

## **Continuing Medical Education**



Enduring Material Evaluation: "Modern Asthma Care: Towards A SMART and Personalized Approach"

## 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 <a href="mailto:square: JAdamson@Imhealth.org">JAdamson@Imhealth.org</a> or print and fax to (220) 564-4012 or print and internal mail to Medical Staff office.

<u>Pre and Post Test Information</u>: 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.

<u>PRETEST:</u> Please select the correct answers to the questions below.

<ul> <li>evidence of airflow limitation that v</li> <li>The inhaled corticosteroid and long scheduled controller inhaler.</li></ul>	raries over time. ☐ T g-acting beta agonist rue ☐ False agonist therapy (such	rue □ False inhaler budesonide as albuterol) is imp	hortness of breath, wheeze, chest tightness) and -formoterol should only be used as a twice daily, ortant for patients to avoid sever exacerbations and a ie   False		
EVALUATION  Please rate the impact of the	following course	a objectives /	As a result of attending this activity, I am		
better able to:	Tollowing Course	e Objectives. A	as a result of allerialing this activity, I alli		
Describe the outcomes in a	asthma patients w	ith COVID-19			
☐ Strongly Agree	$\square$ Agree	☐ Disagree	☐ Strongly Disagree		
Identify and implement step-wise treatment in asthma					
☐ Strongly Agree	$\square$ Agree	☐ Disagree	☐ Strongly Disagree		
<ul> <li>Apply updated evidence ar</li> </ul>	nd guideline recon	nmendations in	the management of mild asthma, with a		
focus on SMART therapy	_		-		
☐ Strongly Agree	$\square$ Agree	☐ Disagree	☐ Strongly Disagree		
<ul> <li>Recognize indications for and benefits of biological therapies for the treatment of asthma</li> </ul>					
☐ Strongly Agree	$\square$ Agree	☐ Disagree	☐ Strongly Disagree		
performance, and pat *Competence is define (knowing how to do so • This activity incr	ient outcomes. ed as the ability omething) eased my know	<b>to apply know</b> ledge	our knowledge, competence, ledge, skills and judgement in practice   Yes  No		
<ul> <li>This activity increased my competence</li> </ul>			□ Yes □ No		
<ul> <li>This activity increased my performance</li> </ul>			□ Yes □ No		

	<ul> <li>This activity will improve my patient outcome</li> </ul>	☐ Yes ☐ No
	<ul> <li>This activity will improve my communication skills</li> </ul>	☐ Yes ☐ No
	<ul> <li>This activity addresses practice-based systems</li> </ul>	☐ Yes ☐ No
	This activity addresses system-based practice	☐ Yes ☐ No
Ple	ase make sure to complete the evaluation and attestation on the	second page.
	If you answer "yes" to any of the items above, please desc	cribe:
0	Date the consultance of the consultant	
2.	Rate the speaker on knowledge/content of the presentati  ☐ Excellent ☐ Above Average ☐ Average	on ☐ Below Average ☐ Poor
3.	Was this activity FREE of commercial bias or influence? $\Box$	Yes $\square$ No If no, please explain:
	*Commercial bias is defined as a personal judgment in far commercial interest.	vor of specific product or service of a
7.	Do you feel this activity was evidence-based? $\square$ Yes $\square$	No If no, <u>please explain</u> :
0.	Do you plan to make changes to your practice as a result  ☐ Yes (please explain) ☐ No (please explain) ☐ N/A  If yes, please explain with examples. If no, please indicat implementing changes.	(I do not work with patients)
A d     evice	EST: Please select the correct answers to the questions beliagnosis of asthma requires a history of typical respiratory symptoms (shortness dence of airflow limitation that varies over time.   True False inhaled corticosteroid and long-acting beta agonist inhaler budesonide-formo	ss of breath, wheeze, chest tightness) and
sch	eduled controller inhaler. □ True □ False	
	quent use of short acting beta agonist therapy (such as albuterol) is important component of treating asthma, disease of bronchoconstriction. $\Box$ True $\Box$	•
Topic	Suggestions:	
Comn	nents:	
By sig	ning this form	
	I attest that I have <u>completed</u> the <u>participant requirement</u> agree that any patient health information will be kept compatient health information discussed or reviewed at this compatient is a second compatient of the participant requirement requirem	onfidential. HIPAA rules apply to any
contir	evaluation of this program and speaker(s) will be used as fe nuing medical education programming. Your name will <u>NO</u>	· · · · · · · · · · · · · · · · · · ·
•	inswers and evaluation of the program.	Doto
Name	usician 🗆 Non-Physician:	Date:
	ould like a certificate for my completion of this activity.	
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