

**EBM OUTPATIENT GRAND ROUNDS EVALUATION****ENDURING MATERIALS**

Physician Name (please print): _____

Dictation # _____

***IMPORTANT: Date: _____

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

Original release date: SEPT 2016-OP GR EM Evaluation-Advanced Care Planning-Dr Candell, MD

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

Statement of disclosure: The planners and faculty for this activity have no relevant financial relationships with commercial interests. No others individuals involved in the planning or presentation of this activity have any relevant financial relationships with commercial interests to disclose.

Accreditation Statement: John Muir Health is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.

Credit Designation Statement: John Muir Health designates this enduring material for a maximum of one (.75) AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Minimum level of achievement: Must score 80% correct on posttest and complete the statement of how you will improve your practice after participation is * **MANDATORY**.

JMH Internet Policy: <https://www.johnmuirhealth.com/website-privacy-policy1.html>

Citations for Further Study: "Being Mortal" (Atul Gawande), <http://www.pbs.org/wqbh/frontline/film/being-mortal/>, *The Conversation Project, National Survey (2013)*

POST-COURSE:

- | | | | |
|--|---|---|---|
| 1. The session's content matched my scope of care. | 3 | 2 | 1 |
| 2. The presentation was unbiased. | 3 | 2 | 1 |

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

- | | | | |
|---|---|---|---|
| • Initiate advance care planning/end-of-life care discussions in a culturally, ethnically, and linguistically appropriate manner. | 3 | 2 | 1 |
| • Engage in follow-up advance care planning end-of-life care discussions with patients. | 3 | 2 | 1 |
| • Utilize resources and tools regarding advance care planning End-of-life care conversations. | 3 | 2 | 1 |
| • Refer patients to local, state and national resources to assist them in understanding and engaging in advance care planning. | 3 | 2 | 1 |

POST TEST: (CIRCLE ONE ANSWER) - To receive CME credit, you must score at least 80% correct

- | | |
|---|--|
| 1. 90% of people discuss their end-of-life care wishes with their loved ones. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 2. Most people who have a serious illness discuss their end-of-life care treatment preferences with their physician. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 3. Most people put their end-of-life care treatment wishes in writing in some form | <input type="checkbox"/> True <input type="checkbox"/> False |
| 4. Six patient reported barriers to high quality end-of-life care are: 1) Doctor Behaviors (degree of empathy); 2) Communications chasm between doctors and patients; 3) Finances/health insurance barriers; 4) Family beliefs and behaviors; 5) Health care system barriers; 6) Cultural and religious barriers. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 5. Physicians should wait until a medical crisis occurs to talk about end-of-life care with patients. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 6. Palliative care (including emotional and spiritual support) may be appropriate for any patient with serious or life-threatening conditions, even when undergoing curative treatments. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 7. Medicare and Medi-Cal now pay physicians for counseling patients about advance | |

care planning

☐ True ☐ False

8. The Alameda-Contra Costa Medical Association has extensive information and guidance to help physicians discuss end-of-life care planning with their patients. ☐ True ☐ False

***MANDATORY:** In order to receive CME credit for this activity, please describe what you will do differently in your practice because you participated today? _____

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