
 <p>Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline</p>	CE/CME Evaluation & Credit Claim Form Course: "2018 Pain Conference" Instructor: Multiple Speakers	 <p>Credits: 7.5 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored</p>					
Please Check One: <input type="checkbox"/> St. Vincent's Health (Alabama Ministry) <input type="checkbox"/> Birmingham <input type="checkbox"/> Blount <input type="checkbox"/> Chilton <input type="checkbox"/> East <input type="checkbox"/> One Nineteen <input type="checkbox"/> St. Clair <input type="checkbox"/> Providence (Mobile) <input type="checkbox"/> Ascension _____ <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 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 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"/> Chaplin <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> Other	Ministry and Facility: PHARMACY ONLY NABP # and DOB					
The learning objectives for this activity were: <ul style="list-style-type: none"> The main goal of this activity is to increase the number of participants who understand how to assess and treat pain as well as how to identify patients at risk for misusing and abusing opioid medications. 							
C o n t e n t							
On a scale of 1-5, please rate the following:		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 20%;">1-Strongly Agree</th> <th style="width: 20%;">2- Agree</th> <th style="width: 20%;">3-Neutral</th> <th style="width: 20%;">4-Disagree</th> <th style="width: 20%;">5-Strongly Disagree</th> </tr> </table>	1-Strongly Agree	2- Agree	3-Neutral	4-Disagree	5-Strongly Disagree
1-Strongly Agree	2- Agree	3-Neutral	4-Disagree	5-Strongly Disagree			
The program met the identified objectives.		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
The program was effective in addressing and closing identified practice gaps		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
The content was relevant to my educational needs.		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
The program was well-structured and organized.		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
The over-all quality of the activity met my expectations.		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
How might the format of this activity be improved in order to most appropriate for the content presented?		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"/>	Apply knowledge gained from this activity to improve patient outcomes						
<input type="radio"/>	Apply new strategies that promotes improvements or quality in healthcare						
<input type="radio"/>	Create a network of professionals or a set of resources that can be used to support the participant's practice						
What new team strategies will you employ as a result of this activity?							
<input type="radio"/>	Identify opioid practice updates as outlined in the opioid guidelines and determine how to implement						
<input type="radio"/>	Evaluate new trends, techniques, therapies and diagnostic procedures in pain management						
<input type="radio"/>	Recognize the value of interdisciplinary collaboration in pain medicine						
<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						

Do you perceive any barriers in applying these changes?	<input type="checkbox"/> Organizational or institutional barriers	<input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Cost	<input type="checkbox"/> Administrative Support
	<input type="checkbox"/> Patient adherence	<input type="checkbox"/> Reimbursement/Insurance
	<input type="checkbox"/> Professional consensus or guidelines	<input type="checkbox"/> Inadequate time to assess or counsel patients
	<input type="checkbox"/> Lack of resources	<input type="checkbox"/> No barriers
	<input type="checkbox"/> Experience	<input type="checkbox"/> Other: _____

Did you perceive commercial bias or any commercial promotional products displayed or distributed.
☐ No ☐ Yes (If yes please Comment)

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

OUTCOME

On a scale of 1-5, please rate the following:	1-Strongly Agree	2- Agree	3-Neutral	4-Disagree	5-Strongly Disagree
Attending this activity improved my:					
Knowledge of the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence (the ability to apply the knowledge).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I learned in this activity has increased my confidence in improving patient outcome results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Conference	Overall Speakers knowledge of Subject Matter	Overall Quality of Presentation & Handouts	Overall Activity
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Excellent <input type="checkbox"/> Good
	<input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Average <input type="checkbox"/> Poor	<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)
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INDIVIDUAL SPEAKER EVALUATIONS

Please use the following rating scale:

5 - Outstanding 4 – Good 3 - Average 2 - Fair 1 – Poor

Speakers Session	Knowledge of Subject Matter	Appropriateness of Teaching Strategies	Was Presentation Free of Commercial Bias?
Andrew Kaufman, MD "Prescription Drug Misuse and Addiction- Recognizing the Signs"	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"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Andrew Kaufman, MD "Legalized Marijuana and Opioids: Deadly Crossroads"	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"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Lyle S. Walton, MD "Dying and Death Process & Pain Mgt."	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"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Weifeng Song, MD "Fentanyl Crisis – Overdose Epidemic."	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"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:

**-Continued-
Individual Speaker Evaluations**

Please use the following rating scale:
5 - Outstanding 4 – Good 3 - Average 2 - Fair 1 – Poor

Speakers Session	Knowledge of Subject Matter	Appropriateness of Teaching Strategies	Was Presentation Free of Commercial Bias?
Christy Falligant, LGSW, ACHP-SW “Hospice Role in Coping with the Dying Process.”	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"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Jenny Duke, RN, CHPN “Palliative Care”	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"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
David Copenhagen, MD “A Review of Federal and State Responsibilities and Legal Issues Regarding the Opioid Crisis”	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"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Doris K. Cope, MD “Chronic Pain Mgt & Medications”	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"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Doris K. Cope, MD “Interpretation of the Joint Commission Pain Guidelines for Use in Daily Practice”	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"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:

NURSING, PA, CRNP CREDIT ONLY (must fill out these this question to receive credit)

Describe why chronic pain can be so overwhelming for many of our patients:

PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY (must fill out these this question to receive credit)

Define a specific non-opioid pain management strategy for patients:

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

☐ I participated in the entire activity ☐ 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 Fax: (205) 838-3518