

## CLINICAL EDUCATION EVALUATION

**Original Live Presentation Date: Date(s): July 8-July 12, 2013 @ 12:30 – 1:00**

Title: Out-Patient Grand Rounds / ACO 30: Antiplatelet Use in Ischemic Valvular Disease (IVD)

Location(s): San Ramon, Concord (2700 Grant St), Walnut Creek (Ball Auditorium), & Brentwood

Presenter: Dr. Paul McWhirter, Medical Director, Non-Invasive Cardiology, JMMC

Objectives: Upon completion of the program, the participant will be able to: Identify a patient with Ischemic Vascular Disease who requires antiplatelet therapy. Implement a safe anti platelet regimen. Code a patient requiring aspirin by ACO 30 guidelines to insure highest quality patient care and increase likelihood of shared savings reimbursement

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)

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

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

|   |
|---|
| _____<br>Non-Physician Name (please print): |
| _____<br>JMH Employee#                      |

- 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

