Continuing Medical Education

ACCME ACCREDITED WITH COMMENDATION

Topic: NASH Updates - ENDURING MATERIALS **Date:** Date listed below is completion date

Speaker: Na Li, M.D., OSUWMC Gastroenterology

OBJECTIVES

- Understand the clinical significance of NASH
- Identify high-risk patients with NASH and current diagnostic methods
- Review current treatment options for NASH and pharmacotherapies in the pipeline

Objectives were met ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

CONTENT OF PRESENTATION

Content / Quality of the program ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ NA

Value of Information ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ NA

Presentation was evidence-based and balanced with no evidence of commercial bias in the presentation.

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

SPEAKER

Method of Delivery ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ NA

Management of Attendee Questions ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ NA

ACTIVITY IMPACT

Did this activity clarify or reinforce principles and concepts underlying your current handling of patients?

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

Topic(s) applicable to your practice? ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Which of the following competency areas do you feel have been improved as a result of this activity?
(Mark all that apply)

☐ Patient Care ☐ Medical Knowledge ☐ Practice-Based Learning
☐ Professionalism ☐ Systems-Based Practice ☐ Communication Skills

Identify at least one thing you are going to change in your practice because of this activity: _____
_____

Topic Suggestions: _____

Comments:_____

LEARNING ASSESSMENT

NASH and hepatic fibrosis are associated with increased risk for cardiovascular- and liver-related mortality [ ] True [ ] False
Hepatic fibrosis can be assessed using non-invasive tests such as elastography, FIB-4 score. [ ] True [ ] False
Vitamin E is a FDA-approved medical therapy for NASH [ ] True [ ] False

ATTESTATION

By signing this form, I agree that any patient health information will be kept confidential. HIPAA rules apply to any patient health information discussed or reviewed at this conference. Your evaluation of this program and speaker(s) will be used as feedback toward improving our continuing medical education programming. Your name will NOT be shared with the speakers, only your answers and evaluation of the program.

Name_____ ☐ Physician ☐ Non-Physician Date: _____

Thank you for your feedback it is very appreciated!