



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION



- Inter-professional
- Single Discipline

- Direct Sponsored
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### Attendance Roster

“Human Papillomavirus (HPV)”

Date:

Instructor: Dr. Karen Landers, FAAP  
Credits: 1.0

OFFICE USE ONLY

- Physicians     Nursing
- Pharmacist     Technicians
- Allied     Other

**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.

		<b>CE/CME Evaluation &amp; Credit Claim Form</b> <b>Course: "HPV"</b>		 <b>Credits: 1.00</b>	
<b>Date:</b> <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline		<b>Instructor:</b> Dr. Karen Landers, FAAP Alabama Dept. of Public Health		<input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
<b>Please Check One:</b> <input type="checkbox"/> St. Vincent's (Birmingham Ministry) _____ <input type="checkbox"/> Providence (Mobile) <input type="checkbox"/> Ascension: _____ <input type="checkbox"/> Other Ministry: _____					
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>					
<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"/> Student/Resident	<b>Ministry and Facility:</b>	
	<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	<b>PHARMACY ONLY</b>	
	<input type="checkbox"/> PharmD	<input type="checkbox"/> RPh	<input type="checkbox"/> Chaplain	<b>NABP # and DOB</b>	
	<input type="checkbox"/> Pharmacy Tech	<input type="checkbox"/> Other			
<b>The learning objectives for this activity were:</b> At the end of this interdisciplinary activity participants will be able to: <ul style="list-style-type: none"> <li>• Provide information on HPV virus including transmission and burden of disease</li> <li>• Discuss status of HPV vaccines in US</li> <li>• Review ACIP recommendations for HPV vaccine</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"/>	Apply strategies for successful HPV vaccination in the pediatric and/or adult clinical setting				
<input type="radio"/>	Apply HPV testing to identify young adults and women that are at risk for HPV related diseases				
<input type="radio"/>	Integrate skills through the application of management guidelines by the CDC				
<b>What new team strategies will you employ as a result of this activity?</b>					
<input type="radio"/>	Immunize appropriate populations against HPV following a thorough discussion of risks and benefits				
<input type="radio"/>	Collaborate with colleagues to improve knowledge on vaccination guidelines and recommendations				
<input type="radio"/>	Educate patients and the community about HPV disease prevention through vaccination				
<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"/>	Patient outcomes		<input type="checkbox"/>	Effective communication skills	
<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"/>	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	Quality of Presentation &	Overall Activity
	Matter	Handouts	
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> 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:

**Post Test Evaluation Questions** (must fill out and answer these this question to receive credit)

**1. HPV is responsible for the following:**

- a. Cervical Cancer
- b. Genital warts
- c. Oropharyngeal cancers
- d. All of the Above

**2. Alabama has one of the lowest HPV vaccination rates in the nation:**

- a. True
- b. False

**3. If a patient takes only one dose of HPV vaccine then returns one year later, does the vaccine series have to be restarted?**

- a. Yes
- b. No

**4. A contraindication to HPV vaccine is:**


- a. Pregnancy
- b. One day of fever of 100F after a first does of HPV
- c. Diarrhea after the first dose of HPV
- d. Having a meningococcal vaccine given the same day as HPV

**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

 <p><b>Date:</b></p>	<p align="center"><b>CE/CME Evaluation &amp; Credit Claim Form</b></p> <p><b>TITLE OF ACTIVITY:</b> Human Papillomavirus (HPV)</p>	<p>Enduring <b>Credits:</b> 1.00</p> <p><input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored</p>
<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</p> <p><input type="checkbox"/> External Meeting</p>		
<p align="center">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></p>		
<p><b>Legal Name:</b></p>		<p><b>Email Address:</b> <i>(This is where your CE/CME certificate and or transcript will be sent)</i></p>
<p><b>Identify which continuing education hours apply to you:</b></p>	<p><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</p>	<p><b>Ministry and Facility:</b></p> <hr/> <p><b>Pharmacists please enter your NABP # &amp; DOB</b></p>
<p><b>Comments on this Enduring Material:</b></p>   		

**Method of Participation** - To receive a maximum of *1.0 Credit(s)* you should:

- View the materials in this enduring material.
- Complete the posttest (you must answer 4 out of 5 questions correctly).
- 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. HPV is the most common disease in the United States.
  - a. True
  - b. False
  
2. Which 2 types of non oncogenic types of HPV are being targeted?
  - a. HPV 16 & HPV 23
  - b. HPV 52 & HPV 58
  - c. HPV 6 & HPV 11
  
3. What is the current age recommendation for females to receive the HPV vaccination?

\_\_\_\_\_
  
4. List 2 ways that HPV is transmitted.
  1. \_\_\_\_\_
  2. \_\_\_\_\_

5. HPV infection is most common in \_\_\_\_\_.
- a. Teens
  - b. Early 20s
  - c. Adults
  - d. A & B
  - e. All of the above

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

Phone: (205) 838-3225 Fax: (205) 838-3518

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