

Answering Your Questions on VTE (venous thromboembolism)

Activity Date: _____

Location: _____

Please help us to continue to offer high quality educational activities. Please complete the following brief assessment questions and program evaluation.

CORRECT FILL: ●

INCORRECT FILL: ✓ ✗ ◐ ◑

Please mark the single best answer to each question

Use a No. 2 pencil or a blue or black pen to completely fill in the circle.
Erase cleanly or clearly indicate any unintended marks.

Activity Assessment – please pick the one best answer to each question.

1. In a patient who weighs > 120 kg, what would be the best choice for chronic anticoagulation?

- A. Low weight molecular heparin
- B. Warfarin
- C. Dabigatran
- D. Rivaroxaban

2. Given normal renal function, how long should a NOAC be held before a high risk bleeding procedure?

- A. 10 days
- B. 7 days
- C. 5 days
- D. 24–48 hours

3. After an unprovoked VTE, males are at higher risk for recurrent VTE than females under similar circumstances.

- True
- False

4. The 2016 ACCP Guidelines suggest which of the following as first-choice anticoagulant for DVT in patients with no cancer?

- A. Warfarin
- B. Unfractionated heparin
- C. Low molecular weight heparin
- D. NOACs

5. What do physicians use to determine the pretest probability of a patient's risk of DVT?

- A. Wells' criteria
- B. D-dimer
- C. Ultrasound
- D. PESI tool

6. According to the 2016 ACCP Guidelines, "long-term" anticoagulant therapy lasts:

- A. 12 months
- B. 6 months
- C. 3 months
- D. Indefinitely

Please continue on the back side

Please Rate this CME Activity:

	poor	fair	good	very good	excellent
1. Overall Evaluation	<input type="radio"/>				
2. Content	<input type="radio"/>				
3. Usefulness	<input type="radio"/>				

Extent to Which Learning Objectives Were Met:

	strongly disagree	disagree	neutral	agree	strongly agree
1. Define the short-term and long-term goals of anticoagulation for VTE.	<input type="radio"/>				
2. Determine the optimal length of therapy based on clinical factors.	<input type="radio"/>				
3. Manage anticoagulation around medical procedures and special situations.	<input type="radio"/>				

Please Rate the Effectiveness of the Faculty/Presenter:

	poor	fair	good	very good	excellent
Effective presentation	<input type="radio"/>				
Appropriate for my practice	<input type="radio"/>				

Was the presentation fair, balanced, and free of commercial bias? **yes** **no**

If no, please explain:

continue on back if needed

Do you anticipate making any changes in practice as a result of participating in this activity? **yes** **no**

If yes, please list any changes:

continue on back if needed

Title/Degree: MD DO PA NP RN Student Other: _____

Physician Specialty: _____

First Name: _____ Last Name: _____

email: _____

I certify that I completed this CME activity for _____ credit (not to exceed 1 credit AMA PRA Category 1 Credit™). Each participant should claim only those credits that he/she actually spent in the educational activity.