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ContinuingEd@nvtahc.org

or print out and fax to (802) 748-2910

or mail to Northern Vermont AHEC, 347 Emerson Falls Road, Suite 3,
St. Johnsbury, VT 05819

Thank you!

Post-Test

Question 1

In a patient who presents with an erythema migrans rash:

- A) Laboratory testing should be conducted to confirm a diagnosis of Lyme disease
- B) Treatment should be stopped if Lyme serology results are negative
- C) Laboratory testing is not necessary and PO therapy can begin
- D) Both A and B are correct

Question 2

Doxycycline alone can be used to effectively treat which of the following tickborne diseases:

- A) Lyme disease
- B) Anaplasmosis and *Borrelia miyamotoi*
- C) Babesiosis
- D) All of the above
- E) Only A and B

Question 3

As part of the diagnosis of anaplasmosis in an acutely ill patient, the most sensitive and specific laboratory test is:

- A) Single tier IgG serology
- B) PCR
- C) IgM serology
- D) Any of the above

Question 4

Which of the following statements is true about Lyme carditis?

- A) Some cases may require IV antibiotics and a temporary pace maker
- B) It is an uncommon manifestation of Lyme disease
- C) It usually presents as an atrioventricular block within two months of a Lyme infection
- D) It can rarely lead to sudden cardiac death
- E) All of the above

Question 5

Which of the following statements is true about patients who are acutely ill with anaplasmosis?

- A) They have a high-grade fever
- B) They often require hospitalization
- C) They commonly have a rash
- D) They have a sudden onset of headache, muscle aches, confusion and malaise
- E) A, B and D only

Quality of Instruction

Please check the following criteria when rating these speakers:	Excellent	Good	Fair	Poor
Jean Dejace, MD				
▪ Knowledge of subject				
▪ Organization and clarity of content				
▪ Effectiveness of teaching methods				
Marie George, MD				
▪ Knowledge of subject				
▪ Organization and clarity of content				
▪ Effectiveness of teaching methods				
Bradley Tompkins, MS, MPH				
▪ Knowledge of subject				
▪ Organization and clarity of content				
▪ Effectiveness of teaching methods				

Learning Outcomes:

As a result of this activity, I was/will be able to:

- Describe the epidemiology of Lyme Disease in order to educate patients on prevention strategies: YES NO
If *no*, please explain: _____
- Identify signs and symptoms to accurately diagnose Lyme and other tickborne diseases: YES NO
If *no*, please explain: _____
- Describe the current science and recommendations for treating Lyme, Babesiosis, Anaplasmosis, and Borrelia Miyamotoi: YES NO
If *no*, please explain: _____

Was the presentation free from commercial bias? YES NO

If *no*, please explain: _____

As a result of this activity, please share at least one action you will take to change your professional practice/performance:

Administrative Arrangements

Please check the following arrangements as satisfactory or unsatisfactory.	Satisfactory	Unsatisfactory
▪ Promotional materials provided adequate information		
▪ Registration process was efficient		
▪ Scheduling of the activity met my needs		

General comments about the program:

Suggestions for future program topics:

Northern Vermont AHEC is required to collect and report information about program participants.
We appreciate your cooperation in the completion of this form. Please type or print clearly.

<i>First Name</i>		<i>Middle Initial</i> <i>Last Name</i>		<i>Continuing Ed Credits Requested (select one)</i> <i>CME</i> <i>None</i>	
<i>Last 4 digits of your Social Security number</i>		<i>License/Degree (e.g., RN)</i>		<i>Job Title</i>	
<i>Specialty</i>					
<i>Work Site Name</i>					
<i>Address</i> Please check one: <input type="checkbox"/> <i>Work</i> <input type="checkbox"/> <i>Home</i>			<i>City</i>		<i>State</i>
<i>Zip Code</i>					
<i>Phone #</i> Please check one: <input type="checkbox"/> <i>Work</i> <input type="checkbox"/> <i>Cell</i> <input type="checkbox"/> <i>Home</i>			<i>Email Address (certificates will be sent by email)</i>		
<i>Gender</i> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Prefer not to answer</i>		<i>Ethnicity</i> <input type="checkbox"/> <i>Hispanic/Latino</i> <input type="checkbox"/> <i>Non-Hispanic/Non-Latino</i> <input type="checkbox"/> <i>Prefer not to answer</i>		<i>Race (check all that apply)</i> <input type="checkbox"/> <i>African American/Black</i> <input type="checkbox"/> <i>American Indian/Alaska Native</i> <input type="checkbox"/> <i>Asian (including Far East, Southeast Asia, and the Indian subcontinent)</i> <input type="checkbox"/> <i>Native Hawaiian/Pacific Islander</i> <input type="checkbox"/> <i>White</i> <input type="checkbox"/> <i>Prefer not to answer</i>	
<i>Birth Year</i>					

Demographic data are required for reporting to our funders. Data are kept confidential and reported only in the aggregate.