

Continuing Medical Education



PODCAST: Season 1, Episode 2 – "CBD Updates" Released: 5/18/2021

Susan Zwiebel, M.D. and Mindi Wells, Esq.

PARTICIPANT REQUIREMENTS: (PLEASE READ)

IN ORDER TO OBTAIN CME CREDIT, PARTICIPANTS MUST

- 1. Listen to the podcast in its entirety
- 2. Complete this CME Activity Evaluation and take the post-test, in its entirety.
- 3. Return the completed evaluation/posttest form to Jessica Adamson, CME Coordinator at JAdamson@Imhealth.org or print and fax to (220) 564-4012 or print and internal mail to Medical Staff office.

Licking Memorial Hospital is accredited by the Ohio State Medical Association to provide continuing medical education for physicians.

Licking Memorial Hospital designates this enduring materials activity for 1 AMA PRA Category 1 credit(s)™

Physicians should only claim credit commensurate with the extent of their participation in the activity.

The speaker(s), physician planner(s) and CME Committee members have indicated no significant financial interest or arrangement with any organization that could be perceived as a real or apparent conflict of interest in the context of this activity's subject matter.

EVALUATION

| | e rate the impact of the following course objectives. As a triple ity, I am better able to: | a resuit d | of attending this | | | | | | |
|---|--|----------------------------------|----------------------|--|--|--|--|--|--|
| 1. Identify the difference between hemp, CBD and THC | | | | | | | | | |
| | ☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree | | | | | | | | |
| 2. | Analyze CBD safety concerns | _ | | | | | | | |
| | ☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly D | isagree | | | | | | | |
| 3. Report if CBD and other CBD products cause a positive drug screen for delta-9-THC | | | | | | | | | |
| | ☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly D | isagree | | | | | | | |
| 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 | □ NI - | | | | | | |
| | made and mercage | □ 1 <i>E</i> 3 | □ No | | | | | | |
| | This activity increased my competence | □ Yes | □No | | | | | | |
| | This activity increased my competenceThis activity increased my performance | ☐ Yes ☐ Yes | □ No □ No | | | | | | |
| | This activity increased my competence This activity increased my performance This activity will improve my patient outcome | ☐ Yes ☐ Yes ☐ Yes | □ No □ No □ No | | | | | | |
| | This activity increased my competence This activity increased my performance This activity will improve my patient outcome This activity will improve my communication skills | ☐ Yes ☐ Yes ☐ Yes ☐ Yes | □ No □ No □ No □ No | | | | | | |
| | This activity increased my competence This activity increased my performance This activity will improve my patient outcome | ☐ Yes ☐ Yes ☐ Yes | □ No □ No □ No | | | | | | |

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

| 2. | | speaker on knowled ☐ Above Average | | • | on Average | □ Poor | | |
|---|---|--|--|--------------------------------|--------------------------------|-------------|--|--|
| 3. | explain: Click or | y free of commercia r tap here to enter text. s is defined as a personal est | | | | · | | |
| 7. | Do you feel this Click or tap here to | activity was evidence on enter text. | e-based? Yes | □ No If | no, please e | explain: | | |
| 8. | ☐ Yes (please If yes, please e | make changes to yo explain) No (plexplain with examples changes. Click or tap | ease explain) 🗆 I s. If no, please indi | N/A (I do | not work wit | h patients) | | |
| 1) 2) 3) 4) | How does hem Hemp, CBD an □ False CBD works thro Can CBD (by it | ite/type or select the np differ from CBD and Medical Marijuana bugh the Endocanna iself) cause a positive ant of THC in CBD cause | id THC? Click or tap has, all come from the binoid system. de drug screen? | nere to enter e plant Ca True | text. Innabis Sativ Alse | a. □ True | | |
| Topic Suggestions: Click or tap here to enter text. Comments: Click or tap here to enter text. | | | | | | | | |
| By signing this form I attest that I have complete 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. | | | | | | | | |
| Nam | e: Click or tap her | e to enter text. | Date: Click or tap h | nere to enter | text. | | | |
| □ Physician □ Non-Physician: Click or tap here to enter text. □ I would like a certificate for my completion of this activity. | | | | | | | | |
| | | | | | | | | |

Thank you for your feedback, it is much appreciated!