

<p>Date: February 20, 2018</p> <p><input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline</p>	<p align="center">CE/CME Evaluation & Credit Claim Form</p> <p align="center">Course: "Cannabis and Pain"</p> <p>Instructor: Dr. Peter Hendricks Associate Professor of Psychology UAB</p>	<p>Credits: 1.00</p> <p><input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored</p>
<p>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 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</p>		
<p align="center">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</p>		
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> Interdisciplinary Team:</p> <ul style="list-style-type: none"> • Review the effects of cannabis on pain • Explain and compare the utility of cannabis with commonly used analgesics • Recognize potential implications of cannabis legalization 		
<p>Did the speaker(s) meet each of the objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comment: _____</p>		
<p>What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?</p>		
<input type="radio"/>	Identify the roles of Medical Providers in different medical-legal states	
<input type="radio"/>	Apply scientific, evidence based information on clinical uses of medical cannabis in the treatment of a range of identified medical disorders.	
<input type="radio"/>	Identify the effects of cannabis on pain	
<p>What new team strategies will you employ as a result of this activity?</p>		
<input type="radio"/>	Increase awareness of the scientific evidence regarding the safety and efficacy of cannabis-based treatment strategies with a focus on cannabinoids and pain.	
<input type="radio"/>	Utilize multidisciplinary strategies to educate patients on the potential implications of cannabis used for pain	
<input type="radio"/>	This activity will not change my practice, because my current practice is consistent with what was taught	
<p>How will your role in the collaborative team change as a result of this activity</p>		
<input type="checkbox"/> Knowledge management <input type="checkbox"/> Improve healthcare processes and outcomes <input type="checkbox"/> Effective communication skills <input type="checkbox"/> Patient outcomes		
<p>Did the information presented reinforce and/or improve your current skills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
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)

Identify side effects and risk associated with the use of medicinal cannabis:

List two conditions for which cannabis or cannabinoids have been shown to be effective:

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