
CME Posttest

**CASE STUDIES IN THE ANTIFUNGAL TREATMENT OF HIGH-RISK
PATIENTS**

Ocular Infection in an Orthotopic Liver Transplant Recipient

Release Date: January 24, 2007

CME Instructions

To receive documentation of your participation in this CME activity for a total of 1 hour of CME credit, please complete the following steps:

1. Read the newsletter carefully.
2. Complete the CME Posttest included in this newsletter.
3. Mail your CME Posttest to:

Wayne State University School of Medicine Division of Continuing Medical Education
CME Contact
LaCema Womack
101 East Alexandrine, Lower Level
Detroit, Michigan 48201
4. After reading the newsletter, complete the CME Evaluation Survey and mail it to the above address.
5. This posttest and the evaluation survey must be received by December 31, 2007 for you to be eligible to receive CME credit.

NAME

SPECIALTY

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

EMAIL

Posttest Questions

1. Compared with other solid organ transplant recipients, liver transplant recipients often have:
 - a. A lower risk for IFI
 - b. Greater rates of disseminated disease
 - c. More clinical signs and symptoms of IFI
 - d. All of the above

2. Which of the following statements concerning the occurrence of ocular infections in patients undergoing OLT is FALSE?
 - a. Ocular infections following OLT are relatively uncommon.
 - b. Most cases of fungal endophthalmitis are due to *Candida* spp and, less frequently, to *Aspergillus* spp.
 - c. Ocular fungal infections are more common than are ocular viral infections.
 - d. Ocular fungal infections tend to occur earlier than do viral infections.

3. The most common ocular symptom associated with endogenous *Aspergillus* endophthalmitis is:
 - a. Blurry vision
 - b. Eye swelling
 - c. Headache
 - d. Photophobia

4. Diagnosis of *Aspergillus* endophthalmitis is best established by:
 - a. Blood cultures
 - b. Anterior chamber aspirates
 - c. Vitreous aspirate specimens
 - d. Vitrectomy specimens

5. Patients with moderate or severe vitreitis should be treated with:
 - a. Fluconazole
 - b. Intravitreal amphotericin B
 - c. Vitrectomy
 - d. Both intravitreal amphotericin B and vitrectomy

EVALUATION FORM

Case Studies in the Antifungal Treatment of High-Risk Patients *Ocular Infection in an Orthotopic Liver Transplant Recipient*

EVALUATION FORM – PLEASE PRINT CLEARLY

Wayne State University School of Medicine respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. Please note that a certificate of completion is issued only upon receipt of your completed evaluation form and posttest.

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING THE APPROPRIATE RATING:

5 = Outstanding 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

EXTENT TO WHICH PROGRAM ACTIVITIES MET THE IDENTIFIED OBJECTIVES

Upon completion of this activity, participants should be able to:

- | | | | | | |
|--|---|---|---|---|---|
| • Determine how therapeutic choices for invasive fungal infections can be most appropriately employed in high-risk patients | 5 | 4 | 3 | 2 | 1 |
| • Explore methods to improve patient outcomes, considering antifungal efficacy, spectrum of activity, safety, and cost-effectiveness | 5 | 4 | 3 | 2 | 1 |
| • Compare and understand uses of all available antifungal agents | 5 | 4 | 3 | 2 | 1 |

Please describe some specifics of what you learned as a result of this activity.

OVERALL EFFECTIVENESS OF THE ACTIVITY

- | | | | | | |
|--|---|---|---|---|---|
| Objectives were related to overall purpose/goal(s) of activity | 5 | 4 | 3 | 2 | 1 |
| Related to my practice needs | 5 | 4 | 3 | 2 | 1 |
| Will influence how I practice | 5 | 4 | 3 | 2 | 1 |
| Will help me improve patient care | 5 | 4 | 3 | 2 | 1 |
| Stimulated my intellectual curiosity | 5 | 4 | 3 | 2 | 1 |
| Overall, the activity met my expectations | 5 | 4 | 3 | 2 | 1 |

Will the information presented cause you to make any changes in your practice? ____Yes____No

If yes, please describe any change(s) you plan to make in your practice as a result of this activity.

How committed are you to making these changes? 5 (Very committed) 4 3 2 1 (Not at all committed)

Additional comments about this activity?

Do you feel future activities on this subject matter are necessary and/or important to your practice? _____Yes _____No

EVALUATION FORM
Case Studies in the Antifungal Treatment of High-Risk Patients
Ocular Infection in an Orthotopic Liver Transplant Recipient

Please list any other topics that would be of interest to you for future educational activities:

The program was educationally unbiased and not promotional: _____ Yes _____ No

If no, please explain: _____

Specialty: Infectious Diseases Hematology Oncology Bone Marrow Transplant Solid Organ Transplant

Degree: MD DO PharmD RPh NP RN BS PA Other _____

IF YOU WISH TO RECEIVE CREDIT FOR THIS ACTIVITY, PLEASE FILL IN YOUR NAME AND ADDRESS AND MAIL ALONG WITH YOUR POSTTEST TO:

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CME Contact
LaCema Womack
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Detroit, Michigan 48201

I certify my actual time spent to complete this educational activity to be _____ hour(s) [not to exceed 1.0 hours].

Signature _____

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