# 

# **Intensive Course in Medical Ethics, Boundaries & Professionalism**

# September 19-20, 2019

1. **Participant Demographic**

Physician (MD/DO)

RN/LPN

Mid-level Practitioner (CNP, CRNA, PA)

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Was information** **presented during this CME activity scientifically sound and free of commercial bias\* or influence?**

Yes

No If no, please explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*Commercial bias is defined as a speaker promoting use of a specific drug or device without support from evidence produced by scientific research conducted in a manner generally accepted by the scientific community. Commercial support of a CME Activity does not necessarily mean that the CME activity or any presentation was necessarily biased.*

1. **The speakers’ affiliations were disclosed, or it was disclosed that they have no affiliations with commercial companies.**

Yes

No

1. **Were your personal objectives met?**

Yes

No

1. **Is the content of this activity likely to influence your practice habits?**

Yes

No

1. **Please rate each item below:**

**Thursday, September 19, 2019**

| **Speaker:**  **Topic:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| --- | --- | --- | --- | --- | --- |
| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
| The speaker provided information that I will be able to use in my practice. |  |  |  |  |  |
| **Speaker:**  **Topic:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
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| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
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**Thursday, September 19, 2019**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Speaker:**  **Topic:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
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| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
| The speaker provided information that I will be able to use in my practice. |  |  |  |  |  |

1. **Please rate the impact of the following objectives:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *As a result of attending this activity, I am better able to:* | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| Describe the meaning and importance of medical professionalism |  |  |  |  |  |
| Discuss how conflict of interest may compromise professionalism |  |  |  |  |  |
| Identify three significant boundary issues and proper limits in relation to each |  |  |  |  |  |
| Discuss the few exceptions to the principle of confidentiality |  |  |  |  |  |
| List three elements that help to distinguish between “Usual and Customary” and “Health Care Fraud” |  |  |  |  |  |
| Describe errors physicians frequently commit with regard to informed consent |  |  |  |  |  |
| Explain how autonomy and beneficence can easily come into conflict |  |  |  |  |  |
| Describe two issues of particular concern when prescribing controlled substances |  |  |  |  |  |
| Explain how patients behave in two or three typical drug scams and outline appropriate provider countermeasures |  |  |  |  |  |

1. **Now that you have participated in this CME/CE activity, please take a moment to consider making changes in your practice as a result. The categories listed below represent potential areas of improvement.**

**Commitment to Change Areas (select all that apply)**

|  |  |
| --- | --- |
| Diagnosis and Screening | Safety |
| Treatment | Teamwork-Roles and Responsibilities |
| Clinical-Patient or Interprofessional Communication | Patient Education |
| Quality Improvement | Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | None |

1. **List the specific, measurable change(s) you plan to make:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **On a scale from 1-10, how confident are you that you will be able to make this change? (1=Not at all – 10=Completely):**

**1 2 3 4 5 6 7 8 9 10**

1. **Please indicate barriers, if any, in implementing these changes.**

|  |  |
| --- | --- |
| None | Team structure |
| Clinical knowledge/skill/expertise | Patient characteristics/factors |
| Peer influence | Patient adherence |
| Cultural competence | Work overload |
| Recall, confidence, clinical inertia | Referral process |
| Motivation | Culture of Safety |
| Fear, legal concerns | Practice process |
| Roles and responsibilities | Cost/funding |
| Communication | Not enough time |
| Competence | Lack of opportunity |
| Shared values and trust | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What might you do to address barriers you encounter?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Suggestions for future activities/topics:**

In order to design future education that can help improve practice, we need to better understand your clinical challenges. Please respond to the following questions:

**In what clinical areas do you feel the least prepared or most uncomfortable?**

**What patient problems or systems issues would benefit from more education or follow up?**

14. COMMENTS:

Please return completed evaluations to the conference registration desk.

Thank you for completing this evaluation form. We consider all responses as we strive to provide the best possible educational experience.