

myCME content handoff

HFpEF in Women: From the First Symptom to Coordinated Treatment

Lisa Zahakos, RPA-C | Expanded review edition | October 16, 2026

What is ready

Three full 1920 × 1080 H.264/AAC teaching videos with synchronized WebVTT captions, full transcripts and editable source/storyboard files; a working three-module browser reference player; 18 baseline/post items, 9 formative decisions and 9 reserved follow-up items; updated grant wording and budget-to-deliverable map.

This is a content handoff for myCME/provider review and native platform configuration. It is not a proprietary myCME import, an uploaded myCME course or an accredited release. The private HEART RESERVE site provides a review experience.

Upload and configure

Extract the complete ZIP and open START_HERE.html. Keep learner/, media/ and host/ together. The active learner entry is learner/program/index.html. The standalone videos are media/renee/full/teaching.mp4, media/angela/full/teaching.mp4 and media/teresa/full/teaching.mp4; each folder contains captions.vtt and transcript.txt. Upload the matching captions and transcript alongside each video.

Import host/expanded/assessment-import.csv once: 9 pre items and 9 post items, grouped by module. Import case-practice.csv as formative interactions and followup-assessment.csv only for the later follow-up. Correct answers use zero-based indices in JSON and A/B/C/D in the CSV. The old 3-pre/6-post foundation bank is superseded for this expanded edition.

Per module: capture the first three baseline answers before showing teaching; permit video or equivalent text, followed by the required written note in module 2; present all three formative cases with feedback; capture the first three post answers before feedback; then allow retries. The draft passing rule is 2 of 3 per module, plus its evaluation. All three modules are required for full-program completion. Provider approval of passing and credit rules is pending.

Keep first pre and first post attempts immutable. Export retries separately. Host identity, consent, secure attempt records, certificate delivery, learner support and release dates must be implemented by the host. Browser-local progress is a demonstration and is not an authoritative outcomes database.

Measured media and proposed learning time

Narration totals 38.79 minutes. Module 1 includes orientation and runs 13:04; module 2 runs 14:56; module 3 includes the closing synthesis and runs 10:48. They are complete narrated case lessons rather than short recaps.

The enduring design estimate is 90-110 minutes, allowing approximately 39 minutes for narration or equivalent reading, 9-12 for baseline decisions, 18-27 for formative cases and feedback, 12-18 for post decisions, and 12-16 for evidence review/evaluation. Learners may take less or more time. Pilot actual time by component; do not advertise a verified duration or award credit from the estimate.

The three live sessions remain separately facilitated 60-minute design targets with faculty discussion and questions. They are not three hour-long prerecorded videos. Avoid double credit or double counting overlapping content and learners.

Budget and ownership boundaries

\$179,000 remains an unquoted prospective national-program estimate. Lisa Zahakos, RPA-C accounts for \$27,500 across all proposed roles: 15.36% of the request. To keep aggregate educator compensation below 20% of the final funded total, funding must exceed \$137,500 if the \$27,500 fee is unchanged. Reconcile actual roles, hours and deliverables before agreement.

Existing materials, including this expanded prototype and grant preparation, are contributed at \$0 requested reimbursement. Future funded work is clinical adjudication, approved revisions, rehearsals, faculty delivery, platform adaptation, recruitment, provider work and outcomes. Do not bill the same completed development again or duplicate vendor bundles.

Mike's earlier offer for another activity does not establish the price, reach or scope of this HF program. Andrea's earlier example does not establish a grant award. Obtain an HF-specific provider/distribution scope and confirm companion eligibility before submitting the final budget.

Release checks still requiring people and host access

Independent clinical and assessment review; named faculty and disclosure mitigation; current-label and guideline adjudication; full human listening for pronunciation and clinical meaning; an actual timed learner pilot; mobile and assistive-technology QA; secure records and certificate testing; final provider release.

The RFP document could not be reopened through the research service on October 16. The saved source identifies November 3, 2026, but the applicant must verify the current portal deadline, applicant eligibility, permitted format and all attachments before submission. No grant has been submitted and no award is implied.

For outcomes, analyze each module/session separately, preserve first attempts, document prior exposure and deduplicate people across formats. The reserved 60-day items are parallel application cases, not a validated instrument. Self-reported practice change is distinct from verified clinical performance.