



POST TEST, EVALUATION, AND CREDIT APPLICATION FORM

Outpatient Parenteral Antimicrobial Therapy (OPAT): Expert Interview Digest

Release Date: October 25, 2011 Credit Expiration Date: October 25, 2012

INSTRUCTIONS FOR CREDIT
<p>1. Review the entire CME/CE information including target audience, learning objectives, and disclosures.</p> <p>2. Review all twelve interviews in their entirety.</p> <p>3. Complete this Post Test, Evaluation, and Credit Application Form. Please note that to receive credit you must have a score of at least 70%.</p> <p>4. Mail to Vemco MedEd, 245 US Highway 22, Suite 304, Bridgewater, NJ 08807 or Fax to (908) 450-3300</p> <p><i>Statement of Credit will be mailed within 4 weeks of receipt of this completed form.</i></p>

POST TEST (Please select the most appropriate answer)
<p>1. The use of OPAT was first introduced in:</p> <p><input type="checkbox"/> 1950s <input type="checkbox"/> 1970s <input type="checkbox"/> 1990s <input type="checkbox"/> 2000s</p>
<p>2. What are important considerations before initiating OPAT?</p> <p><input type="checkbox"/> Definitive diagnosis <input type="checkbox"/> Safe home environment <input type="checkbox"/> Patient is clinically stable <input type="checkbox"/> All of the above</p>
<p>3. For which types of infection can OPAT be considered as part of the management plan?</p> <p><input type="checkbox"/> Skin and soft tissue infections <input type="checkbox"/> Infective endocarditis <input type="checkbox"/> Bone and joint infections <input type="checkbox"/> All of the above</p>
<p>4. OPAT can only be delivered at home.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False</p>
<p>5. The IDSA guidelines recommend that the first dose of OPAT should be delivered at home.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False</p>
<p>6. What are the key components of an OPAT program?</p> <p><input type="checkbox"/> Communication <input type="checkbox"/> Utilizing a healthcare team approach <input type="checkbox"/> Outcomes Monitoring <input type="checkbox"/> All of the above</p>
<p>7. Which is the most cost-efficient method for OPAT delivery?</p> <p><input type="checkbox"/> Infusion center <input type="checkbox"/> Visiting nurse <input type="checkbox"/> Self-administration <input type="checkbox"/> Nursing home/long-term care facility</p>
<p>8. For OPAT, antimicrobial agents dosed twice daily are preferred to those dosed once daily.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False</p>
<p>9. OPAT can be utilized to decrease patient length of stay in the hospital.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False</p>
<p>10. When initiating OPAT, which healthcare provider should be involved in the hospital-to-outpatient transition?</p> <p><input type="checkbox"/> Nurse <input type="checkbox"/> Hospitalist <input type="checkbox"/> Primary care physician <input type="checkbox"/> All of the above</p>

FACULTY: Please rate faculty teaching ability and subject expertise	1 Poor	2	3	4	5 Excellent
Susan J. Rehm, MD, FACP, FIDSA					
Brett Heintz, PharmD, BCPS-ID					

LEARNING OBJECTIVES: Please rate if the Learning Objectives were met	1 Strongly Disagree	2	3	4	5 Strongly Agree
Discuss the clinical and economic benefits of OPAT in treating infectious diseases					
Identify preferred patient characteristics when considering the use of OPAT					
List the types of infections that may be treated with OPAT					
Summarize approaches to minimize the potential for adverse events with OPAT					
If you answered 'Disagree' to any objective, please explain.					

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 _____

Address _____

City _____ State _____ ZIP _____

E-mail address _____ Phone _____

Type of Credit requested: ACCME ACPE Other _____

I certify that I reviewed all interviews of *Outpatient Parenteral Antimicrobial Therapy (OPAT): Expert Interview Digest* and claim a total of _____ credits (maximum allowed credit 1.5).

Signature _____ Date _____