

Center Serial # CV3163-2

Post Test, Evaluation, and Credit Application Form

Managing the Many Bugs of CAP: An Ongoing Challenge! Online Home Study

Release Date: February 25, 2013 Credit Expiration Date: February 25, 2014 ACPE UAN: 0473-9999-13-001-H01-P

INSTRUCTIONS FOR CREDIT

- 1. Review the entire CE information including target audience, learning objectives, and disclosures.
- 2. Review each episode.
- 3. Complete the Post Test, Evaluation, and Credit Application Form.
- 4. Please note that in order to receive credit you must achieve a score of at least 70%.
- 5. Mail the completed Post Test, Evaluation, and Credit Application Form to Vemco MedEd, 245 US Highway 22, Suite 304, Bridgewater, NJ 08807 or fax to (908) 235-4222 or email to bhassid@vemcomeded.com.
- 6. The information that you participated will be uploaded to CPE Monitor and you will be able to access your credits from the profile you set up with NABP. For more information, please visit http://www.nabp.net/.

Please note: If you have received credit for attending the live symposium by the same name, you are not eligible to apply for credit for this online version.

CREDIT APPLICATION (Please Print Clearly)			
Name and Degree (please write clearly)			
Practice Setting			
Address			
City			
Country	Phone Number		
E-mail			
NABP e-Profile ID	Date of Birth (in MMDD format)		
I certify that I participated in Managing the Many Bugs of CAP: An Ongoing Challenge!			
Signature	Date		

FACULTY: Please rate overall faculty effectiveness and subject matter expertise.		1 Fair	2	3	4	5 Excellent
David S. Burgess, PharmD						
Teaching Ability						
Knowledge and expertise in the subject						
Thomas M. File, Jr., MD			-			
Teaching Ability						
Knowledge and expertise in the subject						
Debra A. Goff, PharmD						
Teaching Ability						
Knowledge and expertise in the subject						
George G. Zhanel, PharmD, PhD			_			
Teaching Ability						
Knowledge and expertise in the subject						
Comments:						
LEARNING OBJECTIVES: Please rate if the Learning Objectives were met.	Di	1 isagree	2	3	4	5 Agree
Discuss the impact of an evolving bacterial etiology on empiric antimicrobial selection for community-acquired pneumonia						
Recognize patient risk factors associated with antimicrobial resistant infections						
Evaluate strategies to reduce healthcare utilization when managing hospitalized patients with CAP						
If you answered "Disagree" to any objective, please explain	1.	•				
DO YOU HAVE (1) ANY SUGGESTIONS FOR IN	ирг	ROVING '	THIS ACT	VITY OR (2) COMN	MENTS?

OVERALL EVALUATION		1 Disagree	2	3	4	5 Agree
The content was relevant to my practice and educational needs.						
The course material was appropriate and useful.						
The activity was fair, balanced, and without comm	ercial bias.					
If you feel that the material was NOT presented	in a fair and bal	anced manner	r, please exp	lain furthe	ſ.	
PRACTICE APPLICA	ATION AND CO	OMMITME	NT TO CH	ANGE		
	1 Not Important	2	3	4		5 Very portant
How important to you is a patient-centered approach in management of CAP						
As an accredited provider of continuing education, we are asking our learners to reflect on how they might alter their practices as a result of participating in CME/CPE activities. The request below solicits your commitment to change based on what you have learned. We hope that you will find this exercise useful and thank you in advance for participating. 1. Based on your participation in this activity, do you plan to make any changes in your professional practice? □ Yes □ No						
2. Please describe the changes you plan to implement related to: a. Patient-Centered Approaches						
b. CAP Treatment Strategies						
c. System-Based Opportunities and Improvement						
3. What are the barriers you anticipate the	at may impact i	mplementati	ion of these	changes?		

PO	POST TEST (Please select the most appropriate answer)						
1.	Which of the following is considered to be an atypical CAP pathogen?						
	\square S. pneumoniae \square H. influenzae \square M. catarrhalis \square C. pneumoniae						
2.	. When diagnosing CAP, the symptoms, signs, and laboratory features are not specific in identifying a particular pathogen.						
	□ True □ False						
3.	Which of the following is the most common cause of CAP in adult outpatients?						
	\square S. pneumoniae \square H. influenzae \square M. pneumoniae \square S. aureus						
4.	Which of the following are risk factors for an infection caused by a drug-resistant organism?						
	 □ Residence in a nursing home □ Presence of comorbidities □ Family member with a drug-resistant organism □ Recent previous antibiotic treatment □ All of the above 						
5.	Which of the following CAP pathogens commonly exhibits antimicrobial resistance?						
	\square S. pneumoniae \square S. aureus \square P. aeruginosa \square E. coli						
	\square K. pneumoniae \square All of the above						
6.	The current breakpoint for susceptibility to penicillin by nonmeningeal S . $pneumoniae$ isolates is ≤ 2 mg/L.						
	□ True □ False						
7.	Which of the following most accurately represents the primary objective of clinical practice guidelines?						
	☐ To reduce the use of antimicrobials ☐ To reduce antimicrobial adverse events rates ☐ To reduce antimicrobial adverse events rates						
	 □ To reduce length of stay in the hospital and reduce cost □ To facilitate effective, efficient care for optimal patient care 						
8.	The initial objective of performance measures is:						
	 □ To correlate reimbursement by CMS for hospitalized patients with appropriate care of infections □ To penalize poor practice of antimicrobial use □ To measure improvement of implementation of processes of care to maximize outcomes □ To develop evidence-based guidelines of care 						
9.	IDSA/ATS guidelines for CAP empiric therapy state that antimicrobial treatment for ICU patients should be a beta-lactam plus either azithromycin or a respiratory fluoroquinolone.						
	□ True □ False						
10.	10. For a patient on parenteral antimicrobial therapy, a switch to oral medication should be considered if:						
	 □ The patient shows good clinical response to therapy □ Vital signs are stable □ Comorbidities are stabilized □ The patient can tolerate/absorb oral medication □ All of the above 						