



POST TEST, EVALUATION, AND CREDIT APPLICATION FORM

Addressing Opioid-Induced Constipation: Expert Interview Digest

Release Date: April 23, 2012 Credit Expiration Date: April 23, 2013

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INSTRUCTIONS FOR CREDIT

1. Review the entire CME/CE information including target audience, learning objectives, and disclosures.
2. Review all four Audio Modules.
3. Print and complete this Post Test, Evaluation, and Credit Application Form. **Please note that to receive credit you must have a score of at least 80%.**
4. 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.
5. **For Pharmacists:** 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/>.

Documentation of credit will be mailed within 4 weeks of receipt of this Form. For Pharmacists: information will be uploaded to CPE Monitor monthly.

POST TEST (Please select the most appropriate answer)

1. **Opioid-induced constipation is instigated by opioids binding to which receptor in the bowel?**
 Mu receptor Toll-like receptor Serotonin receptor Interleukin receptor
2. **To proactively address OIC, a bowel regimen should be initiated:**
 At the onset of opioid therapy One week following initiation of opioid therapy
 One month following initiation of opioid therapy At the first patient complaint of constipation
3. **Laxatives are effective in reversing the effects of opioids in the bowel.**
 True False
4. **Which class of laxatives is least recommended to treat OIC?**
 Bulk agents Stimulants Surfactants Osmotic agents
5. **Methylnaltrexone is best described as a:**
 Stool softener Opioid receptor antagonist Stimulant Osmotic agent

LEARNING OBJECTIVES: Please rate if the Learning Objectives were met	1 Strongly Disagree	2	3	4	5 Strongly Agree
Recognize the burden and consequences of OIC					
Identify patients who would benefit from a more targeted approach to treat OIC					
Summarize the latest clinical strategies in the appropriate management of OIC					
If you answered 'Disagree' to any objective, please explain.					

FACULTY: Please rate faculty teaching ability and subject expertise	1 Poor	2	3	4	5 Excellent
Gregory L. Holmquist, PharmD, CPE					
Bill H. McCarberg, MD					

OVERALL EVALUATION	1 Strongly Disagree	2	3	4	5 Strongly Agree
The content was relevant to my practice and educational needs.					
The activity was fair, balanced, and without commercial bias.					
If you answered 'Disagree' to any of the above, please explain.					
Do you have (1) any suggestions for improving the activity or (2) any additional comments?					

COMMITMENT TO CHANGE: As an accredited provider of continuing education, Center for Independent Healthcare Education is increasingly focusing on the outcomes of our offerings, particularly as reflected in changes and improvements in clinical practices. Accordingly, we are now asking our learners to reflect on how they might alter their practices as a result of participating in our CE activities. The following request solicits your commitments to change, based on what you have learned. We hope that you will find this exercise useful and thank you in advance for participating.

Do you wish to make commitments to change in your practice?
 Yes No

As a result of what I learned participating in this activity, I intend to make the following practice changes:

CREDIT APPLICATION (Please Print Clearly)	
Name and Degree _____	
Practice Setting _____	
Address _____	
City _____	State _____ Zip _____
E-mail _____	
Type of Credit <input type="checkbox"/> AMA <input type="checkbox"/> ACPE <input type="checkbox"/> Other _____	
<i>Only for Pharmacists:</i> NABP e-Profile ID _____	Date of Birth (MMDD format) _____
I certify that I reviewed all Audio Modules of <i>Addressing Opioid-Induced Constipation: Expert Interview Digest</i> and claim a total of _____ credits (maximum allowed credit 1.0).	
Signature _____	Date _____