



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION



- Inter-professional
- Single Discipline

- Direct Sponsored
- Jointly Sponsored

Attendance Roster

"Ovarian Masses"

Date: _____

Instructor: Dr. Todd Jenkins

Credits: 1.0

OFFICE USE ONLY

- ____ Physicians ____ Nursing
- ____ Pharmacist ____ Technicians
- ____ Allied ____ Other

Please Check One:

- St. Vincent's Health (Alabama Ministry) Birmingham Blount Chilton East One Nineteen St. Clair
- Providence (Mobile) Ascension _____ 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
			<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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In support of improving patient care, Ascension/St. Vincent's Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.





This activity was planned by and for the healthcare team, and learners will receive 1.0 IPCE credits for learning and change.

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 (Info must be completely filled out for credit)

Fax: (205) 838-33518

		CE/CME Evaluation & Credit Claim Form Course: "Ovarian Masses"		 Credits: 1.00	
Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline		Instructor: Todd Jenkins, MD, MSHA Senior Vice Chair and Director, Obstetrics and Gynecology, UAB		<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"/> Providence (Mobile) <input type="checkbox"/> Other Ministry:					
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 <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"/> Student/Resident	Ministry and Facility:	
	<input type="checkbox"/> NP	<input type="checkbox"/> PA	<input type="checkbox"/> PT <input type="checkbox"/> OT		
	<input type="checkbox"/> CRNA	<input type="checkbox"/> RN	<input type="checkbox"/> Social Worker	PHARMACY ONLY	
	<input type="checkbox"/> PharmD	<input type="checkbox"/> RPh	<input type="checkbox"/> Chaplin	NABP # and DOB	
	<input type="checkbox"/> Pharmacy Tech	<input type="checkbox"/> Other			
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"> • Describe techniques for assessment of ovarian masses • List the common benign masses • Describe the different sources of ovarian masses 					
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 current guidelines to the risk assessment of patients with ovarian masses					
<input type="radio"/> Review practice management strategies that will facilitate mutual access to complex cancer risk assessment tools					
<input type="radio"/> Improved understanding of genetic and environmental risk factors					
What new team strategies will you employ as a result of this activity?					
<input type="radio"/> Apply best practices for the safe and effective treatment of ovarian masses					
<input type="radio"/> Collaborate with colleagues to ensure the correct treatment is utilized for each patient					
<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:

NURSING, PA, CRNP CREDIT ONLY (must fill out these this question to receive credit)

Name two sources of Benign Ovarian Masses:

PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY (must fill out these this question to receive credit)

List two types of standard treatments used with patient with ovarian masses:

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



		CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: Ovarian Masses		Enduring Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
Date:					
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 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: Pharmacists please enter your NABP # & DOB	
Comments on this Enduring Material:					

Method of Participation - To receive a maximum of *1.0 Credit(s)* you should:

- View the materials in this enduring material.
- Complete the posttest (you must answer 4 out of 5 questions correctly).
- Complete and submit the CME/CE registration and evaluation forms.

The estimated time to complete this activity, including review of the materials, is 1.0 hour(s).

Statement of Evaluation Instrument: The activity post- test and evaluation instrument are required for credit. Learners must earn a 75% correct rate on the post-test to receive credit.

1. List a source of benign ovarian masses:
 - a. _____
2. When evaluating an ovarian mass which of the following is the least helpful?
 - a. Ultrasonography
 - b. History
 - c. Other Imaging
 - d. Physical Exam
 - e. Serum Marker Screening
 - f. Color Doppler Ultrasonography
3. What is the preferred imaging modality for ovarian masses
 - a. _____
4. CA 125 is useful as a screening test
 - a. True
 - b. False

5. It is difficult to tell Endometrioma and Hemorrhagic corpus luteum apart, what do you do?
a. _____

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

Phone: (205) 838-3225 Fax: (205) 838-3518

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