

APPENDIX C

# **Continuing Medical Education Questionnaire and Evaluation**



# Physicians Guide to Assessing and Counseling Older Drivers

## CME Questionnaire:

Instructions: *The Physician's Guide for Assessing and Counseling Older Drivers* contains the correct answers to the following questions. Circle your answer to each question.

1. Compared to drivers age 25 to 69, older drivers experience—
  - a. A higher fatality rate in motor vehicle crashes
  - b. A higher fatality rate per vehicle mile driven
  - c. A higher crash rate per vehicle mile driven
  - d. All of the above
2. The majority of older Americans do not rely on driving as their primary form of transportation.
  - a. True
  - b. False
3. Compared to younger drivers, older drivers are more likely to wear seatbelts and are less likely to drive at night, speed, tailgate, and consume alcohol prior to driving.
  - a. True
  - b. False
4. Medications that have the potential to impair driving ability include—
  - a. Anticonvulsants
  - b. Antidepressants
  - c. Muscle Relaxants
  - d. a and b only
  - e. All of the above
5. Aspects of vision that are most important for safe driving include—
  - a. Visual acuity
  - b. Visual fields
  - c. Contrast sensitivity
  - d. b and c only
  - e. All of the above
6. Match the cognitive skill to the appropriate driving situation:
 

<p>___ Memory</p> <p>___ Visuospatial skills</p> <p>___ Divided attention</p> <p>___ Executive skills</p>	<ol style="list-style-type: none"> <li>1. Applying the brake at a green light because a child runs into the path of your vehicle.</li> <li>2. Listening to the traffic report on the radio while keeping an eye on the road.</li> <li>3. Recalling that a particular street is a one-way street.</li> <li>4. Determining the distance from your car to the stop sign.</li> </ol>
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7. Research has demonstrated that drivers with 20/70 visual acuity have a significantly greater crash risk than drivers with 20/40 visual acuity.
  - a. True
  - b. False
8. All of the following are important for viewing the driving environment EXCEPT—
  - a. Visual acuity
  - b. Visual fields
  - c. Memory
  - d. Neck rotation
9. A Driver Rehabilitation Specialist (DRS) can—
  - a. Revoke a client's drivers license for poor performance on a clinical exam
  - b. Evaluate a client's driving skills through an on-road assessment
  - c. Assess the client's vehicle and recommend adaptive equipment to enhance the client's comfort and driving safety
  - d. b and c only
  - e. All of the above

10. Driving cessation has been associated with an increase in depressive symptoms in the elderly.
- True
  - False
11. Which of the following is NOT recommended as an initial technique to help your patients retire from driving?
- With the patient's permission, involve family members and caregivers.
  - Explain to the patient why you have recommended that they retire from driving.
  - Provide your patient with information on alternatives to driving.
  - Tell the patient's relatives to hide the car keys.
12. 'Physicians are required to report patients with dementia to their state Department of Motor Vehicles' is an example of—
- Mandatory Medical Reporting Laws
  - Physician Reporting Laws
  - Physician Liability
  - None of the above
13. Physician-patient privilege can be used to prevent physicians from abiding by their state's Physician Reporting Laws.
- True
  - False
14. All states protect the identity of the individual who reports an unsafe driver to the DMV.
- True
  - False
15. Key functions that are important for safe driving include—
- Vision
  - Cognition
  - Motor function
  - a and b only
  - All of the above
16. What conditions are in part responsible for the increase vulnerability to injury in a motor vehicle crash?
- osteoporosis
  - atherosclerosis of
  - left-hand turn crashes
  - cars with no air bags
  - All of the above
17. What eye disease when treated has been shown to lower crash risk in older adults?
- glaucoma
  - cataract
  - macular degeneration
  - diabetic retinopathy
  - All of the above
18. What neurological illness in late life carries the highest crash risk for those that continue to drive?
- Alzheimer's Disease
  - Seizure disorder
  - Stroke
  - Brain Injury
19. Which of the following medications has been shown to be associated with impaired driving?
- Valium
  - Anti-depressants
  - Narcotics
  - Benadryl
  - All of the above.
20. Which of the following conditions carries the highest crash risk?
- a driver with a spinal cord affecting his arms and legs that uses a joystick to drive
  - a stroke patient that has to use hand controls on the steering wheel to drive
  - an amputee that uses hand controls on the steering wheel to drive
  - an older adult with restricted neck range of motion
21. What are the most common road conditions when older adults have crashes?
- wet pavement, morning rush hour, and going up a hill
  - dry pavement, mid-morning, on a flat roadway
  - snowy weather, at night, going around a curve
  - icy conditions, at night, trying to pass another vehicle
22. What vehicle modifications have been shown to reduce crashes or injuries?
- infrared brakes
  - side air bags
  - enlarged side view mirrors
  - On-STAR
  - All of the Above

**23. What is true about laws for reporting unsafe drivers?**

- a. Physicians prefer to have civil immunity for protection and anonymity when reporting
- b. States with mandatory reporting laws appear to have higher number of reports
- c. Physicians have been sued for not reporting unsafe drivers and they have been sued for reporting.
- d. Almost all states require a physician evaluation for medical fitness-to-drive if a driver is reported to the state authorities as being unsafe
- e. All of the above

**24. What types of crash scenarios are common for older adults?**

- a. high speed crashes
- b. low speed and/or left hand turn crashes
- c. head-on collisions
- d. failure to yield
- e. Answer B, D

**25. What common medical condition is often undiagnosed and likely carries the highest crash rate if left untreated?**

- a. Sleep apnea
- b. Alzheimer's Disease
- c. Diabetes Mellitus
- d. Parkinson's Disease

***Please print and include all information requested.***

Name and title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_ Fax (        ) \_\_\_\_\_

E-mail \_\_\_\_\_

Medical specialty \_\_\_\_\_

***Please mail the completed form to:***

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Chicago, IL 60654  
(312) 464-4111 (Fax)

# Continuing Medical Education Evaluation Form

Please complete this evaluation by circling your response or writing your comments in the spaces provided.

## Overall Impression

- |   |                |       |           |          |                   |
|---|----------------|-------|-----------|----------|-------------------|
| 1. I feel I can define the safety risks of older drivers as a public health issue.  | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 2. This guide is a useful and effective physician education tool.   | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 3. This guide has raised my awareness of driving as a public safety issue.  | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 4. I have a better understanding of the medical conditions and medications that may impair my patient's ability to drive safely.              | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 5. I feel comfortable identifying patients who may be at risk for unsafe driving.   | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 6. I feel comfortable using the various clinical screens to assess patients' level of function for driving fitness.                           | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 7. I feel comfortable using counseling techniques for patients who are no longer fit to drive.  | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 8. I have a better understanding of driver rehabilitation options and alternatives to driving.  | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 9. I feel comfortable utilizing referral and treatment options for patients who are no longer fit to drive.                                   | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 10. I have a better understanding of my state's reporting laws and legal/ethical issues surrounding patients who may not be safe on the road. | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |

As a result of participating in this educational activity:

I will change my practice      How? \_\_\_\_\_

\_\_\_\_\_

I will not change my practice \_\_\_\_\_ Why?  
 This activity reinforced my current practice \_\_\_\_\_  Other (please explain)

**I perceived commercial bias in this activity.** (“Commercial bias” is defined as a personal judgment in favor of a specific proprietary business interest of an entity that produces, markets, sells or distributes healthcare goods or services consumed by, or used on, patients.)

Yes  No                      If yes, please comment: \_\_\_\_\_

**Please rate the usefulness of the following guide materials on a scale of 1 to 5.**

1. Physicians’ Plan for Older Drivers’ Safety (PPODS)	Very useful	1	2	3	4	5	Not useful at all
2. Red Flags for Further Assessment	Very useful	1	2	3	4	5	Not useful at all
3. Assessment of Driving-Related Skills (ADReS)	Very useful	1	2	3	4	5	Not useful at all
4. State Licensing and Reporting Laws (Chapter 8)	Very useful	1	2	3	4	5	Not useful at all
5. Medical Conditions that May Affect Driving (Chapter 9)	Very useful	1	2	3	4	5	Not useful at all
6. Patient Education Materials (Appendix)	Very useful	1	2	3	4	5	Not useful at all

**Please include any additional comments you feel would be helpful.**

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.

**Check one:**     Physician: Certificate of Credit                       Non-physician: Certificate of Participation

FOR PHYSICIANS ONLY. Please check one below:

U.S. Licensed Physician                      Medical Education Number\*:  
 \_\_\_\_\_

Non-U.S. Licensed Physician                      Date of Birth (mm/dd/yyyy)\*\*:  
 \_\_\_\_\_

Specialty: \_\_\_\_\_

**Please Send Completed Questionnaires and Evaluation Forms to:**  
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