

## Fundamentals of Diabetes Post-Test

Name \_\_\_\_\_

(Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.)  
Enter N/A if you are not employed.

Hospital \_\_\_\_\_ Unit \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

- 1) Characteristics of Type 1 diabetes include:
  - a) Destruction of the beta cells in the pancreas.
  - b) Usually occurs in people over the age of 40.
  - c) Responds only to insulin.
  - d) All of the above
  - e) Only a and c.
- 2) Tight control of blood glucose in people with Type 1 diabetes (as well as all hospitalized patients) is important because:
  - a) There is a decrease in the mortality rate for hospitalized patients
  - b) Shorter hospitalizations
  - c) Reduced chance of infection
  - d) All of the above
- 3) Which of the following is rapid acting insulin?
  - a) Regular
  - b) NPH
  - c) Lispro/aspart /apidra
  - d) Humalog Mix 70/30
- 4) Oral medications are predominately used in managing Type 2 diabetes.
  - a) True
  - b) False
- 5) Which of the following oral medications used to treat Type 2 diabetes functions by slowing absorption of glucose from the GI tract?
  - a) Glipizide/Glucotrol
  - b) Glyburide/DiaBeta,Micronase
  - c) Metformin/Glucophage
  - d) Miglitol/Glyset
- 6) Which of the following oral medications do NOT cause hypoglycemia?
  - a) Acarbose/Precose
  - b) Glipizide/Glucotrol
  - c) Glyburide/DiaBeta,Micronase
  - d) Repaglinide/Prandin
- 7) If a patient is on Acarbose (Precose) and also Repaglinide (Prandin), and has a hypoglycemic reaction, what would you give as an oral treatment?
  - a) Orange juice
  - b) One ampule of D<sub>50</sub> IV
  - c) One tablespoon of sugar
  - d) Glucose tablets or gel
- 8) One way to provide the best education for the limited English speaking patient is to ask the patient about the influence of their spiritual or religious beliefs on their health and how it can be incorporated into their management plan.
  - a) True
  - b) False
- 9) Which food does not contain carbohydrates?
  - a) Bread
  - b) Milk
  - c) Turkey
  - d) Apple
- 10) Dr. John Doe orders Humulin for his patient to be given supplemental scale. What did Dr. Doe mean to write?
  - a) It is not possible to know what he meant
  - b) Humalog
  - c) Regular
  - d) Human Insulin

**Expiration date:** The last day that post tests will be accepted for this edition is **December 31, 2016**—your envelope must be postmarked on or before that day.

## Evaluation: Fundamentals of Diabetes

Please complete the evaluation form below by placing an “X” in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Describe the four main types of diabetes.	
2. Describe key factors associated with insulin administration.	
3. Explain the mechanism(s) of action of the four primary categories of oral medications.	
4. List the key characteristics of the carbohydrate-controlled diet for diabetes management.	
5. Discuss factors influencing diabetes self-management.	
6. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
7. Notice of requirements for successful completion, including purpose and objectives	
8. Conflict of interest	
9. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
10. Sponsorship or commercial support	
11. Non-endorsement of products	
12. Off-label use	
13. Expiration Date for Awarding Contact Hours	
14. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

15. How long did it take you to read this home study and complete the post test and evaluation:

\_\_\_\_\_ hours and \_\_\_\_\_ minutes.

16. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?

\_\_\_ Yes

\_\_\_ No, more contact hours should have been offered

\_\_\_ No, fewer contact hours should have been offered.

Expiration date: December 31, 2016