Community Medical Center
CME Post-Activity Evaluation Summary

CME Activity: Ethical Medical Decision Making in Advanced Dementia
Activity Date: 2021
Speaker(s) and Affiliation: Vikranta Sharma, MD FAAHPM, Community Medical Center

OBJECTIVES: At the conclusion of this activity, the attendee should be able to:
1. Recognize when patients have advanced dementia
2. Assess eligibility criteria for Medicare Hospice benefit patients with advanced dementia
3. Identify complications and disease trajectory, and its role in shared medical decision-making

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

<table>
<thead>
<tr>
<th>Yes, I plan to make changes</th>
<th>Yes, I’m considering changes</th>
<th>No, I already practice these recommendations</th>
<th>No, I don’t think this applies to my practice</th>
</tr>
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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**, **patient outcomes**

3. Identify the major strengths of this educational activity: (check all that apply)
   - Speaker(s)
   - Networking
   - Discussion
   - AV/Support materials
   - Clinical Case Presentations
   - Demos/Hands-on
   - Knowledge gained
   - Case Vignettes
   - Other: ________

4. Was this educational activity appropriate for your level of training?  ☐ Yes  ☐ No

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

6. Were the educational activity’s objectives met?  ☐ Yes  ☐ No

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

8. Was this educational activity free of commercial bias?  ☐ Yes  ☐ No

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

10. Additional Comments:

I claim 0.5 hour of this Continuing Medical Education Activity
Please print your name and include your email above
Return via fax: (732) 557-8935 or email: Victoria.Reynolds@rwjbh.org