Continuing Medical Education Registration and Evaluation Form

Title of Activity:  Department of Emergency Medicine Grand Rounds - Approved Duration:  July 1, 2014 - June 30, 2015

The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Office of Continuing Education, School of Medicine, University of Missouri designates this live educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

Date of Activity: ______________________   Topic for CME session: ______________________________________

Telehealth Site: _____________________________________________________________________________

*Name of Participant: _________________________________________________________________________

*Address: __________________________________________________________________________________

E-mail: ___________________________________________________________________________________

*Discipline:

- MD
- DO
- Nurse
- Nurse Practitioner
- Physician Assistant
- OT/PT/Speech Therapist
- Pharmacy
- DO
- EMT/Paramedic
- Other: __________________________________________________________________________________

*Were the following overall learning objectives met?

<table>
<thead>
<tr>
<th>Critically appraise, analyze and discuss practice-changing advancements relative to clinical emergency medicine......</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find, interpret and decisively evaluate the quality of the current treatment options in order to answer clinical questions ......</td>
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<td>Discuss the differential diagnosis of the presenting conditions and the various treatment options for each ...................</td>
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<td>Understand the outcomes from the various treatment options in order to better communicate to patients their treatment plan Communicate with colleagues, patients and staff about the identified conditions..........................................................</td>
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</tbody>
</table>

Please rate the following:

This information is likely to have an impact on my practice.  Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree
Conflict of Interest Disclosure was made prior to start of activity.  Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree
The Telehealth system was effective in viewing this activity.  Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree

*What did you learn in this CME activity that you will apply to your practice of medicine?

__________________________________________________________________________________________

*What change(s) will you incorporate into your practice as a result of knowledge acquired at this activity?

__________________________________________________________________________________________

Please share any comments or suggestions you may have:

__________________________________________________________________________________________

*required for CME credit

Return via fax to: Karla Imhoff - 573-882-5666