

 <p style="font-size: 0.8em; margin: 0;">JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION</p> <div style="display: flex; align-items: center; margin-top: 10px;">   </div> <p style="margin-top: 10px;"> <input checked="" type="checkbox"/> Direct Sponsored    <input type="checkbox"/> Jointly Sponsored       </p>	<b>Attendance Roster</b>  <b>“Workplace Violence Prevention for Healthcare”</b>  <b>Date:</b> _____	<b>Instructor:</b> Mark W. Mooring, MPA, CPP, CHPA <b>Credits:</b> 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 <b>(Please Print)</b>	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.

 <p><b>Date:</b>  <input checked="" type="checkbox"/> Inter-professional  <input type="checkbox"/> Single Discipline</p>	<p align="center"><b>CE/CME Evaluation &amp; Credit Claim Form</b></p> <p><b>Course:</b> "Workplace Violence Prevention for Healthcare"</p> <p><b>Instructor:</b> Mark W. Mooring, MPA, CPP, CHPA; Safety &amp; Security Consultant</p>	 <p align="right"><b>Credits: 1.00</b></p> <p><input checked="" type="checkbox"/> Direct Sponsored   <input type="checkbox"/> Jointly Sponsored</p>
<p><b>Please Check One:</b>   <input type="checkbox"/> St. Vincent's (Birmingham Ministry) _____</p> <p><input type="checkbox"/> Providence (Mobile)                      <input type="checkbox"/> Ascension: _____                      <input type="checkbox"/> Other Ministry: _____</p> <p align="center">St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort.  <b>Please note: a CME/CE transcript is issued only upon receipt of this <u>completed</u> evaluation form. PLEASE PRINT</b></p>		
<b>Legal Name:</b>		<p><b>Email Address:</b>  <i>(This is where your CE/CME certificate and or transcript will be sent)</i></p>
<b>Identify which continuing education hours apply to you:</b>	<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"/> Other	<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
	<p><b>Ministry and Facility:</b></p> <hr/> <p><b>PHARMACY ONLY</b>  <b>NABP # and DOB</b></p> <hr/>	
<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"> <li>• Implement practices that make them and their staff safer and develop appropriate responses to potential workplace violence</li> <li>• Leverage to promote policies, procedures, training and proactive response</li> </ul>		
<p>Did the speaker(s) meet each of the objectives?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Comment: _____</p>		
<p><b>What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?</b></p>		
<input type="radio"/>	Identifying risk factors and responses to risk factors, including those specific to the healthcare industry	
<input type="radio"/>	My understanding of the risk factors for workplace violence in my work setting	
<input type="radio"/>	Develop strategies for implementing a WPV prevention program	
<p><b>What new team strategies will you employ as a result of this activity?</b></p>		
<input type="radio"/>	Demonstrate knowledge of challenges and strategies for reducing workplace violence in my work setting	
<input type="radio"/>	Collaborate with colleagues to ensure healthcare workers are aware of responsibilities in responding to workplace violence and measures for de-escalation in cases of aggressive persons	
<input type="radio"/>	Discuss the importance of following Ascension Health response plan	
<p><b>How will your role in the collaborative team change as a result of this activity</b></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><b>Did the information presented reinforce and/or improve your current skills?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>		
<p>Do you perceive any barriers in applying these changes?</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	<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**

<b>Did you perceive commercial bias or any commercial promotional products displayed or distributed.</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please Comment)			
<b>What I learned in this activity has increased my confidence in improving patient outcome results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What other CE/CME topic(s) would you like to attend?</b>			
<b>Speaker(s) Session</b>	<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 &amp; 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
<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)	
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:			
<b><u>NURSING, PA, CRNP CREDIT ONLY</u></b> (must fill out these this question to receive credit)			
<b>The majority of workplace violence incidents in the healthcare setting are:</b>			
A. Assault B. Battery C. Stalking D. Verbal E. All of the above			
<b><u>PHARMACISTS &amp; PHARMACY TECHNICIANS CREDIT ONLY</u></b> (must fill out these this question to receive credit)			
<b>Reporting a threat or event in a timely fashion can help ensure availability of WPV Go Team expertise.</b>			
A. True B. False			
<b>REQUEST FOR CREDIT - If you wish to receive credit for this activity, please return this completed form</b>			
<input type="checkbox"/> By checking the box, I certify the above is true and correct.			
<b>Signature:</b>			
Thank you for participating and we appreciate your candid feedback to improve your experience at future activities. <b>To receive credit all questions must be completed on the evaluation</b>			

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

		<b>CE/CME Evaluation &amp; Credit Claim Form</b> <b>TITLE OF ACTIVITY:</b> <b>Workplace Violence Prevention for Healthcare</b>		<b>Enduring Credits: 1.00</b> <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
<b>Date:</b>					
<b>Please Check One:</b> <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. <b>Please note: a CME/CE certificate is issued only upon receipt of this <u>completed</u> evaluation form. PLEASE PRINT</b>					
<b>Legal Name:</b>				<b>Email Address:</b> <i>(This is where your CE/CME certificate and 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"/> 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		<b>Ministry and Facility:</b>  <b>Pharmacists please enter your NABP # &amp; DOB</b>	
<b>Comments on this Enduring Material:</b>					

**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. Workplace violence is any act of aggression, verbal assault, physical assault, or threatening behavior that occurs in the workplace environment and causes physical or emotional harm to patients, staff or visitors.
  - a. True
  - b. False
2. You should hold a staff only door open for patient/visitor.
  - a. True
  - b. False
3. Incident + Response = \_\_\_\_\_
  - a. Opportunity
  - b. Outcome
  - c. Obstacles

4. What is the concept to remember about a gun and the distance you should stay away?

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5. When escorting a visitor through the hospital where should you be located?
- a. In front of them
  - b. Beside them
  - c. Behind them

**Please scan back for credit to:** [lisa.davis2@ascension.org](mailto:lisa.davis2@ascension.org)

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

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