

# *Attention Physicians...*

This is a short outcomes survey regarding your recent attendance at POMA's 102nd Annual Clinical Assembly. **Physicians who complete the survey may earn 3 Category 1A AOA CME credit hours.** The deadline for completion is *August 31, 2010*.

You can complete the survey online by visiting the *POMA Surveys* page linked to the POMA website at <http://www.poma.org/survey/TakeSurvey.asp?SurveyID=8KH883LH5p8KG>.

Alternatively, complete the survey below and return it to the POMA Central Office, 1330 Eisenhower Boulevard, Harrisburg, PA 17111-2395, or fax (717) 939-7255.

If you have any questions, please e-mail [prc@poma.org](mailto:prc@poma.org).

Thank you for participating in our survey. Your input is invaluable to next year's success!

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## **POMA 102nd Annual Clinical Assembly Outcomes Survey**

1. Please enter your name or AOA number.

2. What is your specialty and/or subspecialty?

3. Was the educational seminar valuable to your practice?

Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

Please comment.

4. Of the lectures you attended, did the content improve the way you practice medicine?

Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

Please comment.

5. List three changes that you have implemented in your practice as a result of the educational program.

6. Rate the importance of the educational sessions to your practice.

|                            | Very<br><u>Important</u> | <u>Important</u> | <u>Neutral</u> | <u>Unimportant</u> | Very<br><u>Unimportant</u> |
|----------------------------|--------------------------|------------------|----------------|--------------------|----------------------------|
| Cardiology                 | —                        | —                | —              | —                  | —                          |
| E&M documentation          | —                        | —                | —              | —                  | —                          |
| Endocrinology              | —                        | —                | —              | —                  | —                          |
| Family medicine            | —                        | —                | —              | —                  | —                          |
| Internal medicine          | —                        | —                | —              | —                  | —                          |
| OMM workshop               | —                        | —                | —              | —                  | —                          |
| Pediatrics                 | —                        | —                | —              | —                  | —                          |
| Respiratory diseases       | —                        | —                | —              | —                  | —                          |
| Rheumatology               | —                        | —                | —              | —                  | —                          |
| Women's and men's health   | —                        | —                | —              | —                  | —                          |
| Licensure and legal issues | —                        | —                | —              | —                  | —                          |
| Patient safety             | —                        | —                | —              | —                  | —                          |

7. Beta blockers afford primary and secondary cardiovascular protection while treating hypertension in the diabetic and/or hyperlipidemic patient.

- a. True
- b. False

8. The severity of right ventricular dysfunction strongly predicts mortality in PAH.

- a. True
- b. False

9. All of the following are true in regard to the management of type 1 diabetes except:

- a. Most patients will need multiple dose injection (MDI) regimen of insulin.
- b. When using subcutaneous injections, the pharmacokinetics of insulin analogs are more physiologic than human insulin.
- c. The most important aspect of management of DKA is administration of insulin.
- d. There is some evidence that intensive management of type 1 diabetes may lead to better macrovascular outcomes.

10. Which of the following is false?

- a. Type 3 diabetes is a typo.
- b. Older individuals show more cognitive dysfunction with hypoglycemia than younger individuals.
- c. GLP-1 agonists and DPP4 inhibitors are not indicated in the elderly.
- d. HgbA1C determination of diabetes in the elderly is consistent.

11. People at risk for vitamin D deficiency are:

- a. Non-Hispanic black
- b. Diabetics
- c. People with proteinuria
- d. Smokers
- e. All of the above

12. Daily nocturnal hemodialysis has similar mortality outcomes as cadaveric renal transplants.

- a. True
- b. False

13. The best recommendation for a pregnant woman needing a tetanus booster is:
- Get a Tdap during the second trimester.
  - Get a Tdap in the immediate post-partum period only if it has been at least five years since the last Td-containing vaccine.
  - Get a Tdap in the immediate post-partum period if it has been at least two years since the last Td-containing vaccine.
  - Get a Td during the second or third trimester.
14. Infants born late preterm, when compared to term infants, are at a higher risk for which of the following:
- Hypothermia
  - Respiratory distress
  - Hyperbilirubinemia
  - Feed problems
  - All of the above
15. Which of the following should always be considered in the differential diagnosis of the fibromyalgia syndrome?
- Crystal-induced arthritis
  - Hypothyroidism
  - Infection
  - Complex regional pain syndrome
  - Osteoporosis
16. Bipolar patients and their families typically demand psychiatric services due to the complexities of treatment.
- True
  - False
17. The most important first test to evaluate the mechanism of anemia is:
- Reticulocyte count
  - MCV
  - Platelet count
  - Ferritin level
18. The likelihood of addiction in treatment of chronic pain with opioids increases with:
- Family or personal history of substance abuse or addiction
  - Personal psychiatric history of any kind
  - Age (younger age carries a greater risk potential)
  - Current status as a smoker
  - Personal history of preadolescent sexual abuse
  - All the above
19. The most common physical complaints presented to the physician by people who have generalized anxiety disorder are:
- Fatigue headache and insomnia
  - Dizziness and gastrointestinal complaints
  - Shortness of breath poor appetite and diminished libido
20. Where can we improve the educational seminar to benefit your practice?

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