

Original presentation date: Jan 19 2016 OP GR Enduring Materials Evaluation, Benign Anorectal Diseases, N Salehomoum MD

Estimated Time to complete the activity is 45 minutes. Activity and content expires: Jan 19, 2018

Statement of disclosure: John Muir Health has determined that the faculty and planning committee members for this activity do not have any affiliations with any corporate organizations that may constitute a conflict of interest.

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POST-COURSE:

Current level of confidence in my skill or ability to: **3=high level, 2= moderate level, 1=low level (circle one)**

• Differentiate between older and newer options for Benign Anorectal Diseases	3	2	1
• Formulate and communicate treatment plans for the management of medically and socially complex patients.....	3	2	1
• Apply best practice strategies to overcome co-morbidities in medically and socially complex patients.....	3	2	1
• Utilize EBM Guidelines for a multitude of conditions that are encountered in primary care.....	3	2	1
• Utilize Patient Centered Care skill to help patients become better informed and more involved in their health care decisions.....	3	2	1
• The session’s content matched my scope of care.....	3	2	1
• The presentation was unbiased.....	3	2	1

POST TEST: (CIRCLE ONE ANSWER) - To receive CME credit, you must score 100%.

1. A perirectal abscess should be drained as far away from the anus as possible to avoid injuring the anal sphincter muscles.
 - a. True or False
2. Treatment guidelines for hemorrhoidal disease, anal fissure, and anal fistula include which of the following:
 - a. Staying hydrated by drinking about 8 glasses of water per day
 - b. Warm soaks
 - c. Fiber supplementation for goal of 30 grams per day
 - d. High fiber diet
 - e. All of the above

3. Please describe what you will do differently in your practice because you participated today? _____

**Please complete and return this evaluation form in order to receive
 .75 AMA PRA Category 1 Credit™ for this course
 Fax : 925-674-2357**

Physician Name (please print):

Dictation #

*****IMPORTANT: Date:** _____