



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION



- Inter-professional
- Single Discipline

### Attendance Roster

“Pain Conference”

Date: October 5, 2018

Instructor: Multiple

Credits: 7.5

OFFICE USE ONLY

- Physicians     Nursing
- Pharmacist     Technicians
- Allied     Other

- Direct Sponsored     Jointly Sponsored

**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
			<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 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.

Please scan back for credit to: [lisa.davis2@ascension.org](mailto:lisa.davis2@ascension.org) (Info must be completely filled out for credit)

Fax: (205) 838-33518

 <b>Date:</b> October 5, 2018 <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline	<b>CE/CME Evaluation &amp; Credit Claim Form</b> <b>Course: "2018 Pain Conference"</b>  <b>Instructor: Multiple Speakers</b>	 Credits: 7.5 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored
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**Please Check One:**  
 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.  
**Please note: a CME/CE certificate is issued only upon receipt of this completed evaluation form. PLEASE PRINT**

<b>Legal Name:</b>		<b>Email Address:</b> <i>(This is where your CE/CME certificate 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 <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 <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Chaplin <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> Other	<b>Ministry and Facility:</b>	
		<b>PHARMACY ONLY</b> <b>NABP # and DOB</b>	

**The learning objectives for this activity were:**

- The main goal of this activity is to increase the number of participants who understand how to assess and treat pain as well as how to identify patients at risk for misusing and abusing opioid medications.

**C o n t e n t**

<i>On a scale of 1-5, please rate the following:</i>	1-Strongly Agree	2- Agree	3-Neutral	4-Disagree	5-Strongly Disagree
The program met the identified objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program was effective in addressing and closing identified practice gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content was relevant to my educational needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program was well-structured and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The over-all quality of the activity met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How might the format of this activity be improved in order to most appropriate for the content presented?	Comment:				

What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?

Apply knowledge gained from this activity to improve patient outcomes

Apply new strategies that promotes improvements or quality in healthcare

Create a network of professionals or a set of resources that can be used to support the participant's practice

What new team strategies will you employ as a result of this activity?

Identify opioid practice updates as outlined in the opioid guidelines and determine how to implement

Evaluate new trends, techniques, therapies and diagnostic procedures in pain management

Recognize the value of interdisciplinary collaboration in pain medicine

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

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"/> Reimbursement <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: _____
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Did you perceive commercial bias or any commercial promotional products displayed or distributed.  
 No  Yes (If yes please Comment)

What other CE/CME topic(s) would you like to attend?

**OUTCOME**

On a scale of 1-5, please rate the following:	1-Strongly Agree	2- Agree	3-Neutral	4-Disagree	5-Strongly Disagree
<b>Attending this activity improved my:</b>					
Knowledge of the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence (the ability to apply the knowledge).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I learned in this activity has increased my confidence in improving patient outcome results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Overall Conference</b>	<u>Overall Speakers knowledge of Subject Matter</u>	<u>Overall Quality of Presentation &amp; Handouts</u>	<u>Overall Activity</u>
	<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

<b>Comments on activity:</b>	<b>Did the speaker(s) provide an opportunity for questions and discussion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no please comment)
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**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?
<b>Andrew Kaufman, MD</b> "Prescription Drug Misuse and Addiction- Recognizing the Signs"	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
<b>Andrew Kaufman, MD</b> "Legalized Marijuana and Opioids: Deadly Crossroads"	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
<b>Lyle S. Walton, MD</b> "Dying and Death Process & Pain Mgt."	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
<b>Weifeng Song, MD</b> "Fentanyl Crisis – Overdose Epidemic."	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:

**-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?
<b>Christy Falligant, LGSW, ACHP-SW</b> “Hospice Role in Coping with the Dying Process.”	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
<b>Jenny Duke, RN, CHPN</b> “Palliative Care”	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
<b>David Copenhaver, MD</b> “A Review of Federal and State Responsibilities and Legal Issues Regarding the Opioid Crisis”	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
<b>Doris K. Cope, MD</b> “Chronic Pain Mgt & Medications”	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
<b>Doris K. Cope, MD</b> “Interpretation of the Joint Commission Pain Guidelines for Use in Daily Practice”	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No 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](mailto:lisa.davis2@ascension.org) Fax: (205) 838-3518