

Education session Post-assessment

Thank you for agreeing to take this assessment. The assessment asks questions about your knowledge and self-efficacy to recognize the signs and symptoms of lupus and refer patients to a rheumatologist for diagnosis and treatment. Please note that your participation in this assessment is voluntary. You can stop taking the assessment at any time without penalty. You can skip any questions, except those marked with an asterisk (*).

Section One – Identification Information

To begin the survey, we need you to provide a few pieces of information to generate an ID number, which will not be linked to your name or contact information.

1.1. Please enter the first three letters of your LAST name. (For example, if your last name is Smith, enter SMI.)*	
1.2. Please enter the FIRST, MIDDLE, and LAST initials of your name. (For example, if your name is John William Smith, enter JWS. If you do not have a middle initial, then enter your first and last initials.)*	
1.3. Please enter the year of your birth using YYYY format. (For example, if you were born in 1980, please enter 1980.)*	
1.4. Please enter the two letter abbreviation for your state. (For example, if you live in Georgia, please enter GA.)*	

If you have any questions about the survey, please call or email Sherry Williams, Project Manager, swilliams@rheumatology.org or L. Beaman Morris, Project Coordinator, lmorris@rheumatology.org at the American College of Rheumatology.

Section Two – Questions about Lupus

Select the best answer for each question below.

- 2.1. Kidney disease is the major cause of death in people with longstanding lupus.
- True
 - False
- 2.2. Lupus mainly affects older women of color.
- True
 - False
- 2.3. African American women are 3 times more likely to develop lupus than Caucasian women.
- True
 - False
- 2.4. A 42-year-old Black female presents for annual physical. She has been having some fatigue and joint pain, especially after long days on her feet at work. She reports no other symptoms. Is ANA testing an appropriate next step?
- Yes
 - No
- 2.5. The hallmark “butterfly rash” appears:
- On the chest or back
 - Across the nose and cheeks
 - Across the lower back
 - Between the shoulder blades
- 2.6. A positive ANA confirms the diagnosis of lupus
- True
 - False
- 2.7. Challenges in detecting lupus include:
- Early symptoms can be non-specific
 - Early symptoms can be easily confused with other illnesses or syndromes
 - Symptoms may develop slowly or suddenly
 - All of the above
- 2.8. Early diagnosis:
- Has increased the survival rate from 50% in 1953 to about 75% today.
 - Has not impacted the survival rate of those with major organ deterioration
 - Can reduce the leading causes of mortality with proper treatment
 - A and C
 - None of the above
- 2.9. A 26-year-old Hispanic male presents for evaluation of swollen cervical lymph nodes. These have been present for over 2 months though he does not recall any recent URI or other illness. When asked about other symptoms, he endorses occasional joint pain and oral ulcers, as well as some photosensitivity. Is ANA testing an appropriate next step?
- Yes
 - No
- 2.10. A 35-year-old Caucasian female seeks evaluation for autoimmune disease. She describes fatigue, migraines, difficulty sleeping, diffuse hair thinning and diffuse muscle pain. On exam, she has an aphthous ulcer on her lip, but no ulceration on the hard palate and no other abnormal findings. What is the next most appropriate step in her evaluation?
- TSH
 - ANA test
 - Rheumatoid Factor
 - CH50

Section Three – Confidence Questions

Select the best answer for each question below.

3.1. Rate your **confidence** in your knowledge and/or abilities to

	1 – Not at all confident	2 – Not very confident	3 – Neutral	4 – Confident	5 – Very confident
a. Identify the presenting signs and symptoms of lupus.					
b. Refer a suspected case of lupus to a rheumatologist.					
c. Initiate a work-up for lupus.					
d. Understand lupus epidemiology, health disparities, disease characteristics and genetics.					

Section Four – Feedback Questions

Please answer the next set of questions based on your experience at the education session today.

4.1. Rate your **satisfaction with the overall activity** in the following areas:

	1 – Very Dissatisfied	2 – Dissatisfied	3 – Unsure/ Neutral	4 – Satisfied	5 – Very Satisfied
a. Clinical relevance					
b. Content met stated objectives					
c. Meeting your educational needs					

4.2. How likely are you to attend another seminar led by a fellow in rheumatology serving as an educator?

- a. Highly likely
- b. Somewhat likely
- c. Neutral
- d. Somewhat unlikely
- e. Highly unlikely

4.3. Please describe any barriers ...

a. you face in recognizing the signs and symptoms of lupus	
b. you face in making an appropriate referral for assessment and diagnosis	
c. you noticed that your patients face when getting referred to rheumatologist?	
d. patients face in getting to actually see a rheumatologist?	
e. Other barriers?	

4.4. The speaker demonstrated outstanding knowledge of subject matter?

- a. Strongly Disagree
- b. Disagree
- c. No Opinion
- d. Agree
- e. Strongly Agree

4.5. The presentation skills employed by the following speaker(s) were helpful in reinforcing learning?

- a. Strongly Disagree
- b. Disagree
- c. No Opinion
- d. Agree
- e. Strongly Agree

4.6. The presentation visual aids used by the following speaker(s) were helpful in reinforcing learning?

- a. Strongly Disagree
- b. Disagree
- c. No Opinion
- d. Agree
- e. Strongly Agree

4.7 Did you feel this activity contained **commercial bias, in favor of or against**, any company's or medical device manufacturer's therapeutic agents, devices, or services?

- a. Yes b. No c. Don't Know

4.7.1 Did it negatively impact the **educational value** of the activity?

- a. Yes b. No

4.8 Do you anticipate making **changes in the way you diagnose patients** as a result of participating in this activity?

- a. Yes b. No c. Don't Know

4.8.1: If yes, please describe exactly what changes you plan to make: _____

4.8.1a: When do you plan to make the changes:

- one week
- three months
- six months
- not sure

4.8.2: If no, is it because you **already diagnose/treat patients** this way? a. Yes b. No

4.8.2a. If no, please explain: _____

4.9. Do you anticipate making **other changes in your practice** as a result of participating in this activity?

4.9.1: If yes, please describe exactly what changes you plan to make in your practice: _____

4.9.1a: When do you plan to make the changes: i. one week ii. three months iii. six months
iv. not sure

4.9.1b: Do you believe **improved patient outcomes** may be a result of these changes?

- i. Yes ii. No iii. Don't Know

4.9.2: If no, is it because you already practice this way? a. Yes b. No

4.9.2a. If no, please explain: _____

4.10 Indicate any **perceived/anticipated barriers** to implementing these changes:

- a. Cost
- b. Lack of experience
- c. Lack of administrative support
- d. Lack of time to assess/counsel patients
- e. Reimbursement/insurance issues
- f. Lack of opportunities (patients)
- g. Lack of resources (equipment)
- h. Patient compliance issues
- i. Lack of consensus or professional guidelines
- j. No barriers are anticipated
- k. Other barrier/s: (Specify below)

4.11 What is your primary **reason for participating** in this activity? Please select only one response below.

- a. Interest in self-assessment
- b. To stay up-to-date in rheumatology
- c. Value (quality/relevance/cost)
- d. Study tool for board preparation (1st time exam takers)
- e. Study tool for board recertification
- f. CME Credits
- g. Other (please specify): _____