

Planning

| DEPARTMENT/COMMITTEE: | | |
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| DATE: | _ | |
| MEETING PLACE: | | |
| MEETING TIME: | | |
| PRESIDING: | | |
| RECORDING: | | |
| PRESENT: | | |
| EXCUSED: | | |
| ABSENT: | | |

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| TOPIC/AGENDA | REPORT/DISCUSSION | RECOMMENDATION/ACTION | FOLLOW-UP |
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| 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. - 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 |

Planning Committee Notes

March 30, 2011

| Members Participating: |
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| met with lead Course Directors to discuss plan for 2011 Cardiology Update program. Group reviewed evaluations last year |
| 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 as co-directors for the program, who would be responsible for those sections. |
| mentioned that he would like to invite CT Surgery at to participate. 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. |
| agreed to reach out to 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. both suggested inviting back as he was such a draw and a great speaker last time he was with us. |
| agreed to reach out to his assistant. |
| Meeting adjourned |

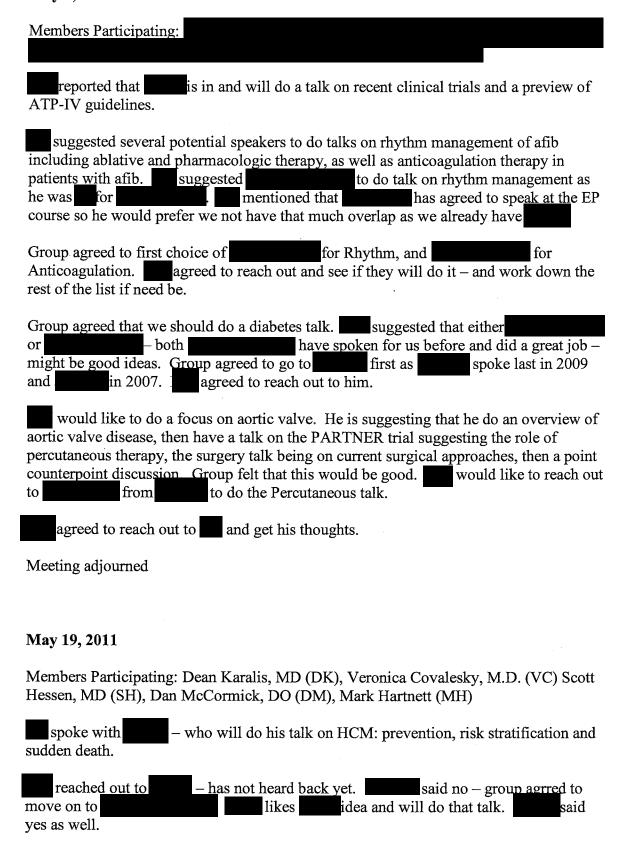
April 5, 2011

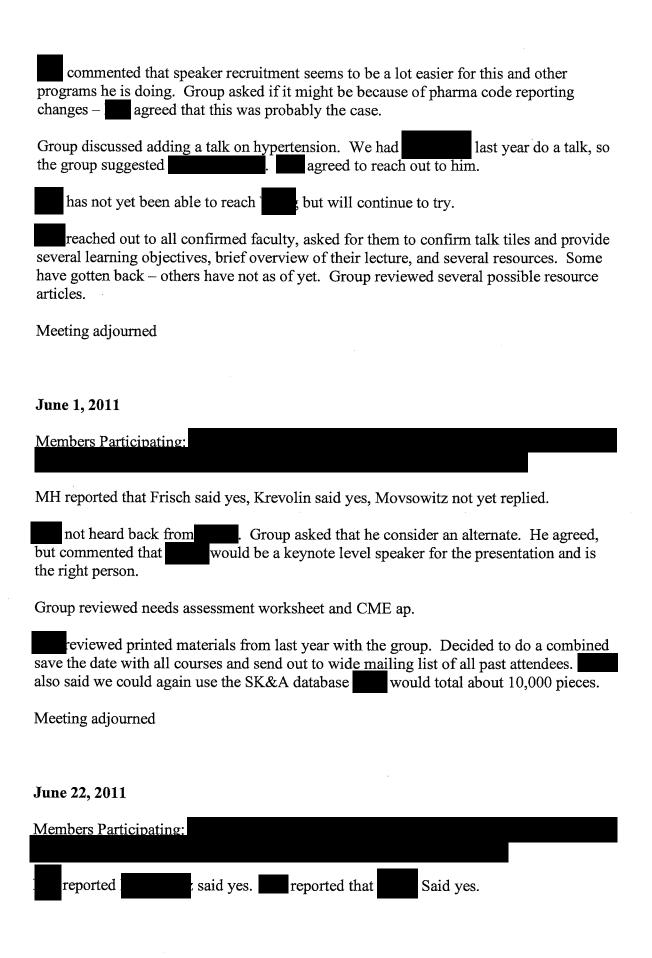
Members Participating:

| reported that he spoke with all of whom agreed to participate as co-directors. He reached out to unavailable who said he is unavailable. |
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| 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. In the National Lipid Association meeting and it was a fascinating lecture. The 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. That the logistics of moving everyone and getting them to the right place can be difficult. That also said it would increase expense for all of the extra AV needed. The suggested that we reach out to breakouts from there. |
| suggested that we invite the other co-directors to participate and weigh in by email or in our meetings. |
| 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 |

| and mentioned specifically and and the mentioned that was the for the and screening student athletes. In mentioned that spoke at the Echo course. Group agreed that this would be interesting to include another high level keynote. agreed to reach out. |
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| 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. |
| reminded the group to consider diversity of faculty. Group asked that he reach out to and to get their thoughts. |
| Meeting adjourned |
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| April 27, 2011 |
| Members Participating: Dean Karalis, MD (DK), Veronica Covalesky, M.D. (VC) Scott Hessen, MD (SH), Mark Hartnett (MH) |
| reported that is in – will speak about inflammation and hs crp. He spoke with – who will follow up with him and let us know. |
| He spoke with who has agreed to do both the ECG and this meeting. voiced concern that we make sure topics don't overlap too closely on both programs. He agreed to reach out to discuss. |
| met with He suggested either focus on carotid artery stenting – as it is probably going to receive full FDA approval by Fall – or the results which led to approval of percutaneous aortic valve repair/replacement for high risk patients. |
| 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. |
| 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





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