



Post Test, Evaluation, and Credit Application

Redefining Success for VAP: 360° Approach

ONLINE INTERACTIVE ACTIVITY

Release Date: June 8, 2009 Expiration Date: June 8, 2010 Center Serial #: CV3098

Select your professional title: ☐ Pharmacist Other _____

Select your practice setting: ☐ Teaching hospital ☐ Community hospital ☐ LTAC
Other _____

INSTRUCTIONS for CREDIT

1. Review all learning modules in their entirety.
2. Print and complete the Post Test, Evaluation, and Credit Application form.
3. 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) 450-3300.
Documentation of credit will be mailed within 4 weeks of receipt of the completed Post Test, Evaluation, and Credit Application form.

POST TEST (Please check the most appropriate answer)

1. During the first 5 days of mechanical ventilation, what is the rate for development of VAP?

- ☐ 0.5% per day
- ☐ 1% per day
- ☐ 3% per day
- ☐ 6% per day

2. Which hospital-acquired infection is associated with highest attributable costs?

- ☐ Ventilator-associated pneumonia
- ☐ Catheter-related bloodstream infection
- ☐ CABG-associated surgical site infection
- ☐ Catheter-related urinary tract infection

3. The greatest proportion of VAP-associated costs is due to . . .

- ☐ Antimicrobial therapy
- ☐ Room and nursing charges
- ☐ Radiology
- ☐ Respiration therapy

POST TEST (Please check the most appropriate answer)

4. The most common gram-negative bacteria associated with pneumonia in US ICUs is . . .

- ☐ *Staphylococcus aureus*
- ☐ *Klebsiella pneumoniae*
- ☐ *Pseudomonas aeruginosa*
- ☐ *Escherichia coli*

5. In 2003, what percentage of nosocomial pneumonia cases in US ICUs was caused by *Acinetobacter* spp.?

- ☐ 4%
- ☐ 7%
- ☐ 10%
- ☐ 15%

6. Which of the following is not considered a core organism associated with early-onset VAP?

- ☐ *Streptococcus pneumoniae*
- ☐ *Escherichia coli*
- ☐ *Haemophilus influenzae*
- ☐ Methicillin-resistant *S. aureus*

7. According to the NHSN surveillance data (2006–2007), what percentage of *S. aureus* isolates from US ICUs was methicillin- (oxacillin-) resistant?

- ☐ 25%
- ☐ 40%
- ☐ 55%
- ☐ 75%

8. According to the NHSN surveillance data (2006–2007), what percentage of *K. pneumoniae* isolates from US ICUs was resistant to a carbapenem?

- ☐ 4%
- ☐ 10%
- ☐ 15%
- ☐ 25%

9. Which of the following exhibits concentration-dependent bactericidal activity?

- ☐ Penicillins
- ☐ Cephalosporins
- ☐ Fluoroquinolones
- ☐ Carbapenems

10. In order to achieve maximal killing effect for carbapenems, what is the percent T>MIC required?

- ☐ 25%
- ☐ 40%
- ☐ 60%
- ☐ 70%



Your evaluation and suggestions will help improve the quality of future continuing education activities. Please answer the following general questions, provide written comments, and evaluate the individual faculty. Additional space for your comments and suggestions is available. Thank you for your cooperation.

LEARNING OBJECTIVES: Were the learning objectives met?	Yes	Somewhat	No
Identify therapeutic strategies that minimize the risk of resistance development during treatment of ventilator-associated pneumonia			
Recognize the importance of improving resource utilization in hospitals when treating serious infections			
Discuss the role of clinical pharmacists in the overall management of patients with ventilator-associated pneumonia			
If you answered 'No' to any objective, please explain.			

FACULTY: Evaluate the knowledge and expertise in the subject	Excellent	Good	Fair	Poor
David P. Nicolau, PharmD				
David S. Burgess, PharmD				
Keith A. Rodvold, PharmD				

OVERALL EVALUATION	Yes	Somewhat	No
1. This activity met my expectations.			
2. The content was relevant to my practice.			
3. This activity was fair and balanced.			
4. This activity was without commercial bias.			
If you answered "No" to 3 or 4, please explain.			

LEARNING FORMAT	Yes	Somewhat	No
1. The course format enhanced achievement of learning objectives.			
2. The format was easy to follow and understand.			

ACTIVITY MANAGEMENT	Yes	Somewhat	No
1. The activity was easy to access.			
2. The activity format was conducive to learning.			



PRACTICE APPLICATION

1. What aspects of this activity were most relevant to your practice?
2. Please list at least one strategy to minimize the risk of resistance development during the treatment of VAP that you learned from this activity.
3. Do you intend to make changes to your practice based on participation in this activity? If yes, please specify.
4. What aspects of managing VAP do you need to learn more about to improve your practice performance?

DO YOU HAVE (1) ANY SUGGESTIONS FOR IMPROVING THIS ACTIVITY or (2) ANY ADDITIONAL COMMENTS?

CREDIT APPLICATION (Please Print)

Name _____ Degree _____

Address _____

City _____ State _____ ZIP _____

E-mail address _____ May we contact you by e-mail? ☐ Yes ☐ No

Type of Credit requested ☐ ACPE ☐ Other _____

I certify that I participated in *Redefining Success for VAP: 360° Approach* Online Activity and reviewed all learning modules.

Signature _____ **Date** _____

For questions regarding accreditation of this activity, please contact Center for Independent Healthcare Education at info@jointsponsor.com.