# Post Test and Evaluation Form

**Adult Pneumococcal Disease: A Neglected Crisis?**

**Webcast On-Demand**


1. Review the entire CME/CPE information including target audience, learning objectives, and disclosures.
2. Review the entire Webcast On-Demand.
3. Complete the Post Test and Evaluation Form. Please note that to receive credit you must have a score of at least 80%.
4. Mail the completed Form to Vemco MedEd, 245 US Highway 22, Suite 304, Bridgewater, NJ 08807 or fax to (908) 235-4222.

**Physicians:** Documentation of credit will be mailed within 6 weeks of receipt of this completed Form.

**Pharmacists:** You will be notified via email within 6 weeks of the program date when your statement of pharmacy credit is available. You may print your certificate of pharmacy credit by logging onto the website at [www.pharmacyce.uic.edu](http://www.pharmacyce.uic.edu).

## INSTRUCTIONS for CREDIT

**Your professional title:**
- O Pharmacist
- O Physician
- O Other

**Your Practice Setting…**
- O Teaching Hospital
- O Private Hospital
- O Community Hospital
- O Ambulatory Care
- O Long Term Care
- O Academic Institution
- O VA/Military
- O Other

**Your Specialty…**
- O Infectious Diseases
- O Critical Care
- O Oncology
- O Ambulatory
- O Health-system
- O Retail
- O Other

## LEARNING OBJECTIVES: Were the learning objectives met?

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognize the healthcare burden of pneumococcal disease in adults</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Utilize guidelines to identify adults who would benefit from pneumococcal vaccination</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. Explain the role of pharmacists in preventing pneumococcal disease in adults</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

## PROGRAM EVALUATION: Please rate the faculty and overall program according to the following scale:

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**FACULTY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Knowledge of subject matter</th>
<th>Communication style</th>
<th>Appropriate teaching strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Thomas M. File, Jr., MD, MSc, MACP, FIDSA</td>
<td>O O O O O</td>
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</tr>
<tr>
<td>David S. Burgess, PharmD, FCCP</td>
<td>O O O O O</td>
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<tr>
<td>Debra A. Goff, PharmD, FCCP</td>
<td>O O O O O</td>
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<tr>
<td>Michael D. Hogue, PharmD, FAPhA</td>
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</table>
OVERALL PROGRAM: Please rate the following

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My understanding of the topic before the program</td>
<td></td>
<td></td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>My understanding of the topic after the program</td>
<td></td>
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<td></td>
<td>O</td>
<td>O</td>
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<tr>
<td>Relevance of the presentations to the scope of my professional practice</td>
<td></td>
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<tr>
<td>Program’s ability to meet my educational needs</td>
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<td></td>
<td></td>
<td>O</td>
<td>O</td>
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<tr>
<td>Learning activities, including active learning methods</td>
<td></td>
<td></td>
<td></td>
<td>O</td>
<td>O</td>
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<tr>
<td>Appropriateness of the learning assessment activities</td>
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<td>O</td>
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<tr>
<td>Program’s ability to be non-promotional and free of bias</td>
<td></td>
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<td></td>
<td>O</td>
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<tr>
<td>Overall, the program quality</td>
<td></td>
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<td></td>
<td>O</td>
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</tbody>
</table>

SELF-ASSESSMENT

This activity will assist in the improvement of my (please check all that apply):

- O Competence
- O Performance in Practice
- O Patient Outcomes

I plan to make the following changes to my practice (please check all that apply):

- O Modify treatment plans
- O Change my screening/prevention practice
- O Incorporate different diagnostic strategies
- O Use alternative communication methodologies with patients and families
- O None. The program validated my current practice

What is your level of commitment to making the changes stated above?

- O Very committed
- O Somewhat committed
- O Not very committed
- O Do not expect to change my practice

What are the barriers you face in your current practice that may impact patient outcomes?

- O Lack of evidence based guidelines
- O Lack of applicability of guidelines to my current practice
- O Lack of time
- O Organizational/institutional
- O Insurance/financial
- O Patient adherence/compliance
- O Treatment related adverse events

What aspects of adult vaccination do you need to learn more about to improve your professional practice?
**POST TEST: Please select the most appropriate response. To receive credit you must have a score of at least 80%.**

1. *Streptococcus pneumoniae* is the leading cause of community-acquired pneumonia in the United States.  
   - O True  
   - O False

2. The current vaccination rate for adults 19-64 years with a risk factor for pneumococcal disease is:  
   - O 10%  
   - O 25%  
   - O 50%  
   - O 90%

3. Which of the following is a risk factor for pneumococcal disease?  
   - O Diabetes  
   - O Lung disease  
   - O Older age  
   - O All of the above

4. According to the latest recommendations from the Centers for Disease Control and Prevention (CDC), all adult smokers should receive the pneumococcal vaccine.  
   - O True  
   - O False

5. Historically, the mortality rate for invasive pneumococcal disease in hospitalized patients is approximately:  
   - O 2%  
   - O 5%  
   - O 10%  
   - O 25%

6. Which of the following is NOT a risk factor for drug-resistant *S. pneumoniae*?  
   - O Recent prior antimicrobial use  
   - O Age <65 years  
   - O Residence in long-term care facility  
   - O Exposure to day care centers

7. The rate of macrolide resistance by *S. pneumoniae* in the United States is approximately:  
   - O 10%  
   - O 20%  
   - O 30%  
   - O 60%

8. What is the efficacy of the pneumococcal vaccine in immunocompetent adults ≥65 years?  
   - O 40%  
   - O 60%  
   - O 75%  
   - O 95%

9. Multiple pneumococcal revaccinations are recommended by the CDC.  
   - O True  
   - O False

10. How can health-system pharmacists help improve pneumococcal vaccination rates?  
    - O Identify patients at risk of pneumococcal disease  
    - O Administer vaccines (where legally permitted)  
    - O Educate patients about the benefits of vaccination  
    - O All of the above
Continuing PHARMACY Education Credit

University of Illinois at Chicago (UIC) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. UIC has assigned 2.0 contact hours (0.2 CEUs) of continuing pharmacy education credits for participating in this activity. Participants must complete the entire activity and submit the Post Test and Evaluation Form in order to receive continuing pharmacy education credit. Please note that to receive credit you must have a score of at least 80% on the Post Test. You will be notified via email within 6 weeks of the program date when your statement of pharmacy credit is available. You may print your certificate of pharmacy credit by logging onto the website at www.pharmacyce.uic.edu

ACPE Universal Activity Number: 016-999-11-008-H01-P Type of Activity: Knowledge-based

This information is REQUIRED for a continuing education statement. PLEASE PRINT CLEARLY.

Please indicate that you were present for the complete program. YES NO

Name: ______________________________________ Degree: ________________________________

Address: ____________________________________

City, State ____________________________ Zip Code________________

Day time Phone: (_____)________________________ Email:_________________________________

Continuing MEDICAL Education Credit

National Foundation for Infectious Diseases (NFID) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. NFID designates this enduring material for a maximum of 2.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. A CME certificate will be sent to participants within 6 weeks of receipt of this completed Form. Please note that to receive credit you must have a score of at least 80% on the Post Test.

This information is REQUIRED for a CME certificate. PLEASE PRINT CLEARLY.

Please indicate the amount of time you participated in the program: ___ hours

Name: ______________________________________ Degree: ________________________________

Address: ____________________________________

City, State ____________________________ Zip Code________________

Day time Phone: (_____)________________________ Email:_________________________________