		CE/CME Evaluation & Credit Claim Form		Enduring	
Date:		TITLE OF ACTIVITY: Sleep Apnea Dr. Kirk Withrow, Associate Professor, UAB		Credits: 1.00	
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					
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:	
Please rate the presentation on each of the following.					
		Strongly Agree		Strongly Disagree	
The activity met the stated objectives.		<input type="radio"/>		<input type="radio"/>	
The presentation was scientific and objective.		<input type="radio"/>		<input type="radio"/>	
The presentation was free from commercial bias.		<input type="radio"/>		<input type="radio"/>	
The online activity was conducive to my learning.		<input type="radio"/>		<input type="radio"/>	
Comments:					


- Which one of the following is the most efficacious treatment for OSA?
 - Nasal surgery
 - Tracheostomy
 - CPAP
 - Bariatric surgery
- OSA is the excessive, recurrent collapse of the airway during sleep leading to complete (apnea) or partial (hypopnea) obstructions.
 - True
 - False
- What are the symptoms of OSA?

4. Risk factors for OSA are:
- a. Smoking
 - b. Alcohol
 - c. Anatomic factors
 - d. Positive family history
 - e. Obesity
 - f. African and Asian Descent
 - g. Men twice as likely affected
 - h. a, d and e
 - i. All of the above
5. OSA is common and affects 25 million adults in US.
- a. True
 - b. False

Comments on this enduring material:

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

Fax: (205) 838-3518

 <p>Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline</p>	Attendance Roster Title:	Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
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 <input type="checkbox"/> Other:			
Name (Please Print)	Hospital/Ministry/ Business	(Pharmacy) DOB & NABP #	Check That Apply
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Resident <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CRNP <input type="checkbox"/> RN <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Pharmacist <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Resident <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CRNP <input type="checkbox"/> RN <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Pharmacist <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Resident <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CRNP <input type="checkbox"/> RN <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Pharmacist <input type="checkbox"/> RPh <input type="checkbox"/> Tech
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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)*[™]. 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.

<p>Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline</p>		CE/CME Evaluation & Credit Claim Form Course: "Obstructive Sleep Apnea" Instructor: Dr. Kirk Withrow, Otolaryngology, 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 <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 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"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech <input type="checkbox"/> Student/Resident <input type="checkbox"/> Other <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Social Worker		Ministry and Facility: PHARMACY NABP # and DOB	
<p>The learning objectives for this activity were: Upon completion of this activity participants should be able to: <u>Interdisciplinary:</u></p> <ul style="list-style-type: none"> Recognize the pathophysiology of Obstructive Sleep Apnea Review treatment options available for CPAP intolerant OSA patients and importance of appropriate referral Summarize improving care of OSA patients particular those who are untreated after failing CPAP therapy Describe comorbidities associated with OSA 					
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"/> Recognize and interpret the signs and symptoms of OSA					
<input type="radio"/> Recognize the evidence-based link between sleep apnea, hypertension, cardiovascular disease, and mortality					
<input type="radio"/> Identify appropriate evaluation to accurately diagnose Sleep Apnea					
What new team strategies will you employ as a result of this activity?					
<input type="radio"/> Implement practice-based procedures to screen and manage patients at risk for or with evidence of obstructive sleep apnea					
<input type="radio"/> Compare treatment alternatives and decide about the best alternative that may suit patients' needs					
<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					
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

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:
☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Other:

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

What is obstructive sleep apnea and who's at risk?

What are some symptoms and signs of OSA?

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