

Post Test, Evaluation, and Credit Application

Progress in Prevention of IFIs & Promise of New Diagnostic Techniques On-demand Webinar

(Release date: 4/14/2009 Expiration date: 4/15/2010)

Your professional title: Physician Pharmacist Other
Your practice setting: Teaching hospital Community hospital LTAC Other
Instructions for Credit
 Review the On-Demand Webinar in its entirety. Print and complete the Post Test, Evaluation, and Credit Application form. 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. Documentation of credit will be mailed within 4 weeks of receipt of the completed Post Test, Evaluation, and Credit Application form.
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.
POST TEST (Please check the most appropriate answer)
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1. Which diagnostic test can be used to identify specific <i>Candida</i> species?
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POST TEST (Please check the most appropriate answer)
4. Limitations of the β-D-glucan assay include all of the following EXCEPT:
☐ Does not detect Cryptococcus infections
☐ Does not detect <i>Candida</i> infections
☐ Does not detect Zygomycetes infections
☐ False-positives associated with the use of gauze and dialysis filters
5. Which of the following has not been associated with false-positive results when using the serum galactomannan assay to detect invasive aspergillosis?
☐ Presence of other fungi
☐ Use of piperacillin/tazobactam
☐ Prior antifungal therapy
□ Solid organ transplantation
6. Which of the following CT scan findings is an early sign of pulmonary aspergillosis?
☐ Air crescent
☐ Halo sign
□ Nodules >1 cm
☐ Multiple nodules
7. Which of the following does not accurately describe formulations of amphotericin B?
☐ Concentration-dependent activity
☐ Broad spectrum of activity
☐ IV and oral formulations available
8. Serum concentration monitoring would not be necessary when administering which of the following azoles?
□ Fluconazole
☐ Itraconazole
□ Voriconazole
□ Posaconazole
9. The echinocandins do not exhibit in vitro activity against which of the following organisms?
☐ Candida glabrata
☐ Candida krusei
☐ Cryptococcus neoformans
☐ Aspergillus fumigatus
10. According to NCCN guidelines, which of the following is not recommended for prophylaxis of HSCT recipients with significant graft-versus-host disease?
☐ Fluconazole
☐ Lipid formulation of amphotericin B
□ Voriconazole
□ Posaconazole

LEARNING OBJECTIVES: Were the learning objectives met?	Yes	Somewhat	No
Assess the appropriate use of antifungal prophylaxis in immunocompromised patients			
Evaluate the utility of the latest diagnostic techniques for early detection of IFIs			
If you answered 'No' to any objective, please explain.			

FACULTY	Excellent	Good	Fair	Poor
Pranatharthi H. Chandrasekar, MD				
Teaching ability				
Knowledge and expertise in the subject				
Richard H. Drew, PharmD, MS, BCPS				
Teaching ability				
Knowledge and expertise in the subject				
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.	1			
If you answered "No" to 3 or 4, please explain. LEARNING FORMAT		Yes	Somewhat	No
	ectives.	Yes	Somewhat	No
LEARNING FORMAT	jectives.	Yes	Somewhat	No
LEARNING FORMAT 1. The course format enhanced achievement of learning obj	ectives.	Yes	Somewhat Somewhat	No No
LEARNING FORMAT 1. The course format enhanced achievement of learning obj 2. The format was easy to follow and understand.	ectives.			
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- 3. Do you intend to make changes to your practice based on participation in this activity? If yes, please specify.
- 4. What aspects of IFIs 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?

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. To that end, we are interested in understanding your specific barriers and challenges. Please take a few moments to complete this Post Activity Survey. Please note that your individual responses will be kept confidential.					
Are you familiar with the guidelines recently released by the Infectious Diseases Society of America on the management of aspergillosis and candidiasis?					
☐ Yes, I have read them					
☐ Yes, but I have not read both of them carefully					
□ No, I am not aware of them					
What are the greatest challenges you face in incorporating management guidelines into your practice?					
☐ Getting access to the guidelines					
☐ Finding time to read the guidelines					
☐ Understanding how to apply the guidelines to daily practice					
☐ Other (please explain)					
Do you consider yourself well-equipped to be an equal partner of the healthcare team when managing patients with IFIs?					
☐ I have knowledge of the guidelines and recent clinical research and know what to do					
☐ I have knowledge of the guidelines and recent clinical research but do not know how to implement this					
knowledge in clinical practice					
☐ I need more information on the guidelines and clinical research					
Other (please specify))					
What are the tools and competencies you need to appropriately prevent and manage IFIs?					
☐ Knowledge of current guidelines					
☐ Knowledge of the most common fungal pathogens					
☐ Strategies for prevention and infection control					
☐ Strategies for selecting the most appropriate antifungal agent					
☐ Practical guide on the use of the latest diagnostic techniques					
☐ Criteria that can be used for empiric antifungal selection					
☐ Strategies to use when initial antifungal treatment fails					
Other (please specify)					
CREDIT APPLICATION (Please Print)					
Name and Degree					
Address					
City State ZIP					
E-mail address May we contact you by e-mail? Yes No					
Type of credit requested ACPE AMA					
I certify that I participated in Progress in Prevention of IFIs & Promise of New Diagnostic Techniques.					
Signature Date					

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