
		CE/CME Evaluation & Credit Claim Form Course: "Endocrine Emergencies" Instructor: Dr. Dr. David DeAtkine, Jr. Endocrinology & Internal Medicine		 Credits: 1.00	
Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline				<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 <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"/> Chaplain	NABP # and DOB	
	<input type="checkbox"/> Pharmacy Tech	<input type="checkbox"/> Other			
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"> • Demonstrate updated knowledge of the diagnosis and treatment of diabetes • Recognize a variety of endocrine emergencies in patients • Employ enhanced skills and practice management techniques to improve patient care 					
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"/> Accurately assess and diagnose metabolic and endocrine diseases that are increasingly being seen					
<input type="radio"/> Apply updated information to the diagnosis and management of endocrine diseases					
<input type="radio"/> Improve competence in the diagnosis and management of patients with endocrine diseases					
What new team strategies will you employ as a result of this activity?					
<input type="radio"/> Employ individual as well as organizational strategies to prevent suicide and/or burnout					
<input type="radio"/> Communicate to your staff and colleagues widely and often about the need to intervene if they suspect someone needs help					
<input type="radio"/> Identify resources that are available to help person in distress or at risk					
How will your role in the collaborative team change as a result of this activity					
<input type="checkbox"/> Knowledge management			<input type="checkbox"/> Improved collaborative practice because of this activity		
<input type="checkbox"/> Improve healthcare processes and outcomes			<input type="checkbox"/> Increased opportunity to learn with/from and better understand colleagues		
<input type="checkbox"/> Effective communication skills					
<input type="checkbox"/> Patient outcomes					
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	
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(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:
 Yes No

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

1. Define Diabetic Ketoacidosis:

2. Anion Gap Metabolic Acidosis is:

- a. Ketoacidosis (diabetic, alcoholic)
- b. Lactic acidosis
- c. Uremia
- d. Poisonings/overdose

- e. a and d
- f. All of the above

3. Patients with primary adrenal insufficiency may require mineralocorticoid therapy when shifted to oral therapy.

- a. True
- b. False

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

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