

ALASKA NATIVE MEDICAL CENTER

4315 Diplomacy Drive.

Anchorage, AK 99508

DOCUMENTATION OF CONTINUING EDUCATION

Title of Presentation: Spirometry with t-Consult

Date of Presentation: October 13, 2009

Time: 10:00

to: 11:00

Location: ANTHC – AFHCAN (by Videoconference)

Presenter's Name/Degree: Ray Carloni, RRT, CPFT

Job Title: Respiratory Therapist

Presenter's Employer: Alaska Native Medical Center

Attendees: Sign in list attached verifies attendance for CE credit (must be complete).

Needs Assessment: How were needs for this program determined?

- Formal/annual needs assessment
- Written/verbal evaluation of previous activities
- Participant/management requested Educational Activity
- Quality improvement studies/Incident Report indicated need
- Trends in Literature, Law and Health Care indicated need
- Other - specify: \_\_\_\_\_

Objective(s): At the completion of this CE activity, participants will be able to:

Create a t-consult telemedicine case with spirometry

I disclosed to the participants any commercial financial support, and any real or perceived conflict of interest for this speaker. I also disclosed any limitations of data and/or discussion of off-label, experimental, and/or investigational use of drugs or devices in the presentation by this speaker. I also attest that proprietary commercial interests were not promoted during this presentation.



Physicians:

Alaska Native Medical Center is accredited as a sponsor and provider of continuing medical education for physicians by the Alaska State Medical Association.

ANMC designates this activity as meeting the criteria for one hour of AMA PRA Category 1 Credit™ for each hour of participation. Each participant should only claim credit commensurate with the extent of participation in the activity.

Nurses:

Alaska Native Medical Center is an approved provider of continuing nursing education by the Alaska Nurses Association, an accredited approver by the American Nurses Association Credentialing Center's Commission on Education.

ANMC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation. Each participant should only claim credit commensurate with the extent of participation in the activity.



### EVALUATION FORM

**TITLE:** Spirometry

**SPEAKER:** Ray Carloni, RRT, CPFT

**DATE:** 10/13/09

Please indicate **your agreement with the following statements**, with 1 being the least and 5 being the most:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The objectives of this program were met	1	2	3	4	5
2. The content was consistent with the objectives	1	2	3	4	5
3. Instructor effectiveness:					
Held your interest	1	2	3	4	5
Clear and understandable	1	2	3	4	5
Effective teaching methods	1	2	3	4	5
Response to questions	1	2	3	4	5
Audiovisuals/handouts	1	2	3	4	5
4. Appropriateness of physical facilities	1	2	3	4	5
5. I was able to hear and see the program	1	2	3	4	5
6. Based on what you've learned in this class, in what area of your practice (if any) do you see a need for change?					
7. How do you plan to use this information to improve your practice / practice setting?					
8. General comments and/or suggestions for future programs/topics:					

## Obtaining Continuing Education Credit for Each Session of a Series

AMA Category I CME credits for physicians and CEAP credits for nurses can be obtained by the following procedure:

1. In order to receive credit for this program, the following forms must be completed and returned to the address below. If not fully completed, credit will not be awarded.
  - a. Documentation of Continuing Education form completely filled in
  - b. Completed sign in sheet (please ensure participants' names are legible)
  - c. Completed evaluation from each attendee
2. Mail, fax or scan/email all completed forms to:

Edna Hull  
ANC/HED  
4315 Diplomacy Drive  
Anchorage, AK 99577  
(907) 729-2930  
Fax (907) 729-2938  
Email: [ehull@anthc.org](mailto:ehull@anthc.org)