



Enduring Material CME Evaluation and Post-Test

Topic: "Neurodegenerative Diseases"

Speaker: Darrin Aase, Ph.D., ABPP-CN, OSUWMC

OBJECTIVES

- Recognize different types of dementia and their prevalence
- Understand neurocognitive sequelae and their impact on patient functioning
- Discuss common clinical issues related to neurodegenerative diseases

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

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)

- | | | |
|--|---|--|
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Medical Knowledge | <input type="checkbox"/> Practice-Based Learning |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Systems-Based Practice | <input type="checkbox"/> Communication Skills |

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

LEARNING ASSESSMENT

Place a check in the box next to the correct answer.

1. The presence of rapid forgetting is a common feature of Alzheimer's Disease [] True [] False
2. A critical diagnostic indicator for dementia vs. mild cognitive impairment is the Presence of functional impairment [] True [] False

ATTESTATION

I have completed this enduring material activity.

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.

Please Type or Print Name _____ ☐ Physician ☐ Non-Physician

Signature: _____

Date of Activity Completion: _____

Thank you for your feedback it is very appreciated!