

ENDURING MATERIAL DIRECTIONS

MRSA & HIV

Videotape, DVD or Archived Webcast of the October 22, 2008 Live Broadcast

Every item in this packet must be completed and mailed to the contact below by **June 30, 2009** in order for continuing education credits to be granted. **The estimated time for completion of this activity is 2.0 hours.** There is no fee for continuing education credits.

IMPORTANT: Please read these instructions BEFORE proceeding.

Directions:

1. You will need a VCR, DVD player or you can view the archived webcast at www.amc.edu/hivconference in order to complete this activity.
2. If desired, copies of the slides which accompany each presentation may be obtained from www.amc.edu/hivconference
3. Read the CME Activity Data Sheet in this packet.
4. Watch the videotape, DVD or archived webcast.
5. Complete the attendance record form in its entirety including your signature.
6. Fill out the program evaluation.
7. Take the self-assessment test.
8. Complete the HRSA participant information form in **black pen**.
9. Fax your paperwork to the attention of Jim Ybarra at 518.262.8460 (items 5, 6, 7 and 8 above) or mail using the return envelope addressed to:
Jim Ybarra, Albany Medical College, 47 New Scotland Avenue, Mail Code 158, Albany, NY 12208.
10. If you have any questions, please contact Jim Ybarra at (518) 262-4674 or ybarraj@mail.amc.edu.

If you are conducting a group viewing of this resource, please photocopy this packet so it is **collated and stapled** in this exact order for each trainee.

Thank you for your interest in this program!



Albany Medical College

Attendance Record

**MRSA & HIV
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October 22, 2008

Discipline (Please **bubble** one):

MD PA NP RN LPN Other _____ (specify)

First & Last Name (**Print**): _____

Employer: _____ E-mail: _____

Full Mailing Address: _____
(City) (State) (ZIP)

Birth Month _____ (i.e. 04) Day of Birth _____ (i.e. 15) Last four Digits of Social Security Number _____ (i.e. 8187)
(*Required for attendance tracking)

I attended the above program and am claiming ____ hour(s) of credit (number of hours you actually participated, excluding breaks). If you participated in the entire program, please write 1.75 hours in the space provided.

Signature: _____

What HIV related topics would you like to see covered in future activities? (Please bubble all that are of interest).

- | | |
|--|--|
| <input type="radio"/> Addiction Treatment & HIV Care | <input type="radio"/> New Emerging Treatment Options |
| <input type="radio"/> Adherence | <input type="radio"/> Non-Occupational Exposure |
| <input type="radio"/> Adolescent HIV Management | <input type="radio"/> Nutritional Complications/Wasting Syndrome |
| <input type="radio"/> Antiretroviral Therapies | <input type="radio"/> Occupational Exposure |
| <input type="radio"/> Basic Overview of HIV Treatment/Management | <input type="radio"/> Older Adults and HIV/AIDS |
| <input type="radio"/> Cardiovascular Complications | <input type="radio"/> Opportunistic Infections |
| <input type="radio"/> Case Management | <input type="radio"/> Pain Management/Palliative Care in HIV/AIDS |
| <input type="radio"/> Co-Morbidities (Hepatitis B/C, TB, STDs) | <input type="radio"/> Perinatal HIV Screening & Intervention |
| <input type="radio"/> Confidentiality | <input type="radio"/> Post-Exposure Prophylaxis (PEP) |
| <input type="radio"/> Cultural Competency and HIV Care | <input type="radio"/> Psychiatric/Social Mgt with HIV/AIDS Patients |
| <input type="radio"/> Dermatological Manifestations of HIV | <input type="radio"/> Pulmonary Complications of HIV disease |
| <input type="radio"/> Diagnostic Tests and Disease Progression | <input type="radio"/> Rapid HIV Testing |
| <input type="radio"/> Discharge Planning | <input type="radio"/> Reproductive Health |
| <input type="radio"/> Drug-Drug Interactions | <input type="radio"/> Resistance Testing |
| <input type="radio"/> Early Interventions for HIV Disease | <input type="radio"/> Risk Assessment |
| <input type="radio"/> Harm Reduction | <input type="radio"/> Sexual History Taking |
| <input type="radio"/> HIV Oncology | <input type="radio"/> Sexuality/Sexual Identity Issues in HIV Care |
| <input type="radio"/> HIV Screening, Diagnosis, and Case Finding | <input type="radio"/> Triple Diagnosis (HIV, Addiction & Mental Illness) |
| <input type="radio"/> Immunology & Virology in HIV Treatment | <input type="radio"/> Women Specific HIV Care |
| <input type="radio"/> Long Term Care | <input type="radio"/> Other (specify): |
| <input type="radio"/> Mentally Ill and HIV/AIDS | <input type="radio"/> Other (specify): |
| <input type="radio"/> Metabolic Issues | <input type="radio"/> Other (specify): |
| <input type="radio"/> Neurological Manifestations of HIV | <input type="radio"/> Other (specify): |

Albany Medical College

Program Evaluation

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October 22, 2008

Evaluation results will be shared with speakers as composite data only.		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
Please complete this evaluation form by completely filling in the circles with black pen or pencil.					
1.	As a result of attending this program, I am able to meet the following program goal: To update the practitioner with epidemiological, clinical and diagnostic information related to MRSA and the HIV-infected population.	④	③	②	①
2.	The knowledge and/or skills gained through this course are applicable to my profession.	④	③	②	①
3.	Overall, I was satisfied with this program.	④	③	②	①
As a result of attending this learning activity, I am able to achieve the following objectives:					
a)	Discuss the difference between community-acquired MRSA and nosocomial MRSA.	④	③	②	①
b)	Describe the emerging epidemiologic trend of MRSA in the community, and how MRSA is transmitted.	④	③	②	①
c)	State how MRSA can be correctly diagnosed.	④	③	②	①
d)	Outline the infection control precautions to be taken with an inmate or patient has MRSA colonization or infection.	④	③	②	①
4.	I feel comfortable applying the information I learned during the broadcast related to MRSA and HIV.	④	③	②	①
5.	The objectives of this learning activity were relevant to the overall program goal.	④	③	②	①
6.	Jason E. Farley, PhD, MPH, CRNP was an effective teacher.	④	③	②	①
7.	Daniel J. Skiest, MD was an effective teacher.	④	③	②	①
8.	Participant material (handouts, etc.) were useful during the course.	④	③	②	①
9.	There was no commercial bias in this learning activity.	④	③	②	①
10.	FDA approved drugs or devices were discussed within the approved use (no off-label use discussed).	④	③	②	①
11.	A two-hour self-study is convenient for my schedule.	④	③	②	①
12.	Time required to complete activity: _____Hours_____Minutes				

Comments:

SELF ASSESSMENT TEST

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Directions: Please select the BEST answer and circle your response directly on the self-assessment test. To obtain education credit, a minimum of 80% of the questions must be answered correctly (5 questions out of 6). To assure your receipt of education credit, please complete all items outlined on the first page of this stapled packet.

This activity is eligible for continuing medical education credit until **June 30, 2009**. Individuals who mail the required documentation noted above after this date will be ineligible for credit. The estimated time for completion of this activity is 2.0 hours. There is no fee for education credit.

1. What are the two bacteria that most commonly cause skin and soft tissue infection?
 - a. Pseudomonas and Klebsiella
 - b. Staphylococci and Streptococci
 - c. Clostridium and Aeromonas
 - d. Enterococci and Coagulase Negative Staphylococci

2. Effective prevention strategies for CA-MRSA include: Select all that apply.
 - a. Practicing hand hygiene techniques.
 - b. Cleaning gym equipment before and after use.
 - c. Cleaning injection sites before IVDU.
 - d. Avoiding contact with open wounds and boils.

3. A patient presents complaining of a spider bite to his right thigh. He did not see a spider bite him. The area is raised, hot, red and fluctuant consistent with a skin and soft tissue infection. The patient likely has an MRSA skin and soft tissue infection and not a spider bite.
 - a) True
 - b) False

4. Individuals without recent of frequent contact with the health care system are at low risk for MRSA?
 - a) True
 - b) False

5. What is the best treatment for a 1 cm boil in a patient at high risk for CA-MRSA (cultures pending)?
 - a. Cefazolin
 - b. Clindamycin
 - c. Linezolid
 - d. Dicloxacillin
 - e. Incision and drainage

6. In patients infected with HIV, which of the following antibiotics may prevent acquisition of Community onset MRSA?
 - a. Mupirocin nasal ointment
 - b. Penicillin
 - c. Doxycycline
 - d. Trimethoprim-sulfamethoxazole

PIF

HRSA AIDS Education and Training Centers PARTICIPANT INFORMATION FORM

Please completely fill in the circles (●) when answering the questions.

1. To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your SSN
For example, May 29, 123-45- 6789 has the ID number 05296789.

M	M	D	D	#	#	#	#
Birth				Last 4 SSN			
Unique ID Number							

2. Date of Training (mm/dd/yy)

1	0	1	2	2	1	0	8
mm		dd		yy			

3. Your Primary Professional Discipline (Select one)

- Dentist
- Other Dental Professional
- Nurse Practitioner
- Other Advanced Practice Nurse
- Nurse
- Pharmacist
- Physician
- Physician Assistant
- Clergy/Faith Based Professional
- Dietitian/Nutritionist
- Health Educator
- Mental Health Professional
- Public Health Professional
- Social Worker
- Substance Abuse Professional
- Other (specify) _____

4. Your Primary Function Role (Select one)

- Administrator
- Agency Board Member
- Care Provider/Clinician
- Case Manager
- Client/Patient Educator
- Intern/Resident
- Researcher/Evaluator
- Student/Graduate Student
- Teacher/Faculty
- Other (specify) _____

5. Your Principal Employment Setting (Select one)

- | | |
|---|---|
| <u>Clinic</u> | <u>Other Settings</u> |
| <input type="radio"/> Academic Health Center | <input type="radio"/> College/University |
| <input type="radio"/> Community Health Center | <input type="radio"/> Community-Based Organization |
| <input type="radio"/> Family Planning | <input type="radio"/> Correctional Facility |
| <input type="radio"/> HIV Clinic | <input type="radio"/> HMO/Managed Care Organization |
| <input type="radio"/> Hospital-Based Clinic | <input type="radio"/> Hospital/ER |
| <input type="radio"/> Indian Health Services/Tribal | <input type="radio"/> Military/VA |
| <input type="radio"/> Infectious Disease | <input type="radio"/> Private Practice |
| <input type="radio"/> Maternal/Child Health | <input type="radio"/> State/Local Health Department |
| <input type="radio"/> Mental Health | <input type="radio"/> Non-Health |
| <input type="radio"/> Rural Health | <input type="radio"/> Other Primary Care |
| <input type="radio"/> Sexually Transmitted Disease | <input type="radio"/> Not Working (skip to item 9) |
| <input type="radio"/> Substance Abuse | |

6. Primary Employment Setting/Zip code

- a. Rural Suburban Urban

b.

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Zip Code

For Office Use Only	July 2008	1	0	0	1	1	9	0	6	Ryan White Program
		AETC	Subsite	Program Number	Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No				

7. Is the employment setting a faith-based organization?

- Yes No Don't Know

8. Does the employment setting receive Ryan White Program Funding?

- Yes No Don't Know

If you don't know, please write the full name of your employer:

9. Are you of Hispanic, Latino/a or Spanish origin

- Yes No

10. Your Racial Background (Select all that Apply)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

11. Your Gender

- Female Male Transgender

12. Do you provide services directly to clients/patients?

- Yes No [Stop here. You are done with this form.]

13. Do you provide services directly to HIV-infected clients/patients?

- Yes No/ Don't Know (Stop here. You are done with this form.)

14. How many years have you been providing services directly to HIV infected clients/patients? [Round up to the nearest whole year.]

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15. Estimate the NUMBER of HIV-Infected clients/patients to whom you provide direct services in an average MONTH.

- None [Stop here. You are done with this form.]
 1-9 10-19 20-49 50+

For questions 16-18, estimate the PERCENTAGE of your HIV infected clients/patients in the past YEAR who were:

16. Racial or Ethnic Minorities

- None 1-24% 25-49% 50-74% > 75%

17. On Antiretroviral Therapy

- None 1-24% 25-49% 50-74% > 75%

18. Women

- None 1-24% 25-49% 50-74% > 75%



Title: MRSA & HIV (Segment of Management of HIV/AIDS in the Correctional & Community Setting: A Live Videoconference & Webcast Series)

Date: October 22, 2008 Location: National Videoconference (Originating out of Albany, New York)

Presenting Faculty: Drs. Douglas G. Fish, Lester N. Wright, Jason E. Farley & Daniel J. Skiest

Department/Division: Medicine/Division of HIV Medicine

Phone #: 518.262.4674

Contact Person: Jim Ybarra

Learning Objectives: At the conclusion of this activity, the participant should be able to:

- Discuss the difference between community-acquired MRSA and nosocomial MRSA.
- Describe the emerging epidemiologic trend of MRSA in the community, and how MRSA is transmitted.
- State how MRSA can be correctly diagnosed.
- Outline the infection control precautions to be taken with an inmate or patient has MRSA colonization or infection.

Faculty/Planning Committee Disclosure

Albany Medical College endorses the standards of the Accreditation Council for Continuing Medical Education (ACCME) and the guidelines of the Association of American Medical Colleges (AAMC) that the sponsors of continuing medical education activities, speakers and **planning committee members** of these activities disclose significant relationships with commercial companies. Significant relationships include receiving from a commercial company research grants, consultancies, honoraria and travel, or other benefits or have a self-managed equity interest in a company.

Disclosure of a relationship is not intended to suggest or condone bias in any presentation, but is made to provide participants with information that might be of potential importance to their evaluation of a presentation.

Relationships exist with the following companies/organizations:

FACULTY	COMPANY & RELATIONSHIP
Jason E. Farley, PhD, MPH, CRNP	Speaker's Bureau: Abbott Laboratories Research Support: Boehringer Ingelheim
Daniel J. Skiest, MD	Speaker's Bureau: Bristol-Myers Squibb, Gilead, GlaxoSmithKline & Tibotec Grant: Bristol-Myers Squibb, Gilead, Roche & Tibotec
Douglas G. Fish, MD	Research Support: Roche Laboratories Inc. Speaker's Bureau: Merck & Co., Inc., & Roche Laboratories Inc. Consultant: Merck & Co., Inc., & Tibotec Therapeutics
Abigail Gallucci	Speaker's Bureau: Gilead Sciences, Inc.

The following Faculty or Planning Committee Members have no financial relationships to disclose: **Lester N. Wright, Jennifer Price, Abigail Gallucci, and Sarah Walker**

The information being presented will be scientifically valid. The content of the presentations will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. All presentations will give a balanced view of therapeutic options. **X Yes** No

Will off-label investigational use of a product be discussed? **X Yes** No

If yes, please list: **Cited in curricula**

Who will be responsible for monitoring this? Name: **Douglas G. Fish, MD**

Commercial Support

This activity has not received commercial support.

X This activity has received commercial support from the following:

Boehringer Ingelheim Pharmaceuticals, Inc.
Merck & Co., Inc.
GlaxoSmithKline

These companies reflect corporate commitments at the time of the website posting. An updated version will be posted on the broadcast graphics.

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