Veterans Health Administration
Employee Education System

PROGRAM EVALUATION

COURSE NUMBER: 13.MSE.ST.PCS.PTSD101CPOV.A

ACTIVITY TITLE: PTSD 101: OVERVIEW OF THE 2010 VA/DOD CLINICAL PRACTICE GUIDELINE FOR PTSD

Program Contact MARTY OEXNER,CASEY GRYSEN

Contact Email EESEPC@VA.GOV

Contact Phone 314-894-6648

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SUBMISSION INSTRUCTIONS

1. Complete this registration and evaluation form within 30 days of completing the activity.
2. Please save and email a copy of your completed evaluation to EESEPC@va.gov
3. Your certificate will be sent via email to the email address provided below.
4. For questions or concerns regarding the Program Evaluation or Certificate, the following contact methods are available: EPC by email at EESEPC@va.gov, or the EES Customer Service by phone at 1.877.EES.1331 Opt.5

OCCUPATIONAL CATEGORY

- ☐ Administrative
- ☐ Advanced Practice Nurse
- ☐ Associated/Allied Health
- ☐ Clinical Psychologist
- ☐ Dentist
- ☐ Licensed Clinical Social Worker
- ☐ Pharmacist
- ☐ Pharmacy Tech
- ☐ Physician
- ☐ Physician Assistant
- ☐ Podiatrist
- ☐ Registered Dietitian
- ☐ Registered Nurse
- ☐ Speech/Language Pathologist
- ☐ Other Clinical
- ☐ Other

EMPLOYER CATEGORY

- ☐ VHA
- ☐ VBA
- ☐ NCA
- ☐ VA OTHER
- ☐ DOD
- ☐ IHS
- ☐ OTHER FEDERAL
- ☐ NON FEDERAL

Date Completed

☐☐ ☐☐ ☐☐☐☐

ACCREDITATION/CERTIFICATE REQUESTED:

Activity must be approved for the certificate type in order for such a certificate to be issued.

- ☐ General/Non-Accredited
- ☐ ACCME
- ☐ ACCME - Non Physician
- ☐ ACHE
- ☐ ACPE
- ☐ ACPE-Technician
- ☐ ADA
- ☐ ANCC
- ☐ APA
- ☐ ASHA
- ☐ ASWB
- ☐ CA BBS
- ☐ CA BRN
- ☐ CDR
- ☐ NBCC

EMAIL ADDRESS: Enter Complete Email Address

LAST NAME:

FIRST NAME:

I assert that I attended 100% of this program: e-Signature:

Type your full name in the block above

PRIVACY ACT STATEMENT

AUTHORITY: Title 50, Appendix, U.S.C., Title 10, U.S.C., Public Law 96-357 96th Congress, September 24, 1980 (Amendment to 10 U.S.C. 2107).
PRINCIPAL PURPOSE(S): To develop policies and procedures, compile statistics and render analytical reports, and to track participation in EES activities.
ROUTINE USES: The information provided on the application will be used to maintain data on EES activities, provide requested reports on participation, and to provide activity original and duplicate certificates to EES activity participants.
MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL PROVIDING INFORMATION: Disclosure of information requested in the EES registration form (the application) is voluntary; however, the information must be furnished in order to ensure the applicant will receive a certificate of completion for EES activities and appropriate education credit.

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PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
Overall, I was satisfied with this learning activity.	O 1	O 2	O 3	O 4	O 5	O NA
The learning activities and/or materials were effective in helping me learn the content.	O 1	O 2	O 3	O 4	O 5	O NA
I learned new knowledge and skills from this learning activity.	O 1	O 2	O 3	O 4	O 5	O NA
The scope of the learning activity was appropriate to my professional needs.	O 1	O 2	O 3	O 4	O 5	O NA
The content of the learning activity was current.	O 1	O 2	O 3	O 4	O 5	O NA
Was the content presented in a manner that was fair and balanced? If no, please explain:		O Yes	O No	O NA		
If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.						
I will be able to apply the knowledge and skills learned to improve my job performance.	O 1	O 2	O 3	O 4	O 5	O NA
If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	O 1	O 2	O 3	O 4	O 5	O NA
The appropriate technology was utilized to facilitate my learning.	O 1	O 2	O 3	O 4	O 5	O NA
The training environment (face to face, video conference, web based training) was effective for my learning.	O 1	O 2	O 3	O 4	O 5	O NA
I found that the technology in this learning activity was easy to use.	O 1	O 2	O 3	O 4	O 5	O NA
Overall, I was satisfied with the use of technology in this learning activity.	O 1	O 2	O 3	O 4	O 5	O NA
The technology in this learning activity was responsive and provided access to further support.	O 1	O 2	O 3	O 4	O 5	O NA
What about this learning activity was <u>most useful</u> to you?						
What about this learning activity was <u>least useful</u> to you?						

Thank you for your helpful feedback.

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PROGRAM OBJECTIVES

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Please rate each of the following program objectives.

After attending this learning activity, I have the ability to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
review changes between 2004 and 2010 VA/DoD Clinical Practice Guideline for Posttraumatic Stress Disorder;	○	○	○	○	○
describe the evidence for the psychotherapy recommendations	○	○	○	○	○
describe the evidence for the pharmacotherapy recommendations	○	○	○	○	○
describe recommendations for treating complex comorbid conditions and symptoms	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○

POST-TEST QUESTIONS COURSE NUMBER: 13.MSE.ST.PCS.PTSD101CPOV.A

1. Which of the following statements is false?

- ☐ A The VA/DoD Clinical Practice Guideline is 1 of 6 Guidelines for PTSD
- ☐ B The VA/DoD Guideline is unique in having primary care as the point of entry
- ☐ C The different guidelines have very different recommendations
- ☐ D Although the methodology of the different guidelines vary, there is high level of consensus in the recommendations
- ☐ E

2. To receive a Quality of Evidence rating of Good from the VA/DoD Guideline, what must be true?

- ☐ A At least 1 Randomized Controlled Trial or 1 well-designed controlled trial directly linked to outcome
- ☐ B At least 1 cohort or case-control study or multiple time series evidence
- ☐ C At least 3 Randomized Controlled Trials
- ☐ D None of the above
- ☐ E

3. The strength of recommendation from the Guideline is based on which of the following factors?

- ☐ A Quality of Evidence
- ☐ B Net Benefit
- ☐ C Authors of studies
- ☐ D A and B
- ☐ E

4. What strength of recommendation was given to group treatment for PTSD?

- ☐ A Level A
- ☐ B Level C
- ☐ C Level D
- ☐ D Level Z
- ☐ E

5. What strength of recommendation did Complementary and Alternative Medicine receive as monotherapy for PTSD?

- ☐ A Level A
- ☐ B Level B
- ☐ C Level I
- ☐ D Level Z
- ☐ E

6. Which of the following medications received a Level A strength of recommendation?

- ☐ A SSRIs
- ☐ B SSRIs
- ☐ C Atypical antipsychotics
- ☐ D A and B
- ☐ E

7. What strength of recommendation did benzodiazepines receive for PTSD?

- ☐ A Level A
- ☐ B Level B
- ☐ C Level C
- ☐ D Level D
- ☐ E

8. Along with the Guideline recommendation, what other factors should be considered when deciding what intervention to provide?

- ☐ A Local availability of services
- ☐ B Provider comfort and experience
- ☐ C Patient preferences
- ☐ D All of the above
- ☐ E

9. Patients who received Cognitive Processing Therapy and Prolonged Exposure have demonstrated significant decreases in PTSD symptoms that last 5 years

- ☐ A true
- ☐ B false
- ☐ C
- ☐ D
- ☐ E

10. Adding exposure therapy to partial responders to sertraline improved PTSD outcomes but adding medication to partial responders to exposure therapy did not improve outcomes

- ☐ A true
- ☐ B false
- ☐ C
- ☐ D
- ☐ E

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FACULTY EVALUATION

Matthew Friedman / What is Cognitive Processing therapy (CPT)?	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	○ 1	○ 2	○ 3	○ 4	○ 5
2. Was knowledgeable about the topic	○ 1	○ 2	○ 3	○ 4	○ 5
3. Engaged participants effectively	○ 1	○ 2	○ 3	○ 4	○ 5

Comments

Matthew Friedman / What is Prolonged Exposure (PE)?	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	○ 1	○ 2	○ 3	○ 4	○ 5
2. Was knowledgeable about the topic	○ 1	○ 2	○ 3	○ 4	○ 5
3. Engaged participants effectively	○ 1	○ 2	○ 3	○ 4	○ 5

Comments

Matthew Friedman / What is Eye Movement Desensitization and Reprocessing (EMDR)?	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	○ 1	○ 2	○ 3	○ 4	○ 5
2. Was knowledgeable about the topic	○ 1	○ 2	○ 3	○ 4	○ 5
3. Engaged participants effectively	○ 1	○ 2	○ 3	○ 4	○ 5

Comments

Matthew Friedman / What is Stress Inoculation Training (SIT)?	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	○ 1	○ 2	○ 3	○ 4	○ 5
2. Was knowledgeable about the topic	○ 1	○ 2	○ 3	○ 4	○ 5
3. Engaged participants effectively	○ 1	○ 2	○ 3	○ 4	○ 5

Comments

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FACULTY EVALUATION

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Matthew Friedman / Group Treatment	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	O 1	O 2	O 3	O 4	O 5
2. Was knowledgeable about the topic	O 1	O 2	O 3	O 4	O 5
3. Engaged participants effectively	O 1	O 2	O 3	O 4	O 5

Comments

Matthew Friedman / Family Therapy	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	O 1	O 2	O 3	O 4	O 5
2. Was knowledgeable about the topic	O 1	O 2	O 3	O 4	O 5
3. Engaged participants effectively	O 1	O 2	O 3	O 4	O 5

Comments

Matthew Friedman / Pharmacotherapy for PTSD	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	O 1	O 2	O 3	O 4	O 5
2. Was knowledgeable about the topic	O 1	O 2	O 3	O 4	O 5
3. Engaged participants effectively	O 1	O 2	O 3	O 4	O 5

Comments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	O 1	O 2	O 3	O 4	O 5
2. Was knowledgeable about the topic	O 1	O 2	O 3	O 4	O 5
3. Engaged participants effectively	O 1	O 2	O 3	O 4	O 5

Comments