

# CME/CE Credit Request Form

## Stepping in for Patients with Inflammatory Bowel Disease

Live Symposium – April 21, 2016

To receive CME/CE credit, you must complete all of this form and the evaluation form and turn them in to the CME Outfitters staff on your way out of the ballroom. Or you can fax it to: 614.448.4536. A certificate or statement of credit will be emailed to you within 4–6 weeks.

**PLEASE PRINT CLEARLY (Form must be filled out completely to process CME/CE credit)**

First Name, MI, Last Name: \_\_\_\_\_

Degree:  MD  DO  RN  NP  
 PA  PharmD  RPh  Other: \_\_\_\_\_

Specialty:  Internal medicine  Family medicine  Gastroenterologist  Other: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (certificate or statement of credit will be emailed): \_\_\_\_\_

Type of CE credit requested:  CME/Physicians (max. 1.5 \_\_\_\_\_)  CPE/Pharmacists (1.5)  Others (1.5 CME Attendance Certificate)

NABP e-Profile number (Pharmacists Only): \_\_\_\_\_ Month and day of birth (MM/DD): \_\_\_\_\_

How did you learn about this continuing education activity?

Postcard/direct mail  Email  Internet  Colleague  Fax  Other: \_\_\_\_\_

As a result of my participation in this live symposium, I will commit to:

- Integrate concepts about disease progression into my decision making for my patients with IBD. (y) (n)
- Utilize a proactive, personalized approach weighing risk/benefit and cost when making decisions for my patients with IBD. (y) (n)
- Differentiate between mechanisms of action of therapies and how those differences translate to clinical decision-making in my patients with IBD. (y) (n)

## Post-Test

Participants are required to complete the post-test to assess their achievement of the educational objectives for this activity.

A score of 75% is required for credit.

1. What is the relative risk for osteonecrosis/avascular necrosis in long-term corticosteroid use?
  - (A) 3%
  - (B) 5%
  - (C) 8%
  - (D) 10%
2. Which of the following FDA-approved biologics is an integrin antagonist for both Crohn's disease and ulcerative colitis?
  - (A) Vedolizumab
  - (B) Natalizumab
  - (C) Golimumab
  - (D) Adalimumab
3. Which of the following is true of an IBD patient centered medical home compared to a traditional IBD center?
  - (A) Patients referred by primary care provider, gastroenterologists are consultants
  - (B) Traditional IBD centers take a more population based approach
  - (C) RVU based, volume proposition for payment
  - (D) Gastroenterologists are principal care providers and are referred patients by payer
4. Which of the following describes a top-down approach to the treatment of IBD?
  - (A) Uses corticosteroids first to control a flare
  - (B) Moves to surgery before traditional treatments such as 5-ASA
  - (C) Should be based on location of disease
  - (D) Considers the use of biologics first, based on phenotypes and risk assessment

# CME/CE Activity Evaluation

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The course met the stated objective(s):					
• Integrate the complexities of disease progression to facilitate decision making for patients with inflammatory bowel disease.	5	4	3	2	1
• Utilize a proactive, personalized approach weighing risk/benefit and cost when making decisions for patients with inflammatory bowel disease.	5	4	3	2	1
• Differentiate between mechanisms of action of therapies and how those differences translate to clinical decision-making in patients with inflammatory bowel disease.	5	4	3	2	1
2. This activity helped me to have a better understanding of the topic(s).	5	4	3	2	1
3. This activity assisted me to consider using the information in a different way to improve my practice.	5	4	3	2	1
4. This activity provided me with resources I can use in my daily practice or with my patients.	5	4	3	2	1
5. This activity will support my routine clinical practice to deliver evidence-based best practice that improves patient health outcomes.	5	4	3	2	1

6. Rate the quality of the faculty member(s) listed below, from 5 (Excellent) to 1 (Poor):

Speaker	Content	Clinical Relevance	Teaching Strategies	Level of Expertise
Miguel Regueiro, MD, AGAF, FACG, FACP	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Lawrence R. Kosinski, MD, MBA, AGAF, FACG	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Erin M. Lopata, PharmD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Eva Szigethy, MD, PhD, FACC	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

7. Will you change the way you practice based on this activity?  y  n

If no, please state reasons: \_\_\_\_\_

8. Do you feel the activity was balanced and objective?  y  n

If no, please state reasons: \_\_\_\_\_

9. Do you feel the activity was free of commercial bias?  y  n

10. Approximately what percent of this content was NEW to you?  25%  50%  75%  This was all new information to me.

11. As compared to other CME activities you have participated in the past six months, do you believe this activity:

Increased your knowledge  Will improve patient outcomes in your practice

12. In the past 6 months, how many CME programs have you participated in?  1-4  5-10  11-15  Greater than 15

13. What was the most useful information you gained from this activity? \_\_\_\_\_

14. Suggested topics for future activities: \_\_\_\_\_

15. General comments/suggestions: \_\_\_\_\_

*Thank you for your feedback. Your comments will be reviewed carefully and ultimately used to guide the development of our future continuing education activities.*