<table>
<thead>
<tr>
<th>DATE</th>
<th>CME ACTIVITY</th>
<th>FINAL SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>6 24th Annual Brain Injury Symposium</td>
<td>4.7</td>
</tr>
<tr>
<td></td>
<td>12 OB/GYN Conference Series</td>
<td></td>
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<tr>
<td></td>
<td>Screening and Treatment for Perinatal Mood and Anxiety Disorders</td>
<td>4.9</td>
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<tr>
<td></td>
<td>13 6th Annual Diabetes Symposium</td>
<td>4.7</td>
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<tr>
<td></td>
<td>19 MCVI 30th Anniversary Fellowship Program</td>
<td>4.8</td>
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<tr>
<td></td>
<td>26 37th Annual Echocardiography Symposium</td>
<td>4.7</td>
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<tr>
<td>November</td>
<td>1 6th Annual Miami Neuro Nursing Symposium</td>
<td>4.8</td>
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<tr>
<td></td>
<td>2 7th Annual Miami Neuro Symposium</td>
<td>4.8</td>
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<tr>
<td></td>
<td>4 18th Annual Emergency Radiology Symposium</td>
<td>4.7</td>
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<tr>
<td></td>
<td>10 16th Annual Sleep Center Symposium</td>
<td>4.7</td>
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<tr>
<td></td>
<td>13 Pediatric Multispecialty Conference: Pediatric Pulmonary Potpourri</td>
<td>4.7</td>
</tr>
<tr>
<td>December</td>
<td>1 ACRO Proton Therapy Symposium- Miami</td>
<td>4.7</td>
</tr>
<tr>
<td></td>
<td>7 2nd Annual Miami Brain Symposium</td>
<td>4.8</td>
</tr>
</tbody>
</table>
CONTINUING MEDICAL EDUCATION DEPARTMENT
24th Annual Brain Injury Symposium
October 6, 2018

ATTENDED: 82
COMPLETED: 40

Scoring Key:   5 - Strongly Agree   4 - Agree   3 - Neutral   2 - Disagree   1 - Strongly Disagree   N/A - Not applicable for my practice

1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

   • The information and/or skills learned will enhance my professional competence or ability. 4.8
   • This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients. 4.8

EDUCATIONAL OBJECTIVES: As a result of attending this symposium, to what extent do you agree that you will be better able to:

   • Describe secondary injury after brain injury and explain the concept of neuroprotection. 4.7
   • Identify the key components of neural plasticity and its relation to neurorecovery. 4.8
   • Explore interventions that improve neuroplasticity, limit secondary injury and potentially lead to functional gains. 4.8
   • Describe the principles of rehabilitation for persons with brain cancer and functional outcomes in this population. 4.9
   • Identify the rehabilitation needs and safety considerations following treatment for brain cancer. 4.8
   • Readily embed rehabilitation for brain cancer patients within the continuum of cancer care. 4.7
   • Discuss the prevalence, phenomenology and course of cancer related cognitive dysfunction (CRCD) in patients with breast cancer. 4.8
   • Identify risk factors associated with CRCD and biological mechanisms of CRCD. 4.7
   • Outline treatment strategies for patients with CRCD. 4.6
   • Identify the various components of executive functioning and coping styles following mild versus moderate to severe traumatic brain injury. 4.8
   • Utilize more accurate, sensitive and specific measurements of executive functions. 4.5
   • Explain the neuroanatomy of executive functions. 4.6
   • Recognize the importance of open chain movement in the rehabilitation of cerebellar injury. 4.6
   • Explain the theoretically negative implications of using weights during rehabilitation of cerebellar injury. 4.6
   • Identify and describe the myriad of sleep disorders associated with traumatic brain injury. 4.7
   • Utilize diagnostic tools to appropriately identify specific trauma related sleep disorders. 4.6
   • Provide effective treatment options for trauma linked sleep irregularities. 4.6
   • Identify the role vestibular testing has on establishing the site, pathogenesis and severity of traumatic vestibular disorder and its implication on therapy results. 4.5
   • Differentiate the signs and symptoms of peripheral vestibular injury versus traumatic brain injury. 4.4
   • Recognize the role of vestibular rehabilitation in the management of the patient with brain injury. 4.4

FACULTY EVALUATION: Please rate the effectiveness of the presenters:

   • Neurorecovery: What’s New? - Neil N. Jasey, M.D. 4.8
   • Rehabilitation of the Person with Brain Cancer - Adrian Cristian, M.D., MHCM 4.8
   • Cancer Related Cognitive Dysfunction (CRCD): Diagnosis, Pathophysiology and Management - Beatriz B. Currier, M.D. 4.9
   • Executive Functioning and Coping Following Traumatic Brain Injury - Richard A. Hamilton, PhD 5.0
   • Cerebellar Ataxia: Changing Therapeutic Paradigms - Weights or No Weights? Open Chain or Closed Chain? - Eli Day, P.T., ATP 4.6
   • Mischief, Mayhem and Mece of the Midnight Express: Sleep Disorders Following Traumatic Brain Injury - Timothy Grant, M.D. 4.9
   • Post-Traumatic Dysequilibrium - Ariel Grobman, M.D. 4.5
Total Average 4.7

Was this symposium fair, balanced, and free of commercial bias?
Yes 40
No 0

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?

<table>
<thead>
<tr>
<th>1-5</th>
<th>6-10</th>
<th>Over 10</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>7</td>
<td>12</td>
<td>9</td>
</tr>
</tbody>
</table>

Is this your first time attending this Symposium?
Yes 14
No 26

Would you attend this Symposium again next year?
Yes 40
No 0

Would you recommend this Symposium to a colleague?
Yes 40
No 0

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?
- Weighted exercises for cerebellar patients.
- Strategies to deal with cancer related functional impairments.
- Identifying areas for brain related decline in executive function.
- Adding more sensitive measurements as it relates to neuropsychological testing.
- Apply concepts to PT evaluations and treatments with patients treated from the above mention pathology.
- Awareness of rebound effect with using weights after cerebellar injury.
- Be able to better assess for plan of care.
- Be more aware of sleep deprivation & its impact on patient performance.
- Be much more empathetic to patients in the future. And be patient with brain cancer patients.
- Change Rx ataxia.
- Educate my patients and co-workers on sleep disorders/ or lack of sleep as it relates to its impact on overall health.
- Learn more about Cancer Related Cognitive Dysfunction (CRCD): diagnosis, pathophysiology and management.
- Explore ways to reduce cerebral inflammation and potentially limit cognitive dysfunction due to cancer.
- I am using the Executive Function Strategies with my Patients, as well as referring my patients to ENT for Vestibular Evaluation.
- I want to enhance my area of expertise in geriatrics, ortho, neuro and maybe going back working in an acute setting.
- Identifying coping mechanisms.
- Include a sleep assessment as part of routine evaluation.
- Consider formal neuro-cognitive testing in patients who exhibit decline.
- Consider neuropsychological testing in patient with co-occurring mental/emotion disorders.
- Increased use of open kinetic chain exercises for cerebellar dysfunctions.
- Integration and opportunities with CRCD - brain cancer treatments/program.
- More research on cerebellar ataxia.
- Patients with Diagnosis of cancer must schedule radiation therapy & chemotherapy after therapy sessions. Co-treatments between PT and OT to minimize fatigue.
- Providing evidence based health related information for individuals with brain injury, cancer, ataxia, and/or balance deficits.
- Recognition of CRCD in the patients I see and be able to explain this to patients, families and treatment team.
- Be able to use the concept of Neuroplasticity and explain it to patients and families in optimizing recovery from neurotrauma and stroke.
- Rescheduling the patient to ensure the optimal amount of sleep to able better therapy.
- Treating more patients with brain CA for cognitive rehab.
- Treatment time for cancer patients.

If you do not plan to implement any new strategies learned at this symposium, please list any barriers or obstacles that might keep you from doing so.
- Clean resources to refer too.
- Facility scheduled.
- Fluctuating medical status.
- Home health setting limits a lot.
- Location.
Suggested topics and/or speakers you would like for future symposiums

- Cardiac Rehab.
- Chronic injury.
- More therapy related information.
- Expand on the regeneration of neurons after been damaged.
- Joints replacement rehabilitation.
- Cardiac rehabilitation.
- More psychological - rehab psych presenters.
- Maybe discuss where the field of inpatient rehab is headed - optimizing outcomes in shrinking lengths of stay.
- Multiple sclerosis, guillain barre, myasthenia gravis.
- Seniors with healthy brains.
- Technology and its role in rehab.
- The role of neuro imaging in the evaluation and documentation of healing in traumatic brain injury cases.
- More actual case presentations
- Specific treatments and treatment modalities for PTSD patients (injury from both physical and emotional traumas).
- Vestibular conditions and treatments.

Comments:

- Excellent symposium. (8)
- Excellent topics.
- Professional speakers.
- Overall, I found all topics very interesting and beneficial. The presenters demonstrated vast knowledge about topics being presented and showed that he or she really cares.
- Very informative and the presenters made it easy to understand.
- Was my first time attending this conference at South Miami Hospital. Highly recommend having it there again. Very convenient location & especially loved having the meal treats during breaks.
- My only suggestion is making sure conference flows more smoothly is having IT department become familiar w/ each speakers online presentation so there are no obstacles in the operation of the audiovisual equip.
- Online registration would be beneficial.
- Dr. Jasey used red font on his Power Point presentation, which was very difficult to see.
**CONTINUING MEDICAL EDUCATION**

**EVALUATION SUMMARY**

**Conference Title:** OB/GYN Conference Series - Screening and Treatment for Perinatal Mood and Anxiety Disorders

**Conference Director:** Larry Spiegelman, M.D.

**Date:** Friday, October 12, 2018  
**Time:** 8:00 – 9:00 a.m.

**Location:** Baptist Hospital, Boardroom

### Scoring Key: 5 - Strongly Agree  4 - Agree  3 - Neutral  2 - Disagree  1 - Strongly Disagree  N/A - Not applicable for my practice

1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

- The information and/or skills learned will enhance my professional competence or ability.  
**Rating:** 5

- This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.  
**Rating:** 5

### Scoring Key: 5 - Strongly Agree  4 - Agree  3 - Neutral  2 - Disagree  1 - Strongly Disagree  N/A - Not applicable for my practice

2. As a result of attending this conference, to what extent do you agree that you will be better able to:

- Recognize symptom presentation of perinatal mood and anxiety disorders during pregnancy and the post-partum period.  
**Rating:** 4.8

- Describe the benefits of screening in the obstetric setting and highlight appropriate evidence-based treatments.  
**Rating:** 5.0

- Utilize evidence-based screening tools appropriate for use in the obstetric setting.  
**Rating:** 4.9

- Easily identify available community resources and treatment modalities.  
**Rating:** 4.9

### Scoring Key: 5 - Excellent  4 - Very Good  3 - Good  2 - Fair  1 – Poor  N/A - Not applicable

3. Conference content.  
**Rating:** 5.0

4. Effectiveness of the speaker:

- Connie Morrow, Ph.D.  
**Rating:** 5.0

**Total Average:** 4.9

5. Was this conference fair, balanced and without commercial bias?

- Yes 9
- No 0
- No response 12

How many patients will you see in your practice next week that will likely be impacted by what you learned at this activity?

<table>
<thead>
<tr>
<th>Number of Patients:</th>
<th>1-5</th>
<th>6-10</th>
<th>Over 10</th>
<th>Not applicable to my practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents:</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?

- Referring patients to healthy start. (3)
- Screen during pregnancy. (3)
- Be more aware.
If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so:
- None listed.

List topics related to this lecture that you want to learn more about?
- None listed.

Comments:
- Would like the slide presentation.
1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>The information and/or skills learned will enhance my professional competence or ability.</td>
<td>4.8</td>
</tr>
<tr>
<td>This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.</td>
<td>4.8</td>
</tr>
</tbody>
</table>

As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives?

<table>
<thead>
<tr>
<th>Objective</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define PDE5 inhibitor failure in the diabetic patient.</td>
<td>4.5</td>
</tr>
<tr>
<td>Utilize clinical principles and expert opinions to evaluate patients with erectile dysfunction.</td>
<td>4.5</td>
</tr>
<tr>
<td>Describe the surgical treatment options for men with erectile dysfunction.</td>
<td>4.6</td>
</tr>
<tr>
<td>Develop a consistent approach to initiating insulin in the hospital.</td>
<td>4.6</td>
</tr>
<tr>
<td>Appropriately adjust insulin therapy to accommodate special situation in hospitalized patients with hyperglycemia.</td>
<td>4.6</td>
</tr>
<tr>
<td>Describe the mechanism of action by which diabetes mellitus (DM) can cause atherosclerotic coronary artery disease.</td>
<td>4.7</td>
</tr>
<tr>
<td>Explain the association between DM, cardiovascular disease (CVD) and A1C levels.</td>
<td>4.7</td>
</tr>
<tr>
<td>Discuss the relationship between DM and diabetic cardiomyopathy.</td>
<td>4.5</td>
</tr>
<tr>
<td>Describe the mechanisms linking DM, obesity and CVD.</td>
<td>4.6</td>
</tr>
<tr>
<td>Describe the prevalence of diabetic nephropathy and recognize its role as a major contributor to end-stage kidney disease in the U.S.</td>
<td>4.7</td>
</tr>
<tr>
<td>Recognize the clinical manifestations leading to the development and stage progression of diabetic nephropathy.</td>
<td>4.6</td>
</tr>
<tr>
<td>Utilize evolving therapeutic approaches to the treatment of diabetic nephropathy, including new diabetes drugs, dialysis and kidney transplantation.</td>
<td>4.5</td>
</tr>
<tr>
<td>Recognize the importance of determining glycemic goals due to the catastrophic consequences in the elderly population.</td>
<td>4.7</td>
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<tr>
<td>Appropriately select and use oral agents in the treatment elderly patients with diabetes.</td>
<td>4.7</td>
</tr>
<tr>
<td>Determine when and how to start insulin therapy in elderly populations with diabetes.</td>
<td>4.7</td>
</tr>
<tr>
<td>Evaluate the excess risk of CVD associated with DM compared to non-diabetic patients.</td>
<td>4.7</td>
</tr>
<tr>
<td>Evaluate the evidence that the use of SGLT2 inhibitors and GLP-1 agonists in diabetic patients is associated with the reduction of CVD.</td>
<td>4.5</td>
</tr>
<tr>
<td>Describe the mechanisms of action for the reduction of CVD with SGLT2 inhibitors and GLP-1 agonists and the lack of relationship to reduction in A1C.</td>
<td>4.4</td>
</tr>
</tbody>
</table>

How effective were the following speakers in meeting their learning objectives?

<table>
<thead>
<tr>
<th>Speaker/Title</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erectile Dysfunction in Diabetic Men - Ranjith Ramasamy, M.D.</td>
<td>4.9</td>
</tr>
<tr>
<td>Advances in the Management of Diabetes in the Hospital Setting: Use of Oral Agents - Guillermo Umpierrez, M.D.</td>
<td>4.9</td>
</tr>
<tr>
<td>The Diabetic Heart - Theodore Feldman, M.D.</td>
<td>4.8</td>
</tr>
<tr>
<td>Diabetic Nephropathy - Gaspar Alejandro Barreto-Torrealla M.D.</td>
<td>4.6</td>
</tr>
</tbody>
</table>
What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?

- Educate my diabetic patients on diabetic related health issues. (4)
- Apply recommendations.
- Approach diabetic patient w use of anti-diabetic Med in hospital and proper use of basal insulin to reach an a1c adequate also improves the approach to erectile dysfunction.
- Trying to get more involved with the patients’ medical team such as Cardiology.
- Asses in the medical history the association the patient may have with their A1C and blood pressure, Retinopathy, nephropathy and cardiovascular risk.
- Avoid certain meds in the elderly with diabetes.
- Better approach on treatment for diabetic patients.
- Better Blood sugar control.
- Better care to patients / know when to start statins / how to manage insulin.
- Better discussing treatment options and outcomes with patients.
- Better management of outpatient diabetes therapy.
- Appropriately select and use oral agents in the treatment of diabetic elderly.
- Better assessment of the patient with erectile dysfunction and proper management.
- Better use of insulin.
- Change approach to Insulin use in inpatient settings.
- Changes with geriatric population.
- Choosing the correct diabetic treatment based on age and color if medical conditions.
- Closer glycemic control.
- Control blood glucose and get patients to exercise daily.
- Depends on patient medical status I will do changes according what I learn.
- Discuss options for diabetic patients with CaD.
- I plan on monitoring my elderly patients more closely those that are on insulin and sulfonylurea for the earliest signs of hypoglycemia.
- Important learning tips.
- Learned new evaluation protocols.
- Monitor Pvd closely in diabetic patients.
- More closely monitor blood sugars with regards to meds in hospital patients.
- Most effective for my geriatric patients.
- Not to use glyburide as it causes hypoglycemia.
- Older patients should primarily be on Metformin due to decreased chance of hypoglycemia.
- Order more cardiac calcium test.
Use more SGL P2 inhibitors.
Prescribe better oral medicine for diabetic patient, special elder pt.
Regarding Anti Diabetic Medications and CV outcomes, because CVD is cause of death in 75% on diabetics, to consider using Empagliflozin or Liraglutide in those with established history of CVD that according to results from the LEADER trial those treated with these Anti hyperglycemic drugs were shown to reduce risk of a composite outcome of death from cardio vascular causes in 13% percent.
In perioperative patients keep the blood sugar less than 180, above that, among perioperative patients with hyperglycemia there are more complications like pneumonia, acute renal or respiratory failure, acute myocardial infarction and others, even if they are not diabetic.
Specifics will vary depending on the patient but it was a good learning experience of the latest trends.
Start all diabetic patient on stains despite lipid control.
ACEI all pt with proteinuria and CKD 1-3.
Control weight and diet.
Support and motivation in the achievement of life style changes for improved health.
Take care in the prevention of diabetes complications.
The importance of individualized treatment in the vulnerable elderly patient and the risk of hypoglycemia.
To make sure the medications that the patient take for DM meet the patients need.
Use more basal insulin.
Will allow Hemoglobin A-1C between 7 and 8 in elderly population.
What are the potential barriers or obstacles that might prevent you from implementing new strategies you earned at this symposium?
Cost of medication.
Cost will be my number one barrier.
Insurance company not covering certain medications and insurance company not covering cardiac calcium testing.
Suggested topics and/or speakers you would like for future symposiums.
Congestive heart failure.
Depression in the geriatric patient.
Diabetes and infections.
Diabetic foot.
Diabetic Neuropathy, Charcot changes in Diabetes.
Diabetic Wound Care.
How to detect new patients with DM and specially give the importance of A1c on diagnosis and management of patient
Hyperglycemia best practices and special situations in non-critical care for inpatient Diabetes, update on Diabetes and Hypoglycemia management in the inpatient setting/ Gregory Maynard, MD.
Guidelines in controlling Type2 Diabetes/ Michael Fili, MD.
Infectious disease in diabetic patient population. Peripheral vascular/arterial disease.
Lower extremities issues and Diabetes.
Motivational strategies for lifestyle changes.
Ulcerative colitis.
Use of neuro imaging.
Vascular surgery and podiatrist’s role in limb salvage.
Comments
Excellent conference. (7)
It is a great symposium. (3)
Very useful conference. (2)
Again this was a great Diabetes symposium, big turn out because they have been always great with very important topics delivered by a group of experts, and also great organization by Baptist Health CME Department, thanks.
Another terrific symposium, thanks!
Excellent lecturers and excellent topics.
Excellent speakers.
Wonderful symposium. Staff very pleasant and helpful.
Very good speakers and learning objectives .also very enjoyable.
Warmer temp in room. If you are going to provide brewed ice tea for lunch, great! If you are providing it at a diabetes symposium how about making it unsweetened and allowing people to sweeten it themselves. The coffee did not have pre-added sugar.
The lunch break would be better to be 45 minutes.
How effective were the following speakers in meeting their learning objectives?

- Erectile Dysfunction in Diabetic Men - Ranjith Ramasamy, M.D. 4.9
- Advances in the Management of Diabetes in the Hospital Setting: Use of Oral Agents - Guillermo Umpierrez, M.D. 4.9
- The Diabetic Heart - Theodore Feldman, M.D. 4.8
- Diabetic Nephropathy - Gaspar Alejandro Barreto-Torrella M.D. 4.7
### Management of Diabetes in the Elderly Patient

- Guillermo Umpierrez, M.D., CDE

<table>
<thead>
<tr>
<th>Topic</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes and CV Outcomes</td>
<td>4.7</td>
</tr>
</tbody>
</table>

**Total Average**: 4.7

Was this symposium fair, balanced, and free of commercial bias?

- **Yes**: 88
- **No**: 0
- **No Answer**: 0

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**How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?**

<table>
<thead>
<tr>
<th>Patients</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>14</td>
</tr>
<tr>
<td>6-10</td>
<td>8</td>
</tr>
<tr>
<td>Over 10</td>
<td>49</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>17</td>
</tr>
</tbody>
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**What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?**

- New target blood sugar levels. (6)
- Be more flexible with A1C levels in the elderly. (5)
- Go over with patients the necessary habits to preserve their feet. (5)
- Exercise and diet, more fruits and vegetables. (4)
- Educate others on the importance of avoiding low Blood sugars in the elderly. (3)
- Addressing erectile dysfunction. (3)
- Avoid insulin therapy at home.
- Better choice of oral agents related to cardiovascular outcomes.
- Further educational information for patients regarding options available and review of medication delivery.
- Help in DM management by helping adjust insulin for BG management in hospital setting.
- Help with educating patients regarding self-care of DM and the use of new Diabetes medications.
- How new oral agents can lead to higher incidents of hypoglycemia and this affects the amount of simple and complex carbohydrate for snacks, I need to calculate in patient's diet Rx to compensate and or avoid hypoglycemic episode.
- How to adjust insulin on a daily basis and not use Glucotrol.
- I will be able to encourage my patients to adhere to their MD orders for medication, dietary and physical activity in order to prevent or prolong cardiac or renal problems in the future.
- Improve management of patient with diabetes, if possible make recommendation to improve management of care and treatment in collaboration with other interdisciplinary care.
- Individualizing therapy.
- Information passed on to the nursing students I teach will reflect the new information received.
- Insulin approach when necessary. Not to treat all patients the same.
- Insulin recommendations for basal insulin in hospitalized patients.
- Monitor A1C, set up A1C goal, and implement GLP1.
- More discussion on medication and how they are taking it. Open to speak about sex and any issues they may be having.
- My skills as a Dietitian dealing with elderly diabetics has been widened with the most updated information.
- Recommend incremental modification of basal insulin per protocol suggested in presentation.
- Recommend more dpp4 as an adjunctive to metformin. Accept higher A1C in elderly patients. Encourage use of GLP1 since no hypoglycemia.
- Reevaluate use of bolus insulin.
- Re-review written presentations and utilize information within the scope of my practice accordingly.
- Review of diabetic medication with elderly patients, impact of obesity and metabolic syndrome on patients.
Specific treatments with Metformin and insulins.

- Strive for better HgBA1c level, especially in the younger population, i.e., 40 +.
- These courses help in my evaluation of patients with DM, and management of their care overall.
- Trying to stay on top of patients Diabetes control and management even if the Nephrologists I work with are not directly involved with Diabetes management. My patients see an Endocrinologist or PCP for Diabetes.
- Understanding concepts and best practice.
- Urge pts to discuss treatment options with their MDs periodically. Be aware of changes and advancements in medications.
- Utilize clinical pharmacist more in managing DM options for patients with low income (patient assistance program and which meds might be available), more detailed assessment of risk factors, metabolic syndrome and DM, continuing removing elderly from SU, etc.
- While in a hospital/medical setting to consider the adjustment of medications during their stay. How to approach different stages of DM addition to other dx as CKD.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?

- Cost of some meds is prohibitive.
- Time.

Suggested topics and/or speakers you would like for future symposiums.

- Eye problems related to diabetes. (3)
- More on diet/nutrition. (3)
- CHF - Dr. Feldman, Dr. Zwerling.
- Cost effective strategies for management of diabetes.
- Diabetes and how to prevent recurrent UTI.
- Diabetes and pregnancy.
- Dr. Ramasamy was so funny and great speaker bring him back again.
- Elevated Hepatic enzymes of unknown etiology.
- For most female patients that needs gynecological screen and care, how about for men to address urology screening and care since men usually hesitant to sought care and when they do, outcome is not promising because of delay treatment, i.e. prostate cancer, breast cancer, etc.
- Gestational Diabetes, Type 1 Diabetes in young adult and athlete population (management).
- Head Injury.
- How to manage elderly patients with mental health issues who live independently.
- Hypertension, high cholesterol.
- I think that any conference dealing with care of the patient with Diabetes should address issues related to non-adherence and strategies to enhance patient's adherence i.e. affordable supplies, follow education, Social Work issues etc.
- Loved Dr. Umpierrez, Dr. Ramasamy in particular but they were all wonderful.
- Low income patients and DM, more on food and DM, exercise and DM, neuropathies and exercise, alternative/herbal therapies.
- Management of Lupus and Sickle Cell.
- Organ Transplantation.
- Biologic treatments.
- Need more emphasis on diet change recommendations for diabetic patients, more up to date info.. exa. Dr. Jason Fung & fasting success.
- Osteoporosis in postmenopausal women.
- Parkinson's, Hepatic Cirrhosis, Causes and Treatment t of Diarrhea.
- Renal.
- Treatment options for teenagers who had been diagnosed with DM Type 2.
- Updates please.
- Would definitely love to attend future symposiums with Dr. Umpierrez as a speaker as well As Dr. Ramasamy.
- Wound Care and Diabetes.

Comments

- Excellent conference. (10)
- All of these speakers were fantastic. (5)
- Very informative and useful. (5)
- Dr. Umpierrez gave excellent his presentations.
- Great day! Thank you.
- I will for sure attend the following ones. Love it. Great Presentations.
- Keep up the good work!
- Please invite Dr Guillermo Umpierrez again.
- The speakers were excellent. I truly enjoyed Dr. Umpierrez. The lecture that I have the least amount of knowledge was erectile dysfunction. This topic was very good. Nephropathy and CV topics just pulled everything together. The best conference so far.
- The symposium was excellent and worth attending with the latest treatment and management of diabetes. The speakers were excellent, presented the latest studies that's promising to treat and manage diabetes. It was an excellent symposium.
- I just wish there's a desk that we can write because there's so much information to take notes. This course was well attended which means everyone is concern of treating and managing diabetes today and in the future to find the treatment and cure of this deadly disease.
- This symposium was one of the best I have attended lately.
- TY for the great food!
- Well Done. Excellent content and speakers.
- Well organized. Great topic.
- Overall very good information for DM management, very good presenters, however I think the course was too long and attention declines at the end.
- Course session schedule was too long and it seemed that there were not enough seats. Suggestion - skip lunch and end seminar early.
- So sorry there will not be a conference next year as so many of our patients are diabetic and the medications and care for the patient with diabetes is changing so quickly that a yearly update is needed. Our nursing and medical staff need the most current information with is not always available unless you have access to an Endo.
- Need better directions set up for lunch such as signs on the wall above tables naming the food item at that spot to allow five or four lines instead of one line; and more variety of lunch choices to accommodate those who need to follow diet restrictions such as dairy or gluten free, or vegan.
- For a symposium on diabetes ...all breakfast foods were high in sugar!
- I attended the webcast, and after lunch I had technical difficulties with an echo during the presentations. Prior to lunch there were no issues.
### Conference Title: MCVI 30th Anniversary Fellowship: Past, Present and Future of IR and IR Training – An Outcomes Analysis

**Conference Director:** Jennifer Cheney, M.D.

**Date:** Tuesday, September 12, 2017  
**Time:** 6:00 – 7:00 p.m.

**Location:** Baptist Hospital, Auditorium

<table>
<thead>
<tr>
<th>Scoring Key: 5 - Strongly Agree</th>
<th>4 - Agree</th>
<th>3 - Neutral</th>
<th>2 - Disagree</th>
<th>1 - Strongly Disagree</th>
<th>N/A - Not applicable for my practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.</td>
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<td>• The information and/or skills learned will enhance my professional competence or ability.</td>
<td>4.9</td>
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<tr>
<td>• This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.</td>
<td>4.8</td>
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<tr>
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<th>2 - Disagree</th>
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<tbody>
<tr>
<td>2. As a result of attending this conference, to what extent do you agree that you will be better able to:</td>
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<tr>
<td>• Recognize the evolution of Interventional Radiology (IR) as a discipline since the inception of Miami Cardiac &amp; Vascular Institute (MCVI).</td>
<td>5.0</td>
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<td>• Analyze the MCVI IR training program and assist in defining success and failure of fellowship training to improve outcomes of future IR fellows.</td>
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<tr>
<td>• Identify new technologies that are being developed to further advance IR management of vascular disease and impact fellows training.</td>
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<tr>
<th>Scoring Key: 5 - Excellent</th>
<th>4 - Very Good</th>
<th>3 - Good</th>
<th>2 - Fair</th>
<th>1 – Poor</th>
<th>N/A - Not applicable</th>
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<tbody>
<tr>
<td>3. Effectiveness of the speakers:</td>
<td></td>
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<tr>
<td>• Identify new technologies that are being developed to further advance IR management of vascular disease and impact fellows training.</td>
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<tr>
<td>• History of MCVI 30 Years - Barry T. Katzen, M.D.</td>
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<tr>
<td>• Evolution of IR Fellowship at MCVI - James Benenati, M.D.</td>
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<tr>
<td>• The New IR Residency, What You Need to Know - Parag Patel, M.D.</td>
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<td>• What's Next in the IR Residency? Challenges and Opportunities - Paul Rochon, M.D.</td>
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<td>• Future of Our Specialty: A Group Discussion - Derek Mittleider, M.D. and Constantino Peña, M.D.</td>
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<tr>
<td>• Education, IR Science and the Current Status of Interventional Radiology: From The Perspective of the JVIR Editor - Ziv Haskal, M.D.</td>
<td>4.9</td>
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<tr>
<td>• MCVI: My Recollection of the Early Years - Michael Dake, M.D.</td>
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<tr>
<td>• Recollections of the MCVI Alpha Fellow - Bart Dolmatch, M.D.</td>
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<td>• MCVI: My Recollections – Building Clinical Research in a Non-academic Practice - Gary Becker, M.D.</td>
<td>4.6</td>
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<td>• Interventional Oncology: Current Status at MCVI and Future Directions - Ripal Gandhi, M.D.</td>
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<td>• Observations of the MCVI Fellowship From the Eyes Of a Department Chairman - Govindarajan Narayanan, MD</td>
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<td>• IR Practice Models: How Former Fellows Have Achieved Success</td>
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**Total Average:** 4.8

<table>
<thead>
<tr>
<th>4. Was this conference fair, balanced and without commercial bias?</th>
<th>Yes</th>
<th>No</th>
<th>No response</th>
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<td></td>
<td>30</td>
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**How many patients will you see in your practice next week that will likely be impacted by what you learned at this activity?**

<table>
<thead>
<tr>
<th>Number of Patients:</th>
<th>1-5</th>
<th>6-10</th>
<th>Over 10</th>
<th>Not applicable to my practice</th>
</tr>
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</table>

**Total Average:** 4.8
What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?

- Add on an outpatient practice in addition to what I am currently doing.
- Be more aggressive and even more clinical.
- Communicate changes in training requirements to fellows more frequently.
- Continue clinical emphasis.
- Continue to discuss the patient-centered approach to vascular disease.
- Deeper clinical evaluation.
- Develop better outpatient treatment model.
- Different ways of practice building and understanding the business of IR.
- Difficult for me to answer some questions reasonably and fairly, since I am retired. Nothing I learned is going to directly impact patients. But it was a solid program nonetheless.
- Evolve an even more clinical service.
- Exploration of professional services agreements for compensation.
- Exploring avenues for developing stand-alone outpatient lab.
- Get back to my old fellow habits - see every patient before procedure, every family after procedure. Call referring doctors myself more often. Work on marketing directly to podiatry and wound care. Insist on a more complete presentation during morning report.
- Greater awareness of value of IR training.
- Grow business.
- Improve clinical IR training in era of IR residency using MCVI model.
- In Switzerland we are currently running political debates on privileges and payments of endovascular therapy.
- The insights I was able to obtain of the American system with ""privileges"" from different health care systems etc. the discussion on the importance of well-trained IR physicians to maintain the good quality of care etc. were very helpful to me.
- In addition, all the information I gathered on IR training and the shift from a fellowship to a residency program was also of great interest.
- More clinical multidisciplinary Rounds.
- More comprehensive and multi-disciplinary care.
- Push to get clinic time which has been denied in the past.
- Reinforce importance of patient care to Diagnostic Radiologists.
- Review with my staff the meeting summary.
- Sticking to my guns in maintaining a clinical practice, changing the profile or IR at my institution.
- Strategies for increasing new consults to be seen in both inpatient and outpatient settings.

If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so:

- Academic Practice may hinder this but multidisciplinary collaboration will make it possible.
- Changing entrenched referral patterns through the lone medical system in town.
- Bridging the gap to be more multi-disciplinary care is always difficult in some geographies.
- Competition with vascular surgeons, cardiologists and hospital administration.
- Convincing my DR colleagues.
- Finding better clinic space.
- Increase clinical care.
- Politics.
- Policies of medical schools and limitations of its curriculum.
- Poor support by administration.
- The healthcare system is entrenched and very difficult to effect any changes.
- Time and money resources.

List topics related to this lecture that you want to learn more about?

- Astrophotography.
- Becoming financial viable.
- Business applications.
- I'm very curious on the outcomes on the fellowship as a whole.
- Marketing strategies related to IR growth. Understanding the financial side of medicine and practice building.
- Outpatient interventions.
- PAD practice building.
• Physician burn out.
• Prostate artery embolization.
• Tips and Tricks on how to select the best applicants for residency out of hundreds.

Comments:
• Excellent conference.
• Excellent content and symposia. Can't wait for next meeting!
• Great course.
• Gaby was phenomenal in organizing this.
• Great event. I am very happy I had the opportunity to attend. It was very rewarding meeting and interacting with the prior fellows of MCVI -- some of whom have had a huge impact in shaping IR as a specialty.
• Great program.
• Outstanding conference. Really informative on current practice models.
• Please do this again in 10 years.
• Truly outstanding program.
• Well done!!

Baptist Hospital
Attendance: 65
Physicians: 63
BHSF Employees: 2
CONTINUING MEDICAL EDUCATION DEPARTMENT
37th Annual Echocardiography Symposium
Miami, Florida
October 26-27, 2018

Physicians Attended: 110
Physicians Responded: 53

<table>
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<tr>
<th>Scoring Key:</th>
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1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

- The information and/or skills learned will enhance my professional competence or ability. 4.8
- This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients. 4.7

As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives

- Apply accurate assessment of ventricular and valvular function using Doppler hemodynamics in the echocardiographic laboratory in order to optimize quality improvement and clinical decision making processes. 4.6
- Recognize the usefulness and limitations of imaging techniques, in order to yield a better clinical outcome, to prevent potential misuse and to preserve resources. 4.6
- Recognize the latest advances and clinical applications of 3D echocardiography 4.6
- Examine the clinical significance to the recent advent in echocardiography research. 4.5
- Integrate echocardiographic assessment of cardiomyopathies and systemic diseases in patient management. 4.6
- Recognize constrictive pericarditis vs. restrictive cardiomyopathy. 4.7
- Explain the updated role of echocardiography in pulmonary hypertension. 4.7
- Examine the new guidelines for the evaluation of diastolic function. 4.7
- I communicate more effectively within a cross-functional team, following the principles of advanced care management to make the vision of value-based care a reality. 4.5

How effective were the following speakers in meeting their learning objectives?

- Systolic Function: Beyond Ejection Fraction - Gerard Aurigemma, M.D. 4.7
- 3D Echocardiography: Latest Advances and Applications - Roberto Lang, M.D. 4.7
- Diastolic Guidelines: Love It or Hate It - Allan Klein, M.D. 4.6
- "Old School" M-mode and Spectral Doppler Cases - Gerard Aurigemma, M.D. 4.6
- A New Understanding of Cardiac Resynchronization Therapy Mechanics - John Gorcsan, M.D. 4.5
- Introduction: Abnormal Motion of the Septum Left Bundle Branch Block - Humberto Machado, M.D. 3.9
- State-of-the-Art Evaluation of the Mitral Valve by Echocardiography - Roberto Lang, M.D. 4.7
- Low Flow - Low Gradient Aortic Stenosis: Evaluation and Management - Miguel Quiñones, M.D. 4.7
- Case Examples of Mitral Valve Disease - Gerard Aurigemma, M.D. 4.6
- Evaluation of Mitral Regurgitation: When to Use TEE vs. Cardiac Magnetic Resonance - Miguel Quiñones, M.D. 4.7
• Pericardial Disease for the Ages: Imaging Guided Approach - Allan Klein, M.D. 4.6
• Updated Role of Echocardiography in Pulmonary Hypertension - John Gorcsan, M.D. 4.6
• Clinical Recognition of Constrictive Pericarditis vs. Restrictive Cardiomyopathy - Gerard Aurigemma, M.D. 4.8
• The Tricuspid Valve: Emerging into the Spotlight - Roberto Lang, M.D. 4.7
• Point of Care Echo - Allan Klein, M.D. 4.7
• Unusual Cases of Endocarditis - Gerard Aurigemma, M.D. 4.6
• Rapid Fire Case Quiz with Audience Participation - John Gorcsan, M.D. 4.6

Total Average 4.6

Was this symposium fair, balanced, and free of commercial bias? Yes 53 No 0

Participation in this learning activity has:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased my knowledge</td>
<td>53 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Improved my competence (ability to perform)</td>
<td>50 (94%)</td>
<td>3 (6%)</td>
</tr>
<tr>
<td>Enhanced my performance (will practice regularly in my workplace)</td>
<td>51 (96%)</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Ensured that my patients will have improved outcomes</td>
<td>49 (92%)</td>
<td>4 (86%)</td>
</tr>
</tbody>
</table>

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?

- 5 1
- 6-10 37
- Over 10 2
- Not Applicable

Is this your first time attending this symposium? Yes 11 No 42

Would you attend this symposium again next year?
- I go every other year. (2)
- I am busy getting other CME hours specific to general cardiology, CHF, and nuclear cardiology
- Basic info I have seen in most other echo meetings. Yearly would be too frequent but I would certainly attend every 5 years or so.
- Time constraints.

Would you recommend this symposium to a colleague? Yes 53 No 0

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?
- Utilize LV strain when applicable and available. (8)
- Diastology. (5)
- Apply techniques and assessments. (4)
- More 3D echo, better assessment of etiology of MR. (2)
- Apply skills learned in evaluation of diastolic function pericardial diagnosis and valvular diagnosis. (2)
- Applied new technologies available to improve diagnosis and disease management.
- Apply accurate assessment of ventricular and valvular function using Doppler hemodynamics in the echo lab and optimize quality improvement and clinical decisions.
- Apply current standards earlier.
- Apply new concepts regarding tissue Doppler and 3D echo.
- Apply quantitative evaluation of valvular disease.
- Better assess BHD.
- Certain imaging pathology specific.
- Educate my staff and colleagues regarding diastolic CHF guidelines.
- Think more hemodynamically about treating acutely ill CHF patients.
- Evidence based medicine.
- Increase adherence to updated guidelines for evaluation of diastolic dysfunction.
- Interpret more echocardiographic studies with more detail to improve patient outcomes and receive even LESS reimbursement.
- Look for septal bump and apical rocking in considering resynchronization with narrow QRS.
- More quantification for valve disease and lvef with 3d imaging and GLS.
- More thorough valve visualization.
- Multiple adjustment based on information provided.
- My echo reading will change significantly especially in regards to diastolic dysfunction.
- New diastolic guidelines.
- Optimize imaging protocols for diastolic dysfunction and quantification of valvular heart disease.
- Pulmonary hypertension and Diastolic dysfunction criteria.
- Start using speckle tracking program.
- Implement new guidelines.
- Try to use medical treatment more vigorously in patients with valvular heart disease.
- Will evaluate left sided filling pressures in patients to provide more hemodynamic data on my reports.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you earned at this symposium?
- Education of ultra-sonographers.
- Fee schedules, burdensome regulations, rigid compliance to said regulations which don't necessarily improve outcomes.
- Money.
- Time consuming.

Suggested topics and/or speakers you would like for future symposiums related to General/Family Practice.
- Strain and 3D echocardiography. (2)
- Aortic valve.
- Apply cardiology to oncology.
- Compendium of interesting and rare cases.
- Echo for critical care track.
- Hypertrophic cardiomyopathy - dynamic exercise testing.
- Interested to see more actual garden variety cases.
- LV strain basic and advanced.
- Hypertrophic cardiomyopathy.
- Congenital bring back.
- More case studies.
- More hands on how to actually do 3D echo as opposed to just showing pretty pictures.
- More specific echo imaging for structural heart.
- Interventions*.
- Prosthetic Valves.
- Rebecca Hahn and Northwestern University echo lab speakers.
- Structural echocardiography: TAVR, TMVR, mitral clip, and Watchman.
- TAVR and the consequences.
- TEE and stress echo.

Comments
- Excellent course. (5)
- Enjoyed it overall.
- Some power points very simplistic but understand the purpose given the mix in audience -- MD/Tech.
- Enjoyed presentations and listening to speakers.
• Excellent faculty and very practical but at the same time granular course. Congratulations to the organizers.
• Keep up the good job.
• The guest faculty were excellent educators/communicators as well as having obvious expertise.
• Very well done.
• Very useful and practical for private practice.
• This is a very good meeting.
• I do not think a few of the speakers necessarily appreciate the experience(s) that many of us physicians have had. I have performed and reviewed echo studies for 18+ years and have an appreciation of echo in the "real world", including educating my non-academic colleagues, non-cardiology specialists, and community patients, I felt that the significance of my "real world" (as opposed to "academic world") questions were minimized. Such great academic physicians should be eager to welcome these insights and questions, not appear to be put-off by them during the panel discussion times. The speakers asking each other questions are fine and good, and important for us in the audience to see, but not at the expense of valuable time for audience interaction. In addition, when I did have an opportunity to come to the dais at the end of the conference to ask a question, many speakers were present, but so busy worrying about the IT behind the presentations which they just showed (including one speaker worrying about patent protection), that I stood and waited far too long, without even being acknowledged by them. I would have expected more out of them, especially in such a small venue. On the good side, the end of meeting quiz show was a very good review, and enjoyable. I recommend doing that portion again.
• In 2018 I would expect more diversity in the panel of presenters.
• Most topics were excellent. The cases were very applicable to my practice as I have seen patients exactly like were presented.
• The talks on LBBB and cardiac resynchronization seemed like an academic thought exercise and not clinically applicable. If there was a clinical take home I missed it.
CONTINUING MEDICAL EDUCATION DEPARTMENT
37th Annual Echocardiography Symposium
Miami, Florida
October 26-27, 2018

Non-Physicians Attended: 210
Non-Physicians Responded: 143

Scoring Key: 5 - Strongly Agree 4 - Agree 3 - Neutral 2 - Disagree 1 - Strongly Disagree N/A - Not applicable for my practice

1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

- The information and/or skills learned will enhance my professional competence or ability. 4.9
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- Examine the new guidelines for the evaluation of diastolic function. 4.8
- I communicate more effectively within a cross-functional team, following the principles of advanced care management to make the vision of value-based care a reality. 4.7

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- 3D Echocardiography: Latest Advances and Applications - Roberto Lang, M.D. 4.8
- Evaluation of Left Ventricular Function: Is Strain Ready for Prime Time? - Miguel Quiñones, M.D. 4.8
- Diastolic Guidelines: Love It or Hate It - Gerard Aurigemma, M.D. 4.7
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Participation in this learning activity has:

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<th>Activity</th>
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<td>142 (99%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Improved my competence (ability to perform)</td>
<td>142 (99%)</td>
<td>1 (1%)</td>
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<tr>
<td>Enhanced my performance (will practice regularly in my workplace)</td>
<td>138 (97%)</td>
<td>5 (3%)</td>
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<tr>
<td>Ensured that my patients will have improved outcomes</td>
<td>142 (99%)</td>
<td>1 (1%)</td>
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How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?

- 11: 1-5
- 17: 6-10
- 38: Over 10
- 27: Not Applicable

Is this your first time attending this symposium?

<table>
<thead>
<tr>
<th>First Time</th>
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<tbody>
<tr>
<td>Yes</td>
<td>42</td>
<td>101</td>
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</table>

Would you attend this symposium again next year?

- The venue was awful. The bathrooms were smelly. Lunch was not very good. no soft drinks were served. Plus the parking was terrible we had to drive around for 10 minutes to find a spot.
- I appreciated the diversity of the speakers and their backgrounds. My concern was that except for the first two topics on Friday the symposium did not run on time. The time set aside for panel questions did not involve the audience. I can appreciate keeping the talk going by having the moderator bring up topics if no questions were being brought forward by the audience but there were multiple times that someone waited patiently to ask a question and had to wait while the panel finished their discussion amongst themselves. Perhaps there could be more emphasis on writing questions down and having a place to put them during breaks for those who may not want to ask questions in front of everyone.
- Not interested.
- I didn't feel I learned as much as I expected. And the traffic was horrible on Friday.
- It depends on my employer's budget. I do not live in Florida.

<table>
<thead>
<tr>
<th>Attending Next Year</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Yes</td>
<td>138</td>
<td>5</td>
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<tr>
<td>No</td>
<td>142</td>
<td>1</td>
</tr>
</tbody>
</table>
Would you recommend this symposium to a colleague? 
- I have been coming to your symposium for the past 15-20 years which I have was always enjoyed but this year I did not.

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?

- Apply diastolic evaluation. (17)
- Apply more strain values on my echocardiograms. (13)
- Integrating strain Imaging & 3D volumes into my echo studies on a daily basis. (4)
- Always making sure to spend more time with each patient If and when there is something that does not seem right. This extra time can save my patient’s life.
- Apply better scanning quantification methods.
- Apply more modalities.
- Apply the new innovations in Echocardiography to improve the health and treatment of the patients.
- Better echo protocol for those pathologies.
- Better recognize pericarditis & constricted cardiomyopathy.
- Better recognize Low flow low gradient AS.
- Restrictive cardiomyopathy VS Constrictive pericarditis and much more.
- Focus more on m mode data.
- Focus more on Tricuspid valve.
- Get together with staff so we can start to apply the new knowledge going forward.
- Hopefully apply much of what was garnered to better assess the clinical problems displayed and relay that assessment to the interpreting cardiologist.
- I am definitely going to be applying strain to more patients.
- I did learn more about LV strain that will benefit me in interpreting the results.
- I intend to apply all the strategies learned in every way possible.
- I intend to pay closer attention to measurements especially with diastolic dysfunction, tissue Doppler, etc.
- I learned more about Mitral valve diseases.
- I plan to implement everything that I have learned and thus give a better diagnosis.
- I understood better the diastolic dysfunction guidelines.
- I will apply the clinical guidelines bearing in mind the changes and results of the new investigations. Always offering the patient the highest quality echocardiographic studies performed.
- I will start using the global longitudinal strain in my patients in order to get a better understanding of the left ventricular systolic function.
- I will think of performing the assessment of a pericarditis more often.
- I will utilize a new guidelines in recognizing constructive pericarditis vs. restrictive cardiomyopathy as well as diastolic dysfunction new approach. Very excited about new technology and new Ultrasound machines that our office is purchasing very soon.
- I wish to incorporate some of the new guidelines for classing diastolic dysfunction.
- Implement the guidelines taught for pulmonary hypertension and diastolic dysfunction.
- Improve my evaluation of the la volumes and the lv function.
- Improved awareness and conscientiousness in patient diagnoses and reinforce attention to measurements.
- Improvement in the detection of endocardial borders in the evaluation of systolic function.
- Includes train on all Echocardiogram.
- Increased knowledge in evaluation of future echoes.
- Integrate echocardiographic assessment of cardiomyopathies and systemic diseases in patient management
- Keep BP always under control if not re-assess therapy. Uncontrolled HTN can change echo imaging and results and after control echo will demonstrate improvement as well in results.
- Pay closer attention to aortic stenosis.
- Pay more attention to tissue Doppler when making a diagnosis.
- Pay more attention when a cardiology ref is needed.
- Provide my physicians with more critical thinking analysis of the echocardiograms I perform.
- Make adjustments as necessary with appropriate measurements concerning pulmonary hypertension, diastolic functions and aortic stenosis cases.
- Really making sure that my angle is proper so I don’t have to get wrong calculations.
- Record B/P at time of echo.
- Spend more time assessing RV and TV function and flow.
- Take new strategies to performance the echo in excellent quality.
- The evaluation of mitral dysfunction.
This symposium has taught me a variety of echo techniques I can implement in my everyday scanning. I also gained knowledge, an incredible knowledge from the speakers, on the diagnoses of different cardiac anomalies and diseases. Thank you so much for sharing with us.

- Tissue Doppler for Constrictive/Restrictive Pericarditis.
- To interrogate the mitral valve following the knowledge in all patients, and use the new criteria to evaluate the ischemic cardiomyopathy.
- Try to do more tissue Doppler on my patience.
- Try to make sure strain is done on same machine for accuracy.
- Use respirometer more during echo exams.
- Use the technology available to be able to image and care for the patients in the most accurate way possible.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?

- Don’t have the program on machine for strain or 3D. (8)
- Time constriction. (4)

Suggested topics and/or speakers you would like for future symposiums related to General/Family Practice.

- More on strain. (5)
- More cases. (3)
- More 3D Techniques. (2)
- LVAD. (2)
- Accurate assessment of PHTN with severe TR.
- Aorta regurgitation, atrial fibrillation.
- Cardiomyopathies.
- Valvular diseases.
- Congenital anomalies and RV failure.
- Continue with the wide range of topics covered with information regarding any new insights gained in the upcoming ear.
- Contrast echo.
- David Adams, MD mitral valve repair.
- Protocols for limited echoes: PE, S/P PTCA, PCE, EF etc...
- Coronary artery disease.
- Doppler’s and other parameters for Aortic stenosis diagnosis and pitfalls.
- ERO in MI.
- For the future Symposia I would like to see more cardiac pediatric disease.
- HCOM in young patients.
- Bicuspid aortic valve, MVP.
- I like the activity of Fire Case Quiz with Audience participation and John Gorcsan, M.D.
- I would really like to learn more about cardio oncology and adult congenital heart disease.
- I would like to review pulmonary insufficiency.
- CHF, Structural Heart Therapies.
- Echocardiograms.
- More in depth analysis of pulmonary hypertension, causes and treatments if any available.
- More quizzes on new controversial echo cases and explanation on it.
- Pediatric echo.
- Qp/Qs and shunts assessment.
- Pulmonary valve and trunk values and pathologies.
- Asd versus Pfo.
- Congenital VSD versus Wall rupture.
- Usefulness of echocardiography in Intensive care.
- Wall motion abnormalities.
- Unusual cases.
- Stenotic valves.
- Pre and Post heart transplant.
- Echocardiogram techniques.
- Questions and answers.
- Trivia.
- Live patient demo.

Comments

- Excellent symposium. (14)
Always enjoy attending.

Changes were implemented this year that made it a real pleasure to attend this symposium. Informative, entertaining, and above all educational. Thank you to all the speakers and staff for a well-organized symposium.

Appreciate all the case studies and the quiz was a great way to end the course.

I really enjoyed the trivia game that we played in the end.

I would love to see the implementation of rapid fire quiz after each presentation, because it will keep the attendees engaged.

As always my heart felt thank you to the hard work of the staff organizing the symposium.

I’m definitely coming back next year and I’ll make sure to bring every member of the office... thank you Baptist for everything that you do for our community.

It was useful in keeping us up to date the new techniques.

It was wonderful and very applicable to my daily echo challenged.

Loved the Rapid fire quiz.

Lower the cost of the seminar for the local sonographer.

Really love this conference. Learned a lot of new information.

The lunch was excellent.

The rapid fire questions was a great and extremely effective way to review.

This conference continues its excellence in providing leading edge applications in the rapidly advancing field of echocardiography.

This symposium is a favorite of mine. The length of course, topics & affordability to attend adds a lot of value to this symposium. I’ve attended in the past & the Hilton airport is a good location. Plus it might make it easier for speakers to travel in & out. Thank you for your dedication to continue offering a high quality echo course.

Very great speakers that touch base on great disease processes.

Very informative, great speakers, great environment and much better food and refreshments than past 2 yrs.

We enjoyed the game at the end. The panels are so very good in explaining the topics. Can’t wait for next year’s.
CONTINUING MEDICAL EDUCATION DEPARTMENT
Miami Neuro Nursing Symposium
Miami, Florida
November 1, 2018

Physicians and Psychologists Attended: 27
Physicians and Psychologists Responded: 20

<table>
<thead>
<tr>
<th>Scoring Key: 5 - Strongly Agree</th>
<th>4 - Agree</th>
<th>3 - Neutral</th>
<th>2 - Disagree</th>
<th>1 - Strongly Disagree</th>
<th>N/A - Not applicable for my practice</th>
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<tr>
<td></td>
<td>1.</td>
<td>Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5 with 5 representing the highest level of satisfaction or agreement.</td>
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<td>• The information and/or skills learned will enhance my professional competence or ability.</td>
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<td>• This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.</td>
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<td>• Implement best practices for a comprehensive stroke center.</td>
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Best Practices for a Comprehensive Stroke Center - Karen Seagraves, R.N., MPH  4.9

Total Average 4.9

Was this symposium fair, balanced, and free of commercial bias?  

<table>
<thead>
<tr>
<th>Participation in this learning activity has:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased my knowledge</td>
<td>20 (100%)</td>
<td>0 (0%)</td>
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<tr>
<td>Improved my competence (ability to perform)</td>
<td>17 (85%)</td>
<td>3 (15%)</td>
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<tr>
<td>Enhanced my performance (will practice regularly in my workplace)</td>
<td>18 (90%)</td>
<td>2 (10%)</td>
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<tr>
<td>Ensured that my patients will have improved outcomes</td>
<td>16 (80%)</td>
<td>4 (20%)</td>
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</table>

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?

<table>
<thead>
<tr>
<th>4 1-5</th>
<th>4 6-10</th>
<th>10 Over 10</th>
<th>0 Not Applicable</th>
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Is this your first time attending this symposium?  14 Yes  6 No

Would you attend this symposium again next year?  20 Yes  0 No

Would you recommend this symposium to a colleague?  20 Yes  0 No

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?

- Be more attentive to possibility of posterior circulation stroke.
- Be more aware of assessing disability due to stroke, not just a score.
- Better knowledge of the topics presented.
- Continue to treat with excellence.
- Help improve door to treatment time.
- Educate ER staff on differences in assessing posterior strokes compared to middle cerebral artery infarcts.
- I will see more patients of stroke.
- More awareness of the greater window to treat and more inclusive evidence for treatment in stroke.
- More complete examination of the stroke patient.
- Number of differential diagnosis.
• Order more TEE's.
• Recognize symptoms of posterior circulation stroke and extend my differential diagnostic and treatment.
• Review algorithm on epilepsy management.
• Share knowledge acquired.
• Shorten the door-needle time in stroke.
• The information provided me updated information on how to treat with current recommended approaches.
• Think more about posterior circulation strokes.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?
• None listed.

Suggested topics and/or speakers you would like for future symposiums.
• Ameotrophic Lateral Sclerosis.
• Cognitive impairments following strokes.
• More time spent on multiple sclerosis. But there was enough for overview.
• Para - Parkinson syndromes.

Comments
• Acquired a different perspective of caring for stroke patients.
• Great Symposium.
• Terrible parking.
• I really enjoyed and learned.
• Excellent lectures.
• The biggest negative to Thursday’s conference was the lack of presentation slides for us in our material. There were only a few presentations that had their slides available. With the short time of presentations, it was hard to follow without the slides. For instance, the talk on salt/water metabolism was excellent but so fast that I could not follow everything. It was very important information. No slides were provided at time of presentation. I could not keep up and became frustrated. It hindered our ability to take away as much as we could from the presentation.
• Very well coordinated symposium.
As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives

<table>
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How effective were the following speakers in meeting their learning objectives?

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Total Average 4.8

Was this symposium fair, balanced, and free of commercial bias? Yes 111 No 0 No Answer 0

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How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?

- 8 1-5
- 9 6-10
- 97 Over 10
- 7 Not Applicable

Is this your first time attending this symposium? 48 Yes 63 No

Would you attend this symposium again next year? 111 Yes 0 No

Would you recommend this symposium to a colleague? 111 Yes 0 No

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?

- Assess my patients better. (20)
- Better screening for posterior stroke. (10)
- Better charting. (4)
- Apply knowledge gained to everyday practice.
- Ask more questions to Physicians about what they are worried about, and about PT plan etc.
- Be able to identify patients with posterior strokes quickly.
- Be able to identify symptoms of posterior stroke.
- Be cognizant of brain death S/S. Be more aware of posterior strokes and asking for workup on suspected patients.
- Be more proactive in coordinating care with the physicians and being able to identify worsening patient symptoms so it can be treated earlier.
- Being a pharmacist, more involved in the medication aspect for treating and recovery.
• Best practices for stroke management.
• Better knowledge of treatment options for stroke patients.
• Continue to use best practices and think outside the box.
• Different assessment techniques.
• Educate the community about the sign and symptoms of posterior stroke and continue to educate on modifiable risk factors and BFAST.
• Educating the patients and their family members would be crucial while hospitalization and discharge.
• Encourage implementing the strategies presented to improve door-to-tPA time in AIS. Being sure to treat disability and not the numbers in AIS. Being more mindful of posterior-circulation stroke syndromes. Knowing additional testing for cryptogenic stroke.
• Ensure I expedite care of patients with possible stroke which will result in better outcomes for our patients.
• Ensure that the information given are disseminated to my colleagues so that together we can ensure that we act swiftly to give the stroke patients the best possible outcome.
• Explaining pathos better to patients.
• First, our facility must have a competent Stroke Team to attend once the patient came to ED. Not to delay the administration of thrombolytic therapy.
• I am going to teach all of my staff about recognizing signs/symptoms of posterior circulation strokes to improve Pt outcomes. Also, how to apply best practices in Pt care.
• I am more likely to identify patients with posterior circulation strokes.
• I attended this symposium for my personal development, to improve on my limited knowledge of what's going on in neuroscience today. I also used this opportunity to accumulate contact hours for licensure.
• I have a better understanding of posterior brain circulation and how a stroke causes damages.
• I intend to be able to better recognize the signs and symptoms of a posterior circulation stroke as well as cerebral venous sinus thrombosis. I will apply those techniques for recognition to my area of patient care.
• I now know about posterior stroke.
• I plan to help work on improving stroke care in my hospital.
• I thought it was very intersecting to see Thrombectomy done so frequently for high NIHSS scores. I hope to recognize and enforce the need for Thrombectomy if possible.
• I will be more comfortable giving TPA.
• I will do differently base on what I learned.
• I will do NIH scale each time I give report.
• I will educate my patients in more detail so that they may understand more completely.
• I will have a better approach to patients with stroke starting with correct assessment, giving competent nursing care as a bedside nurse, sharing education with other staff and also educating the patients and family about stroke.
• Increase my competency when performing complex neurological assessment.
• Increase usage of TPA and decrease DTN times.
• It is my plan to implement the new guidelines and evidence based practices into our stroke population. I found it especially interesting that with the dizzy patient it is most importantly to walk them before ordered imaging studies. A very important step that can be easily skipped.
• Keeping abreast with all the new changes will definitely impact me and those I collaborate with.
• NIH scoring and use the best practice.
• Recognize PCA infarct symptoms.
• Apply knowledge of different syndromes related to PCA infarcts.
• Relay the knowledge I gained to my unit.
• Share the knowledge that I’ve learned with my staff and encourage improved care.
• Straight to CT and highly encourage treatment for disabilities.
• Take back information and make practice changes within our hospital to improve care to our patients.
• The last speaker stressed the importance of good communication between the healthcare professionals to improve the quality of patient care that is something I will always prioritize. Her giving us scenarios, really enhanced our knowledge on the possibilities of possible tragedies that can happen to our patients.
• Topics discussed reinforced knowledge re managing stroke / Neuro PT, made me more confident with the additional information learned.
• Treat faster, treat more.
• Treat the patient not the numbers, mix the TPA.
• Use Evidence based approaches.
• Use knowledge obtained to educate staff and patients.
• Utilize NIHSS more effectively.
• Recognizing and differentiating posterior stroke symptoms.
• Will have educator set up in-services for staff.
What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?

- No stroke team at my hospital.

Suggested topics and/or speakers you would like for future symposiums.

- Case Study on CIPD.
- Neil Ernst + Peggy Philp Cultural Considerations for Seizure Management.
- Endarectomies.
- Fourth Ventricle Surgeries.
- Competent neuro assessments.
- Dr Eric Peterson.
- Miss Karen Seagraves.
- Maybe next year we can include more subject matter on possible complications post craniotomy, SDHs, carotid endarectomy.
- I would like to see patients that have survived. Their story of recovery.
- I would love to hear specifics issues related to using NIHSS/common pitfalls. When it is not recommended to use NIHSS? It would be nice to have an expert go through the NIHSS and how to appropriately use it. A series on common neuro monitoring and the reasons for completing certain exams.
- It would be nice to cover specific neuro exams.
- It would be nice to receive a lecture on different scans. For example what exactly does transcranial Doppler show/how is it performed. What is the difference between different MRIs etc. I think this is a topic that a lot of nurses do not know because we often do not go to these exams.
- Managing +agitated/violent neuro pts safely and effectively.
- More information about the cost and benefits for comprehensive stroke center.
- More on posterior artery stroke.
- NSX interventions Hemicranias watch.
- Carotid Endarectomies treatment and Monitoring,
- Sepsis, ards.
- Updates in cardiology.

Comments

- Excellent symposium. (8)
- Excellent speakers. (5)
- Very informative. (5)
- Excellent topics. (3)
- Posters present interesting topics.
- Great room for audio/visual, & fantastic venue.
- Great location, great food and the conference rooms are not as cold as last year's venue. Will highly recommend for our staff to attend.
- I really enjoyed the presentations, each speaker was great! My favorite speaker was Karen. A lot of relevant topics for nurses. Would love to hear her speak again.
- Possibly the best conference I have attended! Great price, location and speakers!
- Thanks for the very informative symposium. I would prefer a venue with a more convenient parking lot next year. The valet parking is expensive and inconvenient, we waited a long time to get our car going home.
- The first Physician was very knowledgeable but spoke way too fast and someone even asked him to slow down and he said that was as slow as he could go. The speakers were top notch!
- The presentations were just incredible, I admit that I have to hit the books again, since there was so much new information.
- The symposium overall this year was the best in my opinion. The food, location, and speakers everything was awesome!
- The venue was nice and the food was good too. I suggest to plan ahead for extra seating for both the conference and lunch since many attendees had to eat standing up.
- I did not like the new hotel as much as the Biltmore. I do think the new date (1st weekend of Nov) was better than the December date. It would be nice if the brain tumor conference joined with the 3rd day sat for a full 3rd day. Making it a full 3 day conference works well for those of us coming from out of town. I will not be able to return in December and am sad to miss the neuro tumor/oncology updates.
Physicians and Psychologists Attended: 56
Physicians and Psychologists Responded: 40

Scoring Key:   5 - Strongly Agree  4 - Agree  3 - Neutral  2 - Disagree  1 - Strongly Disagree  N/A- Not applicable for my practice

1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

- The information and/or skills learned will enhance my professional competence or ability. 4.8
- This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients. 4.9

As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives?

How effective were the following speakers in meeting their learning objectives?

- Guidelines Update - Felipe De Los Rios, M.D. 4.7
- Advanced Imaging - Kevin Abrams, M.D. 4.8
- New Approach to Ruptured Cerebral Aneurysms - Italo Linfante, M.D. 4.8
- Current and Future Treatment of Unruptured Cerebral Aneurysms - Guilherme Dabus, M.D. 4.8
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- Advancement in Parkinson Disease - Bruno Gallo, M.D. 4.8
- Functional Movement Disorders - Jorge L. Juncos, M.D. 4.8

Total Average 4.7
<table>
<thead>
<tr>
<th>Participation in this learning activity has:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased my knowledge</td>
<td>40 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Improved my competence (ability to perform)</td>
<td>39 (98%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Enhanced my performance (will practice regularly in my workplace)</td>
<td>37 (93%)</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Ensured that my patients will have improved outcomes</td>
<td>36 (90%)</td>
<td>4 (10%)</td>
</tr>
</tbody>
</table>

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?

- 8
- 1-5
- 6-10
- Over 10
- 2
- Not Applicable

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this your first time attending this symposium?</td>
<td>22</td>
</tr>
<tr>
<td>Would you attend this symposium again next year?</td>
<td>39</td>
</tr>
<tr>
<td>Would you recommend this symposium to a colleague?</td>
<td>40</td>
</tr>
</tbody>
</table>

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?

- Apply 2018 stroke guidelines. (6)
- Advocate for better systems of care for stroke victims.
- Be more aggressive in work-up of small aneurysms.
- Be wary of CT perfusion findings under 6 hours.
- Best practices.
- Better approach functional neurologic disorders.
- Better evaluate patients demonstrating symptoms of a possible posterior stroke. Make sure patients are ambulated in the evaluation. Consider more urgent evaluation of patients with small aneurysms.
- Greater analysis of individual's neurological presentations and improvement in treatment.
- Greater awareness of aneurysm monitoring and management.
- I will analyze more closely the use of new anti-seizure medications. Also, I will more carefully evaluate the use of new medications for Parkinson disease.
- Improve the times outcomes and treatment of stroke patients.
- Improved confidence in treating women of childbearing age for their seizure disorder.
- Treatment of SAH.
- Extended window for intra-arterial clot retrieval up to 24 hours with assistance of perfusion scans.
- More knowledge regarding the different topics.
- Obtain better history.
- Provide greater education on AED in pregnancy, use standardized scores to decide on AC.
- Refer more to interventional neuro radiologist.
- Refer pats for epilepsy surgery earlier.
- Referral patterns.
- Strict algorithm if care.
- To continue to identify case by case the patient's needs.
- Treat differently.
- Treat patients according their handicap and not numbers.
- Treatment of epilepsy.
- Updated my approach to patients who have the neuropathology discussed in the symposium.
- Will apply the use of the new stroke guidelines for treatment of acute strokes.
What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?

- Lack of insurance.

Suggested topics and/or speakers you would like for future symposiums.

- Additional guidelines on appropriate timing if restart anticoagulation after different types of intracerebral hemorrhage or head injury with SAH/SDH.
- Alzheimer.
- Intra-operative monitoring.
- Kevin Abrams.
- Felipe De Los Rios.
- Selim Benbadis.
- Italo Linfante.
- Kiwon Lee is always fantastic! Would love to see him again.
- Would also like to see someone from EMS give a talk on pre-hospital efforts for stroke.
- More detailed and extensive explanation of anti-seizure medications.
- Additional time on explaining the new Parkinson medication.
- Multiple sclerosis treatment.
- Neuromuscular disorders and neuropathies.
- Risk factors lowering of stroke.
- Spinal Stenosis.
- Update on MS DMT management. Diagnosing peripheral neuropathy.
- You are doing more than my expectation.

Comments

- Excellent Symposium. (4)
- Conference was educational. Exposed me to what the possibilities are in dealing with neuro patients. Essentially highlighted the deficits that exist in third world medical practice.
- It is always rewarding to learn more than one’s own specialty as a retired OBGYN.
- Very well organized.
- This was one of the best Neurology conferences that I ever attended. The lecturers were animated and interactive. They were informative and I will definitely use the information obtained in the symposium with my patients. The venue was expensive but a nice place.
As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply the 2018 AHA/ASA updated guidelines of acute stroke care.</td>
<td>4.9</td>
</tr>
<tr>
<td>Recognize the value of upcoming clinical trials on non-interventional treatment of acute ischemic stroke.</td>
<td>4.8</td>
</tr>
<tr>
<td>Explain the epidemiology and natural course of unruptured cerebral aneurysms.</td>
<td>4.8</td>
</tr>
<tr>
<td>Recognize the symptoms associated with unruptured cerebral aneurysms.</td>
<td>4.8</td>
</tr>
<tr>
<td>Recognize the importance of developing stroke systems of care.</td>
<td>4.8</td>
</tr>
<tr>
<td>Identify patients with posterior circulation stroke.</td>
<td>4.9</td>
</tr>
<tr>
<td>Recognize the limitations associated with clinical scale assessments that determine eligibility for acute reperfusion treatment.</td>
<td>4.8</td>
</tr>
<tr>
<td>Determine when to triage posterior circulation stroke patients to ICU, neuro-stepdown or floor.</td>
<td>4.8</td>
</tr>
<tr>
<td>Select patients for early surgical decompression or medical cytotoxic edema treatment.</td>
<td>4.8</td>
</tr>
<tr>
<td>Analyze the importance medical illness plays in the decision-making process.</td>
<td>4.8</td>
</tr>
<tr>
<td>Analyze the pros and cons of anticoagulation following ICH or ischemic stroke.</td>
<td>4.8</td>
</tr>
<tr>
<td>Appropriately select patients who would benefit from early anticoagulation.</td>
<td>4.8</td>
</tr>
<tr>
<td>Describe the mechanisms of elevated intracranial pressure.</td>
<td>4.8</td>
</tr>
<tr>
<td>Identify those patients at risk of elevated intracranial pressure.</td>
<td>4.8</td>
</tr>
<tr>
<td>Effectively treat intracranial pressure and select patients for neurosurgical procedures to prevent herniation and neurologic injury.</td>
<td>4.8</td>
</tr>
<tr>
<td>Examine the latest national guidelines on declaration of death by neurologic criteria.</td>
<td>4.8</td>
</tr>
<tr>
<td>Examine an evidence-based approach for the clinical management of the comatose patient.</td>
<td>4.7</td>
</tr>
<tr>
<td>Recognize the current recommendations in the treatment and management of subarachnoid hemorrhage.</td>
<td>4.8</td>
</tr>
<tr>
<td>Examine the updated classifications of seizures and epilepsy recently published by the International League Against Epilepsy (ILAE).</td>
<td>4.7</td>
</tr>
<tr>
<td>Recognize that status epilepticus is a medical emergency associated with significant morbidity and mortality.</td>
<td>4.7</td>
</tr>
<tr>
<td>Appropriately manage status epilepticus following an established treatment algorithm.</td>
<td>4.7</td>
</tr>
<tr>
<td>Review approaches to treatment and counseling of women with epilepsy during child-bearing age.</td>
<td>4.7</td>
</tr>
<tr>
<td>Review indications for and the benefits and risks of surgical interventions for epilepsy based on evidence from randomized controlled trials, cohort studies and case series.</td>
<td>4.6</td>
</tr>
</tbody>
</table>
- Examine the associated neuropsychiatric comorbidities of Tourette Syndrome with emphasis on recent research. 4.6
- Explain recent controversies regarding the etiology of Parkinson’s disease. 4.7
- Examine the pathophysiology of functional movement disorders. 4.6

**How effective were the following speakers in meeting their learning objectives?**

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<thead>
<tr>
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<tbody>
<tr>
<td>Guidelines Update - Felipe De Los Rios, M.D.</td>
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<td>Posterior Circulation Stroke - Brett Kissela, M.D.</td>
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</tr>
<tr>
<td>Functional Movement Disorders - Jorge L. Juncos, M.D.</td>
<td>4.6</td>
</tr>
</tbody>
</table>

**Total Average** 4.8

**Was this symposium fair, balanced, and free of commercial bias?**  Yes 82 No 0 No Answer 0

<table>
<thead>
<tr>
<th>Participation in this learning activity has:</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased my knowledge</td>
<td>80 (98%)</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Improved my competence (ability to perform)</td>
<td>80 (98%)</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Enhanced my performance (will practice regularly in my workplace)</td>
<td>80 (98%)</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Ensured that my patients will have improved outcomes</td>
<td>78 (95%)</td>
<td>4 (5%)</td>
</tr>
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</table>

**How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?**

<table>
<thead>
<tr>
<th>Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>6</td>
</tr>
<tr>
<td>6-10</td>
<td>13</td>
</tr>
</tbody>
</table>
## Is this your first time attending this symposium?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>49</td>
</tr>
</tbody>
</table>

## Would you attend this symposium again next year?

- Feels like it wasn’t really geared towards the mid level provider.
- Live in Europe. My schedule doesn’t permit me to travel every year.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>2</td>
</tr>
</tbody>
</table>

## Would you recommend this symposium to a colleague?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>82</td>
<td>0</td>
</tr>
</tbody>
</table>

## What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?

- Apply new knowledge for improved pt outcomes. (8)
- Better assessment. (6)
- Keep applying latest guidelines. (4)
- Improve care.
- Adapting the new drugs for seizure, as well as the classification of seizure.
- As a stroke responder I will be able to have a faster and better assessment of a patient with possible stroke.
- Assess better my patients. Identify changes earlier. Triage better.
- Assess for the symptoms of a posterior circulation stroke as it differentiates from an anterior circulation stroke mostly covered in the NIH scale assessment.
- At this time I am not practicing w/ my ARNP license but I think the symposium was very informative and helps me better understand stroke and neuro diseases and their management.
- Better knowledge of treatment options for stroke patients.
- Better Neuro ICU RN.
- Better understanding neurological conditions, treatment, and its impact in neurophysiological monitoring.
- Bring in other topics in neuroscience such as management of patients with Alzheimer.
- Enhances monitoring of Neuro ICU patients, learned information has enhances my assessment skill set.
- Ensure that the eICU nurses are aware of methods for determining when to give TPA.
- I have a clear understanding of the stroke guidelines to implement in my stroke patients.
- I plan on continuing to support stroke program and assist in bringing it to a higher level.
- I will feel more comfortable administering TPA.
- I will provide information on this topic to all my colleagues and encourage them to come to the symposium next year.
- I will refer patient for surgery for refractory seizures.
- I would have liked to have seen more on how the knowledge relates to nursing care of the patients.
- Identifying patient symptoms that will need further evaluation. Currently, I work for an endovascular surgeon. We receive multiple calls from patients daily with multiple symptoms.
- I'll be more proficient with all Neuro patients.
- Improved mobilization.
- Incorporate information learned about aneurysms and posterior circulation strokes.
- Integrate the guidelines for stroke in caring of acute stroke ischemic patients.
- Learned a bit about posterior stroke that I did not know before.
- Look at clinical picture and guidelines.
- Manage pts with SAH, SE, ruptured aneurysm, high icp with more confidence, discuss some of the intervention/treatment options with clinicians.
- More careful evaluation of patients.
- More timely notification, assessments, and escalation of care.
- Posterior stroke awareness.
- Prognosis of rehabing stroke pt.
- Put into practice.
- Recognize posterior strokes sooner.
- Stroke and seizure care.
- Take back information to put into hospital practice to improve the care of patients.
- This symposium updated me of the current guidelines and how they are implemented in our patient population.
- Mechanical thrombectomy as standard of treatment for Stroke.
- Treatment of SAH, elevated ICP, how to diagnose Brain Death.
Will be able to further evaluate patients, anticipate more appropriately their outcomes.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?

- Hospital policies.
- Unavailable medications.

Suggested topics and/or speakers you would like for future symposiums.

- Definitely I want to hear again from Dr Lee.
- Dr. Eric Peterson, Dr. Jamelah A. Morton, Dr. Karen Fuentes, Dr. Kiwon Lee, Dr. Selina Bendadis.
- Dr's DeGeorgia and Kiwan Lee were AMAZING!!!!! Please have them speak again.
- How new age approaches like mediation improve or prevent stokes and neurologic events.
- I recommend that you include a neuropsychologist. The conference lacked a cognitive perspective.
- I would like to see some presentations regarding children with brain tumors, and how treatments differ from that of adults.
- Laminectomies.
- Rehab medicine.
- Pituitary tumor and management.
- Many great speakers: Dr. Peterson, Dr. Lee.
- Memory Disorders.
- Headaches.
- ALS.
- More about anticoagulants.
- More epilepsy.
- More history content.
- Radiographic finding of stroke.
- Seizures.
- Stroke awareness in the community.
- Surgical management and nursing care of patient with conditions of the spine.
- Assessment of patient with spinal injuries.
- Traumatic brain injuries.
- EVD.
- CNS Infections.

Comments

- Excellent symposium. (8)
- All the speakers were excellent. (7)
- Bring Dr. Selim Bendamis back to discuss non epileptic seizures.
- Fantastic conference. Well organized and excellent speakers. Will definitely plan on attending next year.
- love the Ritz
- This was an outstanding symposium. I learn a lot as usual even though some of it was over my head, I now have to hit the books again. I have already invited my neighbor, who is a nurse practitioner to attend next year's symposium.
- Very relevant topics covered. Love the passion of the speakers.
- Thank you for the meals; great location; excellent experience/
- The room was freezing.
- Parking was expensive
1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
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<td>The information and/or skills learned will enhance my professional competence or ability.</td>
<td>4.6</td>
</tr>
<tr>
<td>This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.</td>
<td>4.7</td>
</tr>
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</table>

As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives?

<table>
<thead>
<tr>
<th>Objective</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Implement evidence-based recommendations to identify unique fractures in younger children and categorize injury types in immature bone.</td>
<td>4.7</td>
</tr>
<tr>
<td>Effectively identify imaging appearances of lower extremity trauma, including hip, knee, ankle, and foot injuries.</td>
<td>4.7</td>
</tr>
<tr>
<td>Effectively identify pediatric hand injuries, including injury type and location.</td>
<td>4.8</td>
</tr>
<tr>
<td>Recognize relevant cardiothoracic findings and features that help to narrow the differential diagnosis on the chest radiograph, in patients presenting with acute presentations.</td>
<td>4.6</td>
</tr>
<tr>
<td>Recognize the various imaging appearances of upper extremity trauma, including sternoclavicular, acromioclavicular, glenohumeral, and elbow injuries.</td>
<td>4.6</td>
</tr>
<tr>
<td>Describe acute disorders/conditions affecting the female pelvis, with an emphasis on the CT findings, and differentiate the diagnosis of these findings.</td>
<td>4.7</td>
</tr>
<tr>
<td>Recognize the various imaging appearances of and understand the basic classification system for pelvic trauma.</td>
<td>4.7</td>
</tr>
<tr>
<td>Implement current imaging, surgical and pathology recommendations for the treatment of appendicitis to improve patient outcomes.</td>
<td>4.6</td>
</tr>
<tr>
<td>Recognize the various imaging appearances of forearm, wrist, and hand injuries.</td>
<td>4.7</td>
</tr>
<tr>
<td>Review examples of potential and actual pitfalls in the interpretation of the luminal gastrointestinal tract on routine abdominal and pelvic CT, especially those examinations performed in the emergency setting (and typically with IV contrast only).</td>
<td>4.6</td>
</tr>
<tr>
<td>Determine the most appropriate imaging for evaluation in neonatal abdominal emergencies.</td>
<td>4.7</td>
</tr>
<tr>
<td>Effectively recognize imaging findings that need urgent communication to the referring physician, IR radiologist or surgeon.</td>
<td>4.7</td>
</tr>
<tr>
<td>Implement evidence-based recommendations for assessing traumatic injuries of the chest</td>
<td>4.6</td>
</tr>
<tr>
<td>Effectively identify patients of common pediatric abdominal emergencies with sonography.</td>
<td>4.7</td>
</tr>
<tr>
<td>Recognize the imaging findings that differentiate acute from chronic PE.</td>
<td>4.7</td>
</tr>
<tr>
<td>Examine the value of CT and MRI imaging when triaging patients with acute ischemic stroke.</td>
<td>4.6</td>
</tr>
<tr>
<td>Distinguish spinal column infection vs. severe degenerative disease.</td>
<td>4.6</td>
</tr>
<tr>
<td>Describe clinical presentations that require emergent neuroimaging to determine the cause of the neurological deficit and to institute appropriate therapy.</td>
<td>4.6</td>
</tr>
<tr>
<td>Recognize common thoracic and abdominal oncological emergencies that may be encountered in an emergency department.</td>
<td>4.7</td>
</tr>
<tr>
<td>Recognize important cardiac and vascular pathology on a non-gated chest CT.</td>
<td>4.6</td>
</tr>
<tr>
<td>Apply evidence-based therapy for acute mesenteric ischemia that includes aspiration embolectomy, transcatheter thrombolysis and angioplasty with or without stenting for the treatment of underlying arterial stenosis.</td>
<td>4.6</td>
</tr>
</tbody>
</table>

How effective were the following speakers in meeting their learning objectives?

Sunday
<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why Children Are Different: Unique Fractures in Immature Bone</td>
<td>Carlos Sivit, M.D.</td>
<td>4.7</td>
</tr>
<tr>
<td>Subtleties of Lower Extremity Trauma Imaging</td>
<td>Charles S. Resnik, M.D.</td>
<td>4.7</td>
</tr>
<tr>
<td>It Sticks Out Like a Sore Thumb: A Primer on Pediatric Hand Injuries</td>
<td>Carlos Sivit, M.D.</td>
<td>4.6</td>
</tr>
<tr>
<td>Evaluation of Chest Radiographs in the ED</td>
<td>Smita Patel, MBBS</td>
<td>4.6</td>
</tr>
</tbody>
</table>

**Monday**

- Upper Extremity Trauma - Charles S. Resnik, M.D. 4.7
- CT of the Acute Female Pelvis - Douglas S. Katz, M.D. 4.8
- Imaging of Pelvic Trauma - Charles S. Resnik, M.D. 4.8
- Uncommon and Unusual Cases of Appendicitis on CT - Douglas S. Katz, M.D. 4.7
- Imaging of Wrist Trauma - Charles S. Resnik, M.D. 4.7
- Challenging Acute Abdominal and Pelvic CT Cases - Douglas S. Katz, M.D. 4.7

**Tuesday**

- Routine Abdominal CT: Potential Pitfalls of Bowel Interpretation - Douglas S. Katz, M.D. 4.8
- Bubbles in the Belly: Neonatal Abdominal Emergencies - Carlos Sivit, M.D. 4.6
- Acute Aortic Syndrome - Smita Patel, MBBS 4.6
- Thoracic Trauma - Smita Patel, MBBS 4.6
- CTA of Acute and Chronic Pulmonary Embolism - Smita Patel, MBBS 4.6
- Pediatric Sonography in the ED: Everything You Need to Know - Carlos Sivit, M.D. 4.7

**Wednesday**

- Stroke Imaging and Intervention - Guilherme Dabus, M.D. 4.7
- Nontraumatic Spine Emergencies - Robert M. Quencer, M.D. 4.7
- Nontraumatic Intracranial Emergencies - Kevin Abrams, M.D. 4.7
- Imaging of Oncologic Emergencies: What Every Radiologist Should Know - Frederico F. Souza, M.D. 4.6
- What Every Radiologist Should Know About Cardiac Imaging - Juan Carlos Batlle, M.D. 4.6
- Imaging and Treatment of Mesenteric Ischemia - Brian J. Schiro, M.D. 4.7

**Total Average** 4.7

Was this symposium fair, balanced, and free of commercial bias?  Yes 56 No 0

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?

- 1-5
- 6-10
- Over 10
- Not Applicable
Is this your first time attending this symposium?  
30: Yes  
26: No

Would you attend this symposium again next year?  
- Just like to go to different conferences each year. (3)  
- I have attended for a few years now. In my opinion the lectures have become too basic for an attending radiologist.  
- Different type of practice.  
- Think it would be repetitive; too much peds and non-emergent material.  
- MSK lectures need significant updating (radiographs for pelvic trauma??)  
- Repeat.

Would you recommend this symposium to a colleague?  
- I have attended for a few years now. In my opinion the lectures have become too basic for an attending Radiologist.  
- Think it would be repetitive; too much peds and non-emergent material

<table>
<thead>
<tr>
<th>Participation in this learning activity has:</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased my knowledge</td>
<td>55 (98%)</td>
<td>1 (2%)</td>
<td>0</td>
</tr>
<tr>
<td>Enhanced my performance</td>
<td>52 (93%)</td>
<td>1 (2%)</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>Improved my competence (ability to perform)</td>
<td>55 (98%)</td>
<td>1 (2%)</td>
<td>0</td>
</tr>
<tr>
<td>Ensured that my patients will have improved outcomes</td>
<td>51 (91%)</td>
<td>2 (4%)</td>
<td>3 (5%)</td>
</tr>
</tbody>
</table>

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?  
- Apply new knowledge. (10)  
- As an ED provider, I will provide additional info about the patient to the radiologist to help them more accurately read studies. Will also personally review my studies.  
- Pay attention to detail.  
- Enhanced categorization.  
- Evaluate chronic PE more thoroughly.  
- For example, know how to guide MRI use in the Emergency Department.  
- Help reduce head CT read times on stroke patients.  
- Helpful with PEs and acute aortic injury.  
- I will continue learning these topics.  
- I will look more carefully for subtle finding on imaging, especially for neuroimaging.  
- Improve detection of subtle fractures in children and adults.  
- Improve patient care.  
- Improvement of emergency room study interpretation.  
- In regards to fractures/dislocations at the wrist or ankle, I will ensure that dedicated imaging of the elbow or knee will also be done, as there often are complementary abnormalities in these regions.  
- Increased awareness on above topics will improve quality of reports.  
- Intend to reduce amount of perfusion imaging for stroke.  
- It expanded my knowledge base and improved my diagnostic ability.  
- Look at all vessels.  
- Look more at carpal metacarpal jct.  
- Use dual energy for lung perfusion.  
- Make clearer and more specific reports.  
- More attention to subtle fractures.  
- Order CT in young adults only if necessary.  
- Relay information re: oncologic emergencies more confidently.  
- Pick up subtle fractures in children better/more accurately.  
- Differentiate acute and chronic PEs more confidently.  
- Review studies without and with contrast and suggest more contrast studies if indicated.  
- Suggest CT abdomen in patient with complex clinical presentation.  
- Scroll coronal plane on CT abdomen/pelvis to look at colon for masses.  
- Scroll in and out segmental branches to look for PE.  
- Try IV contrast only studies in ER setting.
What are the potential barriers or obstacles that might prevent you from implementing new strategies you earned at this symposium?

- None listed.

Suggested topics and/or speakers you would like for future symposiums.

- Add a lecture on spine trauma.
- CT and or MRI lectures on traumatic bone injuries to spine.
- CT imaging of post gastric bypass emergency complications, bowel obstructions, bowel ischemia (small bowel - colon - different mechanisms, arterial, venous, low flow status ... but not from an interventional standpoint).
- MRI vs x-rays.
- Female pelvis US.
- Geriatric imaging.
- Go through CTA in acute stoke, as well as CT perfusion. Less plain film stuff. More and pelvis emergency trauma etc.
- Dr. Katz was excellent. Also, have Abrams do more.
- Hip fractures.
- If doing pediatrics, would do child abuse.
- Room for more neuro.
- Incidentalomas.
- CT colonoscopy.
- Maybe some head and facial trauma.
- More Neuro Perfusion studies and Cardiac trauma cases.
- MSK.
- Neonatal chest film.
- NAI skeletal reporting.
- Difficult fractures versus normal variants or degenerative changes.
- Limits of normal, especially CXR and skeleton.
- Reporting by techs.
- Neuro radiology.
- V/Q lung scans in the emergency setting.
- Plain film and CT cases of spine trauma especially re: cervical spine trauma.

Comments

- Great course. (4)
- Excellent meeting. (2)
- Drs. Katz & Sivit excellent. Katz is brilliant... what an intellect.
- Others very good as well.
- I will attend again in the future!
- Great Course, very practical! I learned many new things and understood better several concepts that I previously had never fully comprehended, like lunate dislocation and pelvic fractures.
- Great faculty.
- This course recognizes that there’s still a large number of plain films taken.
- It would be very good for you to add SA-CME credits to the course.
- Meeting was very well run. Staff was helpful and pleasant. Very good speakers.
- Thanks for the lunch on the final day.
- Thanks. Loved it. Third time. !
- The only criticism is the venue. The hotel was quite loud over the weekend and not always appropriate for families.
- Dr. Patel needs to slow down her presentation and show more images/cases and fewer tables.
- Hotel guest room too far from everything.
- Conference room too cold.
- Screen too low. Difficult to see over heads.
- Breakfast food was meh.
- I know Dr Katz comes often but his style is a little pompous and self-important.
Physicians and Psychologist Attended: 60  
Physicians and Psychologists Responded: 42

Scoring Key:  5 - Strongly Agree  4 - Agree  3 - Neutral  2 - Disagree  1 - Strongly Disagree  N/A - Not applicable for my practice

1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5 with 5 representing the highest level of satisfaction or agreement.

- The information and/or skills learned will enhance my professional competence or ability.  4.7
- This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.  4.7

As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives:

- Evaluate patients with sleep apnea and provide appropriate treatment recommendations incorporating new treatment modalities.  4.6
- Describe the role of polysomnography in a patient with suspected sleep apnea.  4.7
- Recognize sleep disorders commonly observed in patients with dementia and Parkinson’s disease.  4.5
- Outline treatment options for sleep disorders in patients with dementia and Parkinson’s disease.  4.5
- Identify the association between obesity and sleep disorders.  4.7
- Describe the role of bariatric surgery in improving health – especially sleep disorders.  4.7
- Utilize clinical consensus guidelines regarding the perioperative management of obstructive sleep apnea patients.  4.5
- Improve accuracy in diagnosis and management of various sleep disorders by utilizing careful and thorough patient histories, clinical evaluation and critical thinking.  4.6
- Recognized that multiple sleep disorders often occur concomitantly.  4.7
- Identify the prevalence of existing racial and socioeconomic sleep health disparities in the U.S.  4.6
- Describe the multifactorial nature of the etiology of these disparities in sleep as they relate to patients, providers and the healthcare system.  4.5
- Implement proposed strategies to reduce/narrow racial and socioeconomic sleep health disparities.  4.4
- Describe findings regarding the association between sleep and cancer.  4.5
- Formulate treatment plans for cancer patients with sleep problems to include behavioral therapies when appropriate.  4.4
- Link the pathways and consequences of sleep disorders to the risk for cognitive impairment and dementia.  4.6
- Explain the available treatment options for sleep disorders and their effect on dementia risk.  4.6
- Recognize and actively evaluate sleep disorders, particularly in patients at risk for cognitive impairment/dementia.  4.6

How effective were the following speakers in meeting their learning objectives?

- Sleep Apnea - Jeremy Tabak, M.D.  4.9
- Update on Pediatric Sleep Disorders - Mercedes Bello, M.D.  4.7
- Sleep and Neurodegenerative Conditions - Sergio Jaramillo, M.D.  4.8
- Sleep Disorders and Bariatric Surgery and How to Lose Weight Without Trying - Ashutosh Kaul, MD, FACS, FRCS  4.9
- It Ain't What is Seems - Take Another Look - Case Presentations 2018 - Timothy Grant, M.D. 4.9
- Racial and Socioeconomic Sleep Health Disparities - Douglas M. Wallace, M.D. 4.6
- Sleep & Cancer - Marcy Wasman, Ph.D. 4.7
- Sleep and Aging; is poor sleep a risk for dementia? - Albert Ramos, M.D. 4.8

Total Average 4.6

Was this symposium fair, balanced, and free of commercial bias? Yes 42 No 0 No Answer 0

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?

| 13 | 1-5 |
| 7  | 6-10 |
| 18 | Over 10 |
| 4  | Not Applicable |

Is this your first time attending this symposium? 13 Yes 29 No
Would you attend this symposium again next year? 42 Yes 0 No
Would you recommend this symposium to a colleague? 42 Yes 0 No

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?

- 30 to 40% of people 60 yr. OLD or over has obstructive sleep apnea. I will screen more patients over y0 for obstructive sleep apnea.
- Address weight loss strategies differently.
- Be aware of cultural influences on diagnosis and treatment of sleep apnea.
- Ask about length of time it takes to fall asleep.
- Ask patients more information regarding sleep disorders.
- Bariatric surgery.
- Better diagnosis.
- Easier for referral methods.
- Better do a sleep study in suspected OSA in patients with AFib, prior to cardioversion, and if confirmed treat OSA first, prior to cardioversion.
- To advise patients with Parasomnias (usually associated with REM sleep) to avoid triggers like sleep deprivation and alcohol, and look/treat other sleep disordered breathing first (OSA, CSA, UARS, Obesity Hypoventilation).
- A PSG for diagnosis of RSBD (80% diagnosed on one night), and the treatment is with Clonazepam.
- Better interaction with audience.
- Better screening for sleep problems.
- Consider sleep apnea and sleep disorders in my differential for cardiovascular and neurological complaints.
- Discuss importance of diet.
- Discuss sleep patterns with my patients.
- Discuss with patients the potential to have and need to treat sleep disorders. My being more aware of sleep disorders when looking at differential diagnosis.
- I will keep on ordering sleep evaluations. More than before.
- I will more alert with regard to detecting patients with obstructed sleep apnea and narcolepsy.
- Management elder patients that have sleep disorders.
- More aware of nuances of sleep disorders and treatment.
- More awareness, dx impression and differential dx and treatment.
- More complete medical history.
- More proactivity in making referrals for sleep specialist evaluation.
- Obtain more detail history regarding sleep abnormalities and complaints.
• Screen in more detail.
• Screen more for OSA.
• Select patients for sleep studies.
• Start more aggressive interventions to improve obesity in my patients.
• Update on guidelines.
• When see a patient the first time in their Mental Status evaluation I always ask about their sleep pattern and how many hours they get and whether they have difficulty falling asleep and/or remaining asleep. Also inquire about any meds they may be taking, for sleeping. Whether over the counter or prescription. And will refer when necessary for sleep study.
• Will be more inquisitive about patient sleep hours and encourage 7-8 hours of sleep in view of increased risk of cancer and other diseases. Inform the patient.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?
• Insurance coverage.
• Lack of local resources.

Suggested topics and/or speakers you would like for future symposiums.
• Bio phosphate and dentistry.
• Heart failure.
• Impact of psychiatric medications, risks and benefits both long and short term.
• Post-traumatic stress disorder.
• Present more cases.
• Sleep Apnea, Arrhythmias, and sudden death.
• Sleep deprivation and cardio metabolic dysregulation.
• Sleep and Neuro-degenerative disorders.
• Medication effects on Sleep.
• Excessive Daytime Sleepiness, Update on Sleep Apnea, Insomnia update, and Parasomnias.

Comments
• Excellent conference. (5)
• Excellent conference as usual. Great speakers, well run. Always a pleasure to attend Baptist CME activities.
• It was great.
• The acoustics in the room were not conducive to adequate learning.
CONTINUING MEDICAL EDUCATION DEPARTMENT
16th Annual Sleep Center Symposium
Miami, Florida
November 10, 2018

Non Physicians Attended: 54
Non Physicians Responded: 37

Scoring Key:   5 - Strongly Agree  4 - Agree  3 - Neutral  2 - Disagree  1 - Strongly Disagree  N/A - Not applicable for my practice

1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5 with 5 representing the highest level of satisfaction or agreement.

- The information and/or skills learned will enhance my professional competence or ability. 4.7
- This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients. 4.8

As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives:

- Evaluate patients with sleep apnea and provide appropriate treatment recommendations incorporating new treatment modalities. 4.7
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• Sleep & Cancer - Marcy Wasman, Ph.D. 4.8
• Sleep and Aging; is poor sleep a risk for dementia? - Albert Ramos, M.D. 4.8

Total Average 4.7

Was this symposium fair, balanced, and free of commercial bias? Yes 37
No 0
No Answer 0

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?

3 1-5
4 6-10
12 6-10
18 Over 10

Is this your first time attending this symposium? Yes 8
No 29

Would you attend this symposium again next year? Yes 37
No 0

Would you recommend this symposium to a colleague? Yes 37
No 0

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?

• Address sleep quality/hygiene specifically during assessments.
• Better educate patients about sleep health.
• Apply concepts to our patients.
• Ask more related questions to patient and implement what I learned.
• Be more aware of those w sleep apnea and have more suggestions for them.
• CPAP machine use for sleep apnea patients are very important for prevention of related negative outcomes if not complied.
• Encourage my patients suspected of sleep apnea to have the study done.
• Excellent and new information about assessment of patients various gender and race.
• I am RPSGT and I think this symposium is very important for the topics that were treated. Is very important because we can take best care of patient and pay attention to the symptoms that patient bring with them.
• I will be able to be more specific explaining my patients the steps to be taken to prevent from more serious health issues due to untreated OSA.
• I will explain patients in more details about the consequences of untreated OSA.
• I will place more attention in patients with suspicious symptoms of sleep apnea.
• I will put more attention in some symptoms suspicious obstructed sleep apnea.
• I’m going to try to sleep more hours.
• Keep updated and implement what’s best for the pt.
• Learn more about the subject.
• More aware of patients sleep patterns and related problems.
• Query about a child's sleep habits, since difficulties with sleep may present as hyperactive or impulsive behaviors during their waking hours. It can also affect their overall cognitive functioning.
• Query pts re their sleep habits.
• Share knowledge obtained at symposium with colleagues.
• The nutritional dietary changes for pts post bariatric surgery for wt. loss and its effect on alleviating sleep disorders from obesity.
• Upon assessment of my patients I will be more through in asking specific questions regarding their sleep schedule.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?
Suggested topics and/or speakers you would like for future symposiums.

- Addressing compliance with equipment.
- Home studies future.
- More on sleep disorders.
- More on sleep disturbances, bariatric surgery.
- Sleeping apnea and mental health.
- The negative and positive effect of food on sleep apnea, and other sleep disorders and nutritional interventions.

Comments

- Excellent conference. (6)
- Very informative.
- A terrific class full of informative recommendations for sleep apnea patients.
- Dr. Kaul was over the top excellent!
- Loved Dr. Grant too.
**Conference Title:** Pediatric Multispecialty Conference: Pediatric Pulmonary Potpourri  

**Conference Director:** Jennifer Cheney, M.D.  

**Date:** Tuesday, November 13, 2018  
**Time:** 6:00 – 7:00 p.m.  
**Location:** Baptist Hospital, Auditorium  

<table>
<thead>
<tr>
<th>Scoring Key: 5 - Strongly Agree</th>
<th>4 - Agree</th>
<th>3 - Neutral</th>
<th>2 - Disagree</th>
<th>1 - Strongly Disagree</th>
<th>N/A - Not applicable for my practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• The information and/or skills learned will enhance my professional competence or ability.</td>
<td>4.7</td>
<td></td>
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</tr>
<tr>
<td>• This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients.</td>
<td>4.7</td>
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</tr>
<tr>
<td>**Scoring Key: 5 - Strongly Agree</td>
<td>4 - Agree</td>
<td>3 - Neutral</td>
<td>2 - Disagree</td>
<td>1 - Strongly Disagree</td>
<td>N/A - Not applicable for my practice</td>
</tr>
<tr>
<td><strong>2.</strong> As a result of attending this conference, to what extent do you agree that you will be better able to:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Compare testing methods for pediatric pulmonary infections: PCR vs culture vs antibody testing</td>
<td>4.7</td>
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<tr>
<td>• Describe the improved performance of aerosolized medications in a range of delivery devices.</td>
<td>4.7</td>
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<tr>
<td>• Utilize evidence-based practice guidelines for the management of bronchiolitis.</td>
<td>4.7</td>
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</tr>
<tr>
<td>**Scoring Key: 5 - Excellent</td>
<td>4 - Very Good</td>
<td>3 - Good</td>
<td>2 - Fair</td>
<td>1 – Poor</td>
<td>N/A - Not applicable</td>
</tr>
<tr>
<td><strong>3.</strong> Conference content.</td>
<td>4.7</td>
<td></td>
<td></td>
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<tr>
<td><strong>4.</strong> Effectiveness of the speaker:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Kunjana Mavunda, M.D., MPH, DTM&amp;H</td>
<td>4.7</td>
<td></td>
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<td></td>
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<tr>
<td><strong>Total Average:</strong></td>
<td>4.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Was this conference <strong>fair</strong>, <strong>balanced</strong> and <strong>without</strong> commercial bias?</td>
<td>Yes</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No</td>
<td>0</td>
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<tr>
<td>No response</td>
<td>8</td>
<td></td>
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</tr>
</tbody>
</table>

How many patients will you see in your practice next week that will likely be impacted by what you learned at this activity?  

<table>
<thead>
<tr>
<th>Number of Patients:</th>
<th>1-5</th>
<th>6-10</th>
<th>Over 10</th>
<th>Not applicable to my practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents:</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?  

- Adjust testing practices.  
- I will use more Montelukast for post viral coughs.  
- Use of Atrovent for cough.  
- Better use of aerosolized medication for asthma.  
- Better understanding and a management of recurrent /persistent cough.  
- Learnt about different rapid testing methods for respiratory infections.  

If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so:  
- Some of the medications for use with nebulizers are mainly for use in Hospital ER setting.
List topics related to this lecture that you want to learn more about?

- Cystic Fibrosis.

Comments:
- It was good
- The event was great. I will attend more events like this.
As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Implement the latest proton beam therapy techniques for cancers of the breast, head and neck, prostate, liver, lung, lymphoma, as well as adult and pediatric brain tumors.</td>
<td>4.5</td>
</tr>
<tr>
<td>Describe the fundamental principles behind proton therapy treatment planning</td>
<td>4.6</td>
</tr>
<tr>
<td>Examine the full clinical potential and benefits of proton beam therapy, and explore emerging therapies and future directions.</td>
<td>4.8</td>
</tr>
<tr>
<td>Evaluate the latest evidence on pencil beam scanning methods and dose calculation algorithms.</td>
<td>4.3</td>
</tr>
<tr>
<td>Identify the current limitations of proton beam therapy and explore innovative solutions currently in development.</td>
<td>4.5</td>
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<tr>
<td>Describe methods to optimize patient selection, access in the community, and cost effectiveness of proton therapy.</td>
<td>4.6</td>
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</table>

How effective were the following speakers in meeting their learning objectives? **Saturday**

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<thead>
<tr>
<th>Speaker and Title</th>
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</tr>
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<tbody>
<tr>
<td>The History and Evolution of Proton Therapy - Michael Chuong</td>
<td>4.9</td>
</tr>
<tr>
<td>Evidence Based Proton Therapy: Current Data, Enrolling Trials, and Future Directions – Charles Simone</td>
<td>4.8</td>
</tr>
<tr>
<td>Reduction of Secondary Cancers Using Proton Therapy - James Welsh</td>
<td>4.7</td>
</tr>
<tr>
<td>Proton Treatment Planning: Dosimetry Perspective - Craig McKenzie</td>
<td>4.7</td>
</tr>
<tr>
<td>Proton Treatment Planning: Physics Perspective - Alonso Gutierrez</td>
<td>4.8</td>
</tr>
<tr>
<td>Proton Therapy for Liver Cancer: Who, Why, and How - Michael Chuong</td>
<td>4.8</td>
</tr>
<tr>
<td>Treatment Planning Review: Liver - Fazal Khan</td>
<td>4.8</td>
</tr>
<tr>
<td>Avoiding Moving Targets: An Irrational Fear? - Mark Pankuch</td>
<td>4.8</td>
</tr>
<tr>
<td>Head and Neck Proton Therapy: Positively Improving the Therapeutic Ratio - John Chang</td>
<td>4.8</td>
</tr>
<tr>
<td>Treatment Planning Review: Head and Neck - Kevin Kirby</td>
<td>4.7</td>
</tr>
<tr>
<td>Clinical Outcomes and Treatment Planning for Proton Reirradiation: A New Chance of Cure - Charles Simone</td>
<td>4.7</td>
</tr>
<tr>
<td>Reducing toxicity in prostate cancer patients using proton therapy - Marcio Fagundes</td>
<td>4.9</td>
</tr>
<tr>
<td>The Importance of Clinical Research in Proton Therapy: Update from the Proton Collaborative Group - Charles Simone</td>
<td>4.7</td>
</tr>
<tr>
<td>Patient selection and cost-effective utilization of proton therapy - Mark Mishra</td>
<td>4.8</td>
</tr>
</tbody>
</table>
- Developing proton therapy as a regional resource - Ben Wilkinson 4.7
- Proton Therapy for Brain Tumors: Focusing on Neurocognition - Rupesh Kotecha 4.9
- Take Your Best Shot: How Radiation Treatment Modality and Patient Selection Can Reduce Late Toxicities - Matthew Hall 4.9
- Treatment Planning Review: Craniospinal Irradiation - David DeBlois 4.7
- Proton Therapy for Lung and Lymphoma - Brad Hoppe 4.7
- Breast Cancer: Case Review and Patient Selection for Proton Therapy - Marcio Fagundes and Nancy Mendenhall 4.9
- Treatment Planning Review: Breast - Kevin Greco 4.9

Total Average 4.7

Was this symposium fair, balanced, and free of commercial bias? Yes 38
No 0

<table>
<thead>
<tr>
<th>Participation in this learning activity has:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased my knowledge</td>
<td>38 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Improved my competence (ability to perform)</td>
<td>37 (97%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Enhanced my performance (will practice regularly in my workplace)</td>
<td>36 (95%)</td>
<td>2 (5%)</td>
</tr>
</tbody>
</table>

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?
-  1-5
-  6-10
-  Over 10
-  Not Applicable

Yes
No

Is this your first time attending this symposium? 33 5

Would you attend this symposium again next year?
- There was almost no physics involvement except for the 2 physics speakers. Hence, I don't think this program is suitable for a physicist. If I want to learn more about the dosimetry planning, yes, this can be useful though.
- Not the right course for me.
- Once is fine.
- I am not a proton physicist, so I probably would not travel to go to this meeting.
- I will try to get more in practice training.
- I would say maybe. Depending on many variables.

Yes 32 6

Would you recommend this symposium to a colleague? 38 0
What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?

- Use more proton therapy. (8)
- Better patient selection. (4)
- Suggestions to physics and dosimetry regarding treatment planning concepts.
- Evaluate different approaches to PBS plan design.
- I have more expertise now in order to better discuss alternative therapies.
- I intend to use all the strategies learned on proton therapy from the symposium.
- I plan to evaluate motion management in all patients.
- Improve treatment time in order to reduce motion.
- Investigate 4D robust planning.
- It’s good to know that more and more insurances has started accepting proton therapy patients; especially for pediatric cases.
- Maybe look at some robustness evaluation for photon plans.
- Robust evaluation of plans, possibly 4D CT in the future, CT reconstruction with larger FOV to avoid clearance issues
- The information I learned during this conference has given me the confidence to add discussions of referral for proton therapy if I feel patients could receive benefit from this treatment compared to photons.
- Try to refer some cases.
- There were many concepts that will likely be utilized in the future when we begin Proton Treatment Planning.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?

- We do not have proton therapy. (4)

Suggested topics and/or speakers you would like for future symposiums related to General/Family Practice.

- Clinical physicists are also a part of proton therapy. It would be nice to include them as well and appreciate their contributions in implementing proton therapy technology in the department.
- Evaluate Monte Carlo versus Pencil Beam algorithms.
- Get a balance between doctor, CMD, and therapist oriented topics.
- Ramesh Rengan.
- Suggest more information on prostate Cancer.
- This was a great selection of topics to provide an overview. Perhaps even more time for questions, or a question panel at end.

Comments

- Great symposium. (6)
- Great conference filled with fruitful lectures. Great success
- Great conference overall.
- Concise enough to absorb and learn important new material.
- This symposium was well organized. A very practical use of time.
- Informative symposium. Keep up the good job you are doing.
- Some of the SAMs questions on Sunday were not covered in the session or were vague.
- Very short breaks made difficult to visit vendors.
- The program was advertised as "The ACRO PROTON THERAPY SYMPOSIUM – Miami will provide proton therapy teams (physicians, physicists, dosimetrists) the most current clinical information that can be taken back to the clinic and used immediately to improve patient care." Although this advertisement is intended for the physicists as well, there was no involvement of clinical proton physicists in this particular conference, and the title was very misleading. Was there no spots left for the clinical physicists to share their experience/knowledge?
Physicians and Psychologists Attended: 26
Physicians and Psychologists Responded: 16

Scoring Key:  5 - Strongly Agree  4 - Agree  3 - Neutral  2 - Disagree  1 - Strongly Disagree  N/A - Not applicable for my practice

1. Please score your agreement with or assessment of the following questions and statements by rating on a scale of 1 to 5, with 5 representing the highest level of satisfaction or agreement.

- The information and/or skills learned will enhance my professional competence or ability. 4.8
- This activity conveyed information which will assist me in improving the health and/or treatment outcomes of my patients. 4.9

As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives:

- Recognize the role of molecular histopathology in the diagnosis and characterization of primary brain tumors. 4.7
- Identify the strengths and limitations of advanced imaging in the diagnosis and post-treatment follow-up of patients with primary brain tumors. 4.6
- Evaluate current contemporary management of primary brain tumors incorporating advances in systemic therapy, tumor neurosurgery and radiation therapy. 4.8
- Examine systemic therapy, neurological and radiotherapeutic breakthroughs, which influence management of patients with CNS malignancies. 4.6
- Apply a comprehensive patient management approach to brain metastasis. 4.6
- Evaluate the roles of radiation therapy, targeted therapy, immunotherapy and neurosurgery. 4.7
- Examine breakthroughs in the use of biomarkers and molecular profiling of CNS tumors. 4.6

How effective were the following speakers in meeting their learning objectives?

- Molecular Histopathology is the Standard - Charles G. Eberhart, M.D., Ph.D. 4.8
- Advanced Tumor Imaging: Strengths and Limitations - Kevin Abrams, M.D. 4.8
- Tumor Neurosurgery in the Modern Era - Vitaly Siomin, M.D. 4.8
- Systemic Therapy: What We Know - Yazmin Odia, M.D. 4.8
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- Tumor Neurosurgical Advances - Guy McKhann, M.D. 4.7
- Immunotherapy Breakthroughs for Metastases - Veronica Chiang, M.D. 4.6
- Immunotherapy and Targeted Therapy in Brain Metastases: Emerging Options in Precision Medicine - Priscilla Brastianos, M.D. 4.9
- The Role of Multi-Institutional Collaboration in Neurooncology - Ricardo Komotar, M.D. 4.5
- Molecular Profiling of Metastases - Priscilla Brastianos, M.D. 4.8
• Molecular Basis of Leptomeningeal Metastases - Adrienne Boire, M.D. 4.8
• BOLD fMRI as a Glioma Biomarker - Jack Grinband, M.D. 4.5
• Maximizing Surgical Outcome in Low-grade Glioma - Hugues Duffau, M.D. 4.6
• Radiation Therapy: Where Do We Go From Here - Ranjit Bindra, M.D. 4.7

Total Average 4.7

Was this symposium fair, balanced, and free of commercial bias? Yes 16  No 0  No Answer 0

How familiar are you with proton therapy after this symposium?
7 Very Familiar
9 Somewhat Familiar

How would you describe your overall opinion of proton therapy after attending this symposium?
1 Extremely Favorable
8 Very Favorable
7 Somewhat Favorable

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?
2 1-5
4 6-10
4 Over 10
6 Not Applicable

Would you attend this symposium again next year? Yes 16  No 0

Would you recommend this symposium to a colleague? Yes 16  No 0

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?
• Use of proton therapy.
• Genetic evaluation.
• Be more cognizant of other disciplines in planning the overall care of brain patients.
• Gene markers.
• That it is extremely important to let patients know all of their options in regards to treatment of CNS malignancies, regardless of whether or not certain treatments are available at my own hospital. Patients should be aware of other facilities that might be able to provide a more comprehensive treatment approach.
• Discuss genetic influences in causation and treatment of brain tumors.
• Referral to specialist as indicated for these treatment interventions discussed when indicated.
• My institution is planning to restart their stereotactic radiotherapy program therefore this symposium had general relevance.
• Definitely get more involved in the decision process for management of PBT and mets.
• Neuropsychological testing for non-dominant temporal lesions; incorporation of perfusion imaging in neuro-oncology.
• The information in this activity will not produce major changes in my practice as it’s not in my area of medicine, but the information I have gathered has certainly changed enhanced my knowledge nonetheless.

What are the potential barriers or obstacles that might prevent you from implementing new strategies you earned at this symposium?
• None listed.

Suggested topics and/or speakers you would like for future symposiums.
I personally liked listening to the discussions in which treatment for a specific malignancy was not clear cut, and arguments could be made on both sides for surgical vs non-surgical management.

- I want to see more of Dr. Hugues Duffau. He was my favorite by far. He was phenomenal!
- Pediatric tumors.
- Proton therapy.

**Comments**

- Surprisingly good conference, More than I expected. Very rewarding and comprehensive. Great use of my CME time...Particularly liked that it was only one day.
- This was a great conference and the information presented was relevant and interesting. All of the speakers did a great job.
- Was very good symposium.
- Well run CME program.
- Excellent speakers.
- It would be better if speakers used an electronic pointer on the computer. I sat on the left side of the room, so the left screen was easier for me to look at, but the speakers pointed the laser pointer to the right screen, so I had to keep changing my gaze to that side to see what they were pointing to.
As a result of participating in this course, to what extent do you agree that you will be better able to accomplish these objectives:

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Was this symposium fair, balanced, and free of commercial bias?
- Yes: 50
- No: 0
- No Answer: 0

How familiar are you with proton therapy after this symposium?
- 6 Extremely Familiar
- 18 Very Familiar
- 26 Somewhat Familiar

How would you describe your overall opinion of proton therapy after attending this symposium?
- 18 Extremely Favorable
- 6 Very Favorable
- 26 Somewhat Favorable

How many patients will you see in your practice next week that will likely be impacted by what you learned at this symposium?
- 5 1-5
- 3 6-10
- 15 Over 10
- 27 Not Applicable

Would you attend this symposium again next year?
- Not as relevant to my practice: 47
- It was too specialized for my area of practice: 3
- Depends on schedule and availability

Would you recommend this symposium to a colleague?
- Not as relevant to my practice: 49

What do you intend to do differently in the treatment of your patients as a result of what you learned at this symposium? What new strategies will you apply in your practice of patient care?
- Anticipating treatment courses.
- This gave me a better understanding of the growing demands for MRI procedures and the importance of having scheduling availability for follow up and treatments of patients.
- Awareness of treatment options for patients with neuro-oncologic cancers.
- Better documentation.
- Better education for patients and employee.
- Better knowledge of brain tumors, consider newer treatment options in treatment of brain tumors, read recent journals.
- Broaden knowledge about treatment modalities when making referrals to oncologist.
- Care of GBM Patients.
- Earlier referrals.
- Increase patient education.
- Knowing that the number of mets 5-10 is not different than 2-5 for treatment with proton therapy.
- More communication with MCI for patient referrals.
- More understanding on radiation therapy.
- Relay the information to the patient/ family regarding latest treatment.
- Researching more on immunotherapy.
- Use of different radiologic tests for diagnosis in neurologic cancers.
- Will be more knowledgeable on this subject.
What are the potential barriers or obstacles that might prevent you from implementing new strategies you learned at this symposium?
- None listed.

Suggested topics and/or speakers you would like for future symposiums.
- Lung cancer. (2)
- Breast cancer treatments.
- More from Neurosurgery and EVD management.
- MRI techniques.
- In the future I would like to see a component related to nursing care of patients with brain tumors.

Comments
- The symposium was very organized. (2)
- Everything was very well organized and there was an impressive roster of speakers.
- Excellent speakers and topics. Thank you.
- Great speakers and presentations.
- Ricardo Komotar talk on The Role of Institutional Collaboration in Neurology was excellent. I believe all of our cancer center should be working together not against each other and I would love to hear more about the ways we do this.
- Would have been nice to have outlets to plug in laptops/phones.
- I was expecting topics to address more of a variety. Might I suggest calling it the "brain tumor" symposium next year to make the subject matter more clear?
- This meeting needs bigger venue limited seats.