



35324

Veterans Health Administration  
Employee Education System  
PROGRAM EVALUATION &  
POST - ASSESSMENT

ACTIVITY TITLE: VA/DOD CLINICAL PRACTICE GUIDELINE FOR  
COURSE NUMBER: 13.MA.LB.QSV.CG.OPIOIDSAT.A

Program Contact SHEILA MATHEWSON, SHANTA JONES

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**THIS PROGRAM EVALUATION INCLUDES A POST-ASSESSMENT.**

**POST-ASSESSMENT INSTRUCTIONS**

1. All Post-Assessment answers must be completed in the answer blocks on the "PROGRAM EVALUATION & POST-ASSESSMENT ANSWERS" page (Page 2) to be graded.
2. A passing grade must be obtained, as defined in the Program Brochure, in order to receive a certificate. If a passing grade is not obtained, notification will be sent, to the email address provided on the "PROGRAM EVALUATION & POST-ASSESSMENT ANSWERS" page (Page 2), with further instructions.
3. Please refer any questions or concerns, specific to the Post-Assessment, to the Program Contact listed above.

**SUBMISSION INSTRUCTIONS**

1. Complete this registration and evaluation form within two weeks of completing the activity.
2. **Fax:** (205) 731-1826 - No cover page needed, or  
**Mail:** Employee Education Resource Center, ATTN: EPC, 950 North 22nd Street, Suite 500, Birmingham, AL 35203.
3. Please allow several business days for receipt of certificate if evaluation is faxed, additional transit time if mailed.
4. For questions or concerns regarding the Program Evaluation or Certificate, the following contact methods are available:  
EPC by email at **ESEPC@va.gov**, or the  
EES Customer Service by phone at **1.877.EES.1331** option 5 **(1.877.337.1331)**.

**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.





35324

Answers must be recorded in the answer blocks on "PROGRAM EVALUATION & POST-ASSESSMENT ANSWERS" page (Page 2).

1. It is appropriate to have a candid talk with patients about the prospect of discontinuing opioids at the outset of treatment.

A True

B False

C

D

E

2. Key components of the complete assessment of pain include all of the following elements EXCEPT:

A Functional Assessment

B Attributes of Pain

C Pain Intensity

D Patient's response to future pain treatments

E All the above



35324

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**3.** Chronic pain is defined as pain that lasts, at a minimum, for what duration:

**A** greater than 48 hours

**B** 2-4 weeks

**C** 1-2 months

**D** 3-6 months

**E** 6-12 months

**4.** Which of the following descriptions is consistent with a patient at Low Risk of misuse of chronic opioid therapy:

**A** a 22 year old patient with PTSD and a strong support system

**B** a 30 year old "closet alcoholic" with chronic low back pain

**C** a 40 year old patient with no history of drug or alcohol use or misuse

**D** a 50 year old patient who sold drugs during college, but is now a tax attorney

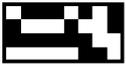
**E** none of the patients described above would be considered "low risk"



35324

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5. Which of the following statements is TRUE regarding an Opioid Agreement:
- A It typically sets an expectation for collaborative care
  - B It is a legally-binding contract between provider and patient
  - C It explicitly gives permission to self-titrate the dose of medications for chronic pain
  - D It may not include a provision for speaking with family members or outside providers
  - E It should include discussion of all possible Adverse Events, in lieu of Informed Consent
6. Which of the following Treatment Setting/Referral Criteria pairings is NOT supported:
- A Advanced Pain Provider ... A patient with complex pain
  - B Substance Use Disorder Specialist...A patient with Active Nicotine Use Disorder
  - C Behavioral Health Specialist ...A patient with uncontrolled, severe behavioral disorder
  - D Primary Care Provider...A patient on a substance that requires a REMS
  - E



35324

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7. The number of deaths from prescription overdose parallel

- A The amount of methadone sold
- B The number of total opioid prescriptions
- C The use of heroin
- D the increases in gang activity
- E

8. Chronic opioid therapy, on the average, decreases pain scores by

- A 5%
- B 10%
- C 30%
- D 50%
- E 70%



35324

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**9.**

Pain is:

- A Whatever the patient says it is
- B A bio-psycho-social experience
- C What the clinician assesses it to be
- D A & B
- E A, B, & C

**10.** Pain assessment contains all of the following except:

- A the location, quality, character, duration of pain
- B the patient's response to medications and pain therapies
- C the social and psychiatric history
- D an opioid agreement and urine drug screen.
- E



35324

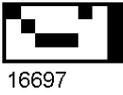
PROGRAM EVALUATION

COURSE NUMBER: 13.MA.LB.QSV.CG.OPIOIDSAT.A

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.	1	2	3	4	5	NA
The learning activities and/or materials were effective in helping me learn the content.	1	2	3	4	5	NA
I learned new knowledge and skills from this learning activity.	1	2	3	4	5	NA
The scope of the learning activity was appropriate to my professional needs.	1	2	3	4	5	NA
The content of the learning activity was current.	1	2	3	4	5	NA
Was the content presented in a manner that was fair and balanced?  If no, please explain:		Yes	No	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.	1	2	3	4	5	NA
If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	1	2	3	4	5	NA
The appropriate technology was utilized to facilitate my learning.	1	2	3	4	5	NA
The training environment (face to face, video conference, web based training) was effective for my learning.	1	2	3	4	5	NA
I found that the technology in this learning activity was easy to use.	1	2	3	4	5	NA
Overall, I was satisfied with the use of technology in this learning activity.	1	2	3	4	5	NA
The technology in this learning activity was responsive and provided access to further support.	1	2	3	4	5	NA
What about this learning activity was <b>most useful</b> to you?						
What about this learning activity was <b>least useful</b> to you?						

Thank you for your helpful feedback.





FACULTY EVALUATION

PLEASE CIRCLE THE APPROPRIATE RESPONSE  
CORRESPONDING WITH EACH QUESTION BELOW:

Dr. Jack Rosenberg / Introduction	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

Dr. Robert Selvester / Appropriateness of Opioid Treatment	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

Dr. Thomas Brooks / Comprehensive Assessment & Issues of Transitioning Care	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

Dr. Robert Sproul / Issues Concerning Discontinuing Opioid Therapy	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