


| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
|  | | CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: Diabetic Neuroarthropathy | | 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 completed 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. What percentage of non-traumatic amputation occur in Diabetics?
 - a. 50%
 - b. 60%
 - c. 85%
2. 5 years after an amputation of a limb there is a 50-60% mortality rate.
 - a. True
 - b. False
3. Which of the following are goals of diabetic foot surgery?
 - a. Reduction of pressure
 - b. Prevention of ulceration and amputation
 - c. Increase function/activity level
 - d. Allow for proper accommodation
 - e. All of the above
 - f. None of the above

4. List 2 keys to diagnosis of Diabetic Charcot Arthropathy

5. What is a working definition for Charcot Arthropathy?

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

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

Copyright © 2012, St. Vincent's Health System. All rights reserved. No part of this publication may be reproduced or transmitted in any other form or by any other means, electronic or mechanical, without first obtaining written permission from STVHS.



Attendance Roster

"Diabetic Neuroarthropathy"

Instructor:

David Campbell, DPM

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 |
| | | | <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 |
| | | | <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 |
| | | | <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 |
| | | | <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 |

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)*[™]. 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: "Diabetic Neuroarthropathy" Instructor: David Campbell, DPM Podiatrist – Foot Specialists of Bham | | Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored ENDURING | |
| 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 | | | | | |
| 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: <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"/> CRNA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Pharmacy Tech | | <input type="checkbox"/> Student/Resident <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Social Worker <input type="checkbox"/> Other | |
| | | Ministry and Facility: | | PHARMACY ONLY NABP # and DOB | |
| <p>The learning objectives for this activity were:</p> <p>At the end of this interdisciplinary activity participants will be able to:</p> <ul style="list-style-type: none"> • Review and educate on the devastating consequences and develop clinical suspicion for this condition early in the disease process • Healthcare providers will have a better understanding and greater awareness on how important early intervention is and getting the patient appropriate care • Describe surgical therapy for Charcot's Arthropathy | | | | | |
| 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"/> Identify available screening, assessment, and evaluation tools for diagnosing diabetic neuroarthropathy | | | | | |
| <input type="radio"/> List potential complications related to Charcot foot pathology | | | | | |
| <input type="radio"/> Implement evidence-based interventions for the surgical treatment of Charcot foot | | | | | |
| What new team strategies will you employ as a result of this activity? | | | | | |
| <input type="radio"/> Apply recommendations from evidence-based guidelines to improve patient care | | | | | |
| <input type="radio"/> Understand the principles, limitations and results of a surgical approach to treat Charcot foot | | | | | |
| <input type="radio"/> Improve communication with the inter-disciplinary team to identify opportunities for clinical decision making | | | | | |
| <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. <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please Comment) | | | |
| What I learned in this activity has increased my confidence in improving patient outcome results. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| What other CE/CME topic(s) would you like to attend? | | | |
| | | | |
| Speaker(s) Session | <u>Speakers knowledge of Subject Matter</u> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor | <u>Quality of Presentation & Handouts</u> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor | <u>Overall Activity</u> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor |
| Comments on activity: | | Did the speaker(s) provide an opportunity for questions and discussion? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| I will apply the knowledge and/or skills gained during this activity in my work: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| This activity created an atmosphere that fostered adequate discussion time in which input and feedback was welcome: <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Other: | | | |
| | | | |
| PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY (must fill out these two questions to receive credit) | | | |
| Assessment, education and early appropriate intervention is the key components in preventing and treating the diabetic foot. Alabama has the third highest prevalence rate/1000 people in the US – 12% of the population. | | | |
| <input type="checkbox"/> True <input type="checkbox"/> False | | | |
| What are some of the most common misdiagnoses for diabetic Charcot arthropathy? | | | |
| | | | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| REQUEST FOR CREDIT - If you wish to receive credit for this activity, please return this completed form | |
| | |
| <input type="checkbox"/> 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