



Attendance Roster

Instructor: **OUTSIDE**

Dr. David Lederer, MS

Credits: 1.00

☒ Direct Sponsored

☐ Jointly Sponsored

Date: April 17, 2018

☒ Inter-professional ☐ Single Discipline

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 see above *AMA PRA Category 1.00 Credit(s)*TM. 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

PENN STATE COLLEGE OF MEDICINE EVALUATION

The Changing Landscape of Interstitial Lung Disease

DATE: 4/17/18

PLACE: ST VINCENT HEALTH, BIRMINGHAM, AL

COURSE # G6189M-18-Z

Penn State College of Medicine designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)TM.

Physicians should claim only the credit commensurate with the extent of their participation in the activity. To receive a CME certificate, complete the form below, return it to the registration table, or mail to:

Penn State Continuing Education, MC G220

PO Box 851

Hershey, PA 17033-0851

For questions about your CME credit, contact Penn State Continuing Education at 717-531-6483 or via email at ContinuingEd@hmc.psu.edu.

Name (please print) _____ Degree _____

Address _____

City _____ State _____ Zip Code _____

Email (CME certificate will be sent to this email) _____

Phone (to contact you if we have questions about your CME certificate) _____

I verify that I have completed this CME activity (signature) _____

Actual time spent on the activity (up to 1.0 hour) _____

Your feedback is critical to future course development. Please take a few minutes to complete this evaluation. Please fill in the circles completely using a dark pen or pencil.

Select one:

- ☐ Physician ☐ Resident Physician ☐ Physician Assistant ☐ Nurse Practitioner
☐ Registered Nurse ☐ Student ☐ Other _____

OVERALL EVALUATION

Please rate your level of agreement with each of the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	1	2	3	4	5
1. The content and format were effective in meeting the educational objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The content promotes improvements or quality in health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The material presented was organized and easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The content was useful and relevant to my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The content was scientifically balanced and based on best available evidence and best practices in medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The content was presented objectively and without commercial bias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you perceived commercial bias, what factors do you believe contributed to the bias?

Objectives

Based on this program, I am now better able to:	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
1. Review the diagnosis and classification of ILD disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Discuss advances in ILD diagnosis and assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Outline treatment strategies for ILD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Recognize the importance of treating comorbidities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Impact on Practice

1. Choose the statement(s) that apply:

- ☐ I gained new strategies/skills/information that I can apply in my practice
- ☐ I plan to implement new strategies/skills/information into my practice
- ☐ I plan to make changes in my practice, which will likely improve the health of my patients
- ☐ This activity will not change my practice, because my current practice is consistent with what was taught
- ☐ This activity will not change my practice, because I do not agree with the information presented
- ☐ Not applicable/I don't provide clinical services

2. What types of changes do you anticipate making? (choose all that apply)

- ☐ Modify treatment plans
- ☐ Change screening/prevention practices
- ☐ Incorporate different diagnostic strategies
- ☐ Change the way I communicate with patients, families, and the health care team
- ☐ I do not expect to change my practice
- ☐ Not applicable/I don't provide clinical services
- ☐ Other _____

Please list specific strategies you plan to implement into your practice.

Barriers to Change/Factors that Impact Patient Outcomes

(Choose all that apply. If you do not provide clinical services, leave this section blank.)

- ☐ No barriers
- ☐ More information is needed
- ☐ Cost to patient
- ☐ Lack of resources
- ☐ Lack of consensus or professional guidelines
- ☐ Other _____
- ☐ Organizational or institutional barriers
- ☐ Inadequate time to assess or counsel patients
- ☐ Reimbursement or insurance issues
- ☐ Patient compliance or adherence issues
- ☐ Staff/coworker resistance

COMMENTS

Your comments are very helpful in planning future activities.
Feel free to use the space below for written comments.

Comments related to program content:

Please describe any problems you have encountered in your practice that you would like to see addressed in a future CME activity:

The Changing Landscape of Interstitial Lung Disease

PRE-PROGRAM SURVEY

PLEASE COMPLETE THIS SIDE **BEFORE** THE PROGRAM

Please help us assess the quality and effectiveness of this program by completing this brief survey. Please give your completed surveys and evaluation to your site coordinator, or mail them to MCM Education, 17 Blacksmith Rd., Suite 100, Newtown, PA 18940. **NOTE: THIS IS NOT THE EVALUATION.**

1. I am a:
 - ☐ Physician
 - ☐ Resident physician
 - ☐ Physician assistant
 - ☐ Nurse practitioner
 - ☐ Registered nurse
 - ☐ Student
 - ☐ Other (please specify): _____
2. My specialty is:
 - ☐ Pulmonology
 - ☐ Primary care/internal medicine
 - ☐ Radiology
 - ☐ Other (please specify): _____
3. Which **one** of the following clinical features is **most characteristic** of early ILD? (Select only one response.)
 - ☐ Stridor
 - ☐ Fine end-inspiratory crackles
 - ☐ Expiratory wheeze
 - ☐ Systemic/extrapulmonary symptoms
4. You have a patient you suspect may have ILD. Which of the following tests would you order to obtain the **most compelling** evidence of ILD? (Select only one response.)
 - ☐ Pulmonary function testing
 - ☐ Chest X-ray
 - ☐ Echocardiogram
 - ☐ High resolution CT scan
5. Compared with placebo, which of the following has been shown to slow progression of disease (as defined by the rate of reduction in FVC) in patients with mild to moderate IPF?
 - ☐ Pirfenidone
 - ☐ Nintedanib
 - ☐ Neither
 - ☐ Both
6. Appropriate management of comorbidities can help to reduce ILD morbidity and mortality.
 - ☐ True
 - ☐ False
7. The ATS/ERS/JRS/ALAT clinical practice guideline conditionally recommends the use of which of the following in patients with IPF? (Select only one response.)
 - ☐ Antacid therapy (proton pump inhibitors or histamine-2-receptor antagonists)
 - ☐ Anticoagulation (warfarin)
 - ☐ Combination prednisone + azathioprine + N-acetylcysteine
 - ☐ Phosphodiesterase-5 inhibitor
8. Please rate your current level of confidence to do each of the following (1=not at all confident; 5=very confident):

	1	2	3	4	5
Recognize the signs and symptoms that suggest ILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate a patient for ILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop timely, appropriate therapeutic interventions for patients with ILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor patients with ILD for progressive disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know when to refer patients to an ILD center or a pulmonologist specializing in ILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you. Please do not complete the second side until after the program.

The Changing Landscape of Interstitial Lung Disease

POST-PROGRAM SURVEY

PLEASE COMPLETE THIS SIDE **AFTER** THE PROGRAM

1. Approximately how many patients with *symptoms that could be suggestive* of ILD do you encounter in a month?
 - a. I do not encounter patients with symptoms that could be suggestive of ILD
 - b. <10
 - c. 10-25
 - d. 26-50
 - e. >50
2. Approximately how many patients *with* ILD do you encounter/treat in a month?
 - a. I do not encounter/treat patients with ILD
 - b. <10
 - c. 10-25
 - d. 26-50
 - e. >50
3. How many years have you been in practice?
 - ☐ <5
 - ☐ 5-10
 - ☐ 11-15
 - ☐ 16-20
 - ☐ 21-25
 - ☐ >25
4. Which **one** of the following clinical features is **most characteristic** of early ILD? (Select only one response.)
 - ☐ Stridor
 - ☐ Fine end-inspiratory crackles
 - ☐ Expiratory wheeze
 - ☐ Systemic/extrapulmonary symptoms
5. You have a patient you suspect may have ILD. Which of the following tests would you order to obtain the **most compelling** evidence of ILD? (Select only one response.)
 - ☐ Pulmonary function testing
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 - ☐ Echocardiogram
 - ☐ High resolution CT scan
6. Compared with placebo, which of the following has been shown to slow progression of disease (as defined by the rate of reduction in FVC) in patients with mild to moderate IPF?
 - ☐ Pirfenidone
 - ☐ Nintedanib
 - ☐ Neither
 - ☐ Both
7. Appropriate management of comorbidities can help to reduce ILD morbidity and mortality.
 - ☐ True
 - ☐ False
8. The ATS/ERS/JRS/ALAT clinical practice guideline conditionally recommends the use of which of the following in patients with IPF? (Select only one response.)
 - ☐ Antacid therapy (proton pump inhibitors or histamine-2-receptor antagonists)
 - ☐ Anticoagulation (warfarin)
 - ☐ Combination prednisone + azathioprine + N-acetylcysteine
 - ☐ Phosphodiesterase-5 inhibitor

9. Please rate your current level of confidence to do each of the following (1=not at all confident; 5=very confident):

	1	2	3	4	5
Recognize the signs and symptoms that suggest ILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate a patient for ILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop timely, appropriate therapeutic interventions for patients with ILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor patients with ILD for progressive disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know when to refer patients to an ILD center or a pulmonologist specializing in ILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You for Your Participation.

Please leave your completed survey on the table or give it to the site coordinator. Please provide your email address if you will permit us to send you a follow-up survey to further assess our activities: _____