

		CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: Heart Failure and the Role of Palliative Care		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.

1. The 5 year survival rate following the first hospitalization for heart failure is 25%?
 - a. True
 - b. False
2. Sudden death only happens for what percentage of patients with heart failure?
 - a. 5-10%
 - b. 10-15%
 - c. 15-20%
3. Which of the following are factors that should be considered for older patients with heart failure?
 - a. Multimorbidity
 - b. Cognitive impairment
 - c. Functional limitation
 - d. Mobility disability
 - e. Frailty
 - f. All of the above

4. Less than half of community HF patients had an advance directive, despite recommendations for all patients with advance cardiac disease to have an advance directive and/or engage in advance care planning.
 - a. True
 - b. False
5. Palliative Care helps patients improve their quality of life by improving symptom management while living with a chronic disease.
 - 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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<p>Date: March 20, 2018</p> <p><input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline</p>		<p>CE/CME Evaluation & Credit Claim Form</p> <p>Course: “Heart Failure – Palliative Care”</p> <p>Instructor: Dr. Martin Rodriguez, UAB</p>		<p>Credits: 1.00</p> <p><input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored</p>	
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<p><u>The learning objectives for this activity were:</u> Upon completion of this activity participants should be able to: <u>Interdisciplinary:</u></p> <ul style="list-style-type: none"> Identify transition points in HF trajectory Identify opportunities for PC to engage HF teams in key transition points Describe a communication framework aimed at engaging patients/families focusing on transitions Describe the various post hospital options to support patients and families at key transition points 					
<p>Did the speaker(s) meet each of the objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comment: _____</p>					
<p>What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?</p>					
<input type="radio"/> Review the principles of symptom control in patients with heart failure					
<input type="radio"/> Recognize the challenges when transitioning HF patients					
<input type="radio"/> Recognize barriers to a palliative approach to care for patients with heart failure					
<p>What new team strategies will you employ as a result of this activity?</p>					
<input type="radio"/> Understand the trajectory of heart failure and how this relates to palliative care					
<input type="radio"/> Develop individualized care plan and define treatment goals with HF patients					
<input type="radio"/> Improve multidisciplinary team roles and communication to improve decision making skills for a better patient outcome					
<input type="radio"/> This activity will not change my practice, because my current practice is consistent with what was taught					
<p>How will your role in the collaborative team change as a result of this activity</p>					
<input type="checkbox"/> Knowledge management <input type="checkbox"/> Improve healthcare processes and outcomes <input type="checkbox"/> Effective communication skills <input type="checkbox"/> Patient outcomes					
<p>Did the information presented reinforce and/or improve your current skills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>Do you perceive any barriers in applying these changes?</p>		<p><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</p>		<p><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: _____</p>	

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	Speakers knowledge of Subject	Quality of Presentation &	Overall Activity
	Matter	Handouts	
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Excellent <input type="checkbox"/> Good
	<input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Average <input type="checkbox"/> 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:
☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Other:

PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY (must fill out these two questions to receive credit)

What are the symptoms in end-stage CHF?

What is the pharmacists role for patients with HF at the end of life?

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



Date: March 20, 2018

☒ Inter-professional ☐ Single Discipline

Attendance Roster

“Heart Failure and the Role of Palliative Care”

Instructor:

Dr. Keith Swetz

Credits: 1.00

☒ Direct Sponsored
☐ Jointly Sponsored

Please Check One: ☐ St. Vincent's Birmingham ☐ St. Vincent's Blount ☐ St. Vincent's Chilton
☒ St. Vincent's East ☐ St. Vincent's St. Clair ☐ St. Vincent's One Nineteen ☐ External ☐ 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
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Physicians: St. Vincent's Health System is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians. Designation Statement: The St. Vincent's Health System designates this live activity for a maximum of see above *AMA PRA Category 1.00 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse: Ascension Health is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Provider Number: P0340. This activity is approved for 1.0 Contact Hours continuing education.

Pharmacists: The St. Vincent's Health System is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Completion of this knowledge-based activity provides for 1.0 contact hour (0.1 CEU) of continuing pharmacy education credit.

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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