

South Carolina Area Health Education Consortium
Potential Impact of Influenza Pandemic on Medical Practice:
Suggested Actions (Self-study)

Continuing Medical Education Information & Documentation

Credit Designation

The Medical University of South Carolina designates this educational activity for maximum of 0.5 *AMA PRA Category 1 Credit(s)TM*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Medical University of South Carolina South Carolina Department of Health and Environmental Control and the South Carolina AHEC. The Medical University of South Carolina is accredited by the ACCME to provide continuing medical education for physicians.

Disclosure information

In accordance with the ACCME Essentials and Standards, anyone involved in planning or presenting this educational activity will be required to disclose any relevant financial relationships with commercial interests in the healthcare industry or use of off-label or investigational use of drugs. The following speakers and no member of their immediate family have a financial relationship or interest with any proprietary entity producing health care goods or services related to this conference other than honorarium or salary offset through DHEC funding specifically for this educational effort.

Robert Ball, Jr, MD, MPH	Deborah Carson, Pharm D	Hal Gable, MD, MPH
G. Tom Fabian, MD	Michael Schmidt, PhD	

CME Credit/Attendance Documentation

Your CME credit will be recorded in the Office of CME at MUSC. Please call the Office of CME, MUSC, at 843-876-1925 with questions regarding credit documentation. Please complete this form and the program evaluation forms. In order to obtain credit you must complete and return the evaluation and post test along with \$20 payment to:

MUSC Office of CME
19 Hagood Ave, Suite 1004
PO Box 250754
Charleston, SC 29425

**Potential Impact of Influenza Pandemic on Medical Practice:
Suggested Actions (Evaluation Form)**

Please give your opinion at the end of the educational activity on each of the categories listed below by filling the circle of the number best representing your agreement from *strongly agree* to *strongly disagree*.

	Strongly Agree	Agree Neither	Disagree	Strongly Disagree
1. <i>Panflu</i> Impact on Medical Practice information was:				
a....clear and understandable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b....well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c....relevant/applicable to my volunteer experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The pacing of the session allowed sufficient time for me to grasp the information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trainer(s) were knowledgeable and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Session methods and activities were appropriate to my needs and learning style.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Trainer(s) kept discussion focused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe

As a result of this training, I can:

6. describe the potential consequences of Pandemic Influenza on my medical practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Develop an action plan to mitigate the consequences of a pandemic on my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate this training session overall?	Poor	Fair	Good	Very good	Excellent
Was this conference free of commercial bias? If your answer is no, please list reason:	No	Yes			
The information presented:					
will alter/improve my practice (if yes, please list example)	Yes	No			
won't alter my practice, but convinced me I am doing the right thing	Yes	No			
will be relevant to my practice	Yes	No			
satisfied my expectation	Yes	No			
If the stated objectives were not met, please list reason.					

***Potential Impact of Influenza Pandemic on Medical Practice:
Suggested Actions (Post-test)***

Name: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip Code: _____

Social Security Number: _____ Phone: _____
(Last 4 digits)

Fax Number: _____ E-mail: _____

Professional Degree: _____ Specialty: _____

Answer Multiple Choice Questions:

_____ 1. Which of the following characterizes a pandemic influenza compared to a typical seasonal influenza?

- A. Vaccines and antivirals be less effective
- B. Supply chains and staffing will be significantly impacted
- C. Most patients will not recover
- D. All of the above

_____ 2. Strategies for mitigating the impact of pandemic influenza include:

- A. Hand washing and cough etiquette
- B. Fitted N-95 masks for all staff
- C. Routine house calls in lieu of office hours
- D. Day care facilities for sick family of staff.

_____ 3. Pandemic flu plans should include:

- A. stockpiling 72 hours worth of medical supplies and antivirals
- B. contacting suppliers to determine if they have plans in place to meet your needs.
- C. preparing for staffing shortages up to 2 weeks and/or 10%.
- D. teaching patients to come to your office (i.e. walk-in appointment) as soon as flu symptoms appear.

Return with Evaluation Form and \$20 to:

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