



Self-Assessment, Evaluation and Credit Application

Clinical Jeopardy: Addressing the MRSA Challenge!

ONLINE ACTIVITY

Release Date: January 26, 2010

Expiration Date: January 26, 2011

Select your professional title: Physician Pharmacist Physician Assistant Other _____

Your practice setting: _____

INSTRUCTIONS for CREDIT
<ol style="list-style-type: none"> 1. Review all learning modules in their entirety. 2. Print and complete the Self-Assessment, Evaluation, and Credit Application form. 3. Mail the completed form to Vemco MedEd, 245 US Highway 22, Suite 304, Bridgewater, NJ 08807 OR Fax to 908-450-3300. <p><i>Documentation of credit will be mailed within 4 weeks of receipt of this completed form.</i></p>

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
Provide an update on epidemiology associated with infections due to MRSA			
Differentiate the clinical spectrum of infections associated with CA-MRSA and HA-MRSA			
Discuss effective treatment strategies for infections caused by MRSA			
Identify patients who are likely to benefit from outpatient parenteral antimicrobial therapy			
If you answered 'No' to any objective, 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			
3. ARS questions contributed to the educational value of this activity			
4. Patient case helped me self-reflect and assess my practice performance			

FACULTY: Evaluate knowledge and expertise	Excellent	Good	Fair	Poor
David P. Nicolau, PharmD, FCCP, FIDSA				
Donald E. Low, MD, FRCPC				
Vance G. Fowler, Jr., MD, MHS				

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

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			

KNOWLEDGE CHANGE: Compared to your knowledge before the program, do you know more about...	Yes	Somewhat	No
1. MRSA resistance and pathogenicity			
2. The role of the microbiology lab in identifying MRSA infections and testing susceptibility to guide clinical decision-making			
3. The potential role of OPAT in managing patients with MRSA infections			

PRACTICE APPLICATION
1. What aspects of this activity were most relevant to your practice?
2. Please list at least one MRSA treatment strategy that you learned during 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 MRSA do you need to learn more about to improve your practice performance?
5. What steps do you intend to implement as a decision-maker in the management of patients with MRSA infection?

POST-ACTIVITY SURVEY (Please check all that apply)

Center for Independent Healthcare Education is dedicated to promoting a spirit of lifelong learning and continuous professional development. We are interested in understanding barriers and challenges you face in your practice. Please take a few moments to complete this Post-Activity Survey. Your individual responses will be kept confidential.

What do you perceive to be the greatest barriers to proper management of MRSA infections?

What aspect of anti-MRSA agents would you like to learn more about?

- Appropriate antimicrobial selection
- Differentiating anti-MRSA agents
- Optimized dosing
- Safety and tolerability
- Drug-drug interactions
- Duration of therapy
- Cost
- Other _____

What impact will the impending IDSA MRSA guidelines have on your clinical practice?

- High impact
- Medium impact
- Low impact
- Not sure

Vancomycin has become less effective for the treatment of MRSA infections.

- Agree
- Disagree

What aspects of OPAT would you like to learn more about?

- Benefits and risks
- Appropriate patient selection
- Choosing the appropriate agent
- Duration of therapy
- Educating the patient and/or caregiver
- Other _____

After attending this program, I will consider OPAT more frequently for my patients.

- Agree
- Disagree

What types of infections would you like to learn more about in future educational programs?

- Hospital-acquired infections
- Community-associated infections
- Infections in transplantation recipients
- Infections in the immunocompromised
- Cystic fibrosis
- Clostridium difficile* infection
- Invasive fungal infections
- Other _____

SELF-ASSESSMENT
<p>According to the updated CLSI breakpoints for vancomycin, <i>S. aureus</i> is considered susceptible if MIC is:</p> <ol style="list-style-type: none"> 1. ≤ 0.5 $\mu\text{g/mL}$ 2. ≤ 1 $\mu\text{g/mL}$ 3. ≤ 2 $\mu\text{g/mL}$ 4. ≤ 4 $\mu\text{g/mL}$
<p>The IDSA vancomycin therapeutic guidelines recommend an alternative agent to vancomycin when the MIC for <i>S. aureus</i> is greater than:</p> <ol style="list-style-type: none"> 1. 0.5 $\mu\text{g/mL}$ 2. 1 $\mu\text{g/mL}$ 3. 2 $\mu\text{g/mL}$ 4. 4 $\mu\text{g/mL}$
<p>CA-MRSA infections are primarily skin infections.</p> <ol style="list-style-type: none"> 1. Agree 2. Disagree
<p>Which of the following antimicrobials is not optimal for treatment of MRSA skin infections?</p> <ol style="list-style-type: none"> 1. Telavancin 2. Azithromycin 3. Tetracycline 4. Linezolid
<p>How many new antimicrobial agents were approved in 2009?</p> <ol style="list-style-type: none"> 1. Zero 2. One 3. Three 4. Seven
<p>According to the OPAT Outcomes Registry, OPAT was most commonly used to treat infections caused by...</p> <ol style="list-style-type: none"> 1. <i>S. aureus</i> 2. <i>S. pneumoniae</i> 3. <i>P. aeruginosa</i> 4. <i>E. coli</i>
<p>DO YOU HAVE (1) ANY SUGGESTIONS FOR IMPROVING THIS ACTIVITY or (2) ANY ADDITIONAL COMMENTS?</p>

CREDIT APPLICATION (Please Print Clearly)
Name and Degree _____
Address _____
City _____ State _____ ZIP _____
E-mail address _____ May we contact you by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Credit requested: <input type="checkbox"/> AMA PRA Category 1 Credit™ <input type="checkbox"/> ACPE <input type="checkbox"/> Other _____
I certify that I participated in <i>Clinical Jeopardy: Addressing the MRSA Challenge!</i> online activity
Signature _____ Date _____

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

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