Veterans Health Administration
Employee Education System

PROGRAM EVALUATION

COURSE NUMBER: 11.TE.ST.MH.PTSD101SC.A

ACTIVITY TITLE: PTSD 101: SMOKING CESSATION: INTEGRATED CARE MODEL FOR SMOKERS WITH PTSD

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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

COURSE NUMBER: 11.TE.ST.MH.PTSD101SC.A

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
provide a rationale for tobacco cessation as a health care priority for Veterans with PTSD	○	○	○	○	○
identify the reasons and evidence for an integrated care approach for smoking cessation among smokers with PTSD	○	○	○	○	○
describe psychological and pharmacological interventions for smoking cessation	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○

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POST-TEST QUESTIONS COURSE NUMBER: 11.TE.ST.MH.PTSD101SC.A

1. What percentage of individuals who smoke die from tobacco-related illnesses?

- ☐ A 5-10%
- ☐ B 10-20%
- ☐ C 35-45%
- ☐ D 65-75%
- ☐ E

2. What percentage of VA enrollees who smoke want to quit?

- ☐ A 5%
- ☐ B 20%
- ☐ C 60%
- ☐ D 100%
- ☐ E

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POST-TEST

COURSE NUMBER: 11.TE.ST.MH.PTSD101SC.A

3. Which of the following is a reason for integrating smoking cessation treatment into mental health care?

- ☐ A Providers have advanced raining in treating behavioral and substance use disorders
- ☐ B Providers can tailor treatment to address interaction of tobacco use with psychiatric symptoms
- ☐ C Providers have frequent and continuous contact with patients
- ☐ D All of the above
- ☐ E

4. According to the presenters, who is the ideal person to deliver integrated smoking cessation/PTSD treatment?

- ☐ A Primary mental health provider
- ☐ B A secondary mental health provider
- ☐ C Lay persons
- ☐ D None of the above
- ☐ E

5. Which of the following is NOT a strategy the authors recommend to use when dealing with resistance?

- ☐ A Help the patient find personalized reasons for quitting
- ☐ B Help the patient identify personalized risks of continued smoking
- ☐ C Help the patient identify roadblocks to quitting
- ☐ D Ignore the resistance and move forward
- ☐ E

6. Which of the following is NOT a component of the integrated model the presenters discuss?

- ☐ A Creating an action plan for quitting
- ☐ B Identifying a quit date
- ☐ C Monitoring nicotine levels in the patient’s blood
- ☐ D Relapse prevention
- ☐ E

7. Which combination of pharmacotherapies for smoking cessation showed the best outcomes in Piper et al. (2009)?

- ☐ A Combinations of pharmacotherapies are not more beneficial than one pharmacotherapy alone
- ☐ B Nicotine patch and lozenge
- ☐ C Placebo and buproprion
- ☐ D Varenicline and green tea
- ☐ E

8. Which of the following is a key reason for the success of nicotine replacement therapy?

- ☐ A Slower onset, which decreases the reinforcing effects of tobacco
- ☐ B More physical withdrawal symptoms
- ☐ C They are usually free
- ☐ D Both a and b
- ☐ E

9. Tobacco use is the most lethal of all substance use disorders

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

10. Taking a medication when trying to quit smoking doubles the likelihood of successful quitting.

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

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FACULTY EVALUATION

COURSE NUMBER: 11.TE.ST.MH.PTSD101SC.A

Miles McFall / PTSD 101: Smoking Cessation: Integrated Care Model for Smokers with PTSD	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