

		CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: Prescribing Practices of Controlled Substance		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. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient.
 - a. True
 - b. False
2. The Alabama Opioid and Addiction Council plan to combat opioid addiction by
 - a. Creating policy
 - b. Writing legislation
 - c. Spreading education and awareness
 - d. Creating programs
 - e. All of the above
 - f. None of the above
3. What are the 4 focuses to the State of Alabama Opioid Addiction Plan?
 - a. _____
 - b. _____
 - c. _____
 - d. _____

4. Before starting opioid therapy for chronic pain, clinicians should not establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks?
 - a. True
 - b. False

5. Clinicians should carefully reassess evidence of individual benefits and risks when considering increasing dosage to _____ morphine milligram equivalents (MME)/day.
 - a. ≥ 50
 - b. ≥ 75
 - c. ≥ 100

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

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

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Attendance Roster

Instructor: Dr. Andrew Kaufman

Credits: 1.00

- ☒ Direct Sponsored
☐ Jointly Sponsored

Date:

- ☒ Inter-professional ☐ Single Discipline

"Prescribing Practices of Controlled Substance"

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: "Prescribing Practices of Controlled Substance" Instructor: Dr. Andrew Kaufman		Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
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Legal Name:		Email Address: <i>(This is where your CE/CME certificate and or transcript will be sent)</i>			
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<p>The learning objectives for this activity were: Upon completion of this activity participants should be able to: <u>Interdisciplinary:</u></p> <ul style="list-style-type: none"> Review the scope of the opioid crises Summarize where Alabama fits into the national picture Define what a scheduled drug is Review what the legal threshold to prescribe controlled substances in Alabama Review what the State is doing to combat Opioid abuse Define what the CDC Guidelines are for Opioid Prescribing 					
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"/> Develop a practical risk-benefit framework for decision making on the initiation, continuation, dosage modification, and discontinuation of controlled substance					
<input type="radio"/> Identify strategies to incorporate guideline-based safe prescribing practices into team-based care					
<input type="radio"/> Identify strategies to incorporate evidence-based non-opioid therapies for pain management					
What new team strategies will you employ as a result of this activity?					
<input type="radio"/> Demonstrate an understanding of prescription opioid misuse risk assessment utilizing					
<input type="radio"/> Improve communication strategies to use with patients not meeting treatment goals or demonstrating behaviors concerning prescription drugs					
<input type="radio"/> Improve multidisciplinary team roles and communication to improve decision making skills for a better patient outcome					
<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)

Name one initiative that Alabama uses to curb misuse, abuse and diversion of controlled substances:

List tools available to pharmacy team that can reduce the likelihood of misuse, abuse and diversion of controlled substances:

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