

## Attendance Roster

"Infectious Disease Update"

Instructor:

Dr. Mark Middlebrooks

Credits: 1.00

☒ Direct Sponsored

☐ Jointly Sponsored

Date:

☒ Inter-professional ☐ Single Discipline

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)*<sup>™</sup>. 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.

Please scan back for credit to: [lisa.davis2@ascension.org](mailto:lisa.davis2@ascension.org) (Info must be completely filled out for credit)

Fax: (205) 838-3518

<p><b>Date:</b> May 22, 2018</p> <p><input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline</p>	<b>CE/CME Evaluation &amp; Credit Claim Form</b> <b>Course:</b> "Infectious Disease Update" <b>Instructor:</b> Dr. Mark Middlebrooks Infectious Disease	<b>Credits:</b> 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored
<b>Please Check One:</b> <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. <b>Please note: a CME/CE transcript is issued only upon receipt of this <span style="background-color: yellow;">completed</span> 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"/> 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
	<b>Ministry and Facility:</b>  <b>PHARMACY ONLY</b> <b>NABP # and DOB</b>	
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"> <li>Identify and describe new trends in global health related infectious diseases</li> <li>Identify and describe new trends and policies in hospital epidemiology, infection prevention and control and antibiotic stewardship</li> <li>Identify and describe evolving challenges in infectious disease diagnostics, therapeutics and management</li> </ul>		
Did the speaker(s) meet each of the objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____		
<b>What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?</b>		
<input type="radio"/>	Develop expertise in patient care and the medical knowledge base required to manage the aspects of infectious diseases	
<input type="radio"/>	Apply the basic principles of antimicrobial stewardship to everyday clinical practice in the inpatient and outpatient setting	
<input type="radio"/>	Demonstrate an understanding of strategies for optimal decision-making in the prevention, diagnosis and treatment of infectious diseases	
<b>What new team strategies will you employ as a result of this activity?</b>		
<input type="radio"/>	Integrate updates that ensure you are current with new strategies, best practices and guidelines for addressing Infectious Diseases	
<input type="radio"/>	Collaborate and apply evidence-based protocols for infectious disease to help determine optimal patient care plans	
<input type="radio"/>	Improve communication strategies with the interdisciplinary team and other healthcare professionals	
<input type="radio"/>	This activity will not change my practice, because my current practice is consistent with what was taught	
<b>How will your role in the collaborative team change as a result of this activity</b>		
<input type="checkbox"/> Knowledge management <input type="checkbox"/> Improve healthcare processes and outcomes <input type="checkbox"/> Effective communication skills <input type="checkbox"/> Patient outcomes		
<b>Did the information presented reinforce and/or improve your current skills?</b> <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	<u>Speakers knowledge of Subject Matter</u>	<u>Quality of Presentation &amp; Handouts</u>	<u>Overall Activity</u>
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<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)
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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 the role of the pharmacists/pharmacy technician in preventing infectious diseases?

List one initiative to promote health improvement, wellness and the prevention of infectious diseases:

**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

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