

Activity Evaluation Form and Application for Continuing Medical Education Credit

ADVANCES IN REGENERATIVE MEDICINE FOR FACIAL AESTHETICS

Friday, July 12, 2019

Las Vegas, NV • Wynn Las Vegas

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/RPh ☐ RN ☐ NP ☐ PA ☐ Other _____

Specialty: _____

Upon completion of this activity, participants will be able to:	Strongly Agree	Agree	Disagree	Strongly Disagree
<ul style="list-style-type: none"> Identify key factors in assessing the facial aesthetic patient 	④	③	②	①
<ul style="list-style-type: none"> Identify key advantages of regenerative medicine for facial aesthetics versus non-biostimulatory options 	④	③	②	①
<ul style="list-style-type: none"> Identify the injection techniques and safety considerations specific to regenerative medicine for facial aesthetics 	④	③	②	①
<ul style="list-style-type: none"> List best practices for treating the facial aesthetics patient 	④	③	②	①

Please indicate the extent of your agreement with the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree	
The faculty for this activity were effective	④	③	②	①	
Please indicate the extent of your agreement with the following statement:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable
The educational resources and/or handouts provided to me at the educational activity are useful to my practice.	④	③	②	①	①

- Overall, was this fair, balanced and free from bias?
 - ☐ Yes
 - ☐ No
- If No, please explain:
- Of the patients you will see in the next week, about how many will benefit from the information you learned today?
 - ☐ More than 50
 - ☐ 26 to 50
 - ☐ 11 to 25
 - ☐ 1 to 10
 - ☐ Not applicable
- Based on what I learned today, I will improve my practice by incorporating the following (check all that apply):
 - ☐ Improved diagnosis/patient assessment
 - ☐ Useful therapies and appropriate uses
 - ☐ Cutting-edge science in this therapeutic area
 - ☐ Best practices of my colleagues and leaders
 - ☐ I do not plan to make any changes to my practice at this time

☐ Other (explain) _____

- Which ONE delivery method do you find the most effective for CME/CE learning?

- ☐ Live symposia at national/regional conferences
- ☐ Live local meetings
- ☐ Live grand rounds

- ☐ Internet webcasts
- ☐ Internet/print monographs
- ☐ 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

Questions:

- PMMA filler is considered

- ☐ Permanent
- ☐ Reversible
- ☐ Semi-permanent
- ☐ Compounded
- ☐ Natural

- PRP treatments are considered

- ☐ Inflammatory
- ☐ Unnatural
- ☐ Anti-inflammatory
- ☐ Synthetic
- ☐ Organic

- A closed system is helpful for fat grafting because it

- ☐ Removes oil, debris, and blood from harvested fat
- ☐ Can be used to cleanly add stem cells and growth factors
- ☐ All of the above

Your first patient for the day is a new patient, consultation for facial fillers: Jennifer, a 50 year old, never having filler in her past comes to you presenting with moderate temporal volume loss along with severe upper malar, malar and mid face volume loss. Jennifer complains of heavy nasolabial folds, hating the “puppet” lines from the corners of her mouth down to her jaw line and a new onset of jowling. Jennifer is prepared to spend whatever it takes to properly revolumize her face. You use some highly cohesive hyaluronic acid syringes and less cohesive hyaluronic acid syringes to address this patients issues.

In this case study, Jennifer’s first complaint is of her heavy nasolabial folds. Would you:

- ☐ Only treat the nasolabial folds
- ☐ Only treat the nasolabial fold, oral commissars and prejowl sulci and have her back for follow up visits to address any other concerns she may have?
- ☐ Treat the temple and have the patient back a different day to address the rest of her issues to ease her into facial fillers?
- ☐ Treat the upper and mid face to include the temples and have the patient back for follow up visits to attain full correction?
- ☐ Do nothing as this was an appointment just for a consult.

Jennifer is back for her follow up visit 4 weeks later with the idea she will possibly need more filler. She complains of a hard bump under her skin and says it’s getting harder, tender and firm, but she ahs left it alone awaiting seeing you at her visit to discuss. On palpation you notice a dime-sized, firm bump that is warm to touch and does not soften when massaged. What do you do?

- ☐ Explain it is most likely a bruise that still needs to heal, for her to massage and use warm compresses
- ☐ Use Hylenex and have the client return in 1 week to assess
- ☐ Use a compounded hyaluronidase solution then finish treating the client for her facial volume loss with a follow up in 1 month
- ☐ Use Hylenex then finish treating the client for her facial volume loss with a follow up in 1 month
- ☒ Put the client on antibiotics and medrol dose pack and schedule a follow up in 2 weeks?

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/RPh	<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						

*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)
LICENSE NUMBER _____

FAX _____

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

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Global Education Group (Global) provides a variety of continuing educational activities in many therapeutic areas. We may contact you via email with future continuing education opportunities. 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 2019 - **ADVANCES IN REGENERATIVE MEDICINE FOR FACIAL AESTHETICS.**

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.