

Continuing Medical Education Evaluation

Sentinel Injuries: Reasons to Sweat the Small Stuff January 17, 2018

Learning Objectives

- Understand the definition of the term “sentinel injury”
- Define which sentinel injuries are most frequently associated with physical abuse
- Discuss the impact of failing to recognize and address seemingly minor injuries in young children

	5 Strongly Agree	4 Agree	3 Don't know	2 Disagree	1 Strongly Disagree
I feel the learning objectives were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel today's presentation provided worthwhile information that I could apply to my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational points were clearly articulated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to follow the discussion and participate if I chose to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The webcast format and structure facilitated my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel this presentation was free of commercial bias.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel better able to diagnose and treat child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please list two changes related to child abuse cases that you will make as a result of this presentation:
 - a.
 - b.
2. Please suggest topics you would like to see addressed in an educational case review:
3. Additional comments:

Name	
CME requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, name is required)
Degree	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> SANE/SAFE <input type="checkbox"/> Other _____
Specialty	<input type="checkbox"/> Child Abuse Pediatrics <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Family Medicine <input type="checkbox"/> Other _____

Return to: racej@upstate.edu or Fax 315-883-5616

**In order to receive CME credit, this form must be returned
before noon Friday, January 19.**