SADS Medical Education Summary
Accomplishments as of 5/15/12

Seminars

In 2011, SADS sponsored/participated in Medical Education Seminars in Texas, New York, CT, Nashville, Utah and Chile. The site for the annual SADS International Conference was in Atlanta and several healthcare professionals attended this seminar as well for CME and CEU credits.

Thus far in 2012, we have gained even more traction and have already sponsored/participated in more medical education seminars than all of last year combined, reaching more physicians and healthcare professionals than ever before. Institutions and educational groups have begun reaching out to the SADS Foundation to bring medical education to their facilities and also to find speakers for existing programs. SADS was approached and provided speakers in PA for two school nurse conferences, speakers in HI for a community event as well as athletic trainers and EMT conferences and multiple institutions have requested to partner/collaborate with us for education, including Ohio State University, John’s Hopkins and New York University to name a few.

2012 Seminars for January through May include:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Institutions</th>
<th># Attendees</th>
<th>Industry Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 9, 2012</td>
<td>Cleveland, OH</td>
<td>Case Western</td>
<td>30</td>
<td>Familion</td>
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<tr>
<td></td>
<td></td>
<td>Cleveland Clinic</td>
<td>55</td>
<td>Boston Scientific</td>
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<tr>
<td></td>
<td></td>
<td>Local Dinner Program</td>
<td>50</td>
<td></td>
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<td>Feb 0, 2012</td>
<td>Lancaster, OH</td>
<td>Fairfield Medical Ctr.</td>
<td>175</td>
<td>Boston Scientific</td>
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<tr>
<td></td>
<td></td>
<td>Community Event</td>
<td>100</td>
<td></td>
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<tr>
<td>Feb 20, 2012</td>
<td>Philadelphia, PA</td>
<td>School Nurse Conf.</td>
<td>50</td>
<td>Familion</td>
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<td>Feb 24, 2012</td>
<td>Miami/West Palm FL</td>
<td>St. Mary’s Med Ctr.</td>
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<td>Boston Scientific</td>
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<td></td>
<td></td>
<td>University of Miami</td>
<td>35</td>
<td>Medtronic</td>
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<td></td>
<td>Local Dinner Program</td>
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<td>April 12, 2012</td>
<td>Washington, D.C.</td>
<td>Local Dinner Program</td>
<td>14</td>
<td>Familion</td>
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<tr>
<td></td>
<td></td>
<td>Children’s National</td>
<td>25</td>
<td>Boston Scientific</td>
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<tr>
<td>April 20, 2012</td>
<td>Chicago, IL</td>
<td>Northwestern</td>
<td>30</td>
<td>Familion</td>
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<tr>
<td></td>
<td></td>
<td>Loyola Univ.</td>
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<tr>
<td>April 27, 2012</td>
<td>Boston, MA</td>
<td>Children’s Hosp.</td>
<td>20</td>
<td>Familion</td>
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</table>
May 8, 2012  Columbus, OH  OSU Event  100

**Medical Education on the Horizon:**
With industry support secured for 2012, we have committed to a minimum of 6 additional SADS sponsored Medical Education Seminars through March 2013. We have begun working with local physicians and institutions to arrange for programs in New York, Arizona, New Orleans and Utah and will begin strategic planning for other target areas to round out the year.

**Councils and Committees**
We have begun assembling groups with specific functions that will have positive impact on our Medical Education program. These groups should be fully assembled and functional by the end of June 2012.

**Medical Education Committee** - With Robert Campbell, MD serving as our chair, this committee will help us to ensure consistent high-quality medical education programs and enhance our ability to educate the medical community.

Committee objectives include:
1. To determine the goals and recommend the policies of SADS medical education program.
   a. Determine and prioritize medical professional groups and/or specific geographic regions to target.
   b. Assess and determine the needs of the target groups and how the SADS Foundation can meet those needs with their medical education program.
   c. Determine the policies for the program, including honorariums, speaker qualifications, etc.
2. Develop SADS Physician Referral Policies and Procedures
3. Develop and approve all current and new educational materials and programs (and developing policies and procedures for materials review/development).
   a. Review all current SADS materials yearly to determine the need for updating.
   b. Plan and develop new educational materials as needed.
   c. Determine types of materials that would be most effective (for example: slide decks, brochures, etc.).
   d. work with our scientific advisors to develop
4. To assist the SADS Foundation in the education of their own professional organizations and other target groups.
5. To apprise SADS of all activities that they are aware of which might provide an avenue for delivering the aforementioned educational message or any other activities that might interest, involve, or otherwise concern the SADS Foundation.

**Healthcare Council** – This group will work alongside our Scientific Advisors and will be comprised of physicians, nurses, genetic counselors, medical examiners and other healthcare providers charged with helping SADS develop and execute ideas and campaigns that are important to our mission and our community of medical professionals, families, and supporters.
Council objectives include:

1) To help us assess patient support needs (what do you need in your offices?) – review materials and packets, help with insurance issues, determine what materials need to be created and help with development of materials, assist us with our roadmap and checklist materials, etc.

2) Education and Awareness activities – Work within their communities (local & national peer groups) to raise awareness for SADS conditions. Speaking engagements, help us with slide decks for other healthcare providers to use, community awareness events, outreach to ME’s, ER docs, pediatricians, etc.

Educational Materials

Thus far in 2012, materials have been developed for the following

- LQTS “Slim Jim” pamphlets for ER doctors and staff – sent out with Red Kits as part of our 20th anniversary awareness programs (February) and distributed by volunteers
- LQTS “Slim Jim” pamphlets for Pediatricians – also sent out with Red Kits in Feb and distributed by volunteers
- Timothy Syndrome Slim Jim pamphlet
- Ask the Experts Marketing Piece for HRS – also highlights what SADS can do to support physician efforts and what might be helpful in return

Website – there are plans for a total website revamp on the medical professional end for this year.

Medical Education E-news and Literature Reviews

Through our medical education seminars, we have added hundreds of contacts to our electronic system, all of which will receive our medical education e-newsletter and quarterly literature review. Each time these resources are sent, we receive positive feedback from medical professionals for the informative nature of our materials. We will continue to develop and send these two important communications throughout the remainder of 2012 and look forward to working more closely with contacts we have met through our seminars to develop and write content.

Looking Ahead - Additional Projects/Goals for 2012

- Continue working with healthcare providers, medical facilities and industry supporters to execute several SADS sponsored Medical Education programs
- Focus on two non-cardiac groups to target educational efforts (already partly in progress with the February campaign cards that were sent). Two additional groups we will target might be Medical Examiners and Anesthesiologists (once we launch our Timothys campaign). Develop materials, website content and facilitate distribution to target groups.
• Publish SADS Physician Referral Network List – We are currently working on the best way to publicize this information on our website, still providing SADS the opportunity to speak with patients and families and also continue contacting physicians when we make a referral.
• Develop a speakers bureau to expand our reach within local medical communities (target pediatric groups, emergency room staff, school nurses/coaches, etc.)
• Case studies – work with advisory group to compile additional case studies to answer questions from local docs who are looked to as the “experts” in their area. They need a resource to tap into as well, so we will try to find the best way to bring our experts together with local “experts” to reduce the knowledge gradient among these groups and ensure better healthcare for patients/families.
• Develop a plan for “full family care” models that have been implemented at several facilities. These models encourage adult and pediatric groups to work together (incorporating a GC when possible as well) on patient/family care. SADS goal would be to work with facilities to try and learn from these models and implement them wherever possible across the country.
• Rework our existing website to enhance its utility among healthcare providers