	Attendance Roster II		Instru	Instructor: Multiple			
☐ Inter-professional Single Discipline	"Pain Conferer	nce"	Credit				
INTERPROFESSIONAL CONTINUING EDUCATION		OFFICI		USE ONLY vsicians Nursing			
St Vincent's HEALTH SYSTEM	<b>Date:</b> October 5, 2018 P		Ph	narmacist Technicians			
☐ Direct Sponsored ☐ Jointly Sponsored			All	lied 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			
				□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			
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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 7.5 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.

ASCENS	SION	CE/CME Evaluation & Credit Claim Form		orm	Credits: 7.5			
Date: Oatak	2010	Course: "2018 Pain Conference"			JOINT	LY ACCREDITED PROVIDER*		
Date: Octob  ☐ Inter-profe		Instructor: Multiple Speakers			MTERPR	INTERPOREEGONAL CONTINUENG EDUCATION		
Single Disci		Instructor: Multiple Speakers				☐ Direct Sponsored ☐ Jointly Sponsored		
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_	St. Vincent's Health (Alabama Ministry) Birmingham Blount Chilton East One Nineteen St. Clair Providence (Mobile) Ascension Other:							
St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort								
Pleas	Please note: a CME/CE certificate is issued only upon receipt of this completed evaluation form. PLEASE PRINT    Email Address:				VT			
				(This is where				
Legal Name:				CE/CME certi	CE/CME certificate			
			or transcript will be					
		sent)			_			
Identify which	□MD		Student/Reside	nt Ministry and Facility:				
continuing	□ NP	□ PA   L	PT     _ OT	Facility:				
education	CRNA	□ RN   L	Social Worker	PHARMACY				
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to you:	☐ Pharmacy	Tech	Other	NABP # an	ıd			
				DOB				
The learning	objectives for thi	s activity w	vere:					
	-	-	—— to increase the num	nber of particip	oants who	understand	how to asses	ss and
	-	•	tify patients at risk	•				
Content								
Content								
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Do you perceive any barriers in applying these changes?	□ Organizational or institutional barriers       □ Reimbursement         □ Cost       □ Administrative Support         □ Patient adherence       □ Reimbursement/Insurance         □ Professional consensus or guidelines       □ Inadequate time to assess or counsel patient         □ Lack of resources       □ No barriers         □ Experience       □ Other:				sel patients				
Did you perceive commerc		any commercial	prom	otional	products	displa	ayed	or distribu	ted.
What other CE/CME topic(s	s) would y	ou like to attend?	?						
OUTCOME									
On a scale of 1-5, please rate to	the followin	g:		rongly gree	2- Agree	3-Neı	utral	4-Disagree	5-Strongly Disagree
Attending this activity improv	ved my:		_ ^	Бісс					Disagree
Knowledge of the subject.							)		
Competence (the ability to ap		<u> </u>					1		
What I learned in this activity		ed my confidence					l		
in improving patient outcome  Overall Conference		akers knowledge of	Overa	Il Ouality o	f Presentation	n &		Overall Acti	vitv
Overall Conference		oject Matter	Overall Quality of Presentation  Handouts			<del>/// (</del>		<u>Overall Acti</u>	<u>vicy</u>
	Excellent		Excellent Good		=	Excellent Good			
	Average	☐ Poor		erage	Poor			erage	Poor
Comments on activity:			Did the speaker(s) provide an opportunity for questions and discussion? ☐ Yes ☐ No (If no please comment)						
	5 - Outstan	INDIVIDUAL SPEAK Please use the follo ding 4 – Good 3	wing ra - Averag	ting scale ge 2 - Fa	air 1 – Po				
Speakers Session	Sion Knowledge of Su Matter		oject Appropriateness of Teaching Strategies				Was Presen Free of Com Bias?	mercial	
Andrew Kaufman, MD		5 4 3 2	1	5 4	<b>↓</b> 3 2	1	]	Yes [	No
"Prescription Drug Misuse and Add Recognizing the Signs"	iction-						ı	f no, please de	scribe:
Andrew Kaufman, MD  "Legalized Marijuana and Opioids: Crossroads"	Deadly	5 4 3 2	1	5 4	<b>↓</b> □ 3□ 2	1		Yes [	No scribe:
Lyle S. Walton, MD "Dying and Death Process & Pain M	1gt."	5 4 3 2	1	5 4	<b>↓</b> 3 2	1		Yes [	No scribe:
Weifeng Song, MD  "Fentanyl Crisis – Overdose Epidem	nic."	5 4 3 2	1	5 4	<b>↓</b> 3 2	1		Yes [if no, please de	No scribe:

## -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	5 4 3 2 1	5 4 3 2 1	Yes No			
"Hospice Role in Coping with the Dying Process."			If no, please describe:			
Jenny Duke, RN, CHPN	5 4 3 2 1	5 4 3 2 1	Yes No			
"Palliative Care"			If no, please describe:			
David Copenhaver, MD	5 4 3 2 1	5 4 3 2 1	Yes No			
"A Review of Federal and State Responsibilities and Legal Issues Regarding the Opioid Crisis"			If no, please describe:			
Doris K. Cope, MD  "Chronic Pain Mgt & Medications"	5 4 3 2 1	5 4 3 2 1	Yes No If no, please describe:			
Doris K. Cope, MD	5 4 3 2 1	5 4 3 2 1	☐ Yes ☐ No			
"Interpretation of the Joint Commission Pain Guidelines for Use in Daily Practice"			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						