

CME, CNE, ACPE, ABIM Credit Request Form

Fact or Fiction? Sorting Out Common Misconceptions About Ulcerative Colitis to Improve Patient Care

Live Symposium – Friday, January 19, 2018

CME Outfitters

Co-provided by

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, CNE, ACPE, ABIM credit)

| First Name, MI, Last Name: | | | | | | | | | | |
|--|---|------------------------|-----------------|----------|---|--|--|--|--|--|
| Degree: O MD O PA | DOPharmD | ○ RN ○ RPh | ○ NP ○ Other | : | | | | | | |
| Specialty: OGastroenterology | \bigcirc Internal Medicine | ◯ Family Medie | cine O C | ther: | | | | | | |
| Complete mailing address: | | | | | | | | | | |
| City: | | St | tate: | Zip: | | | | | | |
| Business Phone: | isiness Phone:Fax | | | | | | | | | |
| Email (certificate or statement of c | edit will be emailed): | | | | | | | | | |
| Type of CE credit requested: CME/Physicians (max. 1.5) CNE/Nurses (1.5) CPE/Pharmacists (1.5) ABIM (1.5) Others (1.5 CME Attendance Certificate) Month and day of birth (MM/DD): | | | | | | | | | | |
| | (s only). | | | | • | | | | | |
| How did you learn about this conti | nuing education activity? | | | | | | | | | |
| ○ Postcard/direct mail ○ | Email O Internet | O Colleague | ○ Fax | ○ Other: | | | | | | |
| As a result of my participation in th | is live symposium, I will commi | t to: | | | | | | | | |
| Base my treatment decisions for p | patients with UC on risk stratifica | (y) (| n | | | | | | | |
| Integrate a steroid-sparing management | gement strategy into my treatm | ent plans for patients | with UC. 🕥 🤇 | n | | | | | | |
| Increase my use of early, top-dow | n treatment to manage patient | s with UC. | (y) (| n | | | | | | |

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CME, CNE, ACPE, ABIM Activity Evaluation

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| | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|-------------------|--|------------|---------------------------------------|----------------------|
| 1. | The course met the stated objective(s): | | | | | |
| | Recognize the complex nature of UC that requires risk stratification to drive treatment decisions. | 5 | 4 | 3 | 2 | 1 |
| | Integrate a steroid-sparing management strategy into treatment planning to minimize long-term steroid dependence and associated side effects. | 5 | 4 | 3 | 2 | 1 |
| | In patients with moderate to severe UC, initiate early, top-down treatment aligned with the AGA UC Clinical Care Pathway to achieve remission and improvement in endoscopic appearance of the mucosa. | 5 | 4 | 3 | 2 | 1 |
| | The following learning objectives pertain only to those requesting CNE or CPE credit: | | | | | |
| | Recognize the complex nature of UC that requires risk stratification to drive treatment decisions. | | 4 | 3 | 2 | 1 |
| | Describe a steroid-sparing management strategy for treatment plans that will minimize long-term steroid dependence and associated side effects. | | 4 | 3 | 2 | 1 |
| For patients with moderate to severe UC, explain how to initiate early, top-down treatment aligned with the AGA UC Clinical Care Pathway to achieve remission and improvement in endoscopic appearance of the mucosa. | | | 4 | 3 | 2 | 1 |
| 2. | This activity helped me to have a better understanding of the topic(s). | 5 | 4 | 3 | 2 | 1 |
| 3. | B. This activity assisted me to consider using the information in a different way to improve my practice. | | 4 | 3 | 2 | 1 |
| 4. | This activity provided me with resources I can use in my daily practice or with my patients. | | | 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): | | | | | |
| | SpeakerContentClinical RelevanceDavid T. Rubin, MD, FACG, AGAF, FACP, FASGE (moderator)(a)(b)(b)William J. Sandborn, MD(b)(c)(c)(c) | 5(| eaching Strategies I \$ 4 3 2 1 \$ 4 3 2 1 | | evel of Expertise \$4321 \$4321 | |
| 7. | Will you change the way you practice based on this activity? (v) (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? \bigcirc 25% \bigcirc 50% \bigcirc 75 | % () | This was | all new in | formation | to me. |
| 11. | As compared to other CME activities you have participated in the past six months, do you believe \bigcirc Increased your knowledge \bigcirc Will improve patient outcomes in your practice | this activi | ty: | | | |
| 12. | In the past 6 months, how many CME programs have you participated in? \bigcirc 1-4 \bigcirc 5-10 | 0 1 | 1-15 (| Greate | r 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.