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| **Date:** February 27, 2018[x]  Inter-professional[ ]  Single Discipline  | **CE/CME Evaluation & Credit Claim Form****Course:** “Anaphylaxis”**Instructor:** Dr. Amy CaJacob, UAB School of Medicine | Credits: 1.00[x]  Direct Sponsored[ ]  Jointly Sponsored |
| **Please Check One:** [ ]  St. Vincent’s Birmingham [ ]  St. Vincent’s Blount [ ]  St. Vincent’s Chilton  [x]  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** |  |
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| 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** |
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| [ ]  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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**Please scan back for credit to:** lisa.davis2@ascension.org (205) 838-3518 FAX