

Roadmaps for Clinical Practice

Improving Adolescent Immunizations

A Primer for Physicians

In order to obtain CME credit for this project, please complete and return the following forms:

- **CME credit claim form**
- **CME Assessment form**
- **Evaluation**

Completed forms may be mailed to:
Sarah Duggan Goldstein
American Medical Association
515 N. State Street
Chicago IL, 60610

Completed forms may also be faxed to 312-464-2434 attention Sarah Duggan Goldstein. Please sign and date the CME credit claim form. For questions, please call 312-464-2434.

**All forms should be submitted by
January 2, 2010.**



Roadmaps for Clinical Practice
Improving Adolescent Immunizations
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Assessment Form

Name/Degrees: _____

Institution: _____

Telephone: _____ Fax: _____ E-mail: _____

The following questions test the knowledge learned relating to Objective 1 of this CME program. Objective 1 is: "Recognize which vaccinations should be administered to adolescents, and when they should optimally be provided."

1. Which of the following have been added to the recommended list of vaccines for adolescents (mark all that apply):
 - a. Influenza
 - b. Tdap
 - c. MCV4
 - d. Hepatitis B
 - e. HPV
2. The following adolescents are recommended to receive the influenza vaccine:
 - a. Pregnant adolescents
 - b. Adolescents with cardiac or pulmonary disease
 - c. Adolescents with chronic metabolic diseases
 - d. Adolescents on long-term aspirin therapy
 - e. All of the Above
3. It has been proven that the influenza vaccine causes Guillain-Barré Syndrome (GBS)
 - a. True
 - b. False
4. The following are reasons why adolescents may miss childhood vaccines:
 - a. Lack of medical visits
 - b. Vaccine shortages
 - c. Physicians are unaware which vaccines are recommended for this population
 - d. All of the above
5. It is contraindicated for pregnant adolescents to receive vaccines with live virus components
 - a. True
 - b. False

The following questions test the knowledge learned relating to Objective 2 of this CME program. Objective 2 is: "Identify specific immunization issues for special adolescent populations."

6. Special attention should be given to ensure immunocompromised adolescents are vaccinated due to their increased susceptibility to vaccine preventable diseases.
 - a. True
 - b. False
7. Both MMR and Varicella should not be administered to healthy adolescents if they live with an immunocompromised individual.
 - a. True
 - b. False

The following questions test the knowledge learned relating to Objective 3 of this CME program. Objective 3 is: "List sources of vaccine funding and describe programs for adolescent vaccination coverage."

8. What % of low income children are not covered by insurance?
 - a. 10.3%
 - b. 20.3%
 - c. 30.3%
 - d. 40.3%
9. The Vaccines For Children (VFC) program provides federally purchased vaccines for children up through age:
 - a. 6
 - b. 12
 - c. 18
 - d. 21
10. The National Childhood Vaccine Injury Act of 1986 established the:
 - a. Vaccines for Children Program
 - b. VAERS
 - c. CPT Codes
 - d. National Vaccine Injury Compensation Program
11. The Vaccine Adverse Event Reporting System (VAERS) is run by:
 - a. CDC
 - b. CDC and FDA
 - c. AMA and CDC
 - d. FDA

(Continued on next page)

Continuing Medical Education (CME) Evaluation Form

Name/Degrees: _____ Institution: _____

Telephone: _____ Fax: _____ E-mail: _____

On a scale of 1 to 5 with 1 indicating "strongly agree" and 5 indicating "strongly disagree" please circle the appropriate number for each of the items below:

Overall Evaluation:

The activity met its stated learning objectives.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

The content of the program was well organized and easy to follow.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

Having PDF segments of the program available is helpful.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

The pocket guide is useful.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

The CD format of the monograph is convenient for me.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

The program contained the right amount of information.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

I would recommend this activity to a colleague.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

What components of this program did you find the most helpful? (please check all that apply)

- Review of Current Recommendations
- Recent Additions to current recommendations
- New ACIP recommendations
- Catch-up vaccination procedures
- Special populations
- Vaccination Concerns and Issues
- Keys to Vaccinating Adolescents
- Case Presentation

Please rate your ability to recognize the vaccinations that should be administered to adolescent populations and when they should be delivered as a result of this activity:

My knowledge of adolescent immunizations has increased as a result of this program.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

Learning this content will positively impact how I deliver care to my patients.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

Please rate your ability to identify specific immunization issues for special adolescent populations as a result of this activity:

My knowledge of adolescent immunizations for immunocompromised populations has increased as a result of this program.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

My knowledge of immunizations for pregnant adolescents has increased as a result of this program.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

Please rate your ability to: list sources of vaccine funding for underinsured or uninsured adolescent populations and describe programs targeted at these groups as a result of this activity:

My ability to list sources of vaccine funding for adolescents has increased as a result of this program.
Strongly Agree 1 2 3 4 5 **Strongly Disagree**

Did you perceive commercial bias during this activity?

Yes No

If yes, please specify:

How could this activity be improved?

CME Activity Participation Record

Only physician participants (MD, DO, or equivalent international medical degree) are eligible to receive *AMA PRA Category 1 Credit*[™]. Physicians will receive a certificate of credit, indicating one credit for each hour of participation, rounded to the nearest quarter credit (or hour). Physicians must complete this form to receive *AMA PRA Category 1 Credit*.

Non-physician participants may complete this form to obtain a certificate of participation indicating that this activity was approved for *AMA PRA Category 1 Credit*.

Please print clearly.

Check one:

- Physician: Certificate of Credit
- Non-physician: Certificate of Participation

Name/Degrees: _____

Title: _____

Institution: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____

For physicians only:

Please check one below:

- U.S. Licensed Physician Medical Education Number*: _____
- Non-U.S. Licensed Physicians

Specialty: _____

Date of birth** (mm/dd/yyyy): _____

Signature: _____ Date: _____

* The medical education [ME] number is an 11-digit number assigned to every physician in the US by the AMA for identification and recording of basic information. The ME number is found on the AMA membership card.

** Date of birth assists in uniquely identifying physicians for purposes of credit processing