

1. In a recent survey published in the September 2010 issue of *Michigan Pharmacist*, what was the top pharmacy practice issue?
 - A. E-prescribing
 - B. Mail order
 - C. PBM transparency
 - D. Audits
2. What is the preferred method of communication for most reporters?
 - A. E-mail
 - B. Fax
 - C. Letter
 - D. Phone
3. What is the most critical element of success in effectively communicating key pharmacy messages?
 - A. Crafting your main message
 - B. Determining your audience
 - C. Handling “bad” questions appropriately
 - D. Dressing properly
4. True or False: It is never recommended to go off the record with a reporter.
 - A. True
 - B. False
5. What is one of the 10 Cs of Communication?
 - A. Comprehensiveness
 - B. Challenge
 - C. Contract
 - D. Channels
6. What is one of the pharmacy priorities MPA has developed talking points on?
 - A. Health care reform
 - B. Medication therapy management (MTM)
 - C. Electronic health records (EHRs)
 - D. Patient-centered medical home (PCMH)
7. True or False: It is okay to take down a message from a reporter and call back within their deadline with organized answers.
 - A. True
 - B. False
8. One way for a pharmacy professional to share their key message with a legislator is to:
 - A. Storm into their office
 - B. Start a protest at the Capitol
 - C. Schedule a legislator pharmacy visit
 - D. Send them a letter
 - E. Both c and d
9. During an on-camera interview, a common sign of nervousness mentioned is:
 - A. Avoiding eye contact
 - B. Smiling excessively
 - C. Biting your lip
 - D. Leaning toward the reporter
10. How is it recommended that you handle a hypothetical question?
 - A. Restate the question, correcting any inaccuracies, and then answer it
 - B. Respond to a real situation only
 - C. Answer only questions that you want to
 - D. Don't repeat the question, restate the reality

This activity is a **FREE** service to members of the Kentucky Pharmacists Association. The fee for non-members is \$30. The fee for duplicate certificates is \$5. Please send a self addressed, stamped envelope to KPERF, 1228 US 127 South, Frankfort, KY 40601.

Expiration Date: December 1, 2014

Successful Completion: Score of 80% will result in **1.0 contact hour or 0.10 CEUs.**
Participants who score less than 80% will be notified and permitted one re-examination.

December 2011-2- Effective Communication Strategies for Sharing Key Pharmacy Messages
TECHNICIANS ANSWER SHEET. Not ACPE approved for Technicians.

Name _____ KY Cert. # _____

Address _____

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- | | | | | |
|------------|------------|------------|--------------|-------------|
| 1. A B C D | 3. A B C D | 5. A B C D | 7. A B | 9. A B C D |
| 2. A B C D | 4. A B | 6. A B C D | 8. A B C D E | 10. A B C D |

| | | | | | |
|-------------------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| Met my educational needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Figures and tables were useful | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Achieve the stated objectives | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Posttest was appropriate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was well written | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commercial bias was present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is relevant to my practice | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature _____ Date _____

December 2011-2- Effective Communication Strategies for Sharing Key Pharmacy Messages
Universal Activity # 0143-9999-11-062-H04-P
PHARMACISTS ANSWER SHEET

Name _____ KY Lic. # _____

Address _____

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- | | | | | |
|------------|------------|------------|--------------|-------------|
| 1. A B C D | 3. A B C D | 5. A B C D | 7. A B | 9. A B C D |
| 2. A B C D | 4. A B | 6. A B C D | 8. A B C D E | 10. A B C D |

Information presented in the activity:

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|-------------------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| Met my educational needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Figures and tables were useful | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Achieve the stated objectives | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Posttest was appropriate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was well written | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commercial bias was present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is relevant to my practice | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Unmet Objectives: _____

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature _____ Date _____

