



MPHP 2021 Virtual Prescribers Summit Participant Evaluation Form

Objectives: At the conclusion of this conference, the participant will be able to:

- **Paul Earley, MD**
 - Understand what addiction looks like.
 - Understand addiction as disease.
 - Understand how to use different treatment models for addiction.
- **Deborah V. Gross, MD**
 - Identify safety sensitive occupations and workers.
 - Name seven executive brain functions essential for safety sensitive workers.
 - Understand how to prescribe appropriately for safety sensitive workers with psychiatric conditions.
- **Chapman Sledge, MD**
 - Understand how stimulants work.
 - Understand when and how to prescribe stimulants.
 - Understand how to recognize when someone is abusing stimulants.
- **Dan Edney, MD**
 - Understand issues involving pain management.
 - Identify and understand complications of chronic opioid use.
 - Understand the concept of pain recovery and general treatment.
- **Jonathan Dalton, CMBI**
 - Understand MSBML rules and regulations for prescribing controlled substances.
 - Give update on MSBML rules and regulations for prescribing controlled substances.
 - Understand the MSBML investigative division and how they handle prescribing investigations.

1. Please describe how you will incorporate what you have learned in this activity into your patient care. If this activity was not of value to your practice, please explain how this information could be made more useful.

2. Are there any barriers to implementing what you learned today? Yes ___ No ___ If yes, please describe the barriers and what you think can be done to remove them.

3. Was any commercial bias noted during the presentation? Yes ___ No ___ If yes, describe: _____

4. How did you hear about this conference? _____

5. Additional comments/recommendations for future topics: _____

6. How will this information change how you practice? _____

Do you make a commitment to change your practice and improve patient outcomes to the best of your ability?

Yes ___ No ___

Over





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Participant Evaluation Form

Please circle the number that best corresponds to your opinion of today's educational activity.

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>
1. Achievement of educational objectives	1	2	3	4
2. Effectiveness of speakers:				
Paul Earley, MD	1	2	3	4
Deborah V. Gross, MD	1	2	3	4
Chapman Sledge, MD	1	2	3	4
Dan Edney, MD	1	2	3	4
Jonathan Dalton, CMBI	1	2	3	4
3. Enhancement of your knowledge.	1	2	3	4
4. Relevancy of content to your needs.	1	2	3	4
5. Effectiveness of teaching format.	1	2	3	4
6. Overall satisfaction rating for the activity.	1	2	3	4

Signature _____

Evaluation Completed Date _____