

Chronic Pain Project, MMA/BOLIM

Treating Chronic Pain in Maine—Improving Outcomes, Recognizing Adverse Effects of Medications, Preventing Drug- Related Deaths.

Registration Form

Please complete the following form, and return it to Chronic Pain Home Study; Gail Begin, Director of CME, MMA; Attention Noel Genova, MA, PA-C; P.O. Box 190; Manchester, Maine 04351. If the form is accompanied by a successfully completed post-test, and an evaluation form, a certificate of completion will be mailed to you. Please print legibly.

Name:

Address:

Phone number:

E-mail address:

Credential (e.g. MD, DO, PA, APRN)

Maine or NH license number (note—Cat I CME can be given only to licensees in Maine and NH):

THANKS!

Review Questions (Post-Test)

Participants must answer 70% of the following questions correctly (9 of 12 questions) in order to receive 2 credits of Cat I CME. Please print, and send the completed post-test, along with your registration form and program evaluation, to Chronic Pain Home Study; Gail Begin, Director of CME; Attention: Noel Genova, MA, PA-C; Maine Medical Association; P.O. Box 190; Manchester, Maine 04351. You will receive your certificate of completion for the CME program within a few weeks.

Please circle the letter corresponding to the one best answer to the question.

1. Which of the following is the most prescribed pain medication in the United States?
 - a. Hydrocodone/APAP
 - b. Hydromorphone
 - c. Meperidine
 - d. Oxycodone
 - e. Codeine

2. In the state of Maine, the majority of drug-related deaths are caused by which of the following medications?
 - a. Heroin
 - b. Cocaine
 - c. Marijuana
 - d. Methamphetamine
 - e. Methadone

3. Which of the following, if taken in isolation, is NOT a legitimate reason for discharging a patient from your practice?
 - a. "Failing" a drug screen
 - b. Using foul language and/or threatening staff
 - c. Stealing a prescription pad from your office
 - d. Forging a prescription

4. In an academic primary care setting, which of the following factors is most predictive of opioid misuse in patients with chronic pain?
 - a. Minority race
 - b. Low educational level
 - c. Low socioeconomic status
 - d. Personal history of alcohol abuse
 - e. Rural residence

5. Which of the following statements about methadone use is correct?
- a. Methadone may be prescribed only as part of a United States Food and Drug Administration-approved narcotic addiction program.
 - b. Oral morphine has a greater bioavailability than oral methadone.
 - c. Plasma levels of methadone may take five to seven days to stabilize.
 - d. Methadone is safe and effective when used in combination with benzodiazepines.
 - e. The respiratory depression side effect peaks prior to the peak analgesic effect.
6. Which of the following is NOT considered one of the “Four Cs” of addiction?
- a. Continued use despite harm
 - b. Loss of control over use of the drug
 - c. Compulsive use
 - d. Cravings for the drug
 - e. Chronic cancellations with primary care provider
7. The National Survey on Drug Use and Health indicated that people, ages 18-25, who self-reported *non-medical* use of controlled prescription medication were most likely to say that they obtained these medications from which of the following sources?
- a. Personal physician
 - b. Friend or family member
 - c. Local drug dealer
 - d. Internet
8. When weaning a patient from an opioid, which of the following percentages for weekly reduction has been shown to be safe and reasonably tolerated?
- a. 1%
 - b. 10%
 - c. 15%
 - d. 20%
 - e. 25%
9. Which of the following behaviors is NOT an example of a patient who exhibits drug-seeking behaviors or diversion?
- a. Forging prescriptions
 - b. Obtaining prescriptions from multiple providers
 - c. Stealing or borrowing drugs
 - d. Frequently taking extra doses of analgesic medications after being advised not to do so by the prescriber
 - e. Using an occasional extra dose of medication

10. When initiating and evaluating the outcomes of treatment plans, all of the following are important. Improvement in which symptom should be especially considered when evaluating whether opioid medication has been helpful to the patient?

- a. Analgesia
- b. Activity (Function)
- c. Sleep
- d. Cognition

11. Which of the following should be reported to appropriate authorities?

- a. A patient pays cash for an opioid prescription
- b. A patient fails to disclose participation in a methadone clinic
- c. Suspicion that a patient is selling medication based on an anonymous phone call
- d. A patient pays cash for an opioid prescription despite having insurance that will cover the cost of the medication.

12. A 26 year old male has been on short-acting narcotic pain medication for the past 8 weeks after injuring his back at work. In order to continue using narcotics, all of the following should be considered part of the patient's initial treatment plan except?

- a. Signing of an informed consult
- b. Random urine drug screening exams
- c. Referencing the PMP for signs of receiving multiple prescriptions
- d. Use of non-pharmaceutical modalities
- e. Mandatory weekly pill counts

Maine Medical Education Trust
Continuing Medical Education Physician Evaluation Form
MMA/BOLIM Chronic Pain Project

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 Recognizing Adverse Effects of Medications, Preventing Drug-
 Related Deaths.**

2 CME CREDITS

Content of the monograph	Excellent	Above Average	Average	Below Average	Poor
Content and References					
Ease of Use					
Ability to stimulate interest					
Applicability to your practice					
Clarity of materials					

Comments:

Overall Program Evaluation Form

In order to continue to improve the quality of our continuing medical education program we would appreciate if you would take a moment to complete this questionnaire. You may return the questionnaire to Chronic Pain Home Study, Gail Begin, Director of CME, Maine Medical Association, P.O. Box 190, Manchester, Maine 04351.
 Attention: Noel Genova, MA, PA-C.

1. What was your overall evaluation of the program?

Excellent Good Adequate Poor

2. Appropriateness of the topic for your educational needs.

Excellent Good Adequate Poor

3. Practical value of the program to your daily practice.

Excellent Good Adequate Poor

4. Effectiveness of learning method used.

Excellent Good Adequate Poor

5. Accessibility of the program.

Excellent Good Adequate Poor

6. Did you observe any commercial or personal bias? YES NO

Comments:

Suggestions and/or topics for future programs:

Please fill out the information below and mail to:
Gail Begin, PO BOX 190, Manchester, Maine, 04351

Name (M.D. or D.O.): _____

Address: _____

City: _____

State: _____

Zip: _____

AMA Designation Statement

American Medical Association designates this educational activity for a maximum of _____ Category 1 credits towards the AMA Physicians Recognition Award. Each physician should claim only those credits that he/she actually spent in this activity.

CCMEA Accreditation Statement

Maine Medical Education Trust is accredited by the Maine Medical Association's Committee on Continuing Medical Education to provide continuing medical education (CME) to practicing physicians.

Joint Sponsorship

This activity has been planned and implemented in accordance with the Essentials and Standards of the Maine Medical Association Committee on Continuing Medical Education and Accreditation through the partnership of Maine Medical Education Trust and the MMA/Chronic Pain Project. The Maine Medical Education Trust is accredited by the Maine Medical Association to provide CME activities for physicians.