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| **Date:** February 27, 2018  Inter-professional Single Discipline | | | | **CE/CME Evaluation & Credit Claim Form**  **Course:** “Anaphylaxis”  **Instructor:** Dr. Amy CaJacob, UAB School of Medicine | | | | Credits: 1.00  Direct Sponsored  Jointly Sponsored |
| **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 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:**  *(This is where your CE/CME certificate and or transcriptwill be sent)* | |  |
| **Identify which continuing education hours apply to you:** | |  MD  DO   NP  PA  RN   PharmD  RPh  Tech   Student/Resident  Other   PT  OT  Social Worker | | | | **Ministry and Facility:** | |  |
| **PHARMACY**  **NABP # and DOB** | |  |
|  | | | | | | | | |
| The learning objectives for this activity were:  Physician & Nursing:   * Review and understand the pathogenesis of immediate hypersensitivity reactions * Evaluate the possible causes of past anaphylactic reactions * Describe the emergency treatment for anaphylaxis | | | | | Pharmacy & Pharmacy Techs *Pharmacists: \** Identify the most common triggers to cause anaphylaxis. *\** Choose the appropriate treatment for anaphylaxis. *Pharmacy Technicians: \** Describe what causes an allergic reaction  *\** Identify the most common triggers to cause anaphylaxis.  *\** Describe possible treatments for anaphylaxis | | | |
| Did the speaker(s) meet each of the objectives?  Yes No  Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | **What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?** | | | | | | | |
|  | Understand common allergens and treatments, the basics of allergic reactions, and the progression to anaphylaxis | | | | | | | |
|  | Recognize how to accurately diagnose anaphylaxis | | | | | | | |
|  | Identify signs, symptoms and treatment for anaphylactic reaction | | | | | | | |
|  | **What new team strategies will you employ as a result of this activity?** | | | | | | | |
|  | Develop strategies for evaluation and management of allergic and immunologic illnesses | | | | | | | |
|  | Improve multidisciplinary team roles and communication to improve decision making skills for a better patient outcome that are having an allergic reaction | | | | | | | |
|  | 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** | | | | | | | | |
| Knowledge management  Improve healthcare processes and outcomes  Effective communication skills  Patient outcomes | | | | | | | | |
| **Did the information presented reinforce and/or improve your current skills?**  Yes  No | | | | | | | | |
| Do you perceive any barriers in applying these changes? | | | Organizational or institutional barriers  Cost  Patient adherence  Professional consensus or guidelines  Lack of resources  Experience | | | | Reimbursement  Administrative Support  Reimbursement/Insurance  Inadequate time to assess or counsel patients  No barriers  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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**FOR CME/CE CREDIT – BOTH SIDES OF THE EVALUATION ARE REQUIRED TO BE FILLED OUT COMPLETELY**

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| ***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) | | | |
| Differentiate between a mild and a severe allergic reaction: | | | |
|  | | | |
| The risk factors for severe anaphylaxis are: | | | |
| 1. Patients taking anti-hypertensive medication 2. Early symptom onset and late treatment initiation 3. Asthmatics 4. Past history of severe reactions 5. None of the above 6. All of the above | | | |

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| **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](mailto:lisa.davis2@ascension.org) (205) 838-3518 FAX