

CME/CE Credit Request Form

Integrated Care Strategies to Address the Impact of Residual Symptoms on Functional Outcomes in MDD

Live Symposium – Tuesday, May 16, 2017

To receive continuing education 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 continuing education credit)

First Name, MI, Last Name: _____

Degree: PA Other: _____

Specialty: Psychiatry Neurology Primary Care/General Practice Other: _____

On average, how many patients do you see during a month with MDD? 0 1-10 11-20 21-30 31-40 41-50 greater than 50

Complete mailing address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

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

Type of CE credit requested: AAPA/American Academy of PAs (max. 2.0 _____)

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:

- Screen my patients with MDD for residual symptoms that might impact their functional outcomes. y n
- Utilize a validated assessment tool to assess and monitor my patients with MDD at each visit. y n
- Engage with my patients with MDD to personalize their treatment and manage symptoms. y n

CME/CE Activity Evaluation

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Strongly Agree Agree Neutral Disagree Strongly Disagree

- | | | | | | |
|---|---|---|---|---|---|
| <p>1. The course met the stated objective(s):</p> <ul style="list-style-type: none"> • Recognize the relationship between residual cognitive symptoms and functional impairment in patients with MDD. • Assess all of the symptoms of MDD including cognitive and residual symptoms with a validated screening tool at each visit. • Engage patients in shared decision-making to optimize their treatment options to manage all symptoms of MDD. <p>2. This activity helped me to have a better understanding of the topic(s).</p> <p>3. This activity assisted me to consider using the information in a different way to improve my practice.</p> <p>4. This activity provided me with resources I can use in my daily practice or with my patients.</p> <p>5. This activity will support my routine clinical practice to deliver evidence-based best practice that improves patient health outcomes.</p> <p>6. Rate the quality of the faculty member(s) listed below, from 5 (Excellent) to 1 (Poor):</p> | <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> | <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> | <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> | <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> | <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> |
|---|---|---|---|---|---|

| Speaker | Content | Clinical Relevance | Teaching Strategies | Level of Expertise |
|---|-----------|--------------------|---------------------|--------------------|
| Roger S. McIntyre, MD, FRCPC (moderator) | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| Catherine Judd, MS, PA-C, CAQ-Psy, DFAAPA | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| Gregory W. Mattingly, MD | 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.