

 		CE/CME Evaluation & Credit Claim Form Course: "The In's & Out's of Inpatient Rehab" Instructor: Kelly Smith, OTR/L Clinical Rehab Liaison		Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored		
Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline						
Please Check One: <input checked="" type="checkbox"/> St. Vincent's Birmingham <input type="checkbox"/> St. Vincent's Blount <input checked="" type="checkbox"/> St. Vincent's Chilton <input checked="" type="checkbox"/> St. Vincent's East <input checked="" 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. Please note: a CME/CE transcript is issued only upon receipt of this <u>completed</u> 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	Ministry and Facility:		
	<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	PHARMACY ONLY		
	<input type="checkbox"/> PharmD	<input type="checkbox"/> RPh	<input type="checkbox"/> Other	NABP # and DOB		
	<input type="checkbox"/> Pharmacy Tech					
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"> • Participants will identify patients meeting criteria for inpatient rehab admission • Participants will identify prohibitive factors to inpatient rehab admissions • Participants will describe their role in the IRF referral and admission proves • Participants will list the difference between IRF admission criteria and SNF admission criteria 						
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"/>	Apply knowledge gained from this activity to recognize the criteria for inpatient rehab admission					
<input type="radio"/>	Identify strategies to increase collaboration among members of the clinical team					
<input type="radio"/>	Apply interdisciplinary team communication to achieve patient treatment goals					
What new team strategies will you employ as a result of this activity?						
<input type="radio"/>	Collaborate with colleagues to improve a healthcare agenda that supports quality and patient safety initiatives					
<input type="radio"/>	Identify strategies to assess and manage all patients based on the most recent practice guidelines					
<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"/>	Patient outcomes		<input type="checkbox"/>	Effective communication skills		
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"/>	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: _____

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:
 Strongly Agree Agree Neutral Disagree Other:

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

Name three active rehab-specific diagnosis that qualify for admission into an Inpatient Rehab:

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

Expected length of stays range from 8-20 days based on the patient's diagnosis.

True
 False

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

(205) 838-3518 FAX