%)
   - I follow the guidelines. 4 (67%)
   - I review each CTA and calcium scan systematically. 5 (83%)
   - I implement essential components of patient preparation for CTA. 5 (83%)
   - I detect and differentiate CTA appearances of acute conditions of the abdominal aorta. 2 (33%)
   - I utilize the appropriate noninvasive studies to assess risk of acute coronary syndrome. 3 (50%)

Other:
- I just started my new job! I just need a little time. There is no obstacle or problem to implement those strategies at work.

2. Please describe one or two patient outcomes you have observed related to your enhanced use of the above strategies you learned at this workshop.
   - One patient underwent LAD stent after CCTA form ER.

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.
   - My patient population is children.
   - I just started my new job! I am going to implement it at my work and share them with my colleges.

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 (17%)
   - 1-5 4 (67%)
   - 6-10 1 (17%)
   - Over 10

5. Comments/Suggestions about this symposium.
   - Good conference.
   - Very informative with lots of hands on practice. Correlation with invasive angiogram is very helpful in learning.
   - I think it was an excellent meeting and an excellent preparation for the CCTA studies and I am certainly going to use the knowledge and implement what I have learned at work.
Activity: Twenty-ninth Annual Sanford H. Cole, M.D., Memorial Ob/Gyn Symposium

Speakers:

Javier Vizoso, M.D.
Symposium Director
Obstetrician and Gynecologist
South Miami Hospital
Miami, Florida

Pavna K. Brahma, M.D.
Obstetrician, Gynecologist and Reproductive Endocrinologist
Reproductive Biology Associates
Atlanta, Georgia

Steven Goldstein, M.D.
Obstetrician and Gynecologist
Tenured Professor of Obstetrics and Gynecology, New York University School of Medicine
Director of Gynecologic Ultrasound at New York University Medical Center
President and Fellow of the American Institute of Ultrasound in Medicine
New York City, New York

Washington Clark Hill, M.D., FACOG
Human Resources for Health Program Rwanda
Duke University School of Medicine
Department of Obstetrics and Gynecology
Maternal-Fetal Medicine
Instructor-Duke University Medical Center
Kigali, Rwanda

Fleur Sack, M.D.
Family Physician
Baptist Hospital of Miami
Miami, Florida

Date: Jan 30, 2015 Electronic Survey Sent: 3/24, 4/13, 4/24, Location: Miami Marriott Dadeland Hotel, Miami, FL

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

- Formulate patient care strategies based on the newest guidelines for diagnosis and management of hyperlipidemia and hypertension.
- Implement American Diabetes Association recommendations for testing of asymptomatic adults to rule-out or diagnose diabetes and pre-diabetes.
- Utilize the “Choosing Wisely” campaign recommendations to promote conversations between providers and patients and help patients choose care that is supported by evidence, not duplicative, free from harm and truly necessary.
- Explain the shortcomings of utilizing blind endometrial sampling to manage abnormal uterine bleeding.
- Recognize indications for ultrasound-based triage for women with abnormal uterine bleeding.
- Recognize the prevalence and significance of postmenopausal ovarian cysts.
- Distinguish adnexal masses, which are invariably benign based on morphology, from those of a more suspicious nature that may require further evaluation.
- Examine options for women to preserve their fertility secondary to medical problems and/or advanced age and effectively explain available options to patients.
- Assess the current status of oocyte cryopreservation.
- Determine when to initiate steroid treatment in high risk patients.
- Follow best practice monitoring strategies, and recognize if and when interventions are indicated.
- Eliminate non-medically necessary elective deliveries before 39 weeks.
• Determine the blood pressure at which treatment should be initiated and the target blood pressure in obstetrical patients.
• Implement appropriate monitoring and treatment for pre-eclampsia/eclampsia, chronic (pre-existing) hypertension, pre-eclampsia/eclampsia superimposed upon chronic hypertension and gestational hypertension.

Physician Survey Results
Total number of physicians in attendance: 86
Number of Physicians Surveyed: 86 Number of Responses: 18 Response Rate: 21%

1. Since, and because of attending this conference, which of the following new strategies have you implemented in your practice?
   • I have changed my vaccination schedule. 2 (11%)
   • I have changed my pre-op workup. 2 (11%)
   • I have changed my recommendations for annual screenings. 11 (61%)
   • I have changed my screening labs. 9 (50%)
   • I have changed my abnormal bleeding triage method. 5 (28%)
   • I now perform sonohysterograms in the office. 1 (6%)
   • I have explained fertility preservation options discussed at this symposium with my patients. 4 (22%)
   • I have revised my high-risk obstetrical patient care plans. 3 (17%)

Other:
• Retired from clinical practice (2)

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 (17%)
   • 1-5 4 (67%)
   • 6-10 1 (17%)
   • Over 10

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.
   • Forgot some of them.
   • Retired from clinical practice.

4. Suggested topics and/or speakers you would like for future symposiums related to Ob/Gyn.
   • Very informative with lots of hands on practice. Correlation with invasive angiogram is very helpful in learning.
   • Labs and lab meanings. What is needed for common "rule outs" and what is overkill.
   • Annual screenings.
   • Ted Lee, M.D great minimally invade Gyn Surgeon from UPMC and Susanne Kho, M.D from Mayo Clinic Arizona, great vaginal surgeon! Both may give us a boost to perform surgery more efficiently and cost saving!
   • Appropriateness of anticoagulation use under which circumstances and which one.
   • ICD-10 coding as pertains to OB/GYN. Advanced laparoscopic surgery, update on vaginal surgery.
   • Screening for Sexually Transmitted Infections (STI's) in the adolescent population.
   • Sexual dysfunction.
   • Pelvic MRI.

5. Comments/Suggestions about this symposium.
   • Excellent Symposium (7)