

		CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: End of Life Ethics		Enduring Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
Date: 					
Please Check One: <input type="checkbox"/> St. Vincent's Birmingham <input type="checkbox"/> St. Vincent's Blount <input type="checkbox"/> St. Vincent's Chilton <input type="checkbox"/> St. Vincent's East <input type="checkbox"/> St. Vincent's St. Clair <input type="checkbox"/> St. Vincent's One Nineteen <input type="checkbox"/> External Meeting					
St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort. Please note: a CME/CE certificate is issued only upon receipt of this completed evaluation form. PLEASE PRINT					
Legal Name:				Email Address: <i>(This is where your CE/CME certificate and or transcript will be sent)</i>	
Identify which continuing education hours apply to you:	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other			Ministry and Facility:	
				Pharmacists please enter your NABP # & DOB	
Comments on this Enduring Material:					

Method of Participation - To receive a maximum of *1.0 Credit(s)* you should:

- View the materials in this enduring material.
- Complete the posttest (you must answer 4 out of 5 questions correctly).
- Complete and submit the CME/CE registration and evaluation forms.

The estimated time to complete this activity, including review of the materials, is 1.0 hour(s).

Statement of Evaluation Instrument: The activity post- test and evaluation instrument are required for credit. Learners must earn a 75% correct rate on the post-test to receive credit.

1. Name 2 obstacles that we face in the End of Life care?
 - a. _____
 - b. _____
2. You should ask the family's permission to honor the advance directive?
 - a. True
 - b. False
3. Culture and religion play a part in End of Life decision?
 - a. True
 - b. False

4. After being shown a video, what percentage of patients would want comfort care if they were in an advanced dementia state at a skilled nursing facility?
 - a. 11%
 - b. 21%
 - c. 50%
 - d. 89%

5. A healthcare provider who refuses to comply with a living will, shall permit the patient to be transferred to another healthcare provider.
 - a. True
 - b. False

Please scan back for credit to: lisa.davis2@ascension.org

Phone: (205) 838-3225 Fax: (205) 838-3518

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Attendance Roster

Instructor: Viki Kind, M.A.

Date:

☒ Inter-professional ☐ Single Discipline

Credits: 1.00

☐ Direct Sponsored
☒ Jointly Sponsored

Please Check One: ☐ St. Vincent's Birmingham ☐ St. Vincent's Blount ☐ St. Vincent's Chilton
☐ St. Vincent's East ☐ St. Vincent's St. Clair ☐ St. Vincent's One Nineteen ☐ External ☐ Other:

Name (Please Print)	Hospital/Ministry/ Business	(Pharmacy) DOB & NABP #	Check That Apply
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Pharmacist <input type="checkbox"/> RPh <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other
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Physicians: St. Vincent's Health System is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians. Designation Statement: The St. Vincent's Health System designates this live activity for a maximum of 1.0 *AMA PRA Category 1.00 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse: Ascension Health is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Provider Number: P0340. This activity is approved for 1.0 Contact Hours continuing education.

Pharmacists: The St. Vincent's Health System is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Completion of this knowledge-based activity provides for 1.0 contact hour (0.1 CEU) of continuing pharmacy education credit.

Faculty/Course Director/Planners: STVHS has selected all faculty participating in this activity. It is the policy of STVHS that all CME/CE planning committees, faculty, authors, editors, and staff disclose relationships with commercial interests upon nomination or invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and if relevant, they are resolved prior to confirmation of participation. Only those participants who have no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this activity.

Please scan back for credit to: lisa.davis2@ascension.org (Info must be completely filled out for credit)

Fax: (205) 838-3518

		CE/CME Evaluation & Credit Claim Form Course: "End of Life Ethics" Instructor: Viki Kind, M.A. Clinical Bioethicist, Consultant, Hospice		Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline					
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Legal Name:		Email Address: <i>(This is where your CE/CME certificate and or transcript will be sent)</i>			
Identify which continuing education hours apply to you:		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Pharmacy Tech		<input type="checkbox"/> Student/Resident <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Social Worker <input type="checkbox"/> Other	
		Ministry and Facility:		PHARMACY ONLY NABP # and DOB	
The learning objectives for this activity were: At the end of this interdisciplinary activity participants will be able to: <ul style="list-style-type: none"> Participants will be able to distinguish and communicate about the difference between medically ineffective treatment requests and quality of life conflicts Have increased confidence in discussing ethically challenging issues more simply, respectfully and compassionately 					
Did the speaker(s) meet each of the objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____					
What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?					
<input type="radio"/> Identify the difference between medically ineffective treatment requests and quality of life conflicts					
<input type="radio"/> Improved confidence in discussing ethically challenging issues					
<input type="radio"/> Demonstrate knowledge, skills, and attitudes to provide patient care at the end of life that is appropriate, effective and sensitive to the psychological, sociologic, cultural and spiritual aspects of death and dying					
What new team strategies will you employ as a result of this activity?					
<input type="radio"/> Demonstrate appropriate skills and strategies for communication of goals of care with patients and their families					
<input type="radio"/> Identify strategies to increase collaboration among members of the clinical team					
<input type="radio"/> This activity will not change my practice, because my current practice is consistent with what was taught					
How will your role in the collaborative team change as a result of this activity					
<input type="checkbox"/> Knowledge management <input type="checkbox"/> Improve healthcare processes and outcomes <input type="checkbox"/> Effective communication skills <input type="checkbox"/> Patient outcomes					
Did the information presented reinforce and/or improve your current skills? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you perceive any barriers in applying these changes?		<input type="checkbox"/> Organizational or institutional barriers <input type="checkbox"/> Cost <input type="checkbox"/> Patient adherence <input type="checkbox"/> Professional consensus or guidelines <input type="checkbox"/> Lack of resources <input type="checkbox"/> Experience		<input type="checkbox"/> Reimbursement <input type="checkbox"/> Administrative Support <input type="checkbox"/> Reimbursement/Insurance <input type="checkbox"/> Inadequate time to assess or counsel patients <input type="checkbox"/> No barriers <input type="checkbox"/> Other: _____	

FOR CME/CE CREDIT – BOTH SIDES OF THE EVALUATION ARE REQUIRED TO BE FILLED OUT COMPLETELY

Did you perceive commercial bias or any commercial promotional products displayed or distributed. <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please Comment)			
What I learned in this activity has increased my confidence in improving patient outcome results. <input type="checkbox"/> Yes <input type="checkbox"/> No			
What other CE/CME topic(s) would you like to attend?			
Speaker(s) Session	<u>Speakers knowledge of Subject Matter</u> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<u>Quality of Presentation & Handouts</u> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<u>Overall Activity</u> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Comments on activity:		Did the speaker(s) provide an opportunity for questions and discussion? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no please comment)	
Were there problems-in-practice related to this topic that were not addressed at this CE/CME activity that you felt should have been? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I will apply the knowledge and/or skills gained during this activity in my work: <input type="checkbox"/> Yes <input type="checkbox"/> No			
This activity created an atmosphere that fostered adequate discussion time in which input and feedback was welcome: <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Other:			
PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY (must fill out these two questions to receive credit)			
Name one quality of life conflict that a patient may encounter:			
What happens with meds and prescriptions when a patient enters hospice care?			

REQUEST FOR CREDIT - If you wish to receive credit for this activity, please return this completed form	
<input type="checkbox"/> By checking the box, I certify the above is true and correct.	
Signature:	
Thank you for participating and we appreciate your candid feedback to improve your experience at future activities. To receive credit all questions must be completed on the evaluation	

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