

## CLINICAL EDUCATION EVALUATION

**Original Live Presentation Date: Date(s): July 15-July 19, 2013 @ 12:30 – 1:00**

**Title:** Out-Patient Grand Rounds / ACO 33: ACE/ARB Use DM2 Patients

**Location(s):** Tuesday, July 16<sup>@</sup> Ball Auditorium , JMH WC Campus, **Wednesday**, July 17<sup>@</sup> 2305 Camino Ramon, San Ramon, Ste 100, **Thursday**, July 18, <sup>@</sup> 2700 Grant St., Concord, **Friday**, July 19 <sup>@</sup> 2400 Balfour rd. 2nd Floor, Brentwood,

**Presenter:** Dr. Douglas Zlock, MD, Medical Director, Diabetes Center, JMMC

**Objectives:** Upon completion of the program, the participant will be able to: Discuss the rationale for using ACE Inhibitor in Heart Failure. Discuss the rationale for using ACE Inhibitor in patients with diabetes mellitis. Discuss the rationale for using Aspirin for Diabetes. Formulate treatment plans for the management of diabetes focusing on newer medications

**Target audience:** This activity is intended for Primary Care Physicians.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. The program fulfilled its educational objectives.	4	3	2	1
2. The session's content matched my scope of care.	4	3	2	1
3. The presentation was unbiased.	4	3	2	1
4. Ample time was provided for discussion and interaction with the speaker(s.)	4	3	2	1
5. Based on your participation in this CME activity, which new strategies do you now plan to use in your practice with new and/or renewed competence?				

1. I will \_\_\_\_\_

2. I will \_\_\_\_\_

(Use other side if you need more space to write)

6. Please relate a circumstance when information you received from a previous Clinical Conference has helped you in your practice: \_\_\_\_\_

(Use other side if you need more space to write)

7. May we contact you in the future to ask if this activity helped you in your practice?     YES     NO

8. Additional comment about this conference or any comment/suggestion regarding JMH CME Program?

(Use other side if you need more space to write)

_____ <b>Physician Name &amp; Dictation# (please print):</b>
Location (check one): <input type="checkbox"/> SR, <input type="checkbox"/> 2700, <input type="checkbox"/> WC, <input type="checkbox"/> BW
_____ <b>Date</b>

Please complete and return this evaluation form in order to receive a maximum of 1 *AMA PRA Category 1 Credit™* for this session

<b>Non-Physician Name (please print):</b> _____  _____ <div style="text-align: right;">JMH Employee#</div>
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Web-Ex Participants: Check Box & Please fax completed evaluation to Medical Staff Office @ 925-674-2357

ENDURING MATERIAL: Check Box & Please fax completed evaluation to Medical Staff Office @ 925-674-2357

