

**AMITA HEALTH ADVENTIST MEDICAL CENTERS
CONTINUING MEDICAL EDUCATION EVALUATION FORM**

Title: **Viral Hepatitis in the time of COVID 19**

Speakers: **Andrew Aronsohn, MD, Steven Flamm, MD, Nancy Reau, MD**

Date: **July 28th, 2020**

Information for CME Credit:

Participant's Name: _____ **M.D. D.O.**

Please check one if applicable: ☐ **Nursing** ☐ **Other** _____

Evaluation of Learning Objectives:

Please place an "X" in the square that best describes the degree to which this activity fulfilled the learning objectives

As a result of attending this activity, participants will be better prepared to:

	4 = great extent	3 = moderate extent	2 = slight extent	1 = not at all
	4	3	2	1
• Describe how COVID 19 affects those who present with Viral Hepatitis				
• Identify what key medical thought leaders consider best practices in managing viral hepatitis patients who are affected by COVID 19				
• <i>Understand the best treatment options for this patient population.</i>				

Evaluation of Speakers:

How would you rate the speakers in the following categories?

	4 = excellent	3 = good	2 = fair	1 = poor
	4	3	2	1
Andrew Aronsohn, MD	• Content			
	• Organization / Delivery			
Steven Flamm, MD	• Content			
	• Organization / Delivery			
Nancy Reau, MD	• Content			
	• Organization / Delivery			

Evaluation of Activity: Please answer the following questions so the effectiveness of the activity can be evaluated:

Practical Value/Intent to Change Please choose one of the below answers that best applies:	
<input type="checkbox"/>	<i>I intend to change at least one thing that I do in my professional practice or personal life as a result of this educational activity.</i> List change(s) here: _____
<input type="checkbox"/>	<i>Although I see no changes ahead, this activity validated and thus increased my confidence level with what I am already doing in my practice.</i>
<input type="checkbox"/>	<i>This educational activity did not directly apply to my practice but was helpful in that it broadened my knowledge about a specialty area that is outside of my own.</i>

continued on reverse side →

<input type="checkbox"/>	<i>This educational activity was not helpful to me.</i>
--------------------------	--

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel the activity was balanced and objective? If no, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel the activity was free of commercial bias? If no, please explain:

<u>Credit Verification</u>	
<input type="checkbox"/> I participated in the entire activity and claim 1.0 AMA PRA Category 1 Credits™	
<input type="checkbox"/> I participated in only part of the activity and claim partial credit based on _____ hours of instruction (e.g., ¼, ½, ¾)	
_____ Signature	_____

AMITA Health Adventist Medical Centers requires disclosure of relevant financial relationships by its instructors, planners, managers and other individuals who are in a position to control the content of CME activities. All potential conflicts of interest that are identified are thoroughly reviewed by the CME committee and resolved prior to a activity. AMITA Health Adventist Medical Centers is committed to providing learners with balanced, objective CME activities that promote high-quality patient care and not a specific proprietary product of a commercial interest.

The planners and faculty of this activity have made the following disclosures:

All planners and faculty disclose that they do not have any relevant financial relationships with any commercial interests. *Update based on disclosures*

All members of the CME Committee disclose that they do not have any relevant financial relationships with any commercial interests related to this activity.



AMITA Health Adventist Medical Centers is accredited by the Illinois State Medical Society to provide continuing medical education for physicians.

AMITA Health Adventist Medical Centers designates this live activity for a maximum of 2.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.