



## 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

1. Review the entire CME/CE information including target audience, learning objectives, and disclosures.
2. Review all twelve interviews in their entirety.
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%.**
4. Mail to Vemco MedEd, 245 US Highway 22, Suite 304, Bridgewater, NJ 08807 or Fax to (908) 450-3300

*Statement of Credit will be mailed within 4 weeks of receipt of this completed form.*

### POST TEST (Please select the most appropriate answer)

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

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					

<b>LEARNING OBJECTIVES: Please rate if the Learning Objectives were met</b>	<b>1 Strongly Disagree</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Strongly Agree</b>
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.					

<b>OVERALL EVALUATION</b>	<b>1 Strongly Disagree</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Strongly Agree</b>
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 \_\_\_\_\_