



Post Test and Evaluation Form

Adult Pneumococcal Disease: A Neglected Crisis?

Webcast On-Demand

January 15, 2011 – January 14, 2012

Name:				
Your professional title:	O Pharmacist	O Physician	O 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
O Teaching Hospital O Private Hospital O Community Hospital O Ambulatory Care O Long Term Care O Academic Institution O VA/Military O Other	O Infectious Diseases O Critical Care O Oncology O Ambulatory O Health-system O Retail O Other

LEARNING OBJECTIVES: Were the learning objectives met?		NO
Recognize the healthcare burden of pneumococcal disease in adults	0	0
2. Utilize guidelines to identify adults who would benefit from pneumococcal vaccination	0	0
3. Explain the role of pharmacists in preventing pneumococcal disease in adults	0	0

PROGRAM EVALUATION: Please rate the fact	ulty and overall prog	gram according to th	e following scale:	
Poor Fair Good	Very Good	d Exceller	nt	
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	0 0 0 0 0	00000	00000	
David S. Burgess, PharmD, FCCP	00000	0 0 0 00	00000	
Debra A. Goff, PharmD, FCCP	00000	00000	00000	
Michael D. Hogue, PharmD, FAPhA	00000	0 0 0 00	00000	

OVERALL PROGRAM: Please rate the following	1 2 3 4 5
My understanding of the topic before the program	0 0 0 0 0
My understanding of the topic after the program	0 0 0 0
Relevance of the presentations to the scope of my professional practice	0 0 0 0 0
Program's ability to meet my educational needs	0 0 0 0
Learning activities, including active learning methods	0 0 0 0 0
Appropriateness of the learning assessment activities	0 0 0 0 0
Program's ability to be non-promotional and free of bias	0 0 0 0 0
Overall, the program quality	0 0 0 0 0

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?

Name:
POST TEST: Please select the most appropriate response. To receive credit you must have a score of at least 80%.
 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: 0 2% 0 5% 0 10% 0 25%
 6. Which of the following is NOT a risk factor for drug-resistant <i>S. pneumoniae</i>? 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 <i>S. pneumoniae</i> 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
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

DO YOU HAVE (1) ANY SUGGESTIONS FOR IMPROVING THIS ACTIVITY or (2) ANY ADDITIONAL COMMENTS?	
Continuing Ph	IARMACY Education Credit
provide pharma submit note th within 6 certification ACPE	sity of Illinois at Chicago (UIC) is accredited by the Accreditation Council for Pharmacy Education as a er of continuing pharmacy education. UIC has assigned 2.0 contact hours (0.2 CEUs) of continuing acy education credits for participating in this activity. Participants must complete the entire activity and the Post Test and Evaluation Form in order to receive continuing pharmacy education credit. Please at to receive credit you must have a score of at least 80% on the Post Test. You will be notified via email 6 weeks of the program date when your statement of pharmacy credit is available. You may print your ate of pharmacy credit by logging onto the website at www.pharmacyce.uic.edu Universal Activity Number: 016-999-11-008-H01-P Type of Activity: Knowledge-based
	n is REQUIRED for a continuing education statement. PLEASE PRINT CLEARLY.
Please indicate	that you were present for the complete program. YES NO
Name:	Degree:
City, State	Zip Code
Day time Phone:	() Email:
Continuing MI	EDICAL Education Credit
A · C · C · M · E ·	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 <i>AMA PRA Category 1 Credits™</i> . 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	n is REQUIRED for a CME certificate. <u>PLEASE PRINT CLEARLY.</u>
Please indicate	the amount of time you participated in the program: hours
Name:	Degree:
	Zip Code
Day time Fliotie.	() Email: