

Participant Name: _____

iTEAM™ ICH e-Newsletter
Critical Issues in the Management of ICH: Applying the New 2007 AHA/ASA Guidelines

Participation Date: _____

NCME 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.* To receive a copy of the CME certificate, please complete the evaluation form and mail it to NCME (Attn.: CME Department), One Harmon Plaza, Secaucus, NJ 07094, or fax it to (201) 867-2149.

Please answer the following questions by circling or checking the appropriate rating:

Effectiveness in Meeting Identified Needs

Please review the educational need as identified below and indicate if this activity was successful in fulfilling this need.

In June 2007, the American Heart Association/American Stroke Association published guidelines for the management of spontaneous intracerebral hemorrhage (ICH) in adults. This update—the first since 1999—was based in part on the results of 16 randomized medical and surgical trials for ICH/intraventricular hemorrhage. Stroke team members should have a thorough understanding of the updated guidelines and the new data and evidence-based medicine that supports them so that they can apply the updated recommendations to clinical practice. In addition, given the increasing incidence of anticoagulant-associated ICH, it is crucial that hospital teams be aware of the risks and outcomes of ICH associated with these agents and to stay apprised of the latest data for the available treatment options for lowering the international normalized ratio. Also, because ICH in patients with atrial fibrillation (AF) poses a difficult management problem, physicians should be well informed on the current guidelines for restarting anticoagulation and new data that will help to clarify whether anticoagulant therapy is beneficial for ICH patients with AF.

- Yes, the activity was able to fulfill the identified educational need
 No, the activity was not able to fulfill the educational need as identified above

Please explain your response briefly

Rating scale: 5 = Outstanding; 4 = Good; 3 = Satisfactory; 2 = Fair; 1 = Poor

Effectiveness of the Faculty

Knowledge of subject matter					Appropriateness of teaching strategies					Was the presentation free of bias?	
5	4	3	2	1	5	4	3	2	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Learning Objectives

Learning Objective	Teaching Effectiveness <i>Degree to which this presentation provided you with knowledge or skills to implement in your practice</i>				
Identify key points of the 2007 AHA/ASA guidelines update for diagnosing and managing ICH	5	4	3	2	1
Apply the guidelines in the diagnosis and management of patients with ICH	5	4	3	2	1
Summarize updates presented at the 2007 International Stroke Conference and assess their potential application in the management of coagulopathic patients with ICH	5	4	3	2	1

Learning Contract

State one practice change you are committed to make based on these objectives.

How certain are you that you will make this change?

- 1% - 20% 21% - 40% 41% - 60% 61% - 80% 81% - 99% 100%

- You have permission to contact me in approximately three months to determine if I was able to implement changes in my practice as a result of this CME activity. (Contact me by: e-mail fax)

Future Educational Needs

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

Credit Verification

If you wish to receive credit for this activity, please fill in your name and address and return this form to the NCME (Attn.: CME Department), One Harmon Plaza, Secaucus, NJ 07094, or fax it to (201) 867-2149.

- I participated in the entire activity and claim 1 credit.
 I participated in only part of the activity and only claim partial credit based on ____ hours of instruction (eg, .25, .5, .75).

I certify the above is true and correct.

Signature

PLEASE PRINT CLEARLY

Name:

First Name MI Last Name Degree

Specialty

Address:

Street Address Room/Suite

City State ZIP

Phone No:

_____ Fax No: _____

E-mail Address:

_____ Last 4 digits of your Social Security No.* _____
*Required for processing.

PLEASE NOTE: The information obtained here will **not** be distributed to faculty or sold to any other commercial entity.

Activity: 03001-520-002