

Complex Regional Pain Syndrome

CME EVALUATION AND ATTESTATION FORM

NORCAL Mutual Insurance Company is committed to excellence in continuing education. Your opinions are critical to us in this effort. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please reflect carefully and complete this evaluation form. **Please note: a CME certificate is issued only upon receipt of your completed evaluation form.**

Educational Outcomes

1. Overall, degree to which the material presented is applicable in your practice setting:

Not applicable 1 2 3 4 5 Very applicable

2. Application of Risk Management Strategies

This course is designed to increase physician competence and performance as it relates to the risk management aspects of CRPS. To demonstrate your competence in utilizing the risk management strategies herein, rate your current or intended use on the following:

	Never	Seldom	Sometimes	Often	Frequently
Watch carefully for CRPS in patients who have undergone surgery or suffered fractures or crushing-type injuries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate with patients about their pain, therapeutic goals, the advantages of using their affected limbs as normally as possible, and what can be done to minimize pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set a defined treatment plan and confirm patient acceptance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement a thorough informed consent process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document in each patient's medical records all assessments, monitoring, and patient counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Other Strategies to Minimize Risk

This course provides numerous strategies in the risk areas of documentation, follow-up, quality/risk management, informed consent and supervision. For additional information, including resources and/or guidance elaborating on these strategies and/or other issues, contact the Risk Management Department at (800) 652-1051, extension 2244.

Commercial Support and Disclosure

	Yes	No	Not Applicable
Disclosure of faculty relationships with commercial organizations was made available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the activity free of commercial bias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a discussion about off-label drug use, and/or investigational drug use not yet approved by the FDA disclosed before or during the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "no" to any of the above questions, please provide details below:

Future Educational Needs

Please list any other topics that would be of interest to you for future educational activities:

Required Information

[PLEASE NOTE: This page is used to obtain summary information and your name will not be distributed to faculty.]

Your Degree/Designation:

MD DO PharmD RN PA BS Other _____

CME Attestation *(Please Check One):*

I participated in the entire activity and claim _____ credit hours. (Maximum 0.5 hours)
 I participated in only part of the activity and only claim partial credit hours based on _____ hours of instruction. (e.g., 0.25)

Required Personal Information *(Please Print Clearly):*

Name Policy Number **(REQUIRED FOR CME CREDIT)**

Specialty

Street Address

Box/Suite

City

State

Zip

Phone Number

Fax Number

E-mail Address

To receive CME credit for this activity you must complete this form and submit it to NORCAL Mutual.

By submitting this form I certify the above is true and correct.

You may print and mail or fax this form to:

By Mail:
NORCAL Mutual Insurance Company
Attn: Risk Management Department
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San Francisco, CA 94111-1966

By Fax:
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