


 <p>JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION</p> <p> </p> <p><input checked="" type="checkbox"/> Direct Sponsored   <input type="checkbox"/> Jointly Sponsored</p>	<b>Attendance Roster</b> <b>"Pharmacy Conference"</b> <b>Date: October 16, 2018</b>	<b>Instructor: Multiple Speakers</b> <b>Credits: 1.0 Per Topic</b>  <u>OFFICE USE ONLY</u> <input type="checkbox"/> Physicians <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacist <input type="checkbox"/> Technicians <input type="checkbox"/> Allied <input type="checkbox"/> 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/ 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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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

 <p><b>Date:</b></p> <p><input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline</p>	<b>Evaluation</b>  <b>"Pharmacy Conference 2018"</b>	<b>Instructor: Multiple Speakers</b> <b>Credits: 1.0 per Topic</b>  <b>ENDURING</b>
<p><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  <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</p>		
<p>St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort.  <b>Please note: a CME/CE transcript is issued only upon receipt of this <u>completed</u> evaluation form. PLEASE PRINT</b></p>		
<b>Legal Name:</b>		<b>Email Address:</b> <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"/> 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
	<b>Ministry and Facility:</b>  <b>PHARMACY ONLY</b> <b>NABP # and DOB</b>	
<p><u>The learning objectives for this activity were:</u>          At the end of this interdisciplinary activity participants will be able to:</p> <ul style="list-style-type: none"> <li>• Foster both individual and team oriented daily practices to improve patient outcomes</li> <li>• Build an organizational and personal innovation and creativity capacity to advance all aspects of the medication use process</li> <li>• Review current treatment pharmacologic and non-pharmacologic strategies for management of a range of mental disorders</li> <li>• Review the specific risks and benefits of current classes of diabetic medication</li> <li>• Improve understanding of effectiveness of non-opioid treatments for pain</li> </ul>		
Did the speaker(s) meet each of the objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____		
	<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"/>	Implement new strategies/skills/information into my practice or department	
<input type="radio"/>	Apply knowledge gained from this activity to improve communication with the interdisciplinary team	
	<b>What new team strategies will you employ as a result of this activity?</b>	
<input type="radio"/>	Identify common themes and trends relative to increase efficiency, patient safety and goals of excellence	
<input type="radio"/>	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	
<b>How will your role in the collaborative team change as a result of this activity</b>		
<input type="checkbox"/> Knowledge management <input type="checkbox"/> Improve healthcare processes and outcomes <input type="checkbox"/> Effective communication skills <input type="checkbox"/> Patient outcomes		
<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 <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: _____
<b>FOR CME/CE CREDIT – BOTH SIDES OF THE EVALUATION ARE REQUIRED TO BE FILLED OUT COMPLETELY</b>		
<b>Did you perceive commercial bias or any commercial promotional products displayed or distributed.</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		

(If yes please Comment)			
<b>What I learned in this activity has helped build clinical confidence.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b><i>What other CE/CME topic(s) would you like to attend?</i></b>			
<b>Speaker(s) Session</b>	<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 &amp; 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
<u>Comments on activity:</u>		<u>Did the speaker(s) provide an opportunity for questions and discussion?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no please comment)	
<b>INDIVIDUAL SPEAKER EVALUATIONS</b>			
Please use the following rating scale: 5 - Outstanding    4 – Good    3 - Average    2 - Fair    1 – Poor			
<b>Individual Speakers Session</b>	<b>Knowledge of Subject Matter</b>	<b>Appropriateness of Teaching Strategies</b>	<b>Comments on Activity/Speaker</b>
<b>Ronald D. Franks, M.D.</b>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
<b>Mary Scott, M.D.</b>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
<b>Andrew Kauffman, M.D.</b>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
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:			
<b><u>NURSING, PA, CRNP CREDIT ONLY</u></b> (must fill out these this question to receive credit)			
Identify a core element of an antimicrobial stewardship program:			
<b><u>PHARMACISTS &amp; PHARMACY TECHNICIANS CREDIT ONLY</u></b> (must fill out these this question to receive credit)			
List three ways to improve communication to reduce harm caused in the delivery of care:			

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

☐ 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**

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

(205) 838-3518 FAX

		<b>CE/CME Evaluation &amp; Credit Claim Form</b> <b>TITLE OF ACTIVITY:</b> Pharmacy Conference		Enduring <b>Credits:</b> 1.00 Per Topic <input checked="" type="checkbox"/> Direct Sponsored <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 <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. <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> <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 <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		<b>Ministry and Facility:</b>  <b>Pharmacists please enter your NABP # &amp; DOB</b>	
<b>Comments on this Enduring Material:</b>					

**Method of Participation** - To receive a maximum of 3.0 *Credit(s)* you should:

- View the materials in this enduring material.
- Complete the posttest
- 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 one common treatment of a psychiatric disorder:

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2. What drug is usual prescribed alone with Basal Insulin?

- DPP-4 Inhibitor
- Metformin
- GLP – I Agonists
- None of the above

3. The AMA Opioid Task Force Reported a nationwide decrease from 2013-2016 by 16.9% or 43 million Rx.

- True
- False

4. Name a non-pharmacologic therapy for a patient that exhibits pain:

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5. How will what you learned from this activity increase your collaboration among members of the clinical team?

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

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