

<div style="clear: both;"></div> Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline	CE/CME Evaluation & Credit Claim Form Course: "Targeted Therapies in Rheumatology" Instructor: Jeffrey Curtis, M.D. UAB Director Arthritis Program	Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored
Please Check One: <input checked="" type="checkbox"/> St. Vincent's Birmingham <input type="checkbox"/> St. Vincent's Blount <input checked="" type="checkbox"/> St. Vincent's Chilton <input checked="" type="checkbox"/> St. Vincent's East <input checked="" 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"/> 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"/> Other	Ministry and Facility: PHARMACY ONLY NABP # and DOB
<p>The learning objectives for this activity were:</p> <p>At the end of this interdisciplinary activity participants will be able to:</p> <ul style="list-style-type: none"> Review new guidelines in the diagnosis and treatment of rheumatic diseases Summarize current updates in rheumatic diseases Discuss the use of biologic agents in the treatment of rheumatoid arthritis 		
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"/>	Apply knowledge gained from this activity to recognize the significant burden of arthritis on patients	
<input type="radio"/>	Identify strategies to increase collaboration among members of the clinical team	
<input type="radio"/>	Apply a patient-centered approach to management that prioritizes patient preferences and effectively communicates treatment plans to improve adherence and provide timely follow-up	
What new team strategies will you employ as a result of this activity?		
<input type="radio"/>	Collaborate with colleagues to improve a healthcare agenda that supports quality and patient safety initiatives	
<input type="radio"/>	Identify strategies to implement as part of a continuing improvement process for your practice	
<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. <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please Comment)			
What I learned in this activity has increased my confidence in improving patient outcome results. <input type="checkbox"/> Yes <input type="checkbox"/> No			
What other CE/CME topic(s) would you like to attend?			
Speaker(s) Session	<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 & 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
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? <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:			
<u>PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY</u> (must fill out these two questions to receive credit)			
Describe the risk factors associated with RA:			
What are the causes of Rheumatoid & Psoriatic Arthritis?			

REQUEST FOR CREDIT - If you wish to receive credit for this activity, please return this completed form	
<input type="checkbox"/> 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