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|  <p>JOINTLY ACCREDITED PROVIDER™<br/>INTERPROFESSIONAL CONTINUING EDUCATION</p> <p> </p> <p><input checked="" type="checkbox"/> Direct Sponsored   <input type="checkbox"/> Jointly Sponsored</p> | <b>Attendance Roster</b><br><br><b>"Burnout, Wellness &amp; Time Management"</b><br><br><b>Date:</b> _____ | <b>Instructor:</b> Dr. Carolyn Sachs, MPH<br><b>Credits:</b> 1.0<br><br><u>OFFICE USE ONLY</u><br>____ Physicians    ____ Nursing<br>____ Pharmacist    ____ Technicians<br>____ Allied        ____ Other |
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**Please Check One:**

☐ St. Vincent's Health (Alabama Ministry)  
 ☐ Birmingham  
 ☐ Blount  
 ☐ Chilton  
 ☐ East  
 ☐ One Nineteen  
 ☐ St. Clair  
☐ Providence (Mobile)  
 ☐ Ascension \_\_\_\_\_  
 ☐ Other: \_\_\_\_\_

| Name (Please Print) | Hospital/Ministry/<br>Business | (Pharmacy)<br>DOB & NABP # | Check That Apply  |
|---------------------|--------------------------------|----------------------------|---|
|                     |                                |                            | <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA<br><input type="checkbox"/> RN <input type="checkbox"/> Pharmacist <input type="checkbox"/> RPh<br><input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> OT <input type="checkbox"/> PT<br><input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other |
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In support of improving patient care, Ascension/St. Vincent's Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.


 This activity was planned by and for the healthcare team, and learners will receive 1.0 IPCE credits for learning and change.

**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](mailto:lisa.davis2@ascension.org) (Info must be completely filled out for credit)

Fax: (205) 838-33518

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|--|--|--|--|
|  <p><b>Date:</b> November 27, 2018</p> <p><input checked="" type="checkbox"/> Inter-professional<br/> <input type="checkbox"/> Single Discipline</p>  | <b>CE/CME Evaluation &amp; Credit Claim Form</b><br><b>Course:</b> "Burnout, Wellness & Time Mgt"<br><b>Instructor:</b> Dr. Carolyn Sachs, MPH<br>Professor of Clinical EM, UCLA   |  <p><b>Credits:</b> 1.00</p> <p><input checked="" type="checkbox"/> Direct Sponsored   <input type="checkbox"/> Jointly Sponsored</p>                                       |  |
| <p><b>Please Check One:</b>   <input type="checkbox"/> St. Vincent's (Birmingham Ministry) _____</p> <p><input type="checkbox"/> Providence (Mobile)                      <input type="checkbox"/> Ascension: _____                      <input type="checkbox"/> Other Ministry: _____</p> <p style="text-align: center;">St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort.<br/> <b>Please note: a CME/CE transcript is issued only upon receipt of this <span style="background-color: yellow;">completed</span> evaluation form. PLEASE PRINT</b></p> |  |  |  |
| <b>Legal Name:</b>   |  | <b>Email Address:</b><br><i>(This is where your CE/CME certificate and or transcript will be sent)</i>   |  |
| <b>Identify which continuing education hours apply to you:</b>   | <input type="checkbox"/> MD <input type="checkbox"/> DO<br><input type="checkbox"/> NP <input type="checkbox"/> PA<br><input type="checkbox"/> CRNA <input type="checkbox"/> RN<br><input type="checkbox"/> PharmD <input type="checkbox"/> RPh<br><input type="checkbox"/> Pharmacy Tech              | <input type="checkbox"/> Student/Resident<br><input type="checkbox"/> PT <input type="checkbox"/> OT<br><input type="checkbox"/> Social Worker<br><input type="checkbox"/> Chaplain<br><input type="checkbox"/> Other  | <b>Ministry and Facility:</b><br><br><b>PHARMACY ONLY</b><br><b>NABP # and DOB</b> |
|  |  |  |  |
| <p><u>The learning objectives for this activity were:</u><br/>         At the end of this interdisciplinary activity participants will be able to:</p> <ul style="list-style-type: none"> <li>Describe burnout and medical professional workplace challenges</li> <li>List ways that work demands conflict with wellness needs</li> <li>Explore tools available to improve workplace and personal wellness</li> </ul>  |  |  |  |
| <p>Did the speaker(s) meet each of the objectives?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Comment: _____</p>  |  |  |  |
| <b>What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?</b>  |  |  |  |
| <input type="radio"/>  | Recognize possible components of burnout: emotional exhaustion, depersonalization, decreased sense of personal accomplishment, loss of confidence, etc.  |  |  |
| <input type="radio"/>  | Identify personal stressors that may increase the risk of burnout  |  |  |
| <input type="radio"/>  | Recognize the importance of personal well-being  |  |  |
| <b>What new team strategies will you employ as a result of this activity?</b>  |  |  |  |
| <input type="radio"/>  | Employ best practices to optimize the clinical work environment  |  |  |
| <input type="radio"/>  | Collaborate with colleagues to improve and promote a culture of wellness   |  |  |
| <input type="radio"/>  | Practice creating and maintaining work-life balance  |  |  |
| <b>How will your role in the collaborative team change as a result of this activity</b>  |  |  |  |
| <input type="checkbox"/> Knowledge management<br><input type="checkbox"/> Improve healthcare processes and outcomes<br><input type="checkbox"/> Effective communication skills<br><input type="checkbox"/> Patient outcomes  |  | <input type="checkbox"/> Improved collaborative practice because of this activity<br><input type="checkbox"/> Increased opportunity to learn with/from and better understand colleagues  |  |
| <b>Did the information presented reinforce and/or improve your current skills?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| Do you perceive any barriers in applying these changes?  | <input type="checkbox"/> Organizational or institutional barriers<br><input type="checkbox"/> Cost<br><input type="checkbox"/> Patient adherence<br><input type="checkbox"/> Professional consensus or guidelines<br><input type="checkbox"/> Lack of resources<br><input type="checkbox"/> Experience | <input type="checkbox"/> Administrative Support<br><input type="checkbox"/> Reimbursement/Insurance<br><input type="checkbox"/> Inadequate time to assess or counsel patients<br><input type="checkbox"/> No barriers<br><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.** ☐ No ☐ Yes  
(If yes please Comment)

**What I learned in this activity has increased my confidence in improving patient outcome results.** ☐ Yes ☐ No

**What other CE/CME topic(s) would you like to attend?**

**Speaker(s) Session**

Speakers knowledge of Subject  
Matter

☐ Excellent ☐ Good  
☐ Average ☐ Poor

Quality of Presentation &  
Handouts

☐ Excellent ☐ Good  
☐ Average ☐ Poor

Overall Activity

☐ Excellent ☐ Good  
☐ Average ☐ Poor

Comments on activity:

Did the speaker(s) provide an opportunity for questions and discussion? ☐ Yes ☐ 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? ☐ Yes ☐ No

I will apply the knowledge and/or skills gained during this activity in my work: ☐ Yes ☐ No

This activity created an atmosphere that fostered adequate discussion time in which input and feedback was welcome:  
☐ Yes ☐ No

**Post Test Evaluation Questions** (must fill out and answer these this question to receive credit)

**1. List three ways to decrease burnout and improve your wellbeing:**

**2. Name two tools that would help you improve time management**

**3. Quadruple Aim is: lower costs, improved patient care, better outcomes and clinical wellness.**


- a. True
- b. False

**REQUEST FOR CREDIT** - If you wish to receive credit for this activity, please return this **completed form**

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 complete on the evaluation**

**Please scan back for credit to:** [lisa.davis2@ascension.org](mailto:lisa.davis2@ascension.org) (205) 838-3518 FAX

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|--|--|---|--|--|--|
|   |  | <b>CE/CME Evaluation &amp; Credit Claim Form</b><br><b>TITLE OF ACTIVITY:</b><br>Burnout, Wellness and Time Management  |  | Enduring<br><b>Credits:</b> 1.00<br><input checked="" type="checkbox"/> Direct Sponsored<br><input type="checkbox"/> Jointly Sponsored |  |
| <b>Date:</b>   |  |   |  |  |  |
| <b>Please Check One:</b> <input type="checkbox"/> St. Vincent's Birmingham <input type="checkbox"/> St. Vincent's Blount <input type="checkbox"/> St. Vincent's Chilton<br><input type="checkbox"/> St. Vincent's East <input type="checkbox"/> St. Vincent's St. Clair <input type="checkbox"/> St. Vincent's One Nineteen<br><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.<br><b>Please note: a CME/CE certificate is issued only upon receipt of this <u>completed</u> evaluation form. PLEASE PRINT</b>   |  |   |  |  |  |
| <b>Legal Name:</b>   |  | <b>Email Address:</b><br><i>(This is where your CE/CME certificate and or transcript will be sent)</i>  |  |  |  |
| <b>Identify which continuing education hours apply to you:</b>   |  | <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA<br><input type="checkbox"/> NP <input type="checkbox"/> RN<br><input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech<br><input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Social Worker<br><input type="checkbox"/> Student <input type="checkbox"/> Other |  | <b>Ministry and Facility:</b><br><br><b>Pharmacists please enter your NABP # &amp; DOB</b>   |  |
| <b>Comments on this Enduring Material:</b>   |  |   |  |  |  |
|  |  |   |  |  |  |

**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. What does the MBI measure?
  - a. Physical Burnout
  - b. Workplace Burnout
  - c. Healthcare Burnout
2. What are the 3 components of Burnout?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. Which specialty has the highest burnout rate?
  - a. Radiology
  - b. Emergency medicine
  - c. Internal Medicine
  - d. Pathology

4. The most meaningful aspect of work is patient care.
  - a. True
  - b. False
  
5. While working in the office, how often should you check emails?
  - a. 1-2 times a day
  - b. 3-4 times a day
  - c. 4-5 times a day

**Please scan back for credit to:** [lisa.davis2@ascension.org](mailto:lisa.davis2@ascension.org)

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