St.Vincent's HEALTH SYSTEM | ASCENSION **Date:**	**CE/CME Evaluation & Credit Claim Form** **TITLE OF ACTIVITY:** Active Shooter in Healthcare	Enduring **Credits:** 1.00 ☒ Direct Sponsored ☐ Jointly Sponsored

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 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 certificate is issued only upon receipt of this completed evaluation form. PLEASE PRINT

Legal Name:		**Email Address:** *(This is where your CE/CME certificate and or transcriptwill be sent)*	
Identify which continuing education hours apply to you:	☐ MD ☐ DO ☐ PA ☐ NP ☐ RN ☐ PharmD ☐ RPh ☐ Tech ☐ OT ☐PT ☐Social Worker ☐Student ☐Other	**Ministry and Facility:**	
		Pharmacists please enter your NABP # & DOB	

Comments on this Enduring Material:

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. What is the main reason people do not take action in an Active Shooter situation?
   _____

2. You should hold a staff only door open for patient/visitor.
   a. True
   b. False

3. What percentage of workplace violence victims offered physical resistance to the assailant?
   a. 25%
   b. 50%
   c. 75%

4. What is the concept to remember about a gun and the distance you should stay away?
   _____

5. What is the policy for an active shooter?
    a. Run, Hide, Fight
    b. Hide, Fight, Run
    c. Fight, Run, Hide

Please scan back for credit to: lisa.davis2@ascension.org
Phone: (205) 838-3225 Fax: (205) 838-3518

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St.Vincent's HEALTH SYSTEM | ASCENSION **Date:** ☒ Inter-professional ☐ Single Discipline	**Attendance Roster** "Active Shooter in Healthcare"	Instructor: Mark Mooring, MPA, CPP, CHPA Credits: 1.00 ☒ Direct Sponsored ☐ Jointly Sponsored

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
			☐MD ☐DO ☐NP ☐PA ☐RN ☐Pharmacist ☐RPh ☐Pharmacy Tech ☐OT ☐PT ☐Social Worker ☐Student ☐Other
			☐MD ☐DO ☐NP ☐PA ☐RN ☐Pharmacist ☐RPh ☐Pharmacy Tech ☐OT ☐PT ☐Social Worker ☐Student ☐Other
			☐MD ☐DO ☐NP ☐PA ☐RN ☐Pharmacist ☐RPh ☐Pharmacy Tech ☐OT ☐PT ☐Social Worker ☐Student ☐Other
			☐MD ☐DO ☐NP ☐PA ☐RN ☐Pharmacist ☐RPh ☐Pharmacy Tech ☐OT ☐PT ☐Social Worker ☐Student ☐Other
			☐MD ☐DO ☐NP ☐PA ☐RN ☐Pharmacist ☐RPh ☐Pharmacy Tech ☐OT ☐PT ☐Social Worker ☐Student ☐Other
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			☐MD ☐DO ☐NP ☐PA ☐RN ☐Pharmacist ☐RPh ☐Pharmacy Tech ☐OT ☐PT ☐Social Worker ☐Student ☐Other

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)*™. 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

Date: ☒ Inter-professional ☐ Single Discipline	**CE/CME Evaluation & Credit Claim Form** **Course:** "Active Shooter in Healthcare Environment" **Instructor:** Mark Mooring, MPS, CPP, CHPA	Credits: 1.00 ☒ Direct Sponsored ☐ Jointly Sponsored

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Identify which continuing education hours apply to you:	☐ MD ☐ DO ☐ NP ☐ PA ☐ RN ☐ PharmD ☐ RPh ☐ Tech ☐ Student/Resident ☐ Other ☐ PT ☐ OT ☐ Social Worker	**Ministry and Facility:**	
		PHARMACY NABP # and DOB	

The learning objectives for this activity were:

Upon completion of this activity participants should be able to:

Interdisciplinary:

- Describe what an invasive situation is that presents the need for protective skills
- Explain specific responsibilities during an armed invasive situation
- Identify human nature response to an armed invasive situation
- Discuss the moral obligations for healthcare workers during an armed invasive situation
- Understand law enforcement role in a active shooter response

Did the speaker(s) meet each of the objectives? ☐ Yes ☐ No

Comment: _____

	What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?
❍	Recognize the challenges faced in healthcare settings when there is an active shooter
❍	Recognize indicators of potential violence
❍	Discuss the importance of following Ascension Health response plan
	What new team strategies will you employ as a result of this activity?
❍	Implement practice-based action plan should there be an active shooter event
❍	Identify levels of combative behavior, including the appropriate responses for each
❍	Improve multidisciplinary team roles and communication to improve decision making skills for a better outcome
❍	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

☐ Knowledge management ☐ Improve healthcare processes and outcomes ☐ Effective communication skills ☐ Patient outcomes

Did the information presented reinforce and/or improve your current skills? ☐ Yes ☐ No

Do you perceive any barriers in applying these changes?	☐ Organizational or institutional barriers ☐ Cost ☐ Patient adherence ☐ Professional consensus or guidelines ☐ Lack of resources ☐ Experience	☐ Reimbursement ☐ Administrative Support ☐ Reimbursement/Insurance ☐ Inadequate time to assess or counsel patients ☐ No barriers ☐ 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	Quality of Presentation & Handouts	Overall Activity
	☐ Excellent ☐ Good ☐ Average ☐ Poor	☐ Excellent ☐ Good ☐ Average ☐ Poor	☐ 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:

PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY (must fill out these two questions to receive credit)

In an active shooter situation, all involved persons should quickly determine the most reasonable way to protect their own lives.

a. True
b. False

Responses to active shooter situation include:

a. Run, Hide, Fight
b. Run, Fight, Hide
c. Hide, Run, Fight

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

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