

Examples of CME Test Questions and Case Studies

CME Test Questions:

CME Test questions are meant to test the knowledge of the attendee or online learner. The questions should focus on the most important aspects of the presentation rather than on details at the periphery. The questions should be difficult for someone who did not attend the presentation but easy for anyone who attended. The questions should follow the format and style below. Please be clear and concise. Questions should have five options of answers of a through e. One of your questions may also be "True or False". Please clearly mark the correct answer and explain why it is correct. See two examples below.

Example 1:

Presentation: Genetics: Shaping Our Understanding of Addiction and Its Treatment

- 1-1. All of the following statements about drug development are true EXCEPT (choose one):
- (a) Promising medications may be taken out of development unnecessarily
 - (b) The current regulatory environment encourages risk-taking
 - (c) The current market environment is not conducive to developing "me too" types of medications
 - (d) There has been a shift in corporate culture at pharmaceutical companies; today, scientists often are not in critical decision-making positions
 - (e) None of the above
- 1-2. Based on a paper published in Science (Paul et al., 2010), the highest cost of drug development is associated with (choose one):
- (a) anesthetics/analgesics
 - (b) cardiovascular agents
 - (c) anti-infective agents
 - (d) neuropsychiatric agents
 - (e) antiobesity agents
- 1-3. For a drug to be approved for the treatment of substance use disorder, the FDA may require (choose one):
- (a) A success/failure analysis
 - (b) An analysis based on group means
 - (c) A reduction in drug use, although not necessarily abstinence
 - (d) Inclusion of a compliance measure
 - (e) None of the above

Example 2:

Presentation: Use and Abuse of Prescription Opioids: Current Evidence

- 2-1. According to the National Survey on Drug Use and Health, which of the following best describes the magnitude of the number of individuals who have used any prescription opioid illicitly, compared with those who have used heroin in their lifetime (choose one):
- (a) Nonmedical use of prescription opioids is two times greater than heroin use
 - (b) Nonmedical use of prescription opioids is half the volume of heroin use
 - (c) Nonmedical use of prescription opioids is 10 times greater than heroin use
 - (d) Nonmedical use of prescription opioids is one-tenth the volume of heroin use

(e) Overall, nonmedical use of prescription opioids and heroin are comparable in volume

2-2. The number of emergency department visits related to misuse and abuse of prescription opioids has surpassed the number of ED visits for which of the following drugs (choose one):

- (a) Cocaine
- (b) Methamphetamine
- (c) Marijuana
- (d) Methadone
- (e) All of the above

2-3. All of the following areas are addressed in the Administration's 2011 Prescription Drug Abuse Prevention Plan EXCEPT (choose one):

- (a) Education of providers
- (b) Education of patients
- (c) Enhanced law enforcement
- (d) Prescription monitoring programs
- (e) Tamper-resistant formulations

Case Studies:

Case studies help illustrate real world situations where the knowledge presented in the course will be applied. Cases studies can be used to illustrate a typical situation that attendees of the presentation will definitely come across. Case studies can also be used to illustrate an extraordinary case that attendees might struggle with if they came across it in a real world situation. Case studies should reinforce the key aspects of the presentation rather than the details. Please give a detailed description of how the case presents itself, a FAKE name for any persons in the case, and one or two questions per case with five options (a through e). Please also provide the correct answer and an explanation as to why it is correct. Don't give any real names, photos, or other real personal information. Feel free to get creative. See two examples below:

Example 1:

Presentation: ER/LA Opioid REMS – Case: Eleanor

Eleanor: History

- 56 year-old Caucasian female with fibromyalgia, degenerative disc disease with chronic back pain
- Treated with opioids in the past (Oxycontin 80mg bid, oxycodone 15mg 6x/day, zolpidem 10mg has, alprazolam 1mg bid, sertraline 100mg daily).
- No history of early refills, nonsmoker, chronic depression and anxiety.
- 5-Q SOAPP score is 2 (no illegal drug use, nonsmoker, no legal hx or meds over prescribed amounts)
- ORT score is 2 (no family or personal history of substance abuse, >45yo, + history of sexual abuse and psych disease)
- Complains of severe pain, and wants to restart medications as previously.
- Issues to explore:
 - Benefit vs. harm?
 - Opioid trial?
 - No use of sedative/hypnotics?
 - Proper treatment of psych issues?
 - History of treatment for sexual trauma?
 - Exercise, nutrition, sleep hygiene, counseling support, family involvement.

Question:

Which of the following would be an important first step prior to starting any new medication?

- A. Obtain a comprehensive urine toxicological screen

- B. Send the patient for a full psychiatric evaluation
- C. Do a comprehensive pain history and physical examination**
- D. Tell her opiates are bad and we need to focus on her depression
- E. All of the above

Answer is C. The answer is C because: A. is not necessary secondary to the patient's low risk, B. While an evaluation is necessary don't dismiss the pain based on her depression or anxiety D. is what many patients hear and has some truth, but pain can cause depression so appropriate treatment would include pain control

Example 2:

Presentation: ER/LA Opioid REMS – Case: Anne

Anne: History

- Anne has ovarian cancer
 - Stable disease based on recent imaging
 - Stable pain management for 1 yr w/ hydromorphone ER 12 mg q24h
 - Last 2 months she asked for a renewal prescription 5-7 days early
 - Query your state PDMP: she has not been doctor shopping
 - When questioned: did not realize she was requesting refills early
 - Collect urine sample: send to lab for pain management panel that includes hydromorphone, opiates, & drugs of abuse
 - She reports no change in her pain control
 - Current regimen is still effective

Question 1:

What would you do next?

- A. Refuse to give her a refill until the “correct” time
- B. Make her next prescription for only 2 weeks & have her bring in her pill bottles for a count at next visit
- C. Ask where she keeps her medications & how she secures them**

Anne: Interview

- Anne reports that she keeps her medications in her purse on top of the refrigerator
- Further questioning reveals that her niece & nephews have recently visited her home more often than usual

Question 2:

Now what would you do next?

- A. Only prescribe 2 wks of hydromorphone ER at a time & request she brings in her prescription bottles for pill counts at each visit
- B. Stress to her the safety concerns when ER/LA opioids are taken by someone for whom they are not prescribed; request she brings her prescription bottles for pill count next visit**
- C. Call the police

Anne: Summary

- Explain to Anne
 - ER/LA opioids are extremely harmful—can be fatal w/ just 1 dose—if taken by someone other than the patient
 - She is responsible to store medication in a safe & secure place away from children, family members, & visitors

- If she cannot safeguard her medications, you will consider an alternative therapy
- You will not provide early renewal of prescription again
- At the next visit
 - UDT positive for hydromorphone (negative other drugs)
 - Anne reports she
 - Purchased a medication safe that same day
 - Counts her medication daily
 - Spoke to her sister RE concerns about her niece/nephews