


 <p>JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION</p> <p> </p> <p><input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored</p>	Attendance Roster "Mood Disorders" Date: _____	Instructor: Dr. Ilan A. Kerman Credits: 1.0 <u>OFFICE USE ONLY</u> _____ Physicians _____ Nursing _____ Pharmacist _____ Technicians _____ 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 _____
 ☐ North West Medical
 ☐ 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
			<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 (Info must be completely filled out for credit)

Fax: (205) 838-33518

 Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline	CE/CME Evaluation & Credit Claim Form Course: "Mood Disorders" Instructor: Dr. Ilan A. Kerman Department of Psychiatry & Behavioral Medicine	 Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored
Please Check One: <input type="checkbox"/> St. Vincent's (Birmingham Ministry) _____ <input type="checkbox"/> Providence (Mobile) <input type="checkbox"/> Ascension: _____ <input type="checkbox"/> North West Medical <input type="checkbox"/> Other: _____		
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 transcript 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"/> Student/Resident <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> CRNA <input type="checkbox"/> RN <input type="checkbox"/> Social Worker <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Chaplain <input type="checkbox"/> Pharmacy Tech <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"> • Identify signs and symptoms of mood disorders • Discuss and review options for depression • Discuss treatment options for bipolar • Recognize the risks associated with certain drugs used to treat mood disorders 		
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"/>	Utilize appropriate diagnostic criteria to evaluate and screen patients for depression, mood disorders and suicide risk	
<input type="radio"/>	Clarify fact vs fiction in the treatment of mood and its co-morbidities	
<input type="radio"/>	Recognize the risks associated with certain drugs used to treat mood disorders and know which carry REMS and black box warnings about suicide	
	What new team strategies will you employ as a result of this activity?	
<input type="radio"/>	Understand treatment options including medications and the value of a comprehensive team approach	
<input type="radio"/>	Identify local advances and resources in the management of mood disorders	
<input type="radio"/>	Recognize treating patients with mental illness needs to be a collaborative team strategy	
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		<input type="checkbox"/> Improved collaborative practice because of this activity <input type="checkbox"/> Increased opportunity to learn with/from and better understand colleagues
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"/> 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
<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)	
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"/> Yes <input type="checkbox"/> No			
Post Test Evaluation Questions (must fill out and answer these this question to receive credit)			
1. What are the core symptoms of major depressive disorder?			
2. 70% of patients with psychiatric difficulties receive no treatment for their psychiatric condition.			
a. True b. False			
3. Today , mood stabilizing drugs are a mainstay treatment for bipolar Depression.			
c. True d. False			
4. Name one of the pharmacological treatments for Major Depression:			
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			

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