Continuing Medical Education

Fall

2018 Catalog

as of September 15, 2018
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CONTINUING MEDICAL EDUCATION

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Disclosure
The above CME Committee members, planners, and staff have no relevant financial relationships to disclose. Disclosure is posted for learners prior to the beginning of each CME activity. Individually signed disclosures (CME committee, faculty, planners, reviewers and staff) are maintained in the CME program office.

Accreditation
St. Charles Health System is accredited by the Oregon Medical Association to sponsor continuing medical education (CME) for physicians.

Target Audience
While physicians are the primary target audience with a secondary target of Nurses, Pharmacists, and Allied Health Professionals, the Grand Rounds sessions are awarded credit by the Oregon Board of Pharmacy, the American Academy of Family Physicians and those that meet the qualification are approved by the Oregon Board of Medical Imaging.

Definition of CME (continuing medical education)
CME consists of education activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. Please see attached for more “Terms and Definitions”.

To fulfill the requirements of the Oregon Medical Association (OMA) and the Accreditation Council for Continuing Medical Education (ACCME) an application must be submitted to be eligible for AMA/PRA Category 1 Credit™ designated by St. Charles Health System, a CME provider.
CME formats include:
Live Activities, Internet Point of Care, Enduring Materials, and Performance Improvement CME. The CME program provides regularly scheduled clinical conferences in specialty areas and individual CME activities. The program provides a Grand Rounds lecture series, with live broadcast to Redmond, Prineville, Madras, Burns, John Day and Lakeview, allowing those participants to receive credit as well. These lectures may also be viewed later through a video archive link with no CME credit provided. Select videos of the Grand Rounds are currently not available. A resolution is being implemented and videos will be posted as they become available. We provide workshops in various specialty areas, as well some Joint Providership CME activities.

The CME program awards credit for skills courses which are implemented by the AHA Training Center Coordinator. The CME program regularly collaborates within a system framework (departmentally across four campuses) and with other health care stakeholders (e.g., health department, insurance providers, schools, patient advocacy groups). It develops activities/educational interventions to improve population health, reduce cost of care, and improve the patient’s experience. Medical Library services are an essential component of the CME program.

Student Participation:
Medical students, PA, NP students, and residents are expected to participate in CME activities during their clinical rotations. In addition, Mountain View High School students attend select Grand Rounds as part of their Biomedical Foundations curriculum.

PROCEDURAL SKILLS CLASSES

Promoting Team-Based Education

**PROCEDURAL SKILLS**

Provides CME that supports initial and ongoing clinical privileges for physicians, advanced practice providers, and allied staff by providing a system-based standardized training approach for low volume, high risk procedures. Equipment provided for training: ultrasound compatible simulation “task trainers” for arterial line, central venous catheter, lumbar puncture, paracentesis and thoracentesis.

Access to instructional videos that are an adjunct (non-CME) to CME workshops is provided by a subscription to Elsevier’s ProceduresConsult. This enables providers to view instructional videos of the aforementioned procedures as well as have access to checklists, full procedure details, and skills testing.

For training schedule contact:
Karen Kruger, Procedural Skills Program Coordinator
(541) 706-2605
kmkruger@stcharleshealthcare.org

http://www.stcharleshealthcare.org/For-Professionals/Continuing-Medical-Education/Events
(page includes link to CME Calendar)

**PROCEDURAL SKILLS TRAINING**

**ED Ultrasound**

**Presenters:** David Rosenberg, MD and Mike Mallin, MD

**Number of Credits:** 3.0 AMA PRA Category 1™ CME credits

**Assessed Need:** Point of care ultrasound is a core skill in emergency medicine. This will be a didactic session for skill acquisition and maintenance.

**Learning Objectives:**

1. Describe skills in basic emergency point of care ultrasound technique.
2. Practice hands on technique for patient care in emergency department.

**Core Competencies:** Patient Care and Procedural Skills, Medical Knowledge, Systems-Based Practice
Ventilator & Airway Management

**Presenters:** Matt Hegewald, MD and Bryan Harris, MD

**Number of Credits:** 3.0 AMA PRA Category 1™ CME credits

**Assessed Need:** Patients who remain on a ventilator beyond 24 hours must be managed or co-managed by a physician with ventilator privileges and advanced airway privileges. The Core Competencies in Hospital Medicine: A Framework for Curriculum Development published in the January / February 2006 supplement of the Journal of Hospital Medicine, is a blueprint to develop standardized curricula for teaching hospital medicine in medical school, post-graduate (i.e., residency, fellowship) and continuing medical education programs. The competencies standardize expected learning outcomes, enable curriculum developers and content experts to select instructional strategies, provide relevancy of context, and select the most relevant and current medical content.

**Learning Objectives:**

1. Review the required skills for ventilator management, with an emphasis on the management of ARDS, obstructive lung disease, weaning protocols, and non-invasive positive pressure ventilation.
2. Using simulation technology, review and practice intubation techniques including use of the GlideScope.

**Core Competencies:** Medical Knowledge, Patient Care and Procedural Skills

Central Venous Catheter Placement Arterial Line Insertion and Continuing Care

**Presenter:** Jason Jundt, MD

**Number of Credits:** 2 AMA PRA Category 1™ CME credits

**Assessed Need:** The Core Competencies in Hospital Medicine: A Framework for Curriculum Development published in the January / February 2006 supplement of the Journal of Hospital Medicine, is a blueprint to develop standardized curricula for teaching hospital medicine in medical school, post-graduate (i.e., residency, fellowship) and continuing medical education programs. The competencies standardize expected learning outcomes, enable curriculum developers and content experts to select instructional strategies, provide relevancy of context, and select the most relevant and current medical content.

**Learning Objectives:**

1. Discuss the indications and contraindications for central venous catheter placement.
2. Identify the anatomic landmarks to safely place central venous catheters.
3. Demonstrate safe and sterile placement of a central venous catheter using the central line training model.
4. Discuss evidence-based practices to prevent central line-associated bloodstream infections.
5. Discuss the indications and contraindications for arterial line placement.
6. Identify the anatomic landmarks for arterial line placement.
7. Demonstrate the safe and sterile placement of an arterial line using the training models.
8. Discuss post-procedure care and complications.

**Core Competencies:** Patient Care and Procedural Skills, Medical Knowledge

Advanced Airway Management

**Presenter:** Gillian Salton, MD FACEP

**Number of Credits:** 3 AMA PRA Category 1™ CME credits

**Assessed Need:** The Core Competencies in Hospital Medicine: A Framework for Curriculum Development published in the January / February 2006 supplement of the Journal of Hospital Medicine, is a blueprint to develop standardized curricula for teaching hospital medicine in medical school, post-graduate (i.e., residency, fellowship) and continuing medical education programs. The competencies standardize expected learning outcomes, enable curriculum developers and content experts to select instructional strategies, provide relevancy of context, and select the most relevant and current medical content.

**Learning Objectives:**

1. Discuss the anatomy of the human airway and understand its relevance to advance airway management.
2. Summarize emergent airway management and known methods to achieve an airway under emergency conditions.
3. Review the use of: Endotracheal tubes, King Airways, LMA airways, Needle cricothyroidotomy, Naso tracheal intubation, Transtracheal jet ventilation, Direct laryngoscopy, Glidescope use, End Tidal CO2 with practice on models.

**Core Competencies:** Patient Care and Procedural Skills, Medical Knowledge, Systems-Based Practice
Bedside Ultrasound

Target audience: Hospitalist service

Number of Credits: 1 AMA PRA Category 1™ CME credit

Assessed Need: Bedside ultrasound is becoming standard of care for not only invasive procedures such as central venous access and thoracentesis, but also diagnostically, to answer simple questions quickly, at the point of care. Increasingly, clinicians are using small ultrasound machines to determine cardiac function, volume status and presence of free fluid in the chest or abdominal cavities in order to narrow the differential diagnosis, especially when patients are critically ill. Hospitalists at St. Charles have been introduced to bedside ultrasound but need more practice to be able to use these skills clinically.

Learning Objectives:
1. Observe and demonstrate a hospitalist-focused bedside ultrasound exam using the V-scan ultrasound machine recently purchased for the hospitalist team.
2. View the heart, lungs and abdominal cavity in health and disease and discuss easily identifiable pathology.
3. Discuss resources for continued learning, including books, classes and internet sites.

Core Competencies: Patient Care, Practice-Based Learning, Medical Knowledge

Neonatal Skills Workshop

Number of Credits: 2 AMA PRA Category 1™ CME credits

Assessed Need: Healthcare providers must be prepared for the resuscitation, stabilization, and transport or transfer of sick and/or preterm infants. This includes hospitals without delivery services because of the occasional unexpected arrival of a newly born sick or preterm infant in the emergency room. A uniform, standardized process of care and comprehensive team approach can improve the infant's overall stability, safety and outcome.

Learning Objectives:
1. Demonstrate understanding of decision-making under stress.
2. Practice communication and interactions between team members on patient care and outcomes.
3. Describe the use of resources and information during time-pressured emergencies.

Core Competencies: Patient Care and Procedural Skills, Interpersonal and Communication Skills and Systems-Based Practice

Neonatal Skills Workshop: Thoracentesis / Chest Tube Placement

Number of Credits: 2 AMA PRA Category 1™ CME credits

Assessed Need: Low patient volume results in lack of opportunity to develop and maintain neonatal skills. There is a need to increase proficiency in knowledge and skills used to stabilize infants. Includes a didactic and hands-on practice format.

Learning Objectives:
1. Using simulation, perform thoracentesis with the ability to confirm and verify correct placement.
2. Determine patients at need for chest tube placement.

Core Competencies: Patient Care and Procedural Skills, Medical Knowledge

STABLE

Number of Credits: 8 AMA PRA Category 1™ CME credits

Assessed Need: Healthcare providers must be prepared for the resuscitation, stabilization, and transport or transfer of sick and/or pre-term infants. This includes hospitals without delivery services because of the occasional unexpected arrival of a newly born sick or preterm infant in the emergency room. A uniform, standardized process of care and comprehensive team approach can improve the infant’s overall stability, safety and outcome.

Learning Objectives:
1. Define the acronym STABLE.
2. Review care of the infant at risk for temperature instability, hypoglycemia, airway insufficiency and circulatory compromise.
3. Evaluate and understand lab work essential for the high risk neonate in need of stabilization and transport.
4. Discuss supportive care of the family of the infant in need of transport.
(Note: this education activity does not include Day 2: Simulation Lab)

Core Competencies: Patient Care and Procedural Skills, Interpersonal and Communication Skills, and Systems-Based Practice
Physician Wellness

Inner Resiliency for Healthcare Professionals

Number of Credits: 6.0 AMA PRA Category 1™ CME Credits

Target Audience: Physicians, Physician Assistants and Nurse Practitioners

Dates and Location: Every Thursday morning for six consecutive weeks: 10/4, 10/11, 10/18, 10/25, 11/1 and 11/8 from 7 to 8 a.m. in the Heart and Lung Center Conference Room–St. Charles Bend

Fee: $120, PRE-REGISTRATION IS REQUIRED

Course Facilitators: Ray Gertler, PhD, Psychologist, Heather Krantz, MD, Integrative Medicine Physician InSight Mindfulness Center

Assessed Need: Stress and burnout are associated with increased medical errors and decreased quality of care for patients as well as lower levels of career satisfaction, decreased empathy, and more stress-related health problems. Resiliency training provides self-care tools to combat stress and burnout, and improve resiliency in the face of competing demands. There is a large body of literature demonstrating mental health benefits of self-compassion and mindfulness.

Learning Objectives:
1. Describe the concept of mindfulness and the components of self-compassion
2. List the empirically-supported benefits of self-compassion.
3. Describe the difference between compassion fatigue and empathy fatigue; manage caregiver fatigue.
4. Apply practical tools to help you care for yourself while caring for others, including listening with compassion and handling difficult emotions with greater ease. Apply self-compassion practices to improve well-being and resilience.
5. Reconnect with the values that give your life and work meaning.

Core Competencies: Interpersonal and Communication Skills

AMERICAN HEART ASSOCIATION AND CLINICAL CERTIFICATION CLASSES

Textbooks for American Heart Association and Clinical Certification classes provided by SCHS are available through the Medical Library located on the Bend campus and through the Clinical Educators on the Madras, Prineville, and Redmond campuses.

- ACLS Provider Manual
- BLS for Healthcare Provider Manual
- PALS for Healthcare Provider Manual
- TNCC 7th Edition Manual (Trauma Nursing Core Course)

Contacts:

Clinical Practice & Professional Development (CPPD) (Formerly Clinical Education)
Offices and class location, Bend Campus 2600 NE Neff Road (Immediate Care Building)
Kelly Miller, RN, Clinical Practice & Professional Development Specialist (CPPDS) American Heart Association Training Center Coordinator
541-706-3771 | kmiller@stcharleshealthcare.org
Amanda Raethke, Operations Coordinator, CPPD
541-706-3755 | Fax: 541-706-6811 amraethke@stcharleshealthcare.org

Study Guides and Books:
Helen Guerrero-Randall, Librarian
541-706-4719 | hgrandall@stcharleshealthcare.org

Madras Campus:
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541-460-1862

Prineville Campus:
Melissa Levesque, RN/House Supervisor
541-447-6254 | mlevesque@stcharleshealthcare.org

Redmond Campus:
Janice Pendroy, Clinical Practice & Professional Development Specialist
541-526-6593 | jpendroy@stcharleshealthcare.org
FCCS Purpose Statement

The FCCS curriculum is intended to introduce principles important in the initial care of critically ill/injured patients to physicians, physicians-in-training, nurses, and other healthcare providers who may or may not be skilled in critical care but who must care for such patients during early stabilization and in anticipation of the arrival of an intensivist, specialist, or pending transfer of a patient to a tertiary center.

The curriculum is presented as a two-day series of integrated lectures and skill stations to provide knowledge, guidance for decision making, and limited practice in some clinical procedures. St. Charles uses a licensed curriculum provided through Society of Critical Care Medicine, a non-profit medical organization that represents all professional components of the critical care team and is dedicated to promoting excellence and consistency in the practice of critical care. Requirements for successful course completion include: attend all didactic sessions; successfully complete all skills stations; and achieve a score of 70% or higher on the posttest.

The FCCS curriculum is defined as much by what it does not include as by what it encompasses. It may not include all methods of monitoring or intervention, particularly those that require a higher level of expertise and care in a tertiary care center. Such extended options may be highlighted or discussed (especially during the skill stations) as examples of available therapy for which referral or consultation may be warranted or imperative.

Learning Objectives:

1. Prioritize assessment needs for the critically ill patient.
2. Select appropriate diagnostic tests.
3. Identify and respond to significant changes in the unstable patient.
4. Recognize and initiate management of acute life-threatening conditions.
5. Determine the need for expert consultation and/or patient transfer and prepare the practitioner for optimally accomplishing transfer.

Accreditation: St. Charles Health System is accredited by the Oregon Medical Association to provide continuing medical education for physicians. St. Charles Health System designates this live activity for a maximum of 15.75 AMA PRA Category 1™ Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Schedule:
For course schedule contact: Karen Kruger, Procedural Skills Program Coordinator (541) 706-2605 | kmkruger@stcharleshealthcare.org
### Cancer Clinical Conference (Tumor Board)

Each Wednesday at 7:45 - 8:15 a.m. Location varies St. Charles Bend, live broadcast to Redmond, Prineville.

**Purpose:** This clinical conference serves as a multidisciplinary consultative resource for decisions regarding the diagnosis and treatment of cancer, with a goal of improving the quality, effectiveness and efficiency of clinical practice, and to foster systems-based collaboration and cooperation throughout the Central Oregon region.

**Objectives:**
1. Improve accurate staging by providing a forum where all modalities are presented and discussed.
2. Improve patient care through review of complex and difficult patient management issues, and apply appropriate clinical practice guidelines.
3. Establish standards of care for tumor cancer patients in Bend, Redmond and Prineville.

Comments or Questions? Contact the Cancer Database at 541-706-7716; email cancerdatabase@stcharleshealthcare.org.

### Cardiac Clinical Conference - Heart One

1st Tuesday at 7:00 a.m., Conference Room CD

**Performance Measures:** Improve the percentage to 95% for Door 1 (Prineville ED, Redmond ED, Madras ED) to open artery in under 120 minutes. (Prineville, Redmond, Madras). 100% of patients who qualify and receive lytics receive dose < 30 minutes of arrival (Burns, John Day, Lakeview).

**Target Audience:** St. Charles-Bend will provide D2B clinical conference case review with regional ED physicians and interventional cardiologists, nurses, cath lab staff, EMS personnel, quality staff and other ancillary personnel. Live videoconferencing will be provided to the regional participants.

**Objectives:**
1. Review STEMI and score card timepoints (with angiograms, echos provided).
2. Identify strengths and deficiencies of current algorithms and transfer protocols for STEMI patients.
4. Review quality data.

### Gastrointestinal Pathology Conference

Fourth Tuesday (of even months) at 7:00 a.m. Location varies St. Charles Bend

**Purpose:** This bi-monthly conference will address complex, unusual and difficult patient management problems. It will provide improved understanding of the needs of various specialties for optimal patient management. There is little time to discuss difficult cases, new understandings of disease processes and treatments amongst specialties. This regularly scheduled series will be designed to improve patient care and introduce new guidelines. While difficult to measure, guidelines and order sets may emerge.

**Objectives:**
1. Increase understanding of new/changing or rare diseases and their treatments.
2. Improve understanding of what information various specialties need from each other for optimal patient care.
3. Discuss difficult cases and improve awareness of national or society guidelines.

### Hematology Clinical Conference

First Tuesday at 5:30 p.m. Location varies St. Charles Bend

**Purpose:** This clinical conference serves as a multidisciplinary consultative resource for decisions regarding the diagnosis and treatment planning of hematology patients, with a goal of improving the quality, effectiveness and efficiency of clinical practice, and to foster systems-based collaboration and cooperation throughout the Central Oregon region.

**Objectives:**
1. Improve patient care through review of complex and difficult patient management issues, and apply appropriate clinical practice guidelines.
2. Review current literature of disease subtypes and specific management issues.
3. Review new approaches to diagnostic and treatment options and the latest advances in disease management.
4. Establish standards of care for hematology patients in Bend, Redmond and Prineville.

### Multidisciplinary Breast Conference

Each Wednesday from 7:00 - 7:45 a.m. Location varies St. Charles Bend, live broadcast to Redmond, Prineville

**Purpose:** This clinical conference serves as a multidisciplinary consultative resource for decisions regarding the diagnosis and treatment of various breast abnormalities, with a goal of improving the quality, effectiveness and efficiency of clinical practice, and to foster systems-based collaboration and cooperation throughout the Central Oregon region.
Objectives:
1. Improve accurate staging by providing a forum where all modalities are presented and discussed.
2. Improve patient care through review of complex and difficult patient management issues, and apply appropriate clinical practice guidelines.
3. Establish standards of care for breast cancer patients in Bend, Redmond and Prineville.

Neuroradiology Clinical Conference
Fourth Tuesday at 7:00 a.m. Location varies St. Charles Bend

Purpose: This clinical conference serves as a multidisciplinary consultative resource for decisions regarding the diagnosis, treatment and patient management, with a goal of improving the quality, effectiveness and efficiency of clinical practice, and to foster systems-based collaboration and cooperation throughout the Central Oregon region.

Objectives:
1. Using a case presentation format, enhance recognition of unusual Neuroradiology findings.
2. Improve recognition of clinical management of neurologic disorders.
3. Increase understanding of utility of various imaging modalities.

Stroke Conference
Quarterly date and location varies

Statement of Need/Purpose: There is currently not a forum for formal case review, exploration of emerging stroke treatments, data quality analysis, or a scheduled opportunity for medical providers to receive stroke related CME. Since 2017, there has not been a physician champion to host this conference. As a Primary Stroke Center, this conference aligns with the quality and regulatory guidelines established by The Joint Commission and the American Heart Association/American Stroke Association. This conference will enhance clinical practice and aid in the improvement of patient outcomes by fostering compliance with clinical practice guidelines and preparation for emerging stroke treatments.

Objectives:
1. Identify and evaluate patients for thrombolytic and mechanical endovascular reperfusion therapy.
2. Recognize the significance of early intervention for established Stroke goals.
3. Apply established best practice stroke protocols for new patient population that are eligible for treatment.

Physician Competence:
1. Examination of 1 score card time points (Door to MD, Lab, CT, and Treatment).
2. Evaluation emergent and acute clinical practice guidelines throughout the continuum of stroke care.
3. Standardization of stroke care throughout the St. Charles Health System.

Physician Performance:
1. Improving Door to needle time to >45 minutes, at least 50% of the time. (TJC requirement)
2. Improving treatment rates with IV Alteplase. Goal 7-10 % of all acute ischemic strokes
3. Improving treatment rates with mechanical endovascular reperfusion (MER) therapy.

Patient Outcomes:
1. Improving functional outcomes by reducing disability, by improving treatment times, rates, methods and standardization of care.

ATLS Review
Date and location varies

Purpose: Provide EM providers with the current ATLS guidelines via American College of Surgeons ATLS Program (9th edition) using a concise approach to assessing and managing injured patients. Via didactics/review we will present providers with knowledge, skills/techniques for providers to identify and treat life-threatening injuries under the extreme pressure associated with the care of these patients in the fast-paced environment of the ER.

Learning Objectives:
1. Describe basic intracranial physiology,
2. Evaluate and classify head injury patients based on severity,
3. Explain the importance of adequate resuscitation in limiting secondary brain injury,
4. Determine the need for patient transfer, consult, admission, or discharge in head injured patients,
5. Describe the basic anatomy and physiology of the spine,
6. Review how to evaluate and appropriately treat a patient with suspected spinal injury,
7. Identify the common types of spinal injuries and their x-ray features,
8. Determine the appropriate disposition of patients with spine trauma,
9. Explain the significance of musculoskeletal In patients with multiple injuries,
10. Identify life-and limb-threatening injuries,
11. Explain the initial management of musculoskeletal injuries,
12. Identify the key anatomic regions of the abdomen,
13. Recognize a patient at risk for abdominal and pelvic injuries based on the mechanism of Injury,
14. Review the appropriate diagnostic procedures,
ATLS Review (cont.)

15. Identify patients who require surgical consultation,
16. Describe the acute management of abdominal and pelvic injuries,
17. Define and recognize shock and correlate a patient’s acute clinical signs with the degree of volume deficit,
18. Explain the importance of early identification and control of the source of hemorrhage,
19. Describe the initial and ongoing management of hemorrhagic shock,
20. Recognize the physiologic responses to fluid resuscitation and assess for complications,
21. Explain the role of blood replacement,
22. Describe the special considerations in the diagnosis and treatment of shock.

Journal-Based CME

Emergency Medicine Journal Club

Statement of Need: The value of a journal club is that it fosters understanding of the research process and improves ability to critically appraise research. Reading and jointly critiquing research is beneficial for emergency physicians, as it facilitates the evaluation of research for use in clinical practice. There is a demonstrated need for an increase in the knowledge required to maintain competence, and strengthen the habits of critical inquiry and balanced judgment. Emergency Medicine Journal CME activities are intended to meet an increase in or affirmation of knowledge of emergency medicine.

Purpose: The purpose of the Emergency Medicine Journal Club is to critically appraise peer-reviewed articles relevant to emergency physicians and advanced practitioners. Participants will review an article in advance and engage in discussion and/or debate with peers about the material contained in the article(s). Discussion will include but not be limited to 1) important clinical variables; 2) patient-specific characteristics that underpin current management of the emergency patient.

Objectives:
1. Review current, peer-reviewed articles in important areas of patient care related to emergency medicine.
2. Participate in a trauma case presentation.
3. Discuss important clinical variables, and patient-specific characteristics that underpin current management of the emergency patient.
4. Describe how the journal article(s) impact practice behavior and/or systems of care.

General Surgery Journal Club

Statement of Need: The value of a journal club is that it fosters understanding of the research process and improves ability to critically appraise research. Reading and jointly critiquing research is beneficial for surgeons, as it facilitates the evaluation of research for use in clinical practice.

Purpose: The purpose of the General Surgery Journal Club is to critically appraise peer-reviewed articles relevant to surgeons. Physicians will review an article in advance and engage in discussion and/or debate with peers about the material contained in the article(s). Discussion will include but not be limited to 1) important clinical variables; 2) patient-specific characteristics that underpin current management of the surgical patient.

Objectives:
1. Review current, peer-reviewed articles in important areas of patient care related to general surgery.
2. Describe how such articles impact practice behavior and/or systems of care.

Hospital Medicine Journal Club

Statement of Need: There is a demonstrated need for an increase in the knowledge required to maintain competence, and strengthen the habits of critical inquiry and balanced judgment. Hospital Medicine Journal CME activities are intended to meet an increase in or affirmation of knowledge of hospital medicine.

Purpose and Objectives: The purpose of the Hospital Medicine Journal Club is to critically appraise peer-reviewed articles relevant to hospital medicine. Physicians will review articles in advance and engage in discussion and/or debate with peers about the material contained in the article(s). Discussion will include but not be limited to 1) important clinical variables; 2) patient-specific characteristics that underpin current management of the hospital patient. At the end of the session, participants will be able to describe the impact on practice behavior and/or systems of care.

For More Information Contact: Lina K. Raftshol, BS Continuing Medical Education Specialist (541) 706-4767 | lraftshol@stcharleshealthcare.org

Cardiovascular Conference

Central Oregon Cardiovascular Conference

Date and Location: Saturday, Oct. 20, 2018, 7 a.m. - 5 p.m., St. Charles Bend, Conference rooms A,B,C,D
Conversational Spanish for Healthcare Professionals

Presenter(s): Pedro Nuñez, MA, Bend Immersion Program

Target Audience: This course is open to all healthcare professionals practicing in Central Oregon.

Number of Credits: 6.0 AMA PRA Category 1™ CME Credit(s)

Dates: Every Thursday for eight consecutive weeks from Oct. 4 through Nov. 29, 2018 from 5 p.m. to 6:30 p.m. No class on November 23, 2018, due to the Thanksgiving holiday.

Location: St. Charles Bend – specific classroom location to be announced.

Registration Fee: $120, PRE-REGISTRATION IS REQUIRED

Assessed Need: This course is designed to re-awaken previous language study and provide a forum for development of both additional vocabulary, and basic language and grammar concepts, in addition to specific medical terminology. The class also explores cultural competence as it relates to both the rapidly growing Latino population and other cultures settling in Central Oregon.

Learning Objectives:
1. Use simple phrasing to obtain health history and assessment information.
2. Use simple phrasing to give patients information about their condition(s).
3. Use basic conversational Spanish for treatment and patient education.
4. Acknowledge and identify basic cultural influences when talking to or treating patients, and when communicating with family members.
5. Identify cultural, legal and ethical responsibilities when communicating with patients and their families.
6. Acquire basic Spanish language grammar structures.
7. Acquire basic Spanish and medical vocabulary.
8. Develop effective coping strategies to use in situations where appropriate vocabulary may not be available.

Core Competencies: Interpersonal and Communication Skills

Conference on Transcultural Care

Date and Location: Tuesday, Oct. 9, 2018 8:30 a.m. - 12:30 p.m., Madras Performing Arts Center, 412 SE Buff St.

Purpose: To enable the learner to 1) Discuss the need for cultural competency in health care delivery, 2) articulate one model of cultural competency in health care delivery, and 3) discuss how the five constructs of Josepha Campinha-Bacote’s model of cultural competency in health care delivery can apply to Native American Indians.

JOINT PROVIDERSHIPS

Addressing Public Health Priorities

Application Process

St. Charles Health System is Accredited with Commendation by the Oregon Medical Association to provide AMA PRA Category 1™ Continuing Medical Education (CME) credits for physicians.

We believe that partnering with patient advocacy groups, medical societies and professional health care associations is an effective way to strengthen educational programs and make them more widely available to providers in the community.

We welcome proposals for joint providershps and will provide qualified organizations with a link to complete a detailed online CME application for a modest fee.

The CME committee meets on the fourth Thursday of every odd month, with the exception of holidays, to review, approve or request additional information on each proposed topic.

Applications must comply with the Accreditation Council for Continuing Medical Education (ACCME®) guidelines, and include:

- Identified educational gap or practice gap
- Activity format most appropriate for the topic
- Detailed event agenda
- Needs assessment
- Learning objectives
- Current faculty and medical meeting planner CVs/resumes
- Faculty/speaker and Medical Meeting Planner Conflict of Interest Disclosures
- Strategy for collecting post-activity data and evaluating outcomes
- Detailed references, preferably to peer-reviewed academic medical journals and recently published studies:

Presentation slides are reviewed by St. Charles’ CME department prior to the activity taking place to ensure that the content is medically and scientifically accurate, follows national guidelines and best practices, and is fair and balanced in its coverage of treatment options, particularly when it comes to prescription medication or medical devices. The presenter must include a variety of treatment options and medications, and may not recommend or favor one over another.

Note: All advertising materials MUST be reviewed before being sent out/posted to ensure that it complies with accreditation criteria, including the official accreditation statement with specified formatting intact. The CME Committee will not consider programs that have already been planned, with marketing already posted/sent to prospective attendees.

ACCME’s Standards for Commercial Support must be adhered to (related to sponsors, exhibitors, educational presentations and materials).

Request An Application

To request a link to an online application, please contact Karen Kruger at 541-706-2605 or email at kmkruger@stcharleshealthcare.org.
Application Deadlines

<table>
<thead>
<tr>
<th>CME Committee Meeting Target Dates</th>
<th>Deadline for Submitting Online Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov. 15, 2018</td>
<td>Nov. 1, 2018</td>
</tr>
<tr>
<td>Jan. 24, 2019</td>
<td>Jan. 2, 2019</td>
</tr>
<tr>
<td>March 28, 2019</td>
<td>March 1, 2019</td>
</tr>
<tr>
<td>May 23, 2019</td>
<td>May 1, 2019</td>
</tr>
</tbody>
</table>

If an application is included on a CME committee agenda for review, a representative from the prospective joint sponsor may attend the meeting to explain the proposed activity and to answer questions in greater detail.

The St. Charles CME committee reserves the right to refuse to certify an educational activity if it does not meet ACCME or OMA requirements for accreditation. Application fees are non-refundable.

Joint Providership Fees*

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost for industry-funded activity or for for-profit entity</th>
<th>Non-profit rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial CME application</td>
<td>$300</td>
<td>$50</td>
</tr>
<tr>
<td>Activity certification fee</td>
<td>$100/hour of CME credit</td>
<td>$50/hour of CME credit</td>
</tr>
<tr>
<td>Additional certifications such as AAFP, Maintenance of Certification (MOC), or Oregon Board of Pharmacy</td>
<td>Varies</td>
<td>Varies</td>
</tr>
<tr>
<td>Conference room rental fee, A/V and food and beverage for activities held at a St. Charles facility</td>
<td>Varies</td>
<td>Varies</td>
</tr>
</tbody>
</table>

Applicants will be invoiced by St. Charles Health System upon approval and completion of their educational activity. *St. Charles reserves the right to change Joint Providership fees on an as-needed basis.

Accreditation Files

Upon completion of an activity, the joint provider must submit the following items to St. Charles Health System for their accreditation files:

- Attendance sign-in sheets and attendee list with their credentials (MD, PA, etc.)
- Disclosure announcement, initialed and dated
- Copy of handouts distributed
- Evaluation surveys
- Activity report and evaluation summary
- Copy of final budget
- Planning notes, meeting minutes, etc.

Once the items listed above have been received, approved joint providerships will have access to St. Charles software programs for electronic tracking of attendance and downloadable CME certificates, which either the joint sponsor or the participant can print on their own.

Current Joint Providers

Central Oregon Advanced Practice Providers (COAPP)

Local professional medical organization led by nurse practitioners (NPs) & physician assistants (PAs). Their vision is to foster better relationships among all health professionals in the community, thus improving patient care. Providers from diverse specialties and health care fields are welcome to join as members for continuing medical education, community service events, and professional leadership opportunities. Members include physicians, dietitians, registered nurses, physical & occupational therapists, speech therapists, midwives, therapists, acupuncturists, NPs, PAs, lactation consultants and others.

For more information: https://centraloregonadvancedpractice.org/

Central Oregon Health Council (COHC)

The Central Oregon Health Council (COHC) is a not-for-profit, tax-exempt public and private community governance entity. The COHC is dedicated to improving the health of the region and providing oversight of the Medicaid population and Coordinated Care Organization (CCO). COHC was officially created by Senate Bill 204 in 2011 to promote the health of the region’s residents and seeks to achieve the Triple Aim of improving health outcomes, increasing satisfaction with the health system, and reducing cost. The COHC’s mission is to serve as the governing Board for the CCO and to connect the CCO, patients, providers, Central Oregon, and resources. The COHC and Central Oregon’s CCO, PacificSource Community Solutions (PSCS), works together to transform health care in the region and to use integrated and coordinated health care systems to improve health; increase quality, reliability, availability, and continuity of care; and reduce the cost of care. Past events have included: Chronic Non-Cancer Pain 101 Provider Workshop, as well as forums regarding motivational interviewing and other topics.

For more information: http://cohealthcouncil.org/
Eastern Oregon Coordinated Care Organization (EOCCO)

Eastern Oregon Coordinated Care Organization (EOCCO) is a Coordinated Care Organization (CCO). We are a group of all types of healthcare providers who work together for people on the Oregon Health Plan (OHP) in your community. EOCCO provides coverage for OHP members in the following counties: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler. EOCCO is administered by Greater Oregon Behavioral Health, Inc. (GOBHI) and Moda Health. Events include the annual clinician summit and provider forums on topics such as non-cancer pain management.

For more information: http://eocco.com/index.shtml

Chi Franciscan Health Care

The seeds for CHI Franciscan Health were planted in 1891, when the Sisters of St. Francis of Philadelphia established St. Joseph Hospital, now known as St. Joseph Medical Center, in Tacoma. Over the years, their health care ministry has grown with the enduring goal of fulfilling the spiritual, emotional and physical needs of the people they serve. They offer expert care from highly skilled providers at locations throughout the Seattle and Tacoma areas. Jointly provided events included the Fundamentals of Critical Care Support for medical staff.

For more information: https://www.chifranciscan.org/

Vibra Healthcare

Vibra Healthcare has been providing patients with proficient, personalized, and compassionate medical services since 2004. They operate freestanding long-term acute care hospitals and acute medical rehabilitation hospitals, nationwide. Vibra Healthcare is a private corporation currently operating numerous hospitals in 18 different states. Jointly provided events include presentations for providers on various medical topics as well as their semi-annual national medical advisory committee conferences.

For more information: https://www.vibrahealthcare.com/

Medical Meeting Planner Resources

Accreditation Council for Continuing Medical Education http://www.accme.org/

Alliance for Continuing Education in the Health Professions http://acehp.org/

American Board of Medical Specialties http://www.abms.org/board-certification/

American Medical Association https://www.ama-assn.org/education/cme-provider-resources

Electronic Education Documentation System (EEDS) http://www.eeds.com

Oregon Medical Association http://www.theoma.org/products-services/accreditation-services

CONTINUING MEDICAL EDUCATION FREQUENTLY ASKED QUESTIONS (FAQs)

What’s the difference between “continuing medical education” and “clinical education” (now called “Clinical Practice & Professional Development” or CPPD)?

St. Charles’ CME Department is Accredited with Commendation by the Oregon Medical Association to develop and produce educational activities which grant CME credit also known as AMA PRA Category 1 CME Credit™, for allopathic (MD) and osteopathic (DO) physicians, to use to fulfill their annual licensings requirements of 30 CME Credits per year. Physician Assistants, Nurse Practitioners, and Pharmacists may also use CME credits to fulfill annual Continuing Education requirements for their respective boards.

Educational gaps or practice gaps are identified through Medication Safety, Quality or other performance metrics, and the CME Department designs education programs specifically geared toward physicians to help close those gaps. Grand Rounds, workshop, conference and joint providership themes are presented to the CME Committee when it meets on the fourth Thursday of every odd month from 0700-0800. Speakers are then scheduled to cover the approved topics according to the approved needs assessment and learning objectives. Speakers and approved topics are then confirmed on the CME calendar.

Like with Grand Rounds, caregivers are welcome to attend CME activities when relevant.

Where can I see the current list of CME programs offered?

http://www.stcharleshealthcare.org/For-Professionals/Continuing-Medical-Education/Events (also has link to calendar)

How do I sign up for Procedural Skills courses?

Procedural Skills, such as Ventilator and Airway Management, ED Point of Care Ultrasound, etc. are offered primarily for providers for CME credit, though some classes may also be appropriate for other audiences (nurses, allied staff). To see current offerings, go to http://www.stcharleshealthcare.org/For-Professionals/Continuing-Medical-Education/Events. For classes that have a fee to register, go to http://www.stcharleshealthcare.org/Classes/Continuing%20Education.aspx. For questions, call the Procedural Skills Program Coordinator at (541) 706-2605. (Karen Kruger)

How do I sign up for ACLS, BLS, PALS, TNCC, etc. classes?

SCMG-employed providers should register for classes through the Elsevier Learning Management System portal on Caregiver Net. Privileged providers are asked to register and pay for classes at the following website link: https://www.stcharleshealthcare.org/classes/clinical-education-classes.aspx

If you need additional assistance, please send an email to AHATCC@stcharleshealthcare.org or call (541) 706-3755 (Julie Webber), Clinical Practice and Professional Development (CPPD).

For more information: http://eocco.com/index.shtml
How do I propose a new CME education program or training?
If you’d like to propose a new topic, please send an email request to CME@stcharleshealthcare.org. We collect all requests and follow up on the most promising topics by asking the requestor to fill out an online form on the eeds.com system and to provide an outline of the educational activity, including a brief one-paragraph needs assessment and 3-5 Learning Objectives.

Topics are presented to the CME Committee, which meets on the fourth Thursday of every odd month from 0700-0800. (Submit topics by the 1st of the month the meeting is scheduled.) If your suggested topic has been approved, a member of the CME team will contact you to follow up and schedule a speaker.

I’d like to give a Grand Rounds talk. How do I sign up? How much will I get paid?
Proposed topics and speakers for Grand Rounds are vetted through the CME Committee. If you would like to propose a topic on which you would be speaking, please see above for instructions. Include a copy of your CV and credentials for the committee’s review and consideration.

Speakers who reside and practice in Central Oregon are not paid an honoraria, as sharing medical knowledge is considered to be a part of the ACGME/ABMS Core Competencies for Professionalism, Commitment to Lifelong Learning, and Interpersonal and Communication Skills.

What happened to “Up to Date”? Is there any way to get access now?
Due to rapid annual percentage increases by Up-To-Date for institutional subscribers and their insistence that providers access their service only from a St. Charles site, a system-wide subscription to Up-To-Date became cost prohibitive and technically complicated to comply with.

Employed providers have the option of subscribing as an individual account holder, and submitting a reimbursement request through SCMG. We advise you to check with SCMG to ensure that this policy is still current and for directions on how to submit receipts, before purchasing a subscription on your own.

DynaMed Plus is available for download on your smart phone and will also be integrated into the Epic EMR. To find DynaMed Plus, visit the Apple Store or Google Play and search for “DynaMed Plus.” You’ll be able to download and access their content system from work or from home.

Where is the Medical Library?
The Medical Library is located on the second floor of the Center for Health and Learning at St. Charles Bend. Once you enter the main lobby, you can either take the staircase to the right of the Corner Deli, or take the elevator up to the second floor, and enter through the Admin Area door. You’ll see the Medical Library in the corridor to your left.

How do I get my CME transcript?
To obtain a copy of your CME transcript from Elsevier, log in to Elsevier and select Click to View: Transcript. Or please send an email to the Learning Management System (LMS) team at St. Charles at LMS@stcharleshealthcare.org. Include your name and the date range of the transcripts you need.

Do I need to report CME earned outside SCHS? No, please save copies of your certificates in the event you are audited by your accrediting body.

How do I report CME earned outside SCHS to be added to my transcripts?
You have the option to self-report and track your earned credit via your eeds account, or to submit your outside certificates of attendance directly to your accrediting body(ies). Eeds will allow you to view and print your transcript which can then be submitted to your accrediting body along with your “Elsevier transcript.” (refer to page 19 “How do I get my CME transcript?”)

How do I get CME credit for medical Internet Point-of-Care searches?
St. Charles Health System utilizes the Electronic Education Documentation System (eeds.com). Contact Medical Librarian, Helen Guerrero-Randall with a request for an account, and she will get you set up in their system. Once you have an account, you will be able to keep an electronic log of your Internet searches and once approved, you’ll receive .5 AMA PRA Category 1™ CME Credits for each qualified Internet search you log.

Helen can be reached at (541) 706-4719 or by email at library@stcharleshealthcare.org.

How do I find upcoming Grand Rounds topics?
Grand Rounds topics are listed in the weekly Medical Staff In The Know email newsletter every Tuesday afternoon. Topics are also listed in a weekly email newsletter. If you’d like to be added to that routing list, please email your request to CME@stcharleshealthcare.org. You can also find listings at http://www.stcharleshealthcare.org/For-Professionals/Continuing-Medical-Education.

Where can I find past Grand Rounds presentations?
Grand Rounds presentations are posted on the main St. Charles Health System website at this link: http://www.stcharleshealthcare.org/For-Professionals/Continuing-Medical-Education/Grand-Rounds-Archive

Select videos of the Grand Rounds are currently not available. A resolution is being implemented and videos will be posted as they become available. A PDF of the handouts is posted.

Miss Having Up-To-Date Access? Become a Preceptor!
OHSU offers medical library access, including a free Up-To-Date account, to preceptors awarded a clinical faculty appointment. For more info, email clerkship@stcharleshealthcare.org.
# Preceptorships

St. Charles Health System hosts Medical Students from Oregon Health & Science University and Western University of Health Sciences/COMP Northwest during their Clerkship Rotations. It is our goal to provide an exceptional clinical experience to our upcoming physicians in training. We invite you to explore the rewards of being a preceptor to 3rd and 4th year Medical Students, Nurse Practitioner students and/or Physician Assistant students.

## Who Are Preceptors?

Preceptors are physicians who appreciate the time and effort given to them as medical students and see the value in paying it forward. Most often, preceptors are practicing medical providers who are teaching physicians without full-time academic appointments, although retired physicians also have a place in the preceptor experience. Preceptors deliver care in office settings, hospital settings, and community health clinics.

## What Can a Physician Provide a Learner?

Medical providers who are preceptors offer precisely what learners want: practical skills. Usually in less than a five-minute teaching moment, learners focus on the patient and her/his problem rather than discuss an abstract topic and get to participate in developing a practical conclusion to the problem. Students also appreciate the level of independence in delivering care. Of most value, perhaps, is the benefit students derive from watching the preceptor manage a medical problem, improving their own communications skills and honing clinical skills, and only the preceptor-learner relationship can produce such learning opportunities.

## How Does the Preceptor Benefit?

Most often, the benefits to the preceptor cannot be recorded or deposited. Preceptors continually state that precept-ing brings back the joy of clinical practice, and many say they feel as though they are giving back to the profession. Preceptors feel less isolated and enjoy the reward of sharing their knowledge. Not only does the learner improve clinical skills, but preceptors also report that they, too, benefit from reviewing the basics and seeking new knowledge. Preceptors can also benefit their practices by recruiting medical professionals with whom they’ve worked day-to-day.

## What Do Learners Expect From Their Preceptorship?

Students are clear about what they want from their learning experience: the chance to manage patients’ cases, experience in collecting basic data and improvement in their interpretation skills with the different cases they experience in a clinical environment. Learners want their preceptors to encourage independence in their students. Other characteristics that learners value in their preceptors include the preceptor’s desire to solve problems, to be an enthusiastic physician and to engage in the learning process.

### MEDICAL STUDENT PRECEPTORS

<table>
<thead>
<tr>
<th>Educational Experience Requested</th>
<th>Department</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Rotations for 3rd and 4th year medical students; Elective Rotations for 3rd or 4th year Residents; Clinical Rotations for Physician Assistant program and Nurse Practitioner program students. These rotations require direct-patient care and access to Patient Health Information (PHI).</td>
<td>OHSU, Western University COMP-NW, Pacific Northwest University medical, NP and PA students are required to go through the Clinical Rotation coordinators at their respective schools. Unaffiliated students may contact the St. Charles Clerkship Department for availability.</td>
<td><a href="mailto:clerkship@stcharleshealthcare.org">clerkship@stcharleshealthcare.org</a> 541-706-3749</td>
</tr>
</tbody>
</table>
| Clinical rotations for Nursing Students and Allied Health students, including but not limited to Radiology, EMT, PT, etc. | Clinical Practice and Professional Development (CPPD) | Janice Pendroy, RN, MSN  
Clinical Practice and Professional Development Specialist  
jpendroy@stcharleshealthcare.org  
541-526-6593 |
| American Heart Association (AHA) accredited courses for BLS and ACLS | Clinical Practice and Professional Development (CPPD) | Amanda Raethke, Operations Coordinator, CPPD  
amraethke@stcharleshealthcare.org  
541-706-3755  
ahatcc@stcharleshealthcare.org |
| Job shadows and observerships for high school, college, and graduate student programs. | Cascades East Area Health Education Center (AHEC) | Debbie Cole, AHEC Manager  
541-706-2773  
dmcole@stcharleshealthcare.org |
What Are the Costs to the Preceptor?
While the physician’s time and lost billings are most often cited as costs of precepting, many physicians note that productivity and revenue are not affected. The physician can probably expect about a one-hour workday increase for each half-day spent in teaching. One study stated that well over one-half of the physicians participating experienced no reduction in income. Another survey reported that physicians might see one fewer patient for each half-day spent teaching.

How Are Patients Impacted?
Aside from questions of lost income, many physicians are concerned that quality of care and patient satisfaction will drop, resulting from having students present in their medical practices. The opposite seems to be true. In a study of HMO practices, 90% of the physicians reported that quality of care and satisfaction were not affected. Studies of private practices yield similar results. Many patients say they enjoy the extra attention from learners, even when the learner repeats part of the examination.

What does the Effective Preceptor Demonstrate?
Superior communication skills, careful analysis of the learner, skill in practice and teaching and motivation of the leader. Full faculty medical library resources are available to preceptors through affiliation with OHSU or COMP-Northwest.

Learning Through Teaching
I’m interested in teaching medical students and residents. How do I sign up?
If you are an SCMG-employed provider, please contact SCMG to determine if your clinic or shifts have the capacity to accept learners. Once you receive the green light from SCMG, send an email with your request to Clerkship@stcharleshealthcare.org and include your name, practice location, specialty, board certification, email address and mobile phone numbers; include PDF copies of your CV, medical license, board certification, and certificate of insurance. Once we’ve had a chance to review your submission, a member of the Medical Education team will get back to you with any follow up questions.

Do I get CME credit for teaching?
Yes, in most cases. Please contact CME@stcharleshealthcare.org with specific questions, so that we can process your request appropriately.

Once I am accepted into the teaching program and become a preceptor, how do I sign up for a clinical appointment with one or all of our partner med schools?

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Process for Submitting Clinical Faculty Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon Health and Science University (OHSU) Portland, Oregon</td>
<td>Email <a href="mailto:CME@stcharleshealthcare.org">CME@stcharleshealthcare.org</a></td>
</tr>
<tr>
<td>Western University – College of Osteopathic Medicine Pacific Northwest (COMP-NW) Lebanon, Oregon</td>
<td>Email <a href="mailto:CME@stcharleshealthcare.org">CME@stcharleshealthcare.org</a></td>
</tr>
<tr>
<td>Pacific Northwest University College of Health Sciences Yakima, Washington</td>
<td><a href="http://www.pnwu.edu/college-osteopathic-medicine/adjunct-clinical-faculty-development/">http://www.pnwu.edu/college-osteopathic-medicine/adjunct-clinical-faculty-development/</a></td>
</tr>
<tr>
<td>Idaho College of Osteopathic Medicine (ICOM) Meridian, Idaho</td>
<td><a href="http://www.idahocom.org/partners/">http://www.idahocom.org/partners/</a></td>
</tr>
</tbody>
</table>

Each medical school handles its clinical faculty appointment process differently, and once applications have been submitted, the Clerkship department isn’t able to influence the speed with which they are reviewed.

What exactly is “Faculty Scholarly Activity” and how do I demonstrate this, as required by the ACGME?
To obtain ACGME accreditation to become a full-fledged residency program, the clinical faculty members of a Medical Education program must demonstrate at the time of application an on-going commitment to participating in scholarly activity and life-long learning. Examples for Emergency Medicine, Family Medicine, and Internal Medicine are included in the chart on the next page. For additional specialties or more detailed information, please visit:
http://www.acgme.org/Portals/0/PDFs/Specialty-specific%20Requirement%20Topics/DIOScholarly_Activity_Faculty.pdf

Miss Having Up-To-Date Access? Become a Preceptor!
OHSU offers medical library access, including a free Up-To-Date account, to preceptors awarded a clinical faculty appointment. For more info, email clerkship@stcharleshealthcare.org.
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specialty-Specific Program Requirements</th>
</tr>
</thead>
</table>
| Emergency Medicine           | II.B.5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)  
II.B.5.a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)  
II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:  
II.B.5.b.1) peer-reviewed funding; (Detail)  
II.B.5.b.2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; (Detail)  
II.B.5.b.3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or; (Detail)  
II.B.5.b.4) participation in national committees or educational organizations. (Detail)  
II.B.5.c) Faculty should encourage and support residents in scholarly activities. (Core)  
II.B.5.d) All core physician faculty members must be involved in scholarly activity. (Core)  
II.B.5.e) At minimum, each individual core physician faculty member must produce at least one piece of scholarly activity per year (averaged over the past five years). (Detail)  
II.B.5.f) At minimum, this must include one scientific peer-reviewed publication for every five core physician faculty members per year (averaged over the previous five-year period). (Core) |
| Family Medicine              | The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)  
The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)  
Some members of the faculty should also demonstrate scholarship by one or more of the following:  
II.B.5.b.1) peer-reviewed funding; (Detail)  
II.B.5.b.2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; (Detail)  
II.B.5.b.3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or; (Detail)  
II.B.5.b.4) participation in national committees or educational organizations. (Detail)  
Faculty should encourage and support residents in scholarly activities. (Core) |
| Internal Medicine            | The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)  
The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)  
Some members of the faculty should also demonstrate scholarship by one or more of the following:  
II.B.5.b.1) peer-reviewed funding; (Detail)  
II.B.5.b.2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; (Detail)  
II.B.5.b.3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or; (Detail)  
II.B.5.b.4) participation in national committees or educational organizations. (Detail)  
Faculty should encourage and support residents in scholarly activities. (Core) |
Specialties With Fewer Than 300 Certificate Holders

The AOA recognizes that members holding specialty or subspecialty certificates in specialties with less than 300 certificate holders may have difficulty accruing the required number of AOA 1-A credits for maintenance of membership. In such cases, members may apply AMA PRA Category 1 Credit™ or AAFP Category 1 credits to their AOA 1-A credit requirement up to the maximum of 15 CME credits per cycle to meet the Category 1-A credit requirement for membership. To qualify for AOA Category 1-A CME credit under this policy the following criteria must be met:

1. Osteopathic physicians must be a member of the AOA
2. Physicians must be AOA and/or ABMS certified
3. The specialty/subspecialty must be listed as a qualifying specialty

A List Of Specialties And Subspecialties With Less Than 300 Certified Members Can Be Viewed Here.

To request eligibility in this program, physicians should contact their certifying board. Specialty colleges may petition the Council on Continuing Medical Education (CCME) to have members exempted from the current policy if that specialty college feels that sufficient CME is available in the specialty or subspecialty listed for exemption. To do this, specialty affiliates must submit a detailed list of courses which provide CME that meets the needs of the specialty or subspecialty physicians.

Note: This exemption only applies to the 30 Category 1-A CME credits required for membership in the AOA. For credits required for certification, see CME Requirements for Certified Physicians or contact your specialty certifying board.

The acceptance of ACCME accredited provider for AMA PRA Category 1 Credit™, AAFP, or credits from any other certifying body by the CCME in order to fulfill AOA CME requirement does not convert said credits to AOA credits.

For more information:

Visit the Osteopathic Physicians and Surgeons of Oregon (OPSO) at www.opso.org.
Oregon Board Of Pharmacy Requirements

15 hours of continuing education must be completed annually, during the period from June 1 through May 31 of each license renewal period. A program shall consist of therapeutics, or pharmacy and drug law or other aspects of health care. 1 hour of continuing education credit must be earned in the area of pharmacy and drug law. 1 hour of continuing education credit must be earned in the area of patient safety or medication error reduction. There is a one-time requirement of 7 hours in pain management (A one-hour pain management course, specific to Oregon, provided by the Pain Management Commission of the Oregon Department of Human Services; and a minimum of six hours of continuing education in pain management.) Home study must be approved by the board.

Licenses expire on June 1st. However, when submitting renewal, all forms must be submitted and postmarked by May 31st of the renewal year.

CE programs are not required to carry approval of American Council on Pharmaceutical Education (ACPE). Programs presented by providers approved by the American Council on Pharmacy Education (ACPE) are generally accepted, however, the Board reserves the right to determine the number of hours allowed or to disapprove such programs.

ACPE-approved courses for Pharmacy Technicians end in the letter “T”. ACPE-approved courses pharmacists (only) end in the letter “P”. Courses ending in the letter “P” cannot be used to meet pharmacy technician CE requirements.

For more information visit the Oregon Board of Pharmacy.


Oregon Administrative Rules Relating To Continuing Education:

OAR 855 Division 21 Pharmacist Continuing Education for Renewal:
http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_021.html

855-021-0010 Continuing Pharmacy Education

1. In this rule the terms below have the meanings given:
   a. “Patient Safety” means procedures and processes that ensure that the correct patient receives the correct drug in the correct dose, and is counseled appropriately.
   b. “Medication error prevention” means procedures and processes to prevent and avoid adverse events and to ensure that the correct patient receives the correct drug in the correct dose.

2. A continuing pharmacy education program means classes of post graduate studies, informal study group participation, institutes, seminars, lectures, conferences, workshops, extension study, correspondence courses, teaching, planned and professional meetings, self study courses, cassette or audio visual tape/slides or materials, and other self instruction units:
   a. A program shall consist of therapeutics, or pharmacy and drug law or other aspects of health care. A minimum of at least two hours of continuing education credit must be earned in the area of pharmacy and drug law. A minimum of two hours of continuing education credit must be earned in the area of patient safety or medication error prevention.
   b. Programs shall provide for examinations or other methods of evaluation to assure satisfactory completion by participants.
   c. The person or persons who are to instruct or who are responsible for the delivery or content of the program shall be qualified in the subject matter by education and experience.

3. Continuing pharmacy education programs shall be approved by the Board of Pharmacy. Application for approval shall be made on and in accordance with forms established by the Board. The forms shall require information relating to:
   a. Name of provider or sponsor;
   b. Type of program offered;
   c. Description of subject matter;
   d. Number of contact hours offered;
   e. Total number of contact hours in therapeutics or pharmacy and drug law or other aspects of health care;
   f. Method of determining satisfactory completion of program;
   g. Dates and location of program;
   h. Name and qualification of instructors or other persons responsible for the delivery or content of the program.

4. CE programs are not required to carry approval of American Council on Pharmaceutical Education (ACPE). Programs presented by providers approved by the American Council on Pharmacy Education (ACPE) are generally accepted, however, the Board reserves the right to determine the number of hours allowed or to disapprove such programs.

5. Providers shall provide attendees with proof of attendance that shows the date and number of contact hours provided. Providers must maintain attendance lists for three years.

6. Continuing pharmacy education credit accumulated in excess of the required 30 contact hours for biennial license renewal cannot be carried forward.
7. A maximum of 20 contact hours (2.0 CEU) may be earned in any licensing cycle by preparing and presenting CE programs. Pharmacists presenting CE programs may earn one contact hour (0.1 CEU) for preparation time of one hour or more, plus credit for the actual contact hour time of the presentation. A pharmacist must show content of the course, and a description of the intended audience (e.g., pharmacists, physicians, nurses). Public service programs, such as presentations to school children or service clubs, are not eligible for continuing education credit.

8. Pharmacists taking post graduate studies applicable to graduate or professional degrees may submit the course syllabus and evidence of satisfactory completion of the course for continuing education credit approval by the Board.

9. The Board may approve up to 26 contact hours of CE credit for pharmacists who have successfully completed nationally certified Disease State Management courses.

10. Board members or staff may attend CE programs for the purpose of evaluating content, format and appropriate-ness of material for Continuing Pharmacy Education credit. Subsequent programs by CE providers whose current programs are deemed deficient by on-site evaluation may be required to obtain prior approval by the Board. The Board will provide feedback to CE providers regarding evaluated CE presentations.

Pharmacist Associations

- American Pharmacists Association (APhA)
- American Society of Health-System Pharmacists (ASHP)
- National Community Pharmacists Association (NCPA)
- Oregon Society of Health-System Pharmacists (OSHP)
- Oregon State Pharmacists Association (OSPA)