

Post Test and Evaluation Form

Adult Pneumococcal Disease: A Neglected Crisis?

Webcast On-Demand

January 15, 2011 – January 14, 2012

Name: _____

Your professional title: Pharmacist Physician Other _____

INSTRUCTIONS for CREDIT

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

Your Practice Setting...	Your Specialty...
<input type="radio"/> Teaching Hospital <input type="radio"/> Private Hospital <input type="radio"/> Community Hospital <input type="radio"/> Ambulatory Care <input type="radio"/> Long Term Care <input type="radio"/> Academic Institution <input type="radio"/> VA/Military <input type="radio"/> Other _____	<input type="radio"/> Infectious Diseases <input type="radio"/> Critical Care <input type="radio"/> Oncology <input type="radio"/> Ambulatory <input type="radio"/> Health-system <input type="radio"/> Retail <input type="radio"/> Other _____

LEARNING OBJECTIVES: Were the learning objectives met?	YES	NO
1. Recognize the healthcare burden of pneumococcal disease in adults	<input type="radio"/>	<input type="radio"/>
2. Utilize guidelines to identify adults who would benefit from pneumococcal vaccination	<input type="radio"/>	<input type="radio"/>
3. Explain the role of pharmacists in preventing pneumococcal disease in adults	<input type="radio"/>	<input type="radio"/>

PROGRAM EVALUATION: Please rate the faculty and overall program according to the following scale:															
	1		2		3		4		5						
	Poor		Fair		Good		Very Good		Excellent						
FACULTY	Knowledge of subject matter					Communication style					Appropriate teaching strategies				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Thomas M. File, Jr., MD, MSc, MACP, FIDSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
David S. Burgess, PharmD, FCCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debra A. Goff, PharmD, FCCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Michael D. Hogue, PharmD, FAPhA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name: _____

OVERALL PROGRAM: Please rate the following	1	2	3	4	5
My understanding of the topic before the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My understanding of the topic after the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance of the presentations to the scope of my professional practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program's ability to meet my educational needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning activities, including active learning methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriateness of the learning assessment activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program's ability to be non-promotional and free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the program quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SELF-ASSESSMENT

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

- Competence
- Performance in Practice
- Patient Outcomes

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

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

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

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

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

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

What aspects of adult vaccination do you need to learn more about to improve your professional practice?

Name: _____

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.
 - True
 - False
2. The current vaccination rate for adults 19-64 years with a risk factor for pneumococcal disease is:
 - 10%
 - 25%
 - 50%
 - 90%
3. Which of the following is a risk factor for pneumococcal disease?
 - Diabetes
 - Lung disease
 - Older age
 - 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.
 - True
 - False
5. Historically, the mortality rate for invasive pneumococcal disease in hospitalized patients is approximately:
 - 2%
 - 5%
 - 10%
 - 25%
6. Which of the following is NOT a risk factor for drug-resistant *S. pneumoniae*?
 - Recent prior antimicrobial use
 - Age <65 years
 - Residence in long-term care facility
 - Exposure to day care centers
7. The rate of macrolide resistance by *S. pneumoniae* in the United States is approximately:
 - 10%
 - 20%
 - 30%
 - 60%
8. What is the efficacy of the pneumococcal vaccine in immunocompetent adults ≥ 65 years?
 - 40%
 - 60%
 - 75%
 - 95%
9. Multiple pneumococcal revaccinations are recommended by the CDC.
 - True
 - False
10. How can health-system pharmacists help improve pneumococcal vaccination rates?
 - Identify patients at risk of pneumococcal disease
 - Administer vaccines (where legally permitted)
 - Educate patients about the benefits of vaccination
 - All of the above

