









| d Credits  |   |   |  |
|--|---|---|--|
| Jer to claim CME credits for the activity/meeting you attended pla | ease find it in the list below. The events are listed   | in order of the date if   | t occurred. C  |
|  |   |   |  |
|  | 3 matches found   |   |  |
|  |   |   |  |
|  | vont  | Type  | CME Cred   |
|  | vent  | Enduring Materials  |  |
| day April 2 2012   |   | -   |  |
|  | vent  | Туре  | CME Credi  |
|  |   | Enduring Materials  |  |
| day, July 16, 2012   |   |   |  |
|  | vent  | Туре  | CME Cred   |
| Credit 1:00 PM Providing Services for Inova's Patients and Cor     | mpanions Who are Deaf or Hard of Hearing DOJ  | Enduring Materials  | 1.00   |
|  | e "Add Credit" to select the activity/méeting you attended. Click<br>dinesday, February 29, 2012<br>tion Time E<br>Credit 12:00 PM Surgical Care Improvement Project (SCIP)<br>day, April 2, 2012<br>tion Time EPIC Training Part 1-4<br>rday, July 16, 2012<br>tion Time E | der to claim CME credits for the activity/meeting you attended please find it in the list below. The events are listed e "Add Credit" to select the activity/meeting you attended. Click on the event tille for more details.  a matches found a dinesday, February 29, 2012 tion Time Event Credit 12:00 PM Surgical Care Improvement Project (SCIP) tday, April 2, 2012 tion Time Event Credit 3:00 AM Inova Health System EPIC Training Part 1-4 tday, July 16, 2012 | der to claim CME credits for the activity/meeting you attended please find it in the list below. The events are listed in order of the date i<br>a matches found |



| <ul> <li>Step 6:</li> <li>Check I Certify to attest that you watched the whole education and click Submit</li> </ul>  | ional video |  |  |  |
|---|-------------|--|--|--|
| Claim Credits   |             |  |  |  |
| Please review the information below, confirm that it is correct. Only check the "I Certify" box if you attended this event.   |             |  |  |  |
| <ul> <li>- indicates a required item.</li> </ul>  |             |  |  |  |
| Do you certify you were in attendance for the entire duration of the following event?<br>Title: Providing Services for Inova's Patients and Companions Who are Deaf or Hard of Hearing DCJ<br>Type: Enduring Materials<br>Starts Or: Mon, 7/16/2012 1 00 PM |             |  |  |  |
| ·□ I Certify  |             |  |  |  |
| Submit  |             |  |  |  |
| This is not the event I attended.   |             |  |  |  |
| Physicians Conterence Center<br>3300 Gallovs Rd.<br>Patis Church, VA 22042  |             |  |  |  |
|   |             |  |  |  |

| <ul> <li>Step 7:</li> <li>You will be prompted to fill out an evaluation. Once you have finished the evaluation click submit at the bottom of the page and you will be routed to the course post-test. Once you have answered all the post-test questions please click submit at the bottom of the page. Please note you must get 80% on the quiz to receive credit.</li> </ul> |   |  |
|---|---|--|
| Event evaluation: Providing Services for Inova's Patients and Co  | The Evaluation has been completed successfully. You must complete the following before credits can be awarded.<br>DOJ Post-test for Providing Services for Inova's Patients and Companions Who are Deaf or<br>Hard of Hearing DOJ |  |
| - SELECT - 💟  | Deadine: Thu, 2/28/2013   |  |
| *How effective was the speaker(s) in teaching the topic?  | <ul> <li>- indicates a required item.</li> </ul>  |  |
| SELECT 🔯  | Event evaluation: Providing Services for Inova's Patients and Companions Who are Deaf or Hard of Hearing DOJ  |  |
| *What was the clinical relevance of this activity?  |   |  |
| "Was your knowledge of the subject matter increased?  | *1. Title III of the Americans with Diabilities Act (ADA) requires the following: C Equal access to goods and services for our gaterits and their companions who are deaf or hard of hearing                                      |  |
| • Was your knowledge of the subject matter increased /<br>C Yes C No  | C The use of TYYs and TDDs  |  |
| 1f No, explain  | C Effective communication   |  |
|   | A and D   |  |
| ×   | *2. The Deaf or Hard of Hearing Communication Request Form  |  |
| *Has this activity met your identified needs and professional practice gaps?  | C is given to all patients  |  |
| C Yes C No<br>" If No, explain  | Enables patients and/or companies who are deaf or hard of hearing to indicate their communication needs   |  |
|   | C is completed by the staff who determine the patient's or companion's communication needs  |  |
| <u>.</u>  | C is not part of the legal medical record   |  |
| "Will you make any changes to your practice based on this activity?   | *3. NewTalk (video remote interpreting) C is an auxiliary aid that may be useful in communicating with patients and companions while waiting for an interpreter   |  |
| C Yes C No  | C May be a patients or companion's primary communication choice   |  |
| * If Yes, please explain  | @ A and B   |  |
|   | C ADNLY   |  |
|   | *4. The deaf mother of an adolescent son is with her son in the Emergency Department  |  |
|   | Ask that she complete a Communication Request Form  |  |
|   | C You do not need to provide senices for her because she is not the patient   |  |
|   | C. Her needs are less importanct than his so you do not need to be concerned about timelines  |  |
|   | C Communicate with her through lip reading  |  |
|   | *5. To request an ASL interpreter, you should:<br>C Fax (703) 778-3840  |  |
|   | ** Pak (703) 770-3040   |  |



