

Self-Assessment, Evaluation, and Credit Application

RTI Resistance on the Frontline of Care: PCPs Fight Back! ONLINE ACTIVITY

Expiration Date: August 10, 2010 Release Date: August 10, 2009 Center Serial #: CV3112 Your professional title: Physician Physician Assistants Other Your specialty: Your practice setting: INSTRUCTIONS for CREDIT 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. Documentation of credit will be mailed within 4 weeks of receipt of this completed form. **SELF-ASSESSMENT (Please check most appropriate answer)** 1. Which of the following is not a cardinal symptom of an AECB episode? ☐ Fever ☐ Increased sputum volume ☐ Increased sputum purulence ☐ Increased dyspnea 2. Approximately what percent of AECB episodes are caused by bacterial infections? □ 15% **□** 25% **40% J** 75% 3. The most common bacterial cause of community-acquired pneumonia is: ☐ Haemophilus influenzae ☐ *Streptococcus pneumoniae* ☐ *Staphylococcus aureus* ☐ *Moraxella catarrhalis* 4. Percent of S. pneumoniae resistant to macrolides has: ☐ Increased □ Decreased ■ Stabilized



POST TEST (Please check most appropriate answer)			
5. Which fluoroquinolone dose is most likely to meet the AUC/MIC target to prevent resistance development? ☐ Levofloxacin 500 mg ☐ Levofloxacin 750 mg ☐ Gemifloxacin 320 mg ☐ Moxifloxacin 400 mg			
 6. The widespread use of the pneumococcal conjugate vaccine has led to an increased proportion of infections caused by which S. pneumoniae serotype? □ 6A □ 9 □ 19A □ 23 			
 7. Which of the following is not considered a risk factor for a resistant pneumococcal infection? Age greater than 65 years No prior antimicrobial use Exposure to a day care child Multiple medical comorbidities 			
 8. Prior use of which macrolide confers the highest risk for a macrolide-resistant infection? □ Erythromycin □ Azithromycin □ All macrolides confer a similar amount of risk for a macrolide-resistant infection 			
 9. Which of the following is not part of the CURB-65 criteria to evaluate severity of illness in CAP patients? □ Respiratory rate □ Low blood pressure □ Cough □ Uremia 			
10. According to the 2007 IDSA/ATS guidelines, which agent is recommended for outpatient treatment of CAP in a previously healthy patient with no recent history of antimicrobial use? □ Penicillin □ Macrolide □ Fluoroquinolone □ Cephalosporin			



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 individual faculty. Additional space for your comments and suggestions is available. Thank you for your cooperation.

LEARNING OBJECTIVES: Were the learning objectives met?		Somewhat	No
1. Determine when an antimicrobial agent is needed to treat a respiratory tract infection			
2. Identify the risk factors for a resistant respiratory tract infection			
3. Optimize antimicrobial therapy to achieve successful outcomes			
If you answered 'No' to any objective, please explain			

FACULTY: Evaluate the knowledge and expertise in the subject	Excellent	Good	Fair	Poor
William M. Simpson, Jr., MD				
Donald E. Low, MD				
Jerome J. Schentag, 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			
3. Viewpoint discussions contributed to the educational value of this activity			
4. Clinical Pearls helped me focus on how to improve my practice performance			

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



PRACTICE APPLICATION	
1. What aspects of this activity were most relevant to yo	our practice?
2. Do you intend to make changes to your practice base	d on participation in this activity? If yes, please specify.
3. Please list at least one strategy to minimize the risk o learned in this activity.	f resistance development during treatment of RTIs that you
4. What aspects of RTIs do you need to learn more about	nt to improve your practice performance?
DO YOU HAVE (1) ANY SUGGESTIONS FOR IM COMMENTS?	PROVING THIS ACTIVITY OR (2) ANY ADDITIONAL
CREDIT APPLICATION* (Please Print Clearly)	
Name and Degree	
Address	
City	State ZIP
E-mail address	May we follow-up with you by e-mail? \square Yes \square No
Phone	
Would you like to be informed/participate in all activities	es of this initiative? \square Yes \square No
Type of Credit requested ☐ MD/DO AMA PRA Ca	tegory 1 Credit TM
I certify that I participated in RTI Resistance on the	Frontline of Care: PCPs Fight Back! online activity.
Signatura	Data

^{*}For questions regarding certification of this activity, please contact Center for Independent Healthcare Education at info@jointsponsor.com.