


 JOINT ACCREDITATION INTERPROFESSIONAL CONTINUING EDUCATION Date: <input type="checkbox"/> Inter-professional <input checked="" type="checkbox"/> Single Discipline	CE/CME Evaluation & Credit Claim Form Course: "Leg Ulcers – Recognition and Management" Instructor: Dr. Glenn Bedsole, Birmingham Wound Care Center	  Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored
Please Check One: <input checked="" type="checkbox"/> St. Vincent's Birmingham <input type="checkbox"/> St. Vincent's Blount <input checked="" type="checkbox"/> St. Vincent's Chilton <input checked="" type="checkbox"/> St. Vincent's East <input checked="" type="checkbox"/> St. Vincent's St. Clair <input type="checkbox"/> St. Vincent's One Nineteen <input type="checkbox"/> 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 transcript is issued only upon receipt of this completed 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"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Pharmacy Tech	<input type="checkbox"/> Student/Resident <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Social Worker <input type="checkbox"/> Other
	Ministry and Facility: PHARMACY ONLY NABP # and DOB	
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"> • Increased awareness of pathophysiology and management of leg ulcers and chronic ulcers in general • Discuss how standards of care, evidence-based practice and a multidisciplinary wound care team can affect clinical choices in wound management • Discuss appropriate outpatient management of chronic leg ulcers and when to refer 		
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"/>	Use evidence-based recommendations (wound care measures) to care for patients with non-healing wounds	
<input type="radio"/>	Identify principles underlying the care of chronic wounds	
<input type="radio"/>	Apply interdisciplinary team communication to achieve patient treatment goals	
	What new team strategies will you employ as a result of this activity?	
<input type="radio"/>	Identify strategies to increase collaboration among members of the clinical team	
<input type="radio"/>	Collaborate with colleagues to improve a healthcare agenda that supports quality and patient safety initiatives	
<input type="radio"/>	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		
<input type="checkbox"/> Knowledge management <input type="checkbox"/> Improve healthcare processes and outcomes <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"/> 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: _____

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 (If yes please Comment)			
What I learned in this activity has increased my confidence in improving patient outcome results. <input type="checkbox"/> Yes <input type="checkbox"/> No			
What other CE/CME topic(s) would you like to attend?			
Speaker(s) Session	<u>Speakers knowledge of Subject Matter</u> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<u>Quality of Presentation & Handouts</u> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<u>Overall Activity</u> <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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I will apply the knowledge and/or skills gained during this activity in my work: <input type="checkbox"/> Yes <input type="checkbox"/> No			
This activity created an atmosphere that fostered adequate discussion time in which input and feedback was welcome: <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Other:			
<u>NURSING, PA, CRNP CREDIT ONLY</u> (must fill out these this question to receive credit)			
What are appropriate nursing interventions using standardized procedures for skin wound and/or ulcer?			
<u>PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY</u> (must fill out these this question to receive credit)			
What is a care plan you would formulate for ongoing consistent wound care, whether the patient is within the hospital or being followed in the community?			
REQUEST FOR CREDIT - If you wish to receive credit for this activity, please return this completed form			
<input type="checkbox"/> 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
 (205) 838-3518 FAX

		CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: Wound Care- Leg Ulcers		Enduring Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
Date:					
Please Check One: <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 <input type="checkbox"/> External Meeting					
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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"/> 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		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. A wound is a disruption of normal anatomic structure and functions that is usually inclusive of the skin.
 - a. True
 - b. False
2. Which of the following is not an example of a Chronic Wound/Ulcer?
 - a. Diabetic Foot Ulcer
 - b. Venous Leg Ulcer
 - c. Surgical Wound
 - d. Pressure Ulcer
3. Approximately how many people have chronic wounds?
 - a. 5.5 Million
 - b. 6.5 Million
 - c. 30 Million
 - d. 40 Million

4. List 3 local factors that affect wound healing:

- a. _____
- b. _____
- c. _____

5. What percentage of leg ulcers are caused by venous disease?.

- a. 20%
- b. 50%
- c. 70%
- d. 80%

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

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JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION



Attendance Roster

"Wound Care – Leg Ulcers"

Date:

Instructor: Dr. Glenn Bedsole,
Birmingham Wound Care Ctr.

Credits: 1.0

- ☒ Inter-professional ☐ Single Discipline
☒ Direct Sponsored ☐ Jointly Sponsored

Please Check One: ☐ St. Vincent's Health (Bham) _____
☐ Providence (Mobile) ☐ Ascension _____ ☐ Other: _____

Name (Please Print)	Hospital/Ministry/ Business	(Pharmacy) DOB & NABP #	Check That Apply
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IPCE CREDIT™

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.

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