



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION



- Inter-professional
- Single Discipline

- Direct Sponsored
- Jointly Sponsored

**Attendance Roster**  
**“Inflammatory Bowel Disease”**

**Date:**

**Instructor: Dr. Joe Pekow**  
**Credits: 1.0**

OFFICE USE ONLY

- Physicians     Nursing
- Pharmacist     Technicians
- Allied     Other

**Please Check One:**

- St. Vincent’s Health (Alabama Ministry)    Birmingham    Blount    Chilton    East    One Nineteen    St. Clair
- Providence (Mobile)     Ascension Ministry: \_\_\_\_\_     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

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.

		<b>CE/CME Evaluation &amp; Credit Claim Form</b> <b>Course: "Inflammatory Bowel Disease"</b>		 <b>Credits: 1.00</b>	
<b>Date:</b> <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline		<b>Instructor:</b> Dr. Joe Pekow, Assistant Professor of Medicine; University of Chicago Medicine & Biological Science		<input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
<b>Please Check One:</b> <input type="checkbox"/> St. Vincent's (Birmingham Ministry) _____ <input type="checkbox"/> Providence (Mobile Ministry) <input type="checkbox"/> Ascension: _____ <input type="checkbox"/> Other Ministry: _____					
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 <u>completed</u> 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"/> Student/Resident		<b>Ministry and Facility:</b>
	<input type="checkbox"/> NP	<input type="checkbox"/> PA	<input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> RRT	<b>PHARMACY ONLY NABP # and DOB</b>	
<input type="checkbox"/> CRNA	<input type="checkbox"/> RN	<input type="checkbox"/> Social Worker			
<input type="checkbox"/> PharmD	<input type="checkbox"/> RPh	<input type="checkbox"/> Chaplain			
<input type="checkbox"/> Pharmacy Tech	<input type="checkbox"/> Other				
<b>The learning objectives for this activity were:</b> At the end of this interdisciplinary activity participants will be able to: <ul style="list-style-type: none"> <li>• Outline the role of the JAK/STAT signaling pathway in the inflammation and disease progression of immune mediated inflammatory diseases such as IBD</li> <li>• Discuss unmet clinical needs and the need for novel targets in IBD</li> <li>• Evaluate the use of JAK inhibitors in IBD, including efficacy and safety data of available and emerging therapies Interpret clinical trial efficacy and safety data of JAK inhibitors under investigation of UC and Crohn's disease</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"/>	Apply evidence-based diagnostic criteria to treat patients suspected of inflammatory bowel disease				
<input type="radio"/>	Develop patient-centered treatment strategies for patients with IBD, emphasizing adherence to lifestyle modifications, identification and avoidance of triggers, and prescribed pharmacologic therapies				
<input type="radio"/>	Counsel patients with IBD regarding their risk of cancer and cancer screening requirements				
<b>What new team strategies will you employ as a result of this activity?</b>					
<input type="radio"/>	Implement best practices in the diagnosis, evaluation, and management of patients with IBD				
<input type="radio"/>	Provide appropriate vaccination recommendations for patients treated for IBD in accordance with evidence-based guidelines				
<input type="radio"/>	Apply collaborative knowledge using a multidisciplinary team approach in diagnosing and caring for patients with IBD				
<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"/>	Patient outcomes		<input type="checkbox"/>	Effective communication skills	
<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"/>	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	Quality of Presentation & Handouts	Overall Activity
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
<b>Comments on activity:</b>	<b>Did the speaker(s) provide an opportunity for questions and discussion?</b> <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?  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:

**Test Evaluation Questions** (must fill out and answer these this question to receive credit)

**1. List three goals of IBD Therapy:**

**2. Two current IBD treatments used in a conventional approach is Aminosalicylates or Immunosuppressants.**

- a. True
- b. False

**3. During the first year of maintenance therapy 30-40% of patients experience failure.**

- c. True
- a. False


**4. Available and emerging JAK Inhibitors are:**

- a. Tofacitinib
- b. Baricitinib
- c. Filgotinib
- d. Upadacitinib
- e. Peficitinib
- f. a, c, d and e
- g. All of the above

**REQUEST FOR CREDIT** - If you wish to receive credit for this activity, please return this **completed form**

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 complete on the evaluation**

		<b>CE/CME Evaluation &amp; Credit Claim Form</b> <b>TITLE OF ACTIVITY:</b> "Inflammatory Bowel Disease"		Enduring <b>Credits:</b> 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
<b>Date:</b>					
<b>Please Check One:</b> <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. <b>Please note: a CME/CE certificate is issued only upon receipt of this <u>completed</u> 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"/> 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		<b>Ministry and Facility:</b>  <b>Pharmacists please enter your NABP # &amp; DOB</b>	
<b>Comments on this Enduring Material:</b>					

**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. The goals of IBD Therapy are: define the disease, induce clinical remission and maintenance of clinical remission.
  - a. True
  - b. False

2. How do the JAK inhibitors differ from the biologics?

3. List at least two JAK inhibitors available or emerging for IBD?

4. 30% of patients do not achieve adequate response to initial therapy due to significant morbidity and decreased quality of life.
  - a. True
  - b. False
  
5. Maintenance of clinical remission includes: Mucosal healing; Steroid-sparing and Minimize toxicity.
  - a. True
  - b. False

**Please scan back for credit to: [lisa.davis2@ascension.org](mailto: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.