

Community Medical Center CME Post-Activity Evaluation

CME Activity: **Patient Blood Management**

Activity Date: **May 10, 2018**

Speaker(s) : **Jeffrey L. Carson, MD; Mehrdad Rafizadeh, MD; Mary Twomey, RN; Tanisha Reid-Davis**

OBJECTIVES: At the conclusion of this activity, the attendee should be able to:

1. Review clinical guidelines regarding red blood cell transfusion
2. Discuss the indication for and adverse effects of red cell transfusion
3. State the benefits of perioperative patient blood management
4. Summarize the role of preoperative anemia management in preparing the patient for surgical procedures

1. Do you **intend** to make changes or apply learnings to your practice as a result of this educational activity?

<p style="text-align: center;">Yes, I plan to make changes <input type="checkbox"/></p>	<p style="text-align: center;">Yes, I'm considering changes <input type="checkbox"/></p>	<p style="text-align: center;">No, I <i>already</i> practice these recommendations <input type="checkbox"/></p>	<p style="text-align: center;">No, I don't think this applies to my practice <input type="checkbox"/></p>
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If **Yes**, describe two things you intend to try or do differently as a result of this educational activity:

If **No**, describe your perceived barriers to change:

2. Do you feel this educational activity will improve your **clinical performance** **competence** and/or **patient outcomes**?

3. Identify the major strengths of this educational activity: *(check all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Speaker(s) | <input type="checkbox"/> Networking | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Discussion | <input type="checkbox"/> AV/Support materials | <input type="checkbox"/> Demos/Hands-on |
| <input type="checkbox"/> Clinical Case Presentations | <input type="checkbox"/> Case Vignettes | <input type="checkbox"/> Other: _____
<i>(Describe)</i> |
| <input type="checkbox"/> Knowledge gained | | |

4. Was this educational activity appropriate for your level of training? Yes No _____
(Describe)

5. Was the educational format of this activity appropriate for the setting, objectives and desired results of the activity? Yes No _____
(Describe)

6. Were the educational activity's objectives met? Yes No _____
(Describe)

7. Did the speaker(s) provide objectives at the beginning of the program and demonstrate a thorough knowledge of the subject? Yes No _____
(Describe)

8. Was this educational activity free of commercial bias? Yes No _____
(Describe)

9. What **additional** education and training would be helpful to your practice? Suggestions for future programs:

10. Additional Comments: _____

I certify I have attended 1 hour of this Continuing Medical Education Activity

Please print your name

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