		CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: Prescription Drug Monitoring		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. According to the SAMHSA 2016 National Survey on Drug Use and Health, what is the number one reason for using prescription pain medication?
 - a. Hooked
 - b. Relieve tension
 - c. Relieve physical pain
 - d. Help with emotions

2. Which state has the highest opioid prescribing rate?
 - a. Arkansas
 - b. Alabama
 - c. Tennessee
 - d. Mississippi

3. A Pharmacist may refuse to fill a prescription if filling it would be against the best interest of the patient.
 - a. True
 - b. False

4. PDMP allows providers to monitor the medications a patient is prescribed while under their care?
 - a. True
 - b. False

5. How often should dispensers report in the PDMP?
 - a. Daily
 - b. Weekly
 - c. Monthly

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

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

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JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

- Inter-professional Single Discipline
- Direct Sponsored Jointly Sponsored

Attendance Roster

"Prescription Drug Monitoring"

Date: _____

Instructor: Whitnee Brown, CRNP
Eastern Hospital Medicine, Troy University

Credits: 1.0

Please Check One: St. Vincent's Health (Bham) _____
 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
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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.

 		CE/CME Evaluation & Credit Claim Form Course: "Prescription Drug Monitoring" Instructor: Whitnee Brown, CRNP		Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline					
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 checked="" 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"/> 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"/> Other	NABP # and DOB	
	<input type="checkbox"/> Pharmacy Tech				
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"> • Improve patient medication adherence as well as to assess for concomitant use of non-prescribed medications or drugs of abuse • Identify common issues that can contribute to opioid crisis • Identify abnormal prescription quantities and perform self-auditing regularly 					
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"/>	Demonstrate knowledge that result in using prescription drug monitoring program, to identify a prescription drug problem				
<input type="radio"/>	Educate others regarding requiring continuing education on controlled substance prescribing and the use of the Prescription Drug Monitoring Program				
<input type="radio"/>	Apply interdisciplinary team communication to achieve patient treatment goals				
What new team strategies will you employ as a result of this activity?					
<input type="radio"/>	Improve patient medication adherence as well as to assess for concomitant use of non-prescribed medications or drugs of abuse				
<input type="radio"/>	Collaborate with colleagues to improve a healthcare agenda that supports quality and patient safety initiatives				
<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"/> Reimbursement		
	<input type="checkbox"/> Cost		<input type="checkbox"/> Administrative Support		
	<input type="checkbox"/> Patient adherence		<input type="checkbox"/> Reimbursement/Insurance		
	<input type="checkbox"/> Professional consensus or guidelines		<input type="checkbox"/> Inadequate time to assess or counsel patients		
	<input type="checkbox"/> Lack of resources		<input type="checkbox"/> No barriers		
	<input type="checkbox"/> Experience		<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)

Describe the current state of the prescription drug misuse problem:

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

List two drug-seeking patterns used by patients who are misusing prescription medications:

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