


 <p>JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION</p> <p> </p> <p><input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored</p>	Attendance Roster "Stroke Update" Date: _____	Instructor: Dr. Toby Gropen, FAHA Credits: 1.0 <u>OFFICE USE ONLY</u> _____ Physicians _____ Nursing _____ Pharmacist _____ Technicians _____ Allied _____ Other
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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: _____

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 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.

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

Fax: (205) 838-33518

 Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline	CE/CME Evaluation & Credit Claim Form Course: "Stroke Update" Instructor: Toby Gropen, MD, FAHA Chief Division of Cerebrovascular Disease, UAB	 Credits: 1.00 <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"/> Other Ministry:		
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"/> Chaplain <input type="checkbox"/> Other
	Ministry and Facility: PHARMACY ONLY NABP # and DOB	
<p><u>The learning objectives for this activity were:</u></p> <p>At the end of this interdisciplinary activity participants will be able to:</p> <ul style="list-style-type: none"> • Appreciate morbidity and mortality associated with large-vessel occlusive stroke (LVO) • Review use and limitations of intravenous thrombolysis for LVO • Discuss new literature supporting endovascular treatment of stroke • Describe patient selection for interventional stroke procedures <p>Did the speaker(s) meet each of the objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comment: _____</p>		
	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"/>	Implement practices that improve patient outcomes for patients presenting with symptoms of stroke	
<input type="radio"/>	Apply the evidence and new literature supporting endovascular treatment of stroke	
<input type="radio"/>	Examine established systems of coordinated stroke care and their impact on patient outcomes	
	What new team strategies will you employ as a result of this activity?	
<input type="radio"/>	Review the benefits and challenges of team collaboration in the management of care for stroke survivors	
<input type="radio"/>	Collaborate with colleagues to improve teamwork that occurs in stroke care to provide a continuum of care	
<input type="radio"/>	Educate patients about stroke prevention and recognition of stroke	
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. ☐ 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	<u>Speakers knowledge of Subject Matter</u>	<u>Quality of Presentation & 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
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? ☐ 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:

NURSING, PA, CRNP CREDIT ONLY (must fill out these this question to receive credit)

Summarize the nursing role in the care of patients with stroke in the acute care setting:

PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY (must fill out these this question to receive credit)

Identify risk factors of stroke:


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

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

		CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: Stoke Update		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					
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 <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"/> 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.

- During an Acute Ischemic Stroke, how many neurons are lost?
 - 8.3 trillion
 - 14 billion
 - 1.2 billion
 - 1.9 million
- Emergency imaging of the brain is recommended before initiating any specific treatment for acute stroke.
 - True
 - False
- List 2 signs of an acute ischemic stroke?
 - _____
 - _____

4. High blood pressure is a leading risk factor for ischemic stroke.
 - a. True
 - b. False

Please scan back for credit to: lisa.davis2@ascension.org

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

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