

**The Center for Health Care Education, LLC**  
**Acute Agitation as a Behavioral Emergency:**  
***Achieving Rapid Control and Maximizing Outcomes***  
Posttest Answer Sheet and Registration Form

**Instructions:**

To receive CME credit, complete this **Posttest Answer Sheet and Registration Form** and fax or mail all forms to:

**Acute Agitation**

The Center for Health Care Education, LLC  
257 Route 80  
Killingworth, CT 06419  
Phone: 800-260-4378  
Fax: 860-663-5696

**Deadline for Submission**

To receive credit, please fax these forms no later than July 30, 2005.

Indicate your answers to the posttest question by circling the corresponding answers below.

- |            |            |
|------------|------------|
| 1. a b c d | 6. a b     |
| 2. a b     | 7. a b     |
| 3. a b c d | 8. a b c d |
| 4. a b c d | 9. a b     |
| 5. a b     | 10. a b    |

**REGISTRATION**

Name and Degree: \_\_\_\_\_

Specialty: \_\_\_\_\_

Institution/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

*By providing your fax number, you are giving the CHCE permission to fax information to you in the future. This is for internal use and will not be sold to other companies for use.*

E-Mail Address: \_\_\_\_\_

**Your CME certificate will be sent to this e-mail address.**

Please indicate the number of credit hours you spent in this activity\*: \_\_\_\_\_

\*Note: Hours may not exceed 1.75 hours.

Signature: \_\_\_\_\_

(I certify that I have completed this CME activity as designated.)

May we contact you in 3 to 6 months with a brief survey to assess how you have used the information presented at this activity?       Yes                       No

A copy of the attendee list may be provided to the commercial supporter of this activity.  
 Please check here if you do not want your name included on this list.

## EVALUATION

Please evaluate the activity by checking the appropriate boxes:

Upon completion of this activity, I will be able to (1 = Strongly Disagree, 5 = Strongly Agree):

- |  | 1                        | 2                        | 3                        | 4                        | 5                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Describe the challenges emergency department physicians face when treating the agitated patient;                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Compare and contrast the various treatment options for acute agitation including conventional and new atypical antipsychotics; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrate the benefits of treatment choices for the Emergency physician, the treatment team and the patient.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Was this activity fair, balanced, and free from commercial bias?                       Yes                       No

Please rate the content presented at this activity:  
 Too basic       Appropriate       Too complex

Please rate the following factors in your decision to attend this CME activity (1 = low, 5 = high):

- |                        | 1                        | 2                        | 3                        | 4                        | 5                        |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Faculty                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Topics being presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What are the most important things you learned in this CME activity?

What topics/issues raised in this CME activity remain unclear to you?

Please complete the following statement:

In the future I would like to attend an educational program on \_\_\_\_\_.  
*(please insert topic)*

As a result of completing this CME activity, do you intend to change your clinical practice with regard to the acutely agitated patient?

Yes

No

If YES, please list how:

If NO, please indicate reasons why:

How soon will you incorporate the information from this CME activity into your clinical practice?

Immediately

1 month

3 months

6 months

Never