Continuing Medical Education Registration and Evaluation Form

Title of Activity: Department of Psychiatry Grand Rounds — Approved Duration: September 1, 2016 – August 31, 2017

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 ☐ Nurse ☐ Physician Assistant ☐ Pharmacy

☐ DO ☐ Nurse Practitioner ☐ OT/PT/Speech Therapist ☐ EMT/Paramedic

☐ Other: ________________________________________________________________

*Were the following learning objectives met?

Prescribe medications which effectively control aggressive & disruptive behavior of developmentally disabled patients………………………………………

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Provide patients with brief psychotherapeutic interventions consistent with the patient flow characteristic of a modern psychiatric practice ………………………………………………………………

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Identify patients in need of a comprehensive treatment for eating disorders and interact effectively as a member of team.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Recognize, diagnose and treat adolescents & young adults with substance abuse issues…………………………………………………

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

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

Updated: September 1, 2016