Veterans Health Administration
Employee Education System

COURSE NUMBER: 10.ST.MH.PTSD10122.A

PROGRAM EVALUATION

ACTIVITY TITLE: PTSD 101: WINDOWS TO THE BRAIN: NEUROPSYCHIATRY OF TBI

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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
1. describe the functional anatomy of emotion, memory, and behavior circuits	○	○	○	○	○
2. name common functioning deficits in civilian brain injury	○	○	○	○	○
3. describe up-to-date assessment and treatment of traumatic brain injury (TBI).	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○

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POST-TEST QUESTIONS COURSE NUMBER: 10.ST.MH.PTSD10122.A

1. Why is it challenging to match an exact brain injury or location of injury with an exact psychiatric symptom?

- ☐ A The brain involves complex circuits wherein damage to different areas can impact the entire circuit and symptoms might therefore look similar
- ☐ B It is hard to locate where brain injuries occur
- ☐ C We do not have names for every brain location
- ☐ D None of the above
- ☐ E

2. 2. Which of the following adds emotion to our memories and therefore is likely to have an important role in PTSD?

- ☐ A a. Hippocampus
- ☐ B b. Basal ganglia
- ☐ C c. Mamillary body
- ☐ D d. Amygdala
- ☐ E

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POST-TEST

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3. 3. After a brain injury and hemorrhage, all of the neurotransmitters/amino acids in that area are released, leading to more problems. This release of neurotransmitters is called

- ☐ A a. Cerebral blood flow
- ☐ B b. Metabolism
- ☐ C c. Neurotransmitter storm
- ☐ D d. Vasospasm
- ☐ E

4. 4. Which of the following symptom profiles is unique about TBI?

- ☐ A a. Almost every type of psychiatric symptom or condition can be seen in patients with TBI
- ☐ B b. TBI patients have only a few symptoms specific to its condition
- ☐ C c. TBI patients hardly ever report psychiatric symptoms
- ☐ D d. TBI patients or their loved ones never report problems with impulsivity
- ☐ E

5. 5. Which of the following symptoms can be common in both PTSD and TBI?

- ☐ A a. Decreased concentration
- ☐ B b. Irritability
- ☐ C c. Insomnia
- ☐ D c. Insomnia
- ☐ E e. All of the above

6. 6. Which of the following medications or agents are conflicting and should be minimized or discontinued in a patient with TBI?

- ☐ A a. Benzodiazepines
- ☐ B b. Anticholinergic medications
- ☐ C c. Antidopaminergic or seizure-inducing medications
- ☐ D d. Caffeine and energy products
- ☐ E e. All of the above

7. 7. Which of the following is not a first-line agent for TBI?

- ☐ A a. SSRI
- ☐ B b. Anticonvulsant
- ☐ C c. Atypical antipsychotics
- ☐ D d. Benzodiazepines
- ☐ E

8. Most patients who have had mild brain injury recover just fine

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

9. It is NOT possible to have PTSD and TBI because patients with TBI have disrupted memory for the traumatic event

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

10. There are no FDA approved medications for chronic psychiatric symptoms due to TBI

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

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FACULTY EVALUATION

COURSE NUMBER: 10.ST.MH.PTSD10122.A

Robin A. Hurley / PTSD 101: Windows to the Brain: Neuropsychiatry of TBI	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

	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

	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

	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