

## CME/CE Credit Request Form

### Getting to the Gut of the Matter: Closing the Gaps in Diagnosis, Effective Treatment, and Comprehensive Care in IBS and CIC

*Live Symposium – Saturday, June 2, 2018*

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: ☐ Gastroenterology ☐ Internal Medicine ☐ Primary Care ☐ 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. 1.25 \_\_\_\_\_) ☐ CNE/Nurses (1.25) ☐ CPE/Pharmacists (1.25)  
☐ ABIM MOC (1.25) ☐ Others (1.25 CME Attendance Certificate)

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

ABIM MOC profile number (Internal medicine physicians 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 activity, I commit to:**

- Utilize patient queries, patient-centered communication, and diagnostic tools to improve my diagnostic accuracy of IBS and CIC. ☐ y ☐ n
- Apply evidence-based treatment strategies for symptomatic relief of IBS and CIC in my patients experiencing residual symptoms after other approaches fail. ☐ y ☐ n
- Manage my patients with IBS and CIC using collaborative care strategies for both early initiation of care and long-term management. ☐ y ☐ n

# 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):					
• Improve the diagnostic accuracy of IBS and CIC through patient queries, patient-centered communication, and use of diagnostic tools.	5	4	3	2	1
• Apply evidence-based treatment strategies for symptomatic relief of IBS and CIC in patients experiencing residual symptoms after initial dietary and OTC approaches fail.	5	4	3	2	1
• Promote collaborative care strategies that facilitate comprehensive management of IBS and CIC, including early initiation of care and optimal long-term management.	5	4	3	2	1
<i>The following learning objectives pertain only to those requesting CNE or CPE credit:</i>					
• Explain the diagnostic accuracy of IBS and CIC through patient queries, patient-centered communication, and use of diagnostic tools.	5	4	3	2	1
• Describe evidence-based treatment strategies for symptomatic relief of IBS and CIC in patients experiencing residual symptoms after initial dietary and OTC approaches fail.	5	4	3	2	1
• Promote collaborative care strategies that facilitate comprehensive management of IBS and CIC, including early initiation of care and optimal long-term management.	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
Brooks D. Cash, MD, AGAF, FACP, FASGE (moderator)	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
William D. Chey, MD, AGAF, FACP	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.*