

Community Medical Center CME Post-Activity Evaluation

CME Activity:

OPIOIDS: Prescribing, Withdrawal, and Medication Assisted Treatment

Speaker(s) and Affiliation:

Lina Shihabuddin, MD, Chief Medical Officer
Behavioral Health Network, RWJBarnabas Health

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

1. Review neuroscience of addiction to opioids
2. Identify and treat acute opioids withdrawal
3. Manage acute pain in patients on medication assisted treatment
4. Demonstration understanding how to manage chronic pain patients while in acute pain

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;"><u>Yes, I plan</u> to make changes <input type="checkbox"/></p>	<p style="text-align: center;"><u>Yes,</u> I'm <u>considering</u> changes <input type="checkbox"/></p>	<p style="text-align: center;"><u>No,</u> I <i>already</i> practice these recommendations <input type="checkbox"/></p>	<p style="text-align: center;"><u>No,</u> 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"/> Discussion | <input type="checkbox"/> AV/Support materials | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Clinical Case Presentations | <input type="checkbox"/> Demos/Hands-on | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Knowledge gained | <input type="checkbox"/> Case Vignettes | <i>(Describe)</i> |

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