


 <p>JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION</p> <p> </p> <p><input checked="" type="checkbox"/> Direct Sponsored   <input type="checkbox"/> Jointly Sponsored</p>	<p><b>Attendance Roster</b></p> <p><b>“Parkinson’s Disease”</b></p> <p><b>Date:</b> _____</p>	<p><b>Instructor:</b> Dr. Amy Amara</p> <p><b>Credits:</b> 1.0</p> <p><u>OFFICE USE ONLY</u></p> <p>____ Physicians   ____ Nursing          ____ Pharmacist   ____ Technicians          ____ Allied   ____ Other</p>
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**Please Check One:**

☐ St. Vincent’s Health (Alabama Ministry)   ☐ Birmingham   ☐ Blount   ☐ Chilton   ☐ East   ☐ One Nineteen   ☐ St. Clair  
☐ Providence (Mobile)   ☐ Ascension \_\_\_\_\_   ☐ North West Medical   ☐ 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.

Please scan back for credit to: [lisa.davis2@ascension.org](mailto:lisa.davis2@ascension.org) (Info must be completely filled out for credit)

Fax: (205) 838-33518

	<b>CE/CME Evaluation &amp; Credit Claim Form</b> <b>Course: "Parkinson's Disease"</b> <b>Instructor: Dr. Amy Amara, University of AL School of Medicine; Neurology</b>	 <b>Credits: 1.00</b>  <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored
<b>Date:</b> <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline		
<b>Please Check One:</b> <input type="checkbox"/> St. Vincent's (Birmingham Ministry) _____ <input type="checkbox"/> Providence (Mobile) <input type="checkbox"/> Ascension: _____ <input type="checkbox"/> North West Medical <input type="checkbox"/> Other: _____		
St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort. <b>Please note: a CME/CE transcript is issued only upon receipt of this <span style="background-color: yellow;">completed</span> evaluation form. PLEASE PRINT</b>		
<b>Legal Name:</b>		<b>Email Address:</b> <i>(This is where your CE/CME certificate and or transcript will be sent)</i>
<b>Identify which continuing education hours apply to you:</b>	<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"/> Chaplain <input type="checkbox"/> Other
	<b>Ministry and Facility:</b>  <b>PHARMACY ONLY</b> <b>NABP # and DOB</b>	
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"> <li>Review and understand the clinical features of Parkinson's Disease</li> <li>Recognize non-motor symptoms of Parkinson's Disease</li> <li>Establish a treatment plan for motor and non-motor symptoms of Parkinson's Disease</li> <li>Advise patients about the adverse effects of Parkinson's medicines, common interactions and medicines to be avoided in Parkinson's</li> </ul>		
Did the speaker(s) meet each of the objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____		
	<b>What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?</b>	
<input type="radio"/>	Understand basic information about Parkinson's Disease	
<input type="radio"/>	Evaluate the current management and referral strategies for the optimal treatment of PD	
<input type="radio"/>	Recognize pharmacological and non-pharmacological treatments for PD symptoms	
	<b>What new team strategies will you employ as a result of this activity?</b>	
<input type="radio"/>	Understand treatment options including medications and the value of a comprehensive team approach	
<input type="radio"/>	Guide patients and caregivers in making key treatment decisions in early, med- and advanced stage PD	
<input type="radio"/>	Formulate care approaches to improve the quality of life	
<b>How will your role in the collaborative team change as a result of this activity</b>		
<input type="checkbox"/> Knowledge management <input type="checkbox"/> Improve healthcare processes and outcomes <input type="checkbox"/> Effective communication skills <input type="checkbox"/> Patient outcomes		<input type="checkbox"/> Improved collaborative practice because of this activity <input type="checkbox"/> Increased opportunity to learn with/from and better understand colleagues
<b>Did the information presented reinforce and/or improve your current skills?</b> <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"/> 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

<b>Did you perceive commercial bias or any commercial promotional products displayed or distributed.</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please Comment)			
<b>What I learned in this activity has increased my confidence in improving patient outcome results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What other CE/CME topic(s) would you like to attend?</b>			
<b>Speaker(s) Session</b>	<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 &amp; 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
<u>Comments on activity:</u>		<u>Did the speaker(s) provide an opportunity for questions and discussion?</u> <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"/> Yes <input type="checkbox"/> No			
<b>Post Test Evaluation Questions</b> (must fill out and answer these this question to receive credit)			
<b>1. Describe current strategies for the management of Parkinson's Disease:</b>			
<b>2. Non-Motor symptoms of Parkinson's Disease may include sleep disturbance, speech problems, visual problems, dysphagia and urinary incontinence.</b>			
a. True b. False			
<b>3. One of the most common early signs of Parkinson's and most overlooked, since there are many possible causes is constipation and gas.</b>			
c. True d. False			
<b>4. Name two medications that may be harmful in Parkinson's Disease:</b>			
<b>REQUEST FOR CREDIT</b> - If you wish to receive credit for this activity, please return this <b>completed form</b>			
Signature:			
Thank you for participating and we appreciate your candid feedback to improve your experience at future activities. <b>To receive credit all questions must be complete on the evaluation</b>			

**Please scan back for credit to:** [lisa.davis2@ascension.org](mailto:lisa.davis2@ascension.org) (205) 838-3518 FAX