

CME ACTIVITY PLANNING and INFORMATION FORM

Please submit this form to Sue Jaros in the Division of Member Services once the program has been finalized. Publicity prior to CME assignment should be limited to 'save the date' cards.

Activity Name	
Dates & Location	November 6 & 7, 2010
Sponsoring Division	
ACS Staff Liaison/Ext	
Target Audience	Estimated Attendance: <input checked="" type="checkbox"/> Physicians <u>50</u> <input type="checkbox"/> Allied Health _____
Commercial Support	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Credits Requested	120 <u>1245</u>

SAMPLE

Please identify the major practice gap(s) to be addressed by this activity. A practice gap is the difference between actual performance and ideal performance.

Current Practice (what is)	Best Practice (what should be)	Resulting Gap (difference between current & best practice)
Chronic pancreatitis is a progressive inflammatory process that eventually leads to the destruction and fibrotic replacement of the gland. Resection was rarely considered in the past because of surgical induced diabetes.	With new developments in islet and pancreas transplant, pancreatotomy should be considered as one of the treatment modalities for patients with chronic pancreatitis.	Surgical options for patients with chronic pancreatitis and the latest developments in islet and pancreas transplants.
Obesity is a disease that affects 34% of adults age 20 and over in the United States, which amounts to more than 72 million people. About 33.3% of American men and about 35.3% of American women are obese.	Bariatric surgical procedures have been shown to reduce obesity, improve mortality and decrease the health risks from chronic diseases such as cardiomyopathy and diabetes.	How sleeve gastrectomy compares to existing weight loss procedures with regards to efficacy of weight loss.
The existing state of health care in the U.S is not serving its citizens to the fullest potential	Scientific evidence shows that providing safe and effective quality surgical care will help reduce the cost of health care delivery; cost improvement efforts	Lack of knowledge about the ACS National Surgical Quality Improvement Program—a national effort to improve surgical care and cut costs

What methods have been used to identify the professional practice gap(s)?
 [Please check all that apply]

Research Findings/Evidence

- Patient care audits/QI data
- Database analysis data
- Current medical scientific literature
- Health sciences library and journal request data
- National clinical guidelines
- Other (please specify) _____

Participant Feedback

- Survey of learners (evaluation)
- Previous CME activity evaluation or outcomes

Expert Consensus

- Faculty Feedback
- Consensus of experts and related committees

Environmental Scan

- State licensure requirement
- Board requirement
- Other _____

Please provide **specific** details regarding the methods checked and attach documentation with pertinent information highlighted.

Each year our membership is surveyed on current educational topics and speakers they wish to hear. This information is then reviewed by the program committee in planning the next educational event. Planning is done up to a year in advance with the program committee meeting several times throughout the year.

Please see attached documents:

1. 2009 Needs Assessment Summary
2. Post 2009 Annual Meeting Survey results

What do you want the participants to change in their practices in order to address the identified gaps? Please be specific regarding how this activity will improve competency, performance in practice, or patient outcomes.

Participants learn how the latest surgical developments can be incorporated into their practices. Such knowledge will improve competency, performance in practice, and ultimately patient outcomes.

Please check the ACGME Competencies this activity will address:

- Medical Knowledge
- Patient Care
- Interpersonal Skills and Communication
- Professionalism
- Practice Based Learning and Improvement
- Systems Based Practice

Learning Objective(s)

At the end of this activity, participants will be able to:

- Use cutting edge technology in surgery
- Be aware of the latest information of national healthcare reform and its direct impact of surgery
- Understand the future of trauma related surgery

Instructional Methods [check all that apply]

- Didactic presentation
- Demonstration of equipment/techniques
- Hands-on workshop
- Other _____
- Panel discussion with Question & Answer period
- Case studies/vignettes
- Simulation

How will the instructional methods help to achieve the learning objectives?

At the end of this meeting attendees should be able through exposure to, and review of, the latest developments in general surgical science, and active participation in the discussion of their relevance to general surgical practice, 1) improve competence by increasing knowledge and formulating new strategies to implement in practice, 2) improve surgical skills and performance in practice, and 3) improve patient surgical healthcare outcomes.

SYSTEM/EDUCATIONAL BARRIERS

What are the potential barriers, whether perceived or real, that may prevent the learners from achieving the expected change in competence, performance, or patient outcomes? What are the barriers that could block implementation? These could include: formulary restrictions, time not available for implementation of new skills, behaviors, insurance doesn't reimburse for treatments, organization doesn't support educational efforts, lack of resources, policy issues within organization, etc.

Identified System Barrier	Planned Discussion in Activity Content
Not enough time	Where to find time in an already busy schedule
Policy issues within organization	Ways to approach the policy makers of the organization to facilitate a discussion/resolution.
Insurance coverage gaps	New Healthcare Reform Bill
Fear of lawsuits	Strategies for prevention and protection

Practice Gap, Educational Objectives, and Needs Assessment Citations

General surgery, and its sub-specialties, is constantly evolving due to research, governmental impact, hospital reimbursements and medical/legal impacts and varies from community to community based on the below impact issues and must be reviewed regularly. The best format for this is a gathering of surgeons from all sub-specialties and engages them in an interactive format for maximum sharing of information and final evaluation of the course success.

The Annual Meeting focuses on the use of cutting edge technology in surgery, the latest information of national healthcare reform and its direct impact on surgery, and the future of trauma related surgery. Then based on the needs assessment data, the following presentations are being provided at the Annual Meeting:

"Management of Nevi and Melanoma in Children" – R. Andrassy, MD

At the conclusion, the attendee should be able to identify benign and malignant skin lesions, discuss the treatment of pediatric melanoma, and identify differences between adult and pediatric melanoma.

The challenge of congenital nevi: remove or not remove; Marghoob, A.A.; Melanoma Research: June 2010 - Volume 20 - Issue - p e4 DOI: 10.1097/01.cmr.0000382748.32506.66

"Surgical Issues with Neurofibromatosis" – R. Andrassy, MD

At the conclusion, the attendee should be able to identify the surgical problems of neurofibromatosis, manage benign nerve lesions, and be familiar with the surgical and adjuvant therapy of neurofibrosarcoma.

Neurofibromatosis type 1 and high-grade tumors of the central nervous system; Amy Rosenfeld, Robert Listernick, Joel Charrow and Stewart Goldman; *Child's Nervous System* Volume 26, Number 5, 663-667, DOI: 10.1007/s00381-009-1024-2

"Prostate Cancer: What Should We Be Doing?" – M. Sokoloff, MD

At the conclusion, the attendee should be able to discuss the controversy over prostate cancer screening and treatment and name different techniques of treating prostate cancer.

Risk Profiles and Treatment Patterns Among Men Diagnosed as Having Prostate Cancer and a Prostate-Specific Antigen Level Below 4.0 ng/mL; Shao YH, Albertsen PC, Roberts CB, Lin Y, Mehta AR, Stein MN, Dipaola RS, Lu-Yao GL. *Arch Intern Med.* 2010 Jul 26;170(14):1256-61.

"Technological Advancements in Colorectal Surgery" – V. L. Tsikitis, MD

At the conclusion, the attendee should be able to discuss technological advances in inflammatory bowel disease surgery, colorectal cancer surgery, and pelvic floor procedures.

Technology and the Future of the Specialty of Colon and Rectal Surgery: The Next 50 Years; Jeffrey Milsom; *Diseases of the Colon & Rectum* Volume 51, Number 12, 1743-1749, DOI: 10.1007/s10350-008-9431-0

"Sharing the Pain, Trauma Care on the Rez" – W. D. Davis, MD

At the conclusion, the attendee should be able to discuss the unique conditions that are present on the reservation with regard to medical resources and staffing as well as the funding challenges faced by everyone concerned.

Essential Information for Disaster Management and Trauma Specialists Working with American Indians; Jeannette L. Johnson, Julie Baldwin, Rodney C. Haring, Shelly A. Wiechelt, Susan Roth, Jan Gryczynski and Henry Lozano; *Ethnocultural Perspectives on Disaster and Trauma International and Cultural Psychology*, 2008, Section II, 73-113, DOI: 10.1007/978-0-387-73285-5_4

"The Politics Of Surgery: What Is Your College Doing For You?" – A. B. Eastman, MD

At the conclusion, the attendee should be able to describe/discuss the efforts of the ACS in advocating for meaningful health care reform and describe/discuss what ACS is doing to help our surgeons prepare for the dealing with the reality of the Affordable Care Act which was signed into law on March 23, 2010.

ACS 2009 Statement on Health Care Reform

Health Care Reform and Comparative Effectiveness: Implications for Surgeons; David R. Urbach, MD, MSc; Arden M. Morris, MD, MPH; *Arch Surg.* 2010;145(2):120-122.

Health Care Reform: Are We Missing the Important Issues?; Sheldon, George F. MD, *FACS Annals of Surgery*: February 2010 - Volume 251 - Issue 2 - pp 201-202

"Current Principles and Practice of Ventral Hernia Repair: Has Anything Really Changed?" – R. Martindale, MD

At the conclusion, the attendee should be able to know when to choose a biologic vs. a synthetic mesh for abdominal wall hernia and to implement objective methods to lower complications of hernia repair i.e. lower infection, decrease recurrence of hernia, prevention of skin breakdown, etc.

Methods to lower infection risk for MRSA post op surgical site infection. Lonneke GM Bode MD, Kluytmas AJW et al NEJM 2010;362:9-17 and Darouiche RO, Wall, MJH, Itani KMF et al NEJM 2010;362:18-26

High incidence of recurrence can be decreased by attention to selective use of biologic and synthetic mesh. Rosen MJ, Fatima J, Sarr MG. J Gastrointestinal Surgery 2010;14:175-185 and Breuing K, Butler, CE, Ferzoco S et al Surgery 2010;March

"Surgical Volunteerism: A Resident's Perspective" – S. Popek, MD

At the conclusion, the attendee should be able to discuss how exposure to volunteer experiences through ACS and surgical volunteerism can enhance resident training.

The role of humanitarian missions in modern surgical training. Campbell A, Sherman R, Magee WP; Plast Reconstr Surg. 2010 Jul;126(1):295-302.

"Pancreatectomy and Islet/Pancreas Transplant for Patients with Chronic Pancreatitis" – Tun Jie, MD MS

At the conclusion, the attendee should be able to state surgical options for patients with chronic pancreatitis and relate the latest developments in islet and pancreas transplant for patients with diabetes.

Chronic pancreatitis is a progressive inflammatory process that eventually leads to the destruction and fibrotic replacement of the gland. The main symptoms of patients suffering from chronic pancreatitis include nausea, vomiting, and debilitating abdominal pain. The incidence of chronic pancreatitis is estimated to be between 2 and 20 cases per 100,000 population per year. Resection is rarely considered in the past because of the concerns of surgical induced diabetes. With new developments in islet and pancreas transplant, pancreatectomy should be considered as one of the treatment modalities for patients with chronic pancreatitis.

The Role of Total Pancreatectomy and Islet Autotransplantation for Chronic Pancreatitis. *Surgical Clinics of North America*, Volume 87, Issue 6, Pages 1477-1501; J. Blondet, A. Carlson, T. Kobayashi, T. Jie, M. Bellin, B. Hering, M. Freeman, G. Beilman, D. Sutherland

"Surgical Education: Would Halsted Call This A Crisis?" – Julie Wynne, MD MPH FACS

At the conclusion, the attendee should be able to Describe the history of surgical training in the United States, with specific reference to the career of William Stewart Halsted, and discuss the current status of graduate surgical education in the United States.

Surgical education: foundations and values. O'Neill JA Jr.; Section of Surgical Sciences, Vanderbilt University School of Medicine, Nashville, TN 37232, USA.; *J Am Coll Surg.* 2009 May;208(5):653-62.

"Enhancing Outcomes in Breast Reconstruction: Current Practices" – Cheri Ong, MD

"Oncoplastic Breast Surgery- Optimizing the Cosmetic Outcomes of Breast Cancer Surgery" – Michele Ley, MD

At the conclusion, the attendee should be able to discuss current techniques and trends in breast reconstruction and discuss teaming up between breast surgeons and plastic surgeons for improved patient care and satisfaction. The attendee will also be familiar with oncoplastic breast surgical techniques, and nipple sparing mastectomy techniques.

Breast Reconstruction after Surgery for Breast Cancer. Peter G. Cordeiro, M.D. NEJM; Volume 359:1590-1601; No. 15; October 2008

The Use of Acellular Dermal Matrix to Prevent Capsule Formation around Implants in a Primate Model. Amy Stump, M.D. Luther H. Holton, III, M.D. Jerome Connor, Ph.D. John R. Harper, Ph.D. Sheri Slezak, M.D. Ronald P. Silverman, M.D.; October 14, 2008. Copyright ©2009 by the American Society of Plastic Surgeons

"Massive Transfusion: Friend or Foe?" – Terence O'Keeffe, MB, ChB, MSPH, FACS

At the conclusion, the attendee should be able to discuss recent evidence pertaining to the benefits of massive transfusion protocols, describe disadvantages of such protocols, and identify the patients who would benefit from massive transfusion.

A Massive Transfusion Protocol to Decrease Blood Component Use and Costs. Terence O'Keeffe, MB, ChB, MSPH; Majed Refaai, MD; Kathryn Tchorz, MD; John E. Forestner, MD; Ravi Sarode, MD; ARCH SURG/VOL 143 (No. 7), July 2008.

"Trauma Management: Complex Duodenal and Pancreatic Injuries" – Rao R. Ivatury MD FACS FCCM

The attendees should be able to articulate the management of severe injuries to the duodenum and pancreas and discuss the optimal treatment of combined injuries of these two organs.

Safety of Repair for Severe Duodenal Injuries. George C. Velmahos, , Constantinos Constantinou, and George Kasotakis; World Journal of Surgery, 10.1007/s00268-007-9255-4

"Critical Care: Where did the Swan Catheter Go?" – Rao R. Ivatury MD FACS FCCM

The attendees should be able to discuss the pros and cons, the indications and alternative options to the use of pulmonary artery catheters in the Intensive Care Unit.

The Swan-Ganz Catheters: Past, Present, and Future, A Viewpoint: Kanu Chatterjee, MB, FRCP(Lond), FRCP(Edin); From the Chatterjee Center for Cardiac Research, University of California, San Francisco; (*Circulation*. 2009;119:147-152.) © 2009 American Heart Association, Inc.

"Leadership: Rebuilding a Department of Surgery" – Rainer Gruessner, MD FACS

The attendees should be able to discern the interactions of an academic department with the College of Medicine, Practice Plan and the University Hospital, and to be aware of the financial, research, educational and administrative resources that are required to rebuild an academic department.

Does Agreement on Institutional Values and Leadership Issues Between Deans and Surgery Chairs Predict Their Institutions' Performance?: Souba, Wiley W. MD, ScD, MBA; Mauger, David PhD; Day, David V. PhD; *Academic Medicine*: March 2007 - Volume 82 - Issue 3 - pp 272-280

"Laparoscopic Sleeve Gastrectomy: The Future of Bariatric Surgery?" – Andrew Aldridge, MD FACS

The attendees should be able to compare the sleeve gastrectomy to existing weight loss procedures with regards to efficacy of weight loss, resolution of comorbid conditions, and complication rates and to identify potential complications of the sleeve gastrectomy that may be encountered by the general surgeon, and discuss their management.

Obesity is a disease that affects 34 percent of adults age 20 and over in the United States, which amounts to more than 72 million people. About 33.3 percent of American men and about 35.3 percent of American women are obese. *National Health and Nutrition Examination Surveys 2005-2006, conducted by National Center for Health Statistics (Centers for Disease Control and Prevention)*

Sleeve gastrectomy as a single-stage bariatric operation: indications and limitations.; Daskalakis M, Weiner RA.; *Obes Facts*. 2009;2 Suppl 1:8-10. Epub 2009 Mar 18. Review. PMID: 20124769 [PubMed - indexed for MEDLINE]

Sleeve gastrectomy.; Rosen DJ, Dakin GF, Pomp A.; *Minerva Chir*. 2009 Jun;64(3):285-95. Review. PMID: 19536054 [PubMed - indexed for MEDLINE]

"Burn Surgery: State of the Science" – Kevin Foster, MD MBA FACS

The attendees should be able to describe early advances in burn care and effect of burn patient outcome, list the current major areas of focus for burn research, and explain burn care challenges faced in developing countries.

Recombinant Therapies Utilized in the Operating Room; Foster, KN and Bishop, PD 2008 *US Musculoskeletal Review* 3(1): 8-13

Burns: learning from the past in order to be fit for the future; Lars-Peter Kamolz, Vienna Burn Center, Division of Plastic and Reconstructive Surgery, Department of Surgery, Medical University of Vienna, Waehringer Guertel 18-20, 1090 Vienna, Austria; *Critical Care* 2010, 14:106 DOI: 10.1186/cc8192.

"Improved Patient Care through Lawsuit Protection and Prevention for Surgeons" – Dale West

The attendees should be able to maintain focus on improved patient care rather than lawsuit defense, structure their practice for lawsuit protection and prevention, and reduce liability insurance costs.

Special Report: Asset Protection Planning For Dermatologists; Jay D. Adkisson, JD, Lawrence B. Keller, CLU, ChFC, CFP; *Young Physician FOCUS*, Official publication of the Young Physicians Committee, American Academy of Dermatology, Spring 2008.

"E-ICU and Electronic Medical Records" – Forrest O. Moore, MD FACS

The attendees should be able to discuss the role of the eICU in the management of critically ill and injured surgical patients, and the implications of EMR for the surgeon.

The eICU Research Institute – A Collaboration Between Industry, Health-Care Providers, and Academia; McShea, M.; Holl, R.; Badawi, O.; Riker, R.; Silfen, E.; Philips VISICU, Baltimore, MD, USA; *Engineering in Medicine and Biology Magazine, IEEE*; Volume: 29 Issue:2; pp.18 - 25 March-April 2010; DOI 10.1109/MEMB.2009.935720

"Outreach: Surgical Volunteerism through Advanced Technologies" – Rifat Latifi, MD FACS

The attendees should be able to review the development of telemedicine in developing countries and the possibilities of different aspects of volunteerism which will ensure the creation of infrastructure that countries will be able to use for development, and to give some examples of current work being performed in the Balkans as well as in other parts of the world.

The Global Impact of Surgical Volunteerism; Kathleen M. Casey, MD, FACS; Surg Clin N Am 87 (2007) 949–960

"Advances in the Treatment of Metastatic Abdominal Cancers" – Evan Ong, MD, FACS

The attendees should be able to describe different surgical treatment options for patients with metastatic abdominal tumors, define "biologic determinism," begin to identify the role for surgery in patients with Stage IV abdominal cancers, and comprehend the importance of multidisciplinary care in the approach of patients with metastatic abdominal tumors.

Randomized Trial of Cytoreduction and Hyperthermic Intraperitoneal Chemotherapy Versus Systemic Chemotherapy and Palliative Surgery in Patients With Peritoneal Carcinomatosis of Colorectal Cancer; Vic J. Verwaal, Serge van Ruth, Eelco de Bree, Gooike W. van Slooten, Harm van Tinteren, Henk Boot, and Frans A.N. Zoetmulder; *Journal of Clinical Oncology*, Vol 21, No 20 (October 15), 2003: pp 3737-3743 DOI: 10.1200/JCO.2003.04.187