

 		CE/CME Evaluation & Credit Claim Form		Enduring	
Date:		TITLE OF ACTIVITY: Managing Complications of Cirrhosis Dr. Ashwani Singal, UAB		Credits: 1.00	
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					
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"/> Pharmacy 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:	
Please rate the presentation on each of the following.					
		Strongly Agree		Strongly Disagree	
The activity met the stated objectives.		<input type="radio"/>		<input type="radio"/>	
The presentation was scientific and objective.		<input type="radio"/>		<input type="radio"/>	
The presentation was free from commercial bias.		<input type="radio"/>		<input type="radio"/>	
The online activity was conducive to my learning.		<input type="radio"/>		<input type="radio"/>	
Comments:					

1. Why does compensated cirrhosis difficult to recognize?
 - a. patients remain asymptomatic until decompensation occurs
 - b. subtle clues may be overlooked
 - c. etiology may be remote
 - d. a & b
 - e. All of the above

2. Cirrhosis is the final pathway for most chronic liver diseases.
 - a. True
 - b. False

3. What are some reasons for readmission with HE patients?

4. Which is/are a precipitating factor(s) for HE?
 - a. Hypokalemia
 - b. Constipation
 - c. Transjugular Intrahepatic Systemic Shunt
 - d. SBP
 - e. All of the above

5. There is a 12 year median survival in patients with compensated cirrhosis.
 - a. True
 - b. False

Comments on this enduring material:

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

Fax: (205) 838-3518



Attendance Roster

Instructor:

Dr. Ashwani Singal

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)*TM. 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 (Info must be completely filled out for credit)

Fax: (205) 838-3518

<p>Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline</p>	CE/CME Evaluation & Credit Claim Form Course: "Managing Complications of Cirrhosis" Instructor: Dr. Ashwani Singal UAB, Gastroenterology & Hepatology	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 type="checkbox"/> St. Vincent's St. Clair <input type="checkbox"/> St. Vincent's One Nineteen <input type="checkbox"/> External Meeting		
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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"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech <input type="checkbox"/> Student/Resident <input type="checkbox"/> Other <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Social Worker	Ministry and Facility: PHARMACY NABP # and DOB	
<p><u>The learning objectives for this activity were:</u> At the end of this interdisciplinary activity participants will be able to:</p> <ul style="list-style-type: none"> • Understand the complications and the consequences of chronic liver disease • Review how to prevent readmissions • Improve long term outcomes of cirrhosis patients • Assess and apply the role of the pharmacist in providing appropriate treatment recommendations, patient education and helping the patient with the complications caused by cirrhosis 		
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"/>	Review key aspects of diagnosing and managing patients with cirrhosis of the liver	
<input type="radio"/>	Integrate treatment options discussed to determine the best approach for your patients	
<input type="radio"/>	Demonstrate an understanding of when to refer a patient for liver transplantation evaluation	
What new team strategies will you employ as a result of this activity?		
<input type="radio"/>	Utilize multidisciplinary strategies to identify and treat/prevent cirrhosis or its progression	
<input type="radio"/>	Encourage and support comprehensive collaboration among the healthcare team to manage key complications	
<input type="radio"/>	Identify strategies to improve early detection of liver cirrhosis and its complications	
<input type="radio"/>	Improve communication strategies to prevent readmissions of patients with cirrhosis	
<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:

PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY (must fill out these two questions to receive credit)

Define what Hepatic Encephalopathy is:

Identify some of the current therapy options for HE:

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

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