POSTTEST QUESTIONS

ALL HAZARDS PREPAREDNESS FOR PHARMACISTS

Presenter: Dianne Malburg, RPh, BS, Chief Operations Officer, Michigan Pharmacists Association and Pharmacy Services Inc., Lansing, Michigan

Question 1: How many Regional Healthcare Coalitions exist in Michigan?
A. Three
B. Five
C. Eight
D. Ten

Question 2: What types of emergency responses might pharmacists and/or pharmacy technicians be involved in?
A. Dispensing mass prophylaxis medications
B. Administering vaccinations
C. Conducting point-of-care tests
D. Collecting data within the community and submitting it to the state
E. All of the above

Question 3: Which of the following is/are Michigan-specific cache resources?
A. MEDDRUN
B. CHEMPACK
C. SNS
D. A and B
E. All of the above

Question 4: What is the first thing you should do as a pharmacist or pharmacy technology to get more involved in emergency preparedness activities?
A. Watch a video on MPA’s website
B. Register as a volunteer at www.MIVolunteerRegistry.org
C. Call MDHHS

Question 5: True or False: You can find information about emergency preparedness training courses that offer pharmacist continuing education credit on MPA’s website.
A. True
B. False
**IDENTIFYING VICTIMS OF HUMAN TRAFFICKING**
Presenter: Ronald Devers, CIC, CPIA, CAWC, Agency Manager, PSI Insurance Agency, Lansing, Michigan

1) True or False. Human trafficking only involves women and children.

2) Which of the following is an example of a “red flag” in the health care setting?
   (a) Victim is often escorted to and from appointments and escort may often talk for the patient
   (b) Presence of branding, scarring, or tattoo indicating ownership by someone
   (c) Cash payments
   (d) All of the above.

3) Which of the following is a warning sign of human trafficking in children?
   (a) Outside playing with other children
   (b) Regular attendance at school
   (c) Reports they eat apart from other members in their family/home
   (d) Appears shy.

4) True or False. Victims of human trafficking will always have signs of physical abuse.

**PEDIATRIC NEUROBLASTOMA TREATMENT: REPURPOSING OF FDA-APPROVED DRUGS FOR ACCELERATED USE IN THE CLINIC**
Presenter: André S. Bachmann, Ph.D., Professor and Associate Chair for Research, Department of Pediatrics and Human Development, College of Human Medicine, Michigan State University, Grand Rapids, Michigan

1. Increased levels of polyamines can lead to:
   A. Uncontrolled cancer cell growth
   B. Strong inhibition of cancer cell growth
   C. Decreased tumorigenesis
   D. All of the above

2. A recent chemoprevention trial demonstrated that the following two drugs markedly reduced the recurrence of adenomas in a population of individuals at moderately high risk for sporadic adenomas:
   A. Sulindac and DMSO
   B. Sulindac and DFMO
   C. Eflornithine and Celebrex
   D. DFMO and Etoposide

3. Neuroblastoma is a(n):
   A. Intracranial brain tumor
   B. Pediatric cancer
   C. Adult cancer
4. A phase I clinical trial with relapsed neuroblastoma patients was recently performed to study the drug effects of:
   A. Celebrex and Cyclophosphamide
   B. DFMO and Sulindac
   C. Sulindac and Aspirin
   D. DFMO and Etoposide

Pharmacy Practice Advancement - Policy Influences at the National Level
   Presenter: C. Edwin Webb, MPH, Associate Executive Director, American College of Clinical Pharmacy, Washington, DC

1. The announced goals of the Centers for Medicare and Medicaid Services (CMS) to shift the vast majority of its payment structure for physicians' and other providers' services toward quality/value-based performance are intended to occur over the next:
   A. 6-12 months
   B. 2-3 years
   C. 5-10 years
   D. 2 decades

2. Which of the following is not considered an essential principle of high-performing health care teams?
   A. Financial accountability
   B. Effective communications
   C. Shared goals
   D. Clear roles

3. Which of the following elements of a pharmacist's state-authorized scope of practice will likely be impacted by current national trends in delivery system and payment policy reforms?
   A. Frequency of licensure renewal
   B. Required number of hours of ACPE-approved continuing education activities
   C. Structure and efficiency of collaborative practice agreements and clinical protocols
   D. Increases in the pharmacist-to-technician ratio allowed under state regulations

Opioid Update: What's Happening at the National, State & Local Level?
   Presenters: Susan DeVuyst-Miller, PharmD, Assistant Professor, Ferris State University, Grand Rapids, Michigan
               Rachel Pavona, PharmD Candidate, Ferris State University, Big Rapids, Michigan

1. The 2016 CDC Guideline for Prescribing Opioids reviewed in this presentation focused on:
   a. Acute pain, dosing, duration, opioid overdose
b. Acute pain, dosing, duration, addressing risk  
c. Chronic pain, dosing, duration, assessing risk and addressing harm  
d. Chronic pain, dosing, naloxone distribution with communities  

2. From 2014-15, Michigan saw a statistically significant increase/decrease by ____% in drug overdose death rates.  
   a. Increase, 5%  
   b. Increase, 13.3%  
   c. Decrease, 5%  
   d. Decrease, 13.3%  

3. The Michigan Prescription Drug and Opioid Abuse Task Force recommended the Michigan Prescription Drug and Opioid Abuse Commission. The Commission is charged with:  
   a. Review the task force report  
   b. Develop and propose policies and an action plan to implement the recommendations  
   c. Evaluate the efficacy of the current proposals  
   d. Develop and encourage the implementation of model core curricula on pain and symptom management  
   e. All of the above  

4. According to the presentation, naloxone is currently available in the following dosage formats:  
   a. Nasal atomizer, IM and nasal  
   b. Nasal atomizer, IM and subQ auto-injector  
   c. IM and nasal only  
   d. SubQ Auto-injector, IM and nasal  

**Exploring Biosimilars and Barriers to Adoption**  
Presenters: Michael Crowe, PharmD, Senior Manager, Clinical Services, Diplomat Pharmacy, Grand Blanc, Michigan  
Michael Phalen, PharmD, PGY-1 Pharmacy Resident, Diplomat Pharmacy, Grand Blanc, Michigan  

1. All of the following biologics have FDA-approved biosimilars except:  
   a. Enbrel®  
   b. Humira®  
   c. Remicade®  
   d. Cimzia®  

2. Under which section of the Public Health Service Act does a manufacturer need to file a Biologics License Application for a biosimilar product?  
   a. 351(a)  
   b. 351(k)
3. All of the following are barriers to biosimilar adoption except:
   a. Utilization of four letter suffix naming convention
   b. Availability of long term efficacy/safety data
   c. Payor rebates on originator biologics
   d. More stringent biosimilar licensing requirements

4. T/F All prescriptions written for a reference product for which a biosimilar exists will be fulfilled with the biosimilar product unless DAW is written.

The Role of Pharmacists in Outpatient Antibiotic Stewardship
Presenter: Melinda Neuhauser, PharmD, Clinical Pharmacy Specialist, Infectious Diseases, U.S. Department of Veterans Affairs, Lansing, Michigan

1) True or False: Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients.

2) Recently, CDC estimated that at least 30% of antibiotic prescriptions written in the outpatient setting were unnecessary. Which conditions may be caused by viruses and thus not warrant antibiotics?
   a. Acute uncomplicated bronchitis
   b. Non-specific upper respiratory tract infection (URI)
   c. Acute rhinosinusitis
   d. All of the above

3) Which of the following is LEAST useful component of outpatient clinic and health care system provision of education and expertise for clinicians?
   a. Academic detailing or active, face-to-face educational training
   b. Passive educational materials to mailed to providers
   c. Continuing education (CE) activities, including those which address appropriate antibiotic prescribing, adverse drug events, and communication strategies
   d. Ensuring access to expertise, such as medical, surgical and pharmacy consultants to assist clinicians in managing patients with conditions requiring specialty care

Paving the Way: Utilizing Standards 2016 to Advance the Profession of Pharmacy
Presenter: Lisa Meny, PharmD, Associate Professor, Ferris State University, Grand Rapids, Michigan

1. Which of the following domains is a substantive change in the Accreditation Council for Pharmacy Education (ACPE) Standards 2016? (OB 1)
   a. Foundational Knowledge
   b. Essentials for Practice and Care
   c. Approach to Practice and Care
   d. Personal and Professional Development
   e. All of the domains were present in previous version of the standards
2. Which of the following are components of the Pharmacist Patient Care Process?
   a. Assess
   b. Plan
   c. Implementation
   d. Monitoring
   e. All of the above

3. Upon graduation learners will be required to achieve what level of entrustability of the EPAs?
   a. Observe
   b. Direct Supervision
   c. Intermittent Supervision
   d. Reactive Supervision
   e. General Direction

4. Which of the following are approaches that College of Pharmacy is utilizing to address students personal and professional development?
   a. Development of a co-curricular requirement for students
   b. Requiring preceptors and students to develop a continuous professional development (CPD) plan
   c. Utilizing faculty advising to identify student strengths and increase self-awareness
   d. A & C
   e. All of the above