### **BOARD OF PODIATRIC MEDICAL EXAMINERS**

### **OPEN SESSION MEETING VIA GOOGLE MEET**

### **AGENDA**

## September 8, 2022

Location Google Meet: https://meet.google.com/vtw-whzs-ngb?hs=224

Join by phone: (US) +1 513-855-2398 PIN: 237385945

### A. ORDER of BUSINESS

- 1. Call to Order- Roll Call
- COMAR 10.01.14.02.B: Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session.
- 3. Approval of minutes from the July 14, 2022 meeting

Tab A

- **B. BOARD PRESIDENT'S REPORT**
- C. EXECUTIVE DIRECTOR'S REPORT
- **D. OLD BUSINESS:** 
  - 1. None.
- E. NEW BUSINESS:
  - 1. Public Notice: CPME statement concerning the ABPM CAQ in Podiatric Surgery Tab B
  - 2. Commission to Study the Health Care Workforce Crisis-Update

Tab C

3. Implicit Bias- Instructions for finding accredited courses on CME Passport

Tab E

- 4. Discussion considering promulgating regulations to address anti-discrimination laws relating to gender, race, disability, or religion
- 5. Review eligibility for issuance of Full Active Podiatric License:
  - a. Sahar Zadeh, DPM
  - b. Renee Mason, DPM
  - c. William Wolfe, DPM
  - d. Faezeh Bakhtiari-Nejad, DPM
  - e. Amar Gulati, DPM
  - f. Chris Obiarinze, DPM
  - g. Selin Sakarcan Ruggieri, DPM

# F. ADJOURNMENT

### **BOARD OF PODIATRIC MEDICAL EXAMINERS**

### **OPEN SESSION MEETING VIA GOOGLE MEET**



### **MINUTES**

July 14, 2022

Location Google Meet: https://meet.google.com/rtb-pzud-jib?hs=224

Join by phone: (US) +1 530-882-2187 PIN: 865231418

The Public Meeting commenced at 1:09 PM, opened by the Board President, Dr. Adam Silverman.

Roll call was initiated by the Executive Director.

Board members present: Drs. Gottlieb, Umezurike, Silverman, Fox, and Duggirala.

Consumer Members present: Ms. Frona Kroopnick and Ms. Lynne Brecker, RN.

Board staff present: Eva Schwartz, Executive Director, and Elizabeth Kohlhepp, Deputy Executive Director

Office of the Attorney General: Rhonda Edwards, AAG, Board Counsel, and Kristen Lim, AAG

Representing MPMA: Mr. Richard Bloch, Executive Director, and Dr. Jay LeBow, MPMA member

**Guest: Katina Nazario** 

Dr. Silverman cited COMAR 10.01.14.02.B: "Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session."

### A. MINUTES

### 1. Approval of minutes from the June 9, 2022 meeting

The minutes from the June 9, 2022 meeting were approved unanimously, as submitted.

### **B. BOARD PRESIDENT'S REPORT**

Reporting of any issues were not advanced at this meeting.

# C. EXECUTIVE DIRECTOR'S REPORT

Ms. Schwartz introduced the Board's new AAG, Ms. Kristen Lim. Kris gave a short summary of her professional and vast experience. The Board warmly welcomed Kris.

# 1. Implicit Bias Training

Ms. Schwartz invited Ms. Katina Nazario in front of the Board to discuss SB 5, that became law in the 2021 legislative session, which would require applicants for the renewal of a license issued by a Health Occupations Board, to attest to the completion of an approved Implicit Bias training program the first time they renew their license after April 1, 2022. It was mentioned that the law does not specify length, cost, or amount of CME's the course would require; therefore, it is at the Boards discretion to approve coursework to meet the requirement. At the time of renewal, the applicant will attest to the course on the renewal application. The ACCME is hoping

	to create a portal making it easily accessible for practitioners to find courses to meet this requirement through their website.
OLD	BUSINESS:
1.	None.
NEV	V BUSINESS:
1.	Topics Quarterly Newsletter Volume 37/No. 2 Summer 2022 from Gordon, Feinblatt, Rothman &
	Hollander
	The Board received a copy of the Topics Quarterly Newsletter Volume 37/No. 2 Summer 2022 from Gordan, Feinblatt, Rothman, & Hollander, for informational purposes.
2.	Review eligibility for issuance of Full Active Podiatric License:
	a. Charles Hu, DPM
	b. Alexis Schupp, DPM
	c. Daniel Stevens, DPM
	The above identified licensure candidates were approved unanimously for the issuance of a full Maryland license.
ADJ	OURNMENT
	With no further business, the Public Session of the Board meeting concluded at 1:56 PM.
	Respectfully submitted by Eva Schwartz, Executive Director, Signature and date: Eva Schwartz (electronic signature) August 29, 2022
	Elizabeth Kohlhepp, Deputy Executive Director, Signature and date
	Signature by Frona Kroopnick, Board Secretary/Treasurer:

D.

E.

F.

View this email in your browser





# Public Notice Concerning the ABPM CAQ in Podiatric Surgery

The Council on Podiatric Medical Education (CPME) is aware of the recent announcements by the American Board of Podiatric Medicine (ABPM) to offer a Certificate of Added Qualification (CAQ) in podiatric surgery. The Council does not recognize or approve any CAQs within its current policies and procedures for board recognition. CAQs are not equivalent to certification, and they cannot lead to certification in any specific content area. Further, the Council believes it would be confusing to the public to provide a qualification in podiatric surgery when there is a surgical certification board within the profession.

The Joint Committee on the Recognition of Specialty Boards (JCRSB) was restructured as a standing committee of the Council as the Specialty Board Recognition Committee (SBRC) as of March 2022 and is no longer a joint committee with APMA. However, the ruling made by the JCRSB in 2018 is still in effect and states that although the ABPM was offering CAQs, all language on the actual CAQ provided to its certificants must state that the CAQ is not a CPME-recognized product.

The Council had already appointed an ad hoc advisory committee to begin the rewrite of the SBRC documents beginning fall 2022. Consistent with CPME's procedures, this will be a clear and transparent process that includes input from the entire community of interest. The Council's rules and procedures are the result of a thoughtful and deliberative process, and CPME will continue to vigorously enforce its existing and future standards with due process.

CPME requests, for the best interest of the profession, that all specialty boards refrain from implementing CAQs, including the CAQ in podiatric surgery, until the rewrite process is complete.

CPME is making this public statement so there is no ambiguity in its current position with respect to CAQs thus ensuring that stakeholders (e.g., hospitals making privileging decisions) have accurate facts about the Council's prevailing policy.

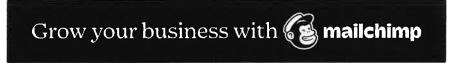
The Council wishes to ensure that this notice is distributed widely to relevant stakeholders including podiatric medical residents and hospital administrators. Please forward as appropriate. Thank you.

Heather M. Stagliano. DHSc
Executive Director of the Council on Podiatric Medical Education
9312 Old Georgetown Road
Bethesda, MD 20814
<a href="mailto:hstagliano@cpme.org">hstagliano@cpme.org</a>



Copyright © 2022 Council on Podiatric Medical Education, All rights reserved.

Want to change how you receive these emails? You can <u>update your preferences</u> or <u>unsubscribe from this list</u>.



Subject: Commission to Study the Health Care Workforce Crisis-Update

Good afternoon fellow EDs and Acting EDs,



There are several new Executive Directors and individuals in the Acting Executive Director role who may not be familiar with the Commission to Study the Health Care Workforce Crisis in Maryland. In the 2022 Legislative Session, Senate Bill (SB) 440 passed, establishing this commission. I am the representative of the smaller Boards on the Commission. Kimberly Link is the Chair of the Commission.

Three distinct advisory councils have been established by the Commission with specific assignments to carry out the Commission's mandates:

- 1. Workforce Data First meeting was held on August 19, 2022
- 2. Education and Pipeline First meeting is scheduled for August 31, 2022
- 3. State Efficiencies and Cooperation First meeting TBD

Attached are the Workforce Roster, Advisory Group assignments, and the minutes from the August 19, 2022 Workforce Data Advisory Group meeting.

The Workforce Data Advisory Group is tasked with identifying data sources. At the initial meeting held this past Friday, it was stated that, "the immediate focus of the Workforce Data Advisory Group is on the priority areas of nursing (all types), entrylevel direct care professionals, and behavioral health". However, we do need to collect data from other health professions impacted by the workforce shortage, example but not limited to, Nursing Home Administrators, Psychology, and Social Workers.

Please review the SB440 Committee Assignment pdf and advise on available data sources for your professions in the topic areas noted. The information will be used to update the worksheet to reflect the appropriate information. As the next scheduled meeting is on September 2, 2022, I am requesting you provide this information no later than August 31, 2022.

The Workforce Data Advisory Group will meet biweekly over the next few months, collecting information for the preliminary report which is due to the Senate Education, Health and Environmental Affairs Committee and the House Health and Government Operations Committee by December 31, 2022.

If you have specific guestions or concerns for consideration by the Commission, please let me know as soon as possible.

Note that the Commission is subject to the Open Meeting Acts. As meetings are open to the public you are able to attend., time permitting, by using the Google Meets link posted on the Commission's website at https://health.maryland.gov/Pages/Workforce-Commission.aspx.

Here are links to upcoming meetings of two advisory groups:

1) Workforce Data Advisory Group Friday, September 2 · 1:00 – 2:00pm Google Meet joining info Video call link: https://meet.google.com/pia-fkqa-vex

Or dial: (US) +1 240-558-8696 PIN: 541 591 676#

More phone numbers: https://tel.meet/pia-fkga-vex?pin=1125359803205

2) Education and Pipeline Advisory Group Wednesday, August 31 · 1:00 - 3:00pm https://umaryland.webex.com/umaryland/j.php?MTID=me044aa3ca74ddf478e4d7b32dcec65cf

# **Workforce Data Advisory Group**

# **Meeting Minutes**

Friday, August 19, 2022 11:00am-12:00pm

# Meeting Held via Google Meet:

Meeting ID: <u>meet.google.com/ioo-mqcb-azp</u> Phone Numbers: (US)+1 785-670-6690 | PIN: 882 313 667#

# Attachments:

- Workforce Data Advisory Group Roster
- SB 440 Committee Assignments

## Agenda

- I. Opening Remarks, Introductions (Casey Tiefenwerth, Special Grants Program Manager, MD Labor, Workforce Data Advisory Group Chair)
- II. Housekeeping Items (Casey Tiefenwerth)
  - a. Open Meetings Act: meetings must be publicized and open to the public when a quorum is present
  - b. The Commission has a website where meetings and corresponding documents will be posted in advance
  - c. The group has formal members who are required by the bill and assigned by their respective departments, boards, or organizations.
  - d. Opportunities for public comment will be held until the end of the meeting, although the public will be allowed to weigh in on discussion items when appropriate.
  - e. Members of the public will not have voting capabilities if/when a vote is required.
- III. Review SB 440 Committee Assignments (Casey Tiefenwerth)
  - a. Tiefenwerth shared "SB 440 Committee Assignments Document".
  - b. Sponsors of this bill identified specific goals and challenges for this advisory group:
    - i. Most important goal will be to connect the dots. There are a lot of people thinking about this issue and compiling data and what we need is a repository of that data that can also help us identify trends and possibly make projections so we can address this issue in the immediate and ensure its not a problem in the future.
    - ii. The immediate focus of this group will be on the priority areas of nursing (all types), entry level direct care professionals, and behavioral health

- 1. Dr. Bhandari reinforced the need to also look at the shortage in physicians and related professions
- c. The group reviewed the document and made suggestions about which organizations/networks/boards could weigh in on specific topics
- IV. Meeting Schedule (All)
  - a. Notable dates and deadlines:
    - An interim report will be due to the Senate Education, Health and Environmental Affairs Committee and the House Health and Government Operations committee on or before December 31, 2022
    - ii. A final report, will be due to the same committees on or before December 31, 2023.
  - b. The advisory group then participated in a poll to determine a meeting cadence:
    - i. Poll Question: How frequently should the Workforce Data Advisory Group meet? Members could choose: Weekly, Bi-Weekly, or Monthly.
    - ii. The majority of votes were for bi-weekly meetings.
- V. Good of the Order (All)

# SENATE BILL 440 Commission to Study the Health Care Workforce Crisis in Maryland - Establishment

The cc	The commission shall: (Workforce Data Advisory Group items only)	Advisory Council	Proposed Methods
S	Determine the extent of the health care workforce shortage in the State, including the extent of shortages in:		
Ξ	different settings including in-home care, hospitals, private practice, nursing homes and other long-term care settings, primary and secondary schools, community health centers, community-based behavioral health treatment programs, and hospice care;	Workforce Data	<ul> <li>Maryland Hospital Association</li> <li>Maryland Association for Community Providers</li> <li>Maryland-National Capital Homecare Association</li> <li>Health Facilities Association of Maryland</li> <li>Public Policy Partners</li> <li>MDH</li> <li>1199 SEIU</li> <li>MSDE</li> <li>MedChi</li> <li>MD Board of Pharmacy</li> <li>DDA</li> </ul>
	(ii) different regions of the State;	Workforce Data	<ul> <li>State Office of Rural Health,</li> <li>Office of Minority Health and Health Disparities</li> <li>Md rural health association</li> <li>Area Health Education Centers</li> <li>Mt. St. Mary's</li> </ul>
)	(iii) care provided in different languages spoken in the State;	Workforce Data	<ul> <li>Office of Minority Health and Health Disparities</li> <li>Labor's New Americans Initiative Coordinator</li> <li>Local Health Departments and Hospitals</li> </ul>
)	(iv) environmental services in hospitals and nursing homes; and	Workforce Data	<ul> <li>MDH</li> <li>Maryland Hospital Association</li> <li>Health Facilities Association of Maryland</li> <li>Office of Health Care Quality</li> <li>1199 SEIU</li> </ul>

(i) different levels of care for health occupations including entry perceiplats; and specialists; beneditered are positions, direct support professionals, precialists; and specialists; and specialists; and specialists; and specialists; and specialists; and average length of feature for the shortages identified in item (1) of this subsection and identify a stategles to reduce turnover in the professions that are examine ways to facilitate career advancement; and retention by what career ladders exist for all health accupations?  In the professional are advancement and retention by what career ladders and programs for on-the-Data/felucation (1) beautify for low-wage employees; and solven in the professional professional processional in the professional professional processional processional process and solventions and identify and evaluating career advancement and retention by what career ladders are programs for on-the-Data/felucation (1) beautify for low-wage employees; and solventions of non-the-Data/felucation (1) beautify partners and programs for on-the-Data/felucation (1) beautify partners and	The commission shall: (Workforce Data Advisory Group items only)	Advisory Council	Proposed Methods
or the Workforce Data dentify e antion by Workforce Data/Education & Pipeline & Pipeline	different levels of care for health occupations	Workforce Data	BHA
or the Workforce Data dentify ention by Workforce Data/Education & Pipeline & Pipeline	level direct care positions, direct support professionals,		• MDH
or the Workforce Data dentify e Data/Education by Workforce or on-the- & Pipeline & Pipeline	professional extenders, primary care providers, and		• DDA
or the Workforce Data dentify ention by Workforce Data/Education or on-the-Repelling Replacement Reports of the Republic	specialists;		SEEC
or the Workforce Data dentify e antion by Workforce or on-the-Bripeline & Pipeline			• 1199 SEIU
or the Workforce Data dentify eartion by Workforce Data/Education or on-the-Bata/Education & Pipeline			<ul> <li>Public Policy Partners</li> </ul>
or the Workforce Data elentify elention by Workforce or on-the-Bata/Education & Pipeline			<ul> <li>Board of Pharmacy</li> </ul>
or the Workforce Data edentify ention by Workforce or on-the-Bata/Education & Pipeline			<ul> <li>Board of Physicians</li> </ul>
or the Workforce Data ention by Workforce Data/Education en or on-the-Bata/Education & Pipeline			<ul> <li>State Office of Rural Health</li> </ul>
or the Workforce Data edentify eartion by Workforce or on-the- & Pipeline & Pipeline			<ul> <li>Board of Nursing</li> </ul>
or the Workforce Data dentify e antion by Workforce or on-the- Data/Education & Pipeline			MACS
or the Workforce Data elemtify ention by Workforce or on-the-Replie Replie			MACHC
or the Workforce Data ention by Workforce Data Bata/Education enthe-Bata/Education & Pipeline			<ul> <li>Public Justice Center</li> </ul>
eentify ention by Workforce or on-the-Bipeline & Pipeline	examine turnover rates and average length of tenure for the	Workforce Data	• Labor
ention by Workforce or on-the- & Pipeline & Pipeline	shortages identified in item (1) of this subsection and identify		<ul> <li>Maryland Longitudinal Data System</li> </ul>
ention by Workforce or on-the- Bata/Education & Pipeline	strategies to reduce turnover in the professions that are		• 1199 SEIU
ention by Workforce or on-the- Bata/Education & Pipeline	experiencing shortages, including wage increases and		<ul> <li>Health Facilities Association of Maryland</li> </ul>
ention by Workforce or on-the- Bata/Education & Pipeline	opportunities for career advancement;		<ul> <li>Maryland hospital association</li> </ul>
ention by Workforce or on-the- Data/Education & Pipeline	What career ladders exist for all health occupations?		<ul> <li>Maryland Nursing Association</li> </ul>
ention by Workforce or on-the- Bata/Education & Pipeline			MNCHA
ention by Workforce or on-the- Data/Education & Pipeline			MACS
ention by Workforce or on-the- Data/Education & Pipeline			MHEC
ention by Workforce or on-the- Data/Education & Pipeline			MDH- <u>PCAs</u>
or on-the- Data/Education • & Pipeline	examine ways to facilitate career advancement and retention by	Workforce	SEEC
& Pipeline	identifying and evaluating career ladders ad programs for on-the-	Data/Education	<ul> <li>Labor</li> </ul>
<ul> <li>Howard Community College</li> <li>Maryland Higher Education Commission</li> <li>Boards of Nursing, Pharmacy, Physicians,</li> <li>Dental Examiners</li> <li>Maryland Association of Community Colleges</li> <li>1199 SEIU</li> <li>Public Policy Partners</li> <li>MNA</li> </ul>	job advancement, particularly for low-wage employees;	& Pipeline	• UMB
<ul> <li>Maryland Higher Education Commission</li> <li>Boards of Nursing, Pharmacy, Physicians,</li> <li>Dental Examiners</li> <li>Maryland Association of Community Colleges</li> <li>1199 SEIU</li> <li>Public Policy Partners</li> <li>MNA</li> </ul>			<ul> <li>Howard Community College</li> </ul>
<ul> <li>Boards of Nursing, Pharmacy, Physicians,         <ul> <li>Dental Examiners</li> <li>Maryland Association of Community Colleges</li> <li>1199 SEIU</li> </ul> </li> <li>Public Policy Partners</li> <li>MNA</li> </ul>			<ul> <li>Maryland Higher Education Commission</li> </ul>
Maryland Association of Community Colleges     1199 SEIU     Public Policy Partners     MNA			<ul> <li>Boards of Nursing, Pharmacy, Physicians,</li> </ul>
Maryland Association of Community Colleges     1199 SEIU     Public Policy Partners     MNA			Dental Examiners
1199 SEIU     Public Policy Partners     MNA			<ul> <li>Maryland Association of Community Colleges</li> </ul>
Public Policy Partners     MNA			• 1199 SEIU
₹NW •			<ul> <li>Public Policy Partners</li> </ul>
Unital 23			• MNA

examine the special needs of the rural health care system in the State and methods for recruiting and retaining workers in rural areas;  areas;  examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on Medicaid reimbursement;  examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on Medicaid reimbursement;  examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on Medicaid examine the impact reimbursement;  examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on Medicaid examine the impact reimbursement;  examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on Medicaid examine the impact reimbursement;  examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on Medicaid examine the impact reimbursement;  examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on Medicaid examine the impact reimbursement;  examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on Medicaid examine the impact reimbursement;  examine the impact reimbursement has on workforce shortages, including in industries that are heavily reliant on	MDH- CHW advisory group Maryland Hospital Association MNCHA State Office of Rural Health Office of Minority Health and Health Disparities AHEC MNCHA Maryland Rural health Association Office of Oral Health
in the Workforce & Repeline & Pipeline & Pipeline & Workforce Data & Pipeline	laryland Hospital Association INCHA tate Office of Rural Health ffice of Minority Health and Health isparities HEC INCHA faryland Rural health Association ffice of Oral Health
in the Workforce Bata/Education & Pipeline Workforce Data • • • • • • • • • • • • • • • • • •	INCHA tate Office of Rural Health ffice of Minority Health and Health isparities HEC INCHA faryland Rural health ffice of Oral Health feSpan Network
in the Workforce Data/Education & Pipeline	ffice of Rural Health ffice of Minority Health and Health isparities HEC INCHA faryland Rural health Association ffice of Oral Health
Repipeline rtages, Workforce Data	ffice of Minority Health and Health isparities HEC INCHA Taryland Rural health Association ffice of Oral Health
& Pipeline  rtages, Workforce Data	isparities HEC INCHA Paryland Rural health Association ffice of Oral Health feSpan Network
rtages, Workforce Data	HEC INCHA Iaryland Rural health Association ffice of Oral Health feSpan Network
rtages, Workforce Data	INCHA Iaryland Rural health Association ffice of Oral Health feSpan Network
rtages, Workforce Data	faryland Rural health Association ffice of Oral Health feSpan Network
rtages, Workforce Data	ffice of Oral Health feSpan Network
rtages, Workforce Data •	feSpan Network
• •	
	Maryland National Capital Homecare
Hospice     Marylar     Health I	Association
Marylar  Health I	Hospice & Palliative Care Network of
• Health	Maryland Testimony
	Health Facilities Association of Maryland
MedChi	fedChi
Mid Atl	Mid Atlantic Association of Comm. Health
Provide	Providers
• HCSRC	HCSRC (reimbursement) MHCC
• DDA(rei	DDA(reimbursement)
MACS(r	MACS(reimbursement)
examine future health care workforce needs as populations age Workforce Data • MD Deg	MD Department of Aging
including the region and spoken language; • MD Deg	MD Department of Disabilities
• Office o	Office of Minority Health and Health
Disparit	Disparities
Marylar	Maryland Hospital Association
Health	Health Facilities Association of Maryland
• Univers	Universities/colleges who are making
project	projections
Marylar	Maryland Department of Planning

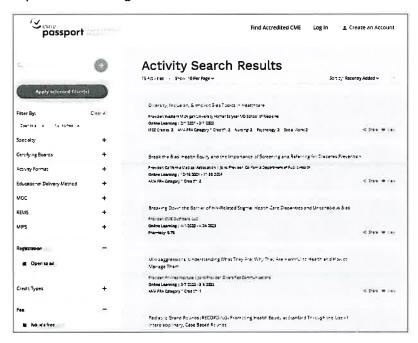
Workforce	Workforce Data Advisory Group Roster		
Members	Name	Email	
Senate (2)	Sen. Pamela Beidle	pamela.beidle@senate.state.md.us	
House of Delegates (2)	Del. Ariana Kelly	ariana.kelly@house.state.md.us	
	Del. Kenneth Kerr	ken.kerr@house.state.md.us	
Maryland Dept. of Health (MDH)	Dwain Shaw	dwain.shaw@maryland.gov	
Maryland Dept. of Commerce (MDC)	Sarah Sheppard	sarah.sheppard1@maryland.gov	
Maryland Dept. of Labor (MDL)	Casey Tiefenwerth	casey.tiefenwerth1@maryland.gov	Chair
Behavorial Health Admin. (BHA)	Michelle Darling	michelle.darling@maryland.gov	
Developmental Disabilities Admin. (DDA)	Adrienne Hollimon	adrienne.hollimon@maryland.gov	
MDH Public Health Services (PHS)	Katherine Feldman, DVM	katherine.feldman@maryland.gov	
Maryland Health Care Commission (MHCC)	Arun Bhandari, MD	arun1996@yahoo.com	
MHCC designee	Shadae Paul	shadae.paul@maryland.gov	
Maryland Board of Nursing (BON)	Karen Evans	karene.evans@maryland.gov	
Maryland Board of Pharmacy	Deena Speights-Napata	deena.speights-napata@maryland.gov	
Maryland Board of Physicians	Christine Farrelly	christine.farrelly@maryland.gov	
Maryland Board of Dental Examiners	Murray Sherman	murray.sherman@maryland.gov	
Other Board Rep	Sharon Oliver	sharon.oliver@maryland.gov	
MDH Liaison to Health Occupations Boards	Kimberly Link	kimberly.link@maryland.gov	
State Office of Rural Health	Sara Seitz	sara.seitz@maryland.gov	
Office of Minority Health and Health Disparities	Mark Martin, Ph.D.	mark.martin1@maryland.gov	
Office of Health Care Quality (OHCQ)	Shaleik Maxwell-West	shaliek.maxwell-west@maryland.gov	
UMB	Rebecca Wiseman. Ph.D	wiseman@umaryland.edu	
Dept. of Veterans Affairs	Michelle Cariaso	amabellemichelle.cariaso@maryland.gov	
Maryland Longitudinal Data System	Ross Goldstein	ross.goldstein@maryland.gov	
MLDS designee	Moliy Abend	Molly.Abend@maryland.gov	
Maryland Highet Education Commission (MHEC)	vacant		
Parent Advocate	Jeneva Stone	jenevastone@gmail.com	

### **Finding Accredited Courses with Implicit Bias Content**



- 1. The Accreditation Council for Continuing Medical Education (ACCME) is the national accrediting body for organizations seeking to provide continuing medical education (CME) for physicians and healthcare teams. After receiving accreditation from the ACCME, organizations are authorized to offer accredited CME/continuing education (CE) activities about a range of healthcare related content. Some of those activities include content that addresses implicit bias.
- 2. The ACCME maintains an online search catalogue called CME Passport (www.cmepassport.org) where individuals can find activities presented by accredited CME/CE providers using a variety of filters.
- 3. A filtered list of ACCME-accredited activities that include implicit bias content found on CME Passport can be accessed by clicking this link: CME Passport – Implicit Bias Activities

Once you access the filtered list of activities with content addressing implicit bias, you may choose to apply additional filters (using the left navigation bar) to identify activities that are "free" and/or "open to all." You may also choose to filter by location, format, or other parameters as described in the left navigation bar. Simply check the boxes of the filters you wish to select and then click the purple "Apply Selected Filter(s)" button at the top of the left navigation bar.



- 4. Once the activity search results are shown, click the title of an activity to see more details. If you would like to participate in the activity, click on the activity link that shows up on the details page.
- 5. Clicking that link will take you away from the CME Passport website to the education organization's website. Note that when you get there, you may need to look for instructions on how to order/register for that activity. Some education organizations may require you to create an account to gain access to the activity. If you're not sure what to do, look for a contact page on the education organization's website so they can assist you.
- 6. You do NOT need to create a CME Passport account to search for or participate in any of the Implicit Bias activities you find on CME Passport.
- 7. CME Passport accounts are currently available only for physicians so that CME credit can be made available to their respective licensing or certifying boards. That service is not available yet to other healthcare professions.
- 8. If you are a physician, you can create a CME Passport account that will allow you to view and track any CME credit that accredited education organizations report on your behalf. When you are going to register for a CME activity, you should ask the CME education organization to report your CME credit in ACCME's Program and Activity Reporting System (PARS).

Please share with licensees that need to take a course by the end of October. This course is approved by our office.

Course title: Introduction to Unconscious Bias and Microaggressions

Course link: <a href="https://www.ijhn-education.org/node/19607">https://www.ijhn-education.org/node/19607</a>

Format: Live, virtual via zoom

**Duration:** 1 hour

**Provider:** Johns Hopkins Medicine, Office of Diversity, Inclusion, and Health Equity (Contact Cheri Wilson, <a href="mailto:cwilso42@jhmi.edu">cwilso42@jhmi.edu</a> for more information)

Cost: \$25 (intended for non-Johns Hopkins Medicine employees)

Transcript generation: Completion Certificate (PDF) generated upon completion.

**Objective upon completion:** The purpose of this session is to increase awareness of unconscious bias and microaggressions, provide participants with strategies for responding to microaggressions and mitigating bias in decision making in the workplace, such as recruitment, retention, and promotion and in clinical care in an effort to reduce health and health care disparities and promote health equity.

# Following this session, participants will be able to:

- · Develop an awareness of how unconscious bias impacts decision-making
- Recognize microaggressions
- Respond to microaggressions
- Practice allyship for creating an inclusive and welcoming environment
- Apply strategies for mitigating unconscious bias



# Katina Rojas Nazario-Joy She/Her/Ella

# Maryland Department of Health

Office of Minority Health & Health Disparities Program Manager Cultural & Linguistic Health Care Professional Competency Program The licensee may not:

(5) Practice, condone, facilitate, or collaborate with discrimination on the basis of race, gender, sexual orientation, age, religion, national origin, socioeconomic status, disability, or any other basis proscribed by law;