

Activity Evaluation Form and Application for Continuing Medical Education Credit

THE Aesthetic Show 2017

The Role of Absorbable Suspension Sutures in Facial Repositioning and Tightening

July 7, 2017 • 1:00 pm – 2:00 pm • The Wynn Resort

We greatly value your opinion. Please complete this evaluation and submit it to the registration desk at the conclusion of this activity. Your responses will be used in future planning of activities and materials.

I am a: MD DO PharmD RN NP PA Other _____

Upon completion of this activity, participants will be able to:	Strongly Agree	Agree	Disagree	Strongly Disagree
<ul style="list-style-type: none"> Identify minimally invasive suture options that can be used to reposition and/or tighten facial skin 	④	③	②	①
<ul style="list-style-type: none"> Describe facial injection procedures for insertion of suspension sutures containing smooth cones. 	④	③	②	①
<ul style="list-style-type: none"> Devise individual management plans for aesthetic facial rejuvenation using combination procedures including facial injectables and energy-based 	④	③	②	①

Please indicate the extent of your agreement with the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree						
<ul style="list-style-type: none"> The teaching and learning methods were effective 	④	③	②	①						
<ul style="list-style-type: none"> The learning assessment used for this activity was appropriate 	④	③	②	①						
<ul style="list-style-type: none"> The faculty for this activity were effective 	④	③	②	①						
<ul style="list-style-type: none"> Overall, was this activity free from bias? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 										
<ul style="list-style-type: none"> Of the patients you will see in the next week, about how many will benefit from the information you learned today? <ul style="list-style-type: none"> <input type="radio"/> More than 50 <input type="radio"/> 26 to 50 <input type="radio"/> 11 to 25 <input type="radio"/> 1 to 10 <input type="radio"/> Not applicable 										
<ul style="list-style-type: none"> Based on what I learned today, I will improve my practice by incorporating the following (check all that apply): <ul style="list-style-type: none"> <input type="radio"/> Improved diagnosis/patient assessment <input type="radio"/> Useful therapies and appropriate uses <input type="radio"/> Cutting-edge science in this therapeutic area <input type="radio"/> Best practices of my colleagues and leaders <input type="radio"/> I do not plan to make any changes to my practice at this time <input type="radio"/> Other (explain) _____ 										
<ul style="list-style-type: none"> Which <u>ONE</u> delivery method do you find the most effective for CME/CE learning? <table border="0"> <tr> <td><input type="radio"/> Live symposia at national/regional conferences</td> <td><input type="radio"/> Internet webcasts</td> </tr> <tr> <td><input type="radio"/> Live local meetings</td> <td><input type="radio"/> Internet/print monographs</td> </tr> <tr> <td><input type="radio"/> Live grand rounds</td> <td><input type="radio"/> Other (explain) _____</td> </tr> </table> 	<input type="radio"/> Live symposia at national/regional conferences	<input type="radio"/> Internet webcasts	<input type="radio"/> Live local meetings	<input type="radio"/> Internet/print monographs	<input type="radio"/> Live grand rounds	<input type="radio"/> Other (explain) _____				
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<input type="radio"/> Live grand rounds	<input type="radio"/> Other (explain) _____									

- Please rate the professional practice value of each of the following in terms of improving your practice:

	Most Valuable	Valuable	Somewhat Valuable	Least Valuable
Today's CME event	④	③	②	①
Direct to consumer advertising	④	③	②	①
Sales representative visits	④	③	②	①
Promotional/other non-certified education	④	③	②	①

- Based on your experience, which of the following are the primary barriers to implementing changes in practice (check all that apply):

- Lack of knowledge regarding evidence-based strategies
- Lack of convincing evidence to warrant change
- Lack of time/resources to consider change
- Insurance, reimbursement or legal issues
- Patient adherence/resistance to change
- Other (explain) _____

- What motivated you to participate in this activity? (check all that apply)

- CME credits
- Faculty
- Topic or Therapeutic area
- Format type

Mary D. is a patient seeking facial rejuvenation. She is 48 years old and has had soft tissue filler and neuromodulator treatments in the past with satisfactory results. She has recently noticed a deepening of her NL folds with the beginning of jowl formation. Which of the following are good treatment options for her?

- Use of soft tissue fillers in the jawline for support and in the cheek for volume replacement
- RF treatment to the face to tighten the skin
- Surgical face lift
- Use of absorbable suspension sutures to lift the mid face and jowls
- None of the above
- All of the above

A 46-year-old female patient presents for facial rejuvenation. You decide that absorbable suspension sutures will help reposition sagging skin. Which of the following is the placement that will achieve optimal lift?

- Horizontal, straight line vector
- Medial suture placement in a straight line with superior placement in a slight curve, following the angle of the cheek
- Straight line vector in an angled position
- None of the above

Other Comments:

Application for Continuing Medical Education Credit

For purposes of certification, please complete the following information. Please note that we will not forward or sell your contact information. **Please PRINT clearly in the boxes provided.**

Degree	<input type="radio"/> MD	<input type="radio"/> DO	<input type="radio"/> PharmD	<input type="radio"/> RN	<input type="radio"/> NP	<input type="radio"/> PA	<input type="radio"/> Other _____
Credit Request Type	<input type="radio"/> ACCME	<input type="radio"/> ANCC	<input type="radio"/> Other _____				

For Pharmacists Only:	NABP #:					Date of Birth (MMDD)			
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*LAST NAME (please print in boxes)	Middle Initial	*FIRST NAME

*STREET ADDRESS (please print in boxes)

*CITY (please print in boxes)	*STATE	*ZIP CODE

*STATE of LICENSE(S)	FAX
LICENSE NUMBER	

*EMAIL ADDRESS (please print in boxes)--- REQUIRED TO RECEIVE CERTIFICATE---

Global Education Group (Global) and Medical Insight are interested in adding to our base of faculty and educational development. To help us better plan for education in this area, and to invite you to partake in future educational development, we may contact you for your expertise. If you opt NOT to be contacted in the future, please check the box below:

NO, I do NOT want to be contacted in the future.

I certify my actual time spent to complete this educational activity to be (check one):

I participated in the entire activity and claim **1** credit.

I participated in only part of the activity and claim _____ credits.

I certify that I have participated in the continuing education activity entitled, "THE Aesthetic Show 2017 – "The Role of Resorbable Suspension Sutures in Facial Repositioning and Tightening"

Signature: _____ Date: _____

Please return this form to the registration desk. Only completed forms will be processed for credit. Please allow 6-8 weeks to receive your certificate. Thank you for participating in this activity..