

**MEDICAL CENTER
MEETING MINUTES**

Planning

DEPARTMENT/COMMITTEE: [REDACTED]

DATE: [REDACTED]

MEETING PLACE: [REDACTED]

MEETING TIME: [REDACTED]

PRESIDING: [REDACTED]

RECORDING: [REDACTED]

PRESENT: [REDACTED]

EXCUSED: [REDACTED]

ABSENT: [REDACTED]

CHAIRMAN'S SIGNATURE: _____

TOPIC/AGENDA	REPORT/DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP
Annual Review of Programs	There are four accredited continuing medical education programs offered at PMC. These programs were reviewed by the members to insure they are meeting the ACCME requirements for continuing accreditation.	The programs are to be reviewed throughout the year to identify any educational goals that are not addressed.	Yearly review of programs
Radiology Conference	Radiology has a different case study topic for each week during the month. <ul style="list-style-type: none">- Ortho Case Studies- ED/Trauma- CT/MRI/Nuclear Medicine- Mixed Case Studies	The programs are reviewed through the year. This past year Radiology Grand Rounds were held to update non-physician staff on new technologies.	Yearly review of programs.
Tumor Conference	Tumor Board has now separate tumor boards for Lung and Breast as well as Mixed Cases.	There will be no additional tumor boards requested this year.	Yearly review of programs and additional programs will be discussed if case loads grow.
Orthopedic Journal Club	The Orthopedic Journal Club first met in Sept. 2010. They meet once a month to discuss articles pertinent to patients they currently see and new research in orthopedics.	The orthopedic physicians will continue to evaluate their case loads to determine the topics for discussion.	Yearly review of programs

[REDACTED]
[REDACTED]
Planning Committee Notes

March 30, 2011

Members Participating: [REDACTED]
[REDACTED]

[REDACTED] met with lead Course Directors [REDACTED] to discuss plan for 2011 Cardiology Update program. Group reviewed evaluations [REDACTED] last year [REDACTED]

Group felt that last year's format worked well – including different foci of ep and interventional cardiology as well as clinical cardiology. Group agreed to invite back [REDACTED] as co-directors for the program, who would be responsible for those sections. [REDACTED] and [REDACTED] would be responsible for the clinical section.

[REDACTED] mentioned that he would like to invite [REDACTED] CT Surgery at [REDACTED] to participate. [REDACTED] suggested why not ask him to be a co-director. Group agreed.

Group felt that maybe we could do 3 clinical talks – then 2 EP – 2 Interventional and 2 surgery – giving each its own section.

Group felt that we will not do education during lunch, but give people some time to relax and network instead.

[REDACTED] agreed to reach out to [REDACTED] as he had met him at a previous program.

Group also felt that it would be great to get a major keynote for the program. [REDACTED] both suggested inviting [REDACTED] back as he was such a draw and a great speaker last time he was with us.

[REDACTED] agreed to reach out to his assistant.

Meeting adjourned

April 5, 2011

Members Participating: [REDACTED]
[REDACTED]

█████ reported that he spoke with ██████ – all of whom agreed to participate as co-directors. He reached out to ██████ – who said he is unavailable.

█████ mentioned that he would like to continue and still try to recruit some top level speakers who will draw interest to the program. He mentioned ██████ who had spoken before and is a leading expert on lipids and inflammation. ██████ him at the National Lipid Association meeting and it was a fascinating lecture. ██████ agreed to reach out to him.

█████ also mentioned ██████ who has spoken at the program a number of times. He could do a talk previewing the new ATP-IV lipid guidelines.

█████ expressed concern that if they both agreed to speak it would already take up 2 slots – with only 3 reserved for clinical lectures. ██████ asked shouldn't we also be doing at least 1 talk on hypertension and diabetes.

Group discussed the possibility of doing multi break out sessions like we did several years ago – which would enable us to add about 8 more topics. ██████ mentioned concern that the logistics of moving everyone and getting them to the right place can be difficult. ██████ also said it would increase expense for all of the extra AV needed. ██████ suggested that we reach out to ██████ – see what the response is – and decide on breakouts from there.

█████ suggested that we invite the other co-directors to participate and weigh in by email or in our meetings. ██████ agreed to inform everyone of that.

Meeting adjourned

April 14, 2011

Members Participating: ██████

█████ reported that he reached out to ██████ – has not heard back – has reached out to ██████ who has another commitment the following day, but said if we can slate him for the earliest talk, he could possibly do it.

Group agreed to give ██████ the opening slot; and that we should continue exploring ██████.

█████ mentioned the development of a new program in Spring 2012 focusing on ecg interpretation and its role in sudden cardiac death and atrial fibrillation. Although a new program, the planning committee has developed a target list of prominent speakers for

recruitment. He suggested that one of those speakers might be appropriate to include – and mentioned specifically [REDACTED] and [REDACTED]. He mentioned that [REDACTED] was the [REDACTED] for the [REDACTED] and [REDACTED] is the leading American expert on HCM and screening student athletes. [REDACTED] mentioned that [REDACTED] spoke at the Echo course. Group agreed that this would be interesting to include another high level keynote. [REDACTED] agreed to reach out.

[REDACTED] suggested also that we might do a talk on therapies to manage atrial fib – as there are several newer agents and ablative therapies being used. Group agreed.

[REDACTED] reminded the group to consider diversity of faculty. Group asked that he reach out to [REDACTED] and [REDACTED] to get their thoughts.

Meeting adjourned

April 27, 2011

Members Participating: Dean Karalis, MD (DK), Veronica Covalesky, M.D. (VC) Scott Hessen, MD (SH), Mark Hartnett (MH)

[REDACTED] reported that [REDACTED] is in – will speak about inflammation and hs crp. He spoke with [REDACTED] – who will follow up with him and let us know.

He spoke with [REDACTED] who has agreed to do both the ECG and this meeting. [REDACTED] voiced concern that we make sure topics don't overlap too closely on both programs. He agreed to reach out to [REDACTED] to discuss.

[REDACTED] met with [REDACTED]. He suggested either focus on carotid artery stenting – as it is probably going to receive full FDA approval by Fall – or the [REDACTED] results which led to approval of percutaneous aortic valve repair/replacement for high risk patients.

[REDACTED] suggested that if we went with latter, maybe we could combine GL talk into it and make it one – more cohesive section. Group agreed. By doing that we could open up additional talk slots for clinical subjects like diabetes and hypertension.

[REDACTED] reviewed the CME application for everyone, and asked them to research articles, editorials, research reports etc that show the educational need and the current nature of the topics we are considering.

Group agreed that this would be a good idea.

Meeting adjourned

May 4, 2011

Members Participating: [REDACTED]
[REDACTED]

[REDACTED] reported that [REDACTED] is in and will do a talk on recent clinical trials and a preview of ATP-IV guidelines.

[REDACTED] suggested several potential speakers to do talks on rhythm management of afib including ablative and pharmacologic therapy, as well as anticoagulation therapy in patients with afib. [REDACTED] suggested [REDACTED] to do talk on rhythm management as he was [REDACTED] for [REDACTED]. [REDACTED] mentioned that [REDACTED] has agreed to speak at the EP course so he would prefer we not have that much overlap as we already have [REDACTED]

Group agreed to first choice of [REDACTED] for Rhythm, and [REDACTED] for Anticoagulation. [REDACTED] agreed to reach out and see if they will do it – and work down the rest of the list if need be.

Group agreed that we should do a diabetes talk. [REDACTED] suggested that either [REDACTED] or [REDACTED] – both [REDACTED] have spoken for us before and did a great job – might be good ideas. Group agreed to go to [REDACTED] first as [REDACTED] spoke last in 2009 and [REDACTED] in 2007. [REDACTED] agreed to reach out to him.

[REDACTED] would like to do a focus on aortic valve. He is suggesting that he do an overview of aortic valve disease, then have a talk on the PARTNER trial suggesting the role of percutaneous therapy, the surgery talk being on current surgical approaches, then a point counterpoint discussion. Group felt that this would be good. [REDACTED] would like to reach out to [REDACTED] from [REDACTED] to do the Percutaneous talk.

[REDACTED] agreed to reach out to [REDACTED] and get his thoughts.

Meeting adjourned

May 19, 2011

Members Participating: Dean Karalis, MD (DK), Veronica Covalesky, M.D. (VC) Scott Hessen, MD (SH), Dan McCormick, DO (DM), Mark Hartnett (MH)

[REDACTED] spoke with [REDACTED] – who will do his talk on HCM: prevention, risk stratification and sudden death.

[REDACTED] reached out to [REDACTED] – has not heard back yet. [REDACTED] said no – group agreed to move on to [REDACTED]. [REDACTED] likes [REDACTED] idea and will do that talk. [REDACTED] said yes as well.

█ commented that speaker recruitment seems to be a lot easier for this and other programs he is doing. Group asked if it might be because of pharma code reporting changes – █ agreed that this was probably the case.

Group discussed adding a talk on hypertension. We had █ last year do a talk, so the group suggested █. █ agreed to reach out to him.

█ has not yet been able to reach █; but will continue to try.

█ reached out to all confirmed faculty, asked for them to confirm talk tiles and provide several learning objectives, brief overview of their lecture, and several resources. Some have gotten back – others have not as of yet. Group reviewed several possible resource articles.

Meeting adjourned

June 1, 2011

Members Participating: █

MH reported that Frisch said yes, Krevolin said yes, Movsowitz not yet replied.

█ not heard back from █. Group asked that he consider an alternate. He agreed, but commented that █ would be a keynote level speaker for the presentation and is the right person.

Group reviewed needs assessment worksheet and CME ap.

█ reviewed printed materials from last year with the group. Decided to do a combined save the date with all courses and send out to wide mailing list of all past attendees. █ also said we could again use the SK&A database █ would total about 10,000 pieces.

Meeting adjourned

June 22, 2011

Members Participating: █

█ reported █ said yes. █ reported that █ Said yes.

Group reviewed faculty responses to information requests. Developed a list of possible overall learning objectives.

█ agreed to reach out to any faculty not yet responding.

Meeting adjourned

July 6, 2011

Members Participating: █
█

Group reviewed all faculty learning objectives, descriptions and resources. Committee agreed to reach out to reach out to several where we wanted to clarify what we are looking for.

Group reviewed and finalized needs assessment worksheet and CME Ap.

Meeting adjourned