REGISTRATION

APRIL 2010 CME POSTTEST

Fax	Mail	Web
212-328-0600	CME Director, *CNS Spectrums* 333 Hudson Street, 7th Floor, New York, NY 10013	mbl.cmeoutreach.com

ANSWER FORM

Expert Review Supplement – Practical Dosing Strategies in the Treatment of Schizophrenia

MOUNT SINAI SCHOOL OF MEDICINE

TERMINATION DATE: April 30, 2012

To receive credit, you should score 70% or better (participants will receive certification for their records in approximately 4–6 weeks). Early submissission of this posttest is encouraged. Please submit this test by April 1, 2012, to be eligible for credit. If you have any questions about this, or any of our other CME materials, please e-mail CME@mblcommunications.com

Please circle your answers

1. A B C D 2. A B C D 3. A B 4. A B C D 5. A B C D 6. A B 7. A B C D 8. A B C D

EVALUATION SECTION (please provide the information below and print clearly)

1=Minimally, 5=Completely

1. Please rate how well this CME activity met the stated learning objectives:
   - A. Interpret clinical evidence regarding the dosage, efficacy, and safety profiles of pharmacotherapeutic agents to treat first-episode schizophrenia — 1 2 3 4 5
   - B. Formulate dosing strategies to achieve optimal antipsychotic efficacy with minimal adverse events — 1 2 3 4 5
   - C. Discuss the timeframe associated with the onset of action for antipsychotics — 1 2 3 4 5
2. Please indicate how well this CME activity met your expectations regarding the following:
   - A. Translating clinical information/trial data to patients I see in my practice — 1 2 3 4 5
   - B. Providing new information — 1 2 3 4 5
   - C. Increased my knowledge and/or skills in delivering patient care — 1 2 3 4 5
   - D. Communicated information in an effective, accessible manner — 1 2 3 4 5
3. Compared to other CME activities in which I have participated this year, I would rate this activity as: (1=Needs Improvement, 5=Outstanding) — 1 2 3 4 5
4. As a result of participating in this educational activity, I will (please check one)
   ❒ Change my practice ❒ Seek additional information ❒ Confirm my current practice
   4a. If "change my practice," please describe: _____
5. Did this CME activity provide a balanced, scientifically rigorous presentation of therapeutic options related to the topic without commercial bias and influence? Yes ❒ No ❒
   5a. If "no," please explain: _____
6. Do you feel these topics should be repeated/updated in future CME activities? Yes ❒ No ❒
   6a. If "yes," what suggestions would you make to improve this activity? _____
7. Please indicate your three preferred formats for CME activities:
   ❒ Print media ❒ Internet ❒ Multimedia/video ❒ Live meeting ❒ PDA ❒ Podcast
8. Please indicate three professional education gaps you would like to be addressed in future CME activities:
   Topic 1: _____
   Topic 2: _____
   Topic 3: _____

Name _____ Degree _____ Affiliation _____

Street _____

City _____ State _____ Zip Code _____

Tel: _____ Fax: _____ Specialty _____

Email _____

I certify that I completed this CME activity (signature) _____ Date _____

I have read the CME article and completed this activity in _____ hour(s).