Upon viewing webinar please complete evaluation and then return to the office of Professional & Community Education in order to receive certificate of completion. Completed evaluation may be emailed (CE@mail.wvu.edu), faxed (304.293.5936) or mailed (WVU, PO Box 6830, Morgantown, WV 26506-6830).

N	GE Name:	ERIATRICS LUNCHT Email Address:	Date:	1 1
Program Title: DELIRIUM: A GERIATRIC Objectives:			Speaker(s): James P.	Griffith, MD, FACP
2. 3.				
	verall Presentation The presentation objectives were met. Agree Somewhat Agree		Strongly Disag	ree
2.	. Briefly describe what you have learned	in this presentation.		
3.	Discuss some potential causes and	contributing factors to delir	ium in a delirious patient:	
Ho	ow can attending this program affect you	ur current practice and/or po	sition?	
W	/hat will you do differently in your praction	e and/or position as a result	of your attendance in this p	orogram?