Continuing Medical Education

ACCME ACCREDITED WITH COMMENDATION

Enduring Material: "COVID and the MS Patient" Tirisham Gyang, M.D.

PARTICIPANT REQUIREMENTS: (PLEASE READ)

IN ORDER TO OBTAIN CME CREDIT, PARTICIPANTS MUST

1. Listen/Watch the conference recording
2. View the Activity PowerPoint/materials provided.
3. Complete this CME Activity Evaluation and take the post-test, in its entirety.
4. Return the completed evaluation/posttest form to Jessica Adamson, CME Coordinator at JAdamson@lmhealth.org **or** print and fax to (220) 564-4012 **or** print and internal mail to Medical Staff office.

Pre and Post Test Information: **You must complete the pre and posttest to be awarded CME credit**. Passing score will be 2 out of 3 answers correct or receive a score of 66% or greater. Your test score and feedback will be emailed to you upon receipt of your evaluation.

PRETEST: Please select the correct answers to the questions below.

EVALUATION

Please rate the impact of the following course objectives. *As a result of attending this activity, I am better able to:*

1) Patients with Multiple Sclerosis are at higher risk for contracting COVID-19. ☐ True ☐ False

2) The COVID 19 vaccine is not recommended in MS patients taking certain DMTs . ☐ True ☐ False

3) The incidence of COVID -19 infection in the MS population reflects the general population.
☐ True ☐ False

1. Please rate the projected impact of this activity on your knowledge, competence, performance, and patient outcomes.
Competence is defined as the ability to apply knowledge, skills and judgement in practice (knowing how to do something)

- This activity increased my knowledge ☐ Yes ☐ No
- This activity increased my competence ☐ Yes ☐ No
- This activity increased my performance ☐ Yes ☐ No
- This activity will improve my patient outcome ☐ Yes ☐ No
- This activity will improve my communication skills ☐ Yes ☐ No
- This activity addresses practice-based systems ☐ Yes ☐ No
- This activity addresses system-based practice ☐ Yes ☐ No

Please make sure to complete the evaluation and attestation on the second page.

If you answer "yes" to any of the items above, please describe: _____

2. Rate the speaker on knowledge/content of the presentation
☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

3. **Was this activity FREE of commercial bias or influence?** ☐ **Yes** ☐ **No** If **no**, please explain:

_____

***Commercial bias is defined as a personal judgment in favor of specific product or service of a commercial interest.

7. **Do you feel this activity was evidence-based?** ☐ **Yes** ☐ **No** If **no**, please explain:

_____

8. **Do you plan to make changes to your practice as a result of attending this activity?**
☐ **Yes (please explain)** ☐ **No (please explain)** ☐ **N/A (I do not work with patients)**
If yes, please explain with examples. If no, please indicate any perceived barriers to implementing changes.

_____

_____

POSTTEST: Please select the correct answers to the questions below.

1) Patients with Multiple Sclerosis are at higher risk for contracting COVID-19. ☐ True ☐ False

2) The COVID 19 vaccine is not recommended in MS patients taking certain DMTs . ☐ True ☐ False

3) The incidence of COVID -19 infection in the MS population reflects the general population.
☐ True ☐ False

Topic Suggestions: _____

Comments: _____

By signing this form

- I attest that I have completed the participant requirements for this CME activity.
- 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: _____ Date: _____

☐ Physician ☐ Non-Physician:_____

☐ I would like a certificate for my completion of this activity.

Thank you for your feedback, it is much appreciated!