



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION



- Inter-professional
- Single Discipline

- Direct Sponsored
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Attendance Roster

“Acute Ischemic Stroke Care:
Updates for 2019”

Date:

Instructor: Dr. Angela Shapshak

Credits: 1.0

OFFICE USE ONLY

- Physicians Nursing
- Pharmacist Technicians
- Allied Other

Please Check One:

- St. Vincent's Health (Alabama Ministry) Birmingham Blount Chilton East One Nineteen St. Clair
- Providence (Mobile) Ascension _____ North West Medical 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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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

		CE/CME Evaluation & Credit Claim Form Course: "Acute Ischemic Stroke Care: Updates for 2019" Instructor: Dr. Angela Shapshak Neurology & Anesthesiology, UAB		 Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline					
Please Check One: <input type="checkbox"/> St. Vincent's (Birmingham Ministry) _____ <input type="checkbox"/> Providence (Mobile) <input type="checkbox"/> Ascension: _____ <input type="checkbox"/> North West Medical <input type="checkbox"/> 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 transcript 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"/> Student/Resident	Ministry and Facility:	
	<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	PHARMACY ONLY	
	<input type="checkbox"/> PharmD	<input type="checkbox"/> RPh	<input type="checkbox"/> Chaplain	NABP # and DOB	
	<input type="checkbox"/> Pharmacy Tech	<input type="checkbox"/> Other			
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"> • Improve recognition of acute ischemic stroke patients and reduction in treatment delay for patients presenting with stroke • Apply the evidence and results from best practices when determining the safely, effective use, and timing of thrombolysis in acute ischemic stroke • Improve confidence and appropriateness of stroke alert activation 					
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"/>	Implement standards of care and recognize the need for creating a clinical pathway for stroke and transient ischemic attack (TIA) based on current, evidence-based best practices				
<input type="radio"/>	Adopt imaging modality protocols for quickly identify stroke and begin early treatment				
<input type="radio"/>	Apply the AHA/ASA updated guidelines for acute stroke care				
What new team strategies will you employ as a result of this activity?					
<input type="radio"/>	Employ best practices to promptly identify patients and start a treatment pathway that will yield the best patient outcomes				
<input type="radio"/>	Collaborate with colleagues to implement practices that improve stroke care				
<input type="radio"/>	Review stroke protocols and comply with national guidelines on stroke care and local quality improvement initiatives				
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			<input type="checkbox"/> Improved collaborative practice because of this activity <input type="checkbox"/> Increased opportunity to learn with/from and better understand colleagues		
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"/> 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

Speakers knowledge of Subject Matter

Excellent Good
 Average Poor

Quality of Presentation & Handouts

Excellent Good
 Average Poor

Overall Activity

Excellent Good
 Average 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:
 Yes No

Post Test Evaluation Questions (must fill out and answer these this question to receive credit)

1. Name the two major types of Strokes:

2. Modifiable risk factors for stroke may include:

- | | |
|------------------------|---------------------|
| a. High Blood Pressure | f. Obesity |
| b. High Cholesterol | g. Heart Disease |
| c. Diabetes | h. a and f |
| d. Tobacco Use | i. All of the above |
| e. Alcohol Use | |

3. Stroke assessment tools help EMS identify a stroke quickly.

- a. True
b. False

4. Pharmacologic therapy for stroke may be divided into stroke-specific treatment and stroke prevention.

- a. True
b. False

REQUEST FOR CREDIT - If you wish to receive credit for this activity, please return this **completed form**

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 complete on the evaluation

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