EVALUATION FORM ENDURING – MD, RN, PHARMACY, CASE MANAGE CHALLENGES AND OPPORTUNITIES FOR MANAGING HEMOPHILIA <u>TRACK 1</u> Annotated Slides

Medical Education Resources and Specialty Healthcare Benefits Council (SHBC) respect and appreciate your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete the posttest and evaluation form.

There are no pre-requisites or fees for participating in and receiving credit for this activity. During the eligibility period of August 1, 2014 and July 31, 2015 participants must 1) study the educational activity, 2) complete the posttest by recording the best answer to each question in the answer key on this form, 3) complete the evaluation form, 4) mail or fax the completed form to Medical Education Resources at **720-449-0217** (Unless completed online).

A statement of credit will be issued only upon receipt of a completed activity evaluation form and a completed posttest with a score of 70% or better. Statements of credit will be mailed within 6 weeks (Unless issued online).

| Pharmacists Only | | Pharmacists Only |
|------------------|-------------------------|---|
| NABP ePID# | | Month and Date of Birth (MMDD) |
| Name | | □MD □DO □PA □RN □NP □RPh □PharmD Other |
| Organization | | |
| Mailing Address: | Hospital/Academic/Offic | e □ Home |
| Address: | | |
| City: | State | : Zip: |
| Telephone: | Fax: | Email: |

Request for Credit PLEASE PRINT CLEARLY

For Physicians Only

I certify my actual time spent to complete this educational activity to be:

□ I participated in the entire activity and claim one credit.

□ I participated in only part of the activity and claim _____ credit.

Activity Post Test

Please circle the appropriate answers

- 1. In individuals without a prior history of hemophilia, the diagnosis of an affected individual most often occurs due to abnormal bleeding at birth or during the postnatal period (true/false)
- 2. Which are common locations of bleeds? (Circle appropriate responses)
 - a. Joints
 - b. muscles
 - c. head
 - d. nose and mouth
 - e. all of the above
- 3. Demonstrated benefits of prophylaxis include (Circle appropriate responses):
 - a. prevention of chronic arthropathy and sequelae
 - b. improvement in quality of life
 - c. reduction in long-term disability
 - d. reduced overall cost of treatment
 - e. all of the above
- 4. The prevalence of inhibitor development is highest in patients with severe disease (true/false)
- 5. Consequences of inhibitors include (Circle appropriate responses):
 - a. difficult to control hemostasis
 - b. increased morbidity/mortality
 - c. decreased ability to perform needed or elective surgery
 - d. significant economic impact
 - e. all of the above
- 6. Benefits of long acting hemophilia therapeutics include reduced frequency of administration. (True/false)

Please answer the following questions by circling the appropriate rating:

| 5 = Outstanding | 4 = Good | 3 = Satisfactory | 1 = Fair | 1 = Poor |
|-----------------|----------|------------------|----------|----------|

Extent to Which Program Activities Met the Identified Objectives

After completing this activity, participants should be able to:

| Differentiate general hemophilia from hemophilia with inhibitors, including the unique challenges associated with inhibitors. | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|
| Discuss the impact of changes in the treatment of pediatric and adult hemophilia within the organizations represented by the webcast participants. | 5 | 4 | 3 | 2 | 1 |

| Please indicate if this activity was free from commercial bias | 🗖 Yes | 🗖 No |
|---|----------|------|
| If No, please indicate the topic(s) that were not free from commercia | al bias. | |

Effectiveness of the CME Content

| Content addressed the learning goal (purpose) | 5 4 3 2 1 |
|--|-----------|
| Enhanced my current knowledge base | 5 4 3 2 1 |
| Will help me improve patient care | 5 4 3 2 1 |
| Provided new ideas or information I expect to use | 5 4 3 2 1 |
| Information was relevant to my practice and my educational needs | 5 4 3 2 1 |
| Provided appropriate learning assessment activities | 5 4 3 2 1 |
| Provided effective teaching and learning methods including active learning | 5 4 3 2 1 |

Please indicate any changes you plan to make as a result of information you received from this activity.

In what time frame do you anticipate making these changes?

- □ Immediately
- **1** -2 months

🗖 3 -6 months

□ At some point in the future

Please provide general comments regarding this activity and suggest how it might be improved:

Are future educational activities on this topic needed?

□ Yes □ No

Please provide any other medical topics that would be of interest to you:

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