

CME QUESTIONS

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INSTRUCTIONS

- The answer grid and evaluation form should be submitted as a printout from the ITACCS website.
- On the answer form at the bottom of page 51, circle only one response next to each number.
- Complete the evaluation form.
- Keep a copy of your completed answer form and evaluation form.
- Write a check for \$200 (or \$100 accompanied by verification of current ITACCS membership), payable to the International Trauma Anesthesia and Critical Care Society.
- Mail the forms and your check (and membership verification, if applicable) to ITACCS, Department of CME Credit, PO Box 4826, Baltimore, MD 21211.
- The completed test will be accepted for grading if received by September 30, 2007.
- Please allow 4 to 6 weeks for processing.

CME QUESTIONS

- In the context of trauma management, an effective team response:
 - Improves patient care
 - Reduces clinical error
 - Improves patient outcome
 - All of the above
- In Victoria, Australia, challenges of trauma care in rural hospitals are compounded by:
 - Longer transport times
 - Limited resources
 - Limited case load (leading to unfamiliarity)
 - Limited or no access to trauma education
 - All of the above
- Rural health care providers must provide adequate fluid resuscitation including, when necessary, the use of blood transfusions.
 - True
 - False
- Microsimulation is an adequate alternative to full-scale (macro) simulation?
 - Yes
 - Yes, but limited to the use of microsimulators for training the medical and/or decision-making (cognitive) aspects in contrast to psychomotor skills
 - No—there is no overlap in terms of the learning objectives that microsimulators and macrosimulators can address
- The value of simulation without debriefing (feedback) is:
 - Entertainment with a serious touch
 - Serious learning environment
 - There is no value without feedback
- A patient presents to the emergency department with weakness concentrated in the face with symptoms of diplopia, ptosis, and slurred speech. He is the third such patient to present in the last 2 hours. He walked in, his vital signs are otherwise stable, and he is afebrile. Based on the algorithm you should do the following:
 - Give the patient antidote for nerve agent
 - Send the patient to negative pressure isolation
 - Decontaminate the patient in the ambulatory decontamination area
 - Give the patient 400 mg of intravenous ciprofloxacin
- A patient is brought in from the scene of a mass casualty incident with active seizing, copious secretions, and a respiratory rate of 8. A chemical release of some type is suspected. Many people at the scene were affected in a similar way. This patient should:
 - Be brought directly back to the trauma bay
 - Be met in the dirty resuscitation area by personnel wearing appropriate protective gear
 - Be taken to negative pressure isolation
 - Be left outside the hospital because the chance for recovery is poor
- The following types of simulation may help in educating health care providers regarding possible terrorist attacks:
 - Screen-based computer simulation
 - Actors with appropriate make-up playing patients, as is done in ATLS
 - High-fidelity mannequin-based simulation in which the simulator has dynamically changing vital signs
 - All of the above
- The following physiological changes (related to intravascular fluid shifts and volume alterations) occur in the first few days in a microgravity environment:
 - Atrial stretch receptors are stimulated
 - Puffy face
 - Nausea
 - Right-sided ventricular strain
 - All of above
- Astronauts returning to earth, and individuals exposed to prolonged exposure (immersion) in water (e.g. floating in a life vest after the boat sank) have the following characteristics in common:
 - Decreased blood volume
 - Diuresis
 - Excessive parasympathetic tone
 - a. and b.
 - All of above
- The easiest and fastest way to obtain an effective airway in a patient within an austere, moving transport vehicle (such as a spaceship or rocking boat,) is:
 - Classic laryngeal mask airway (LMA)
 - Intubating laryngeal mask airway
 - Macintosh II laryngoscope blade, endotracheal tube, and in-line stabilization
 - Miller II laryngoscope blade, endotracheal tube, and introducer
- Simulation center design features that can maintain realism while maximizing instructional effectiveness include:
 - Headwalls with active ports for compressed gases

- b. Chases that allow simulator gas lines and data cables to run under the floor from their origins to a point directly below the treatment table or bed
 - c. Compressed gas zone valves that allow interruption of oxygen, vacuum, or air during simulations
 - d. Ceiling-mounted cameras and microphones that reduce or eliminate the need for one-way glass windows to allow operators to observe simulation
 - e. All of the above
13. Simulated clinical environments are an important resource for optimizing clinical simulation's impact because they:
- a. Help learners "suspend disbelief" and interact with the patient simulator as if it were real
 - b. Can be used to provide surge capacity for hospitals during disasters
 - c. Always contain fewer distractions than actual clinical environments
 - d. Allow simulations to be conducted using teams consisting entirely of members from a single health care profession
 - e. Allow education to be focused on psychomotor skills in a static environment
14. Human simulation is a useful tool for medical education because:
- a. Specific clinical scenarios can be generated at times convenient for teaching
 - b. Scenarios can be repeated so that all trainees in a program can be tested under identical conditions
 - c. Students can practice without putting the health or welfare of actual patients at risk
 - d. All of the above
15. Human simulation appears to be useful in teaching and evaluating:
- a. Treatment algorithms
 - b. Management of specific presenting ("chief") complaints
 - c. Procedural competence
 - d. Crisis Resource Management
 - e. All of the above
16. Crisis Resource Management (CRM) teaches and evaluates:
- a. The provision of medical care during a cardiac arrest or similar situation
 - b. The provision of medical care during disaster or other mass casualty situations
 - c. Group dynamics during a crisis situation
 - d. All of the above
17. Which of the following is NOT part of the DISASTER mnemonic?
- a. D - Detection
 - b. I - Incident survey
 - c. A - Assess hazards
 - d. T - Treatment and triage
18. Simulator fidelity was found to be the most important component of a successful simulation experience.
- a. True
 - b. False
19. The goal of the instructor while teaching a simulation is to be like a guide, rather than lecturing to the students.
- a. True
 - b. False
20. Group size (the number of students taught) is a limiting factor in simulation training.
- a. True
 - b. False

Evaluation Form: Please rate this self-study activity by marking one response for each statement.

Did the articles meet their stated objectives? Yes No

How do you rank the quality of this educational activity? 5 (high) 4 3 2 1 (low)

Comments: _____

Did you perceive any evidence of bias for or against any commercial products? Yes No If yes, please explain.

Comments: _____

How do you rank the effectiveness of this activity as it pertains to your practice? 5 (high) 4 3 2 1 (low)

Did this material stimulate your intellectual curiosity? 5 (high) 4 3 2 1 (low)

Additional comments about this activity: _____

Answer Form: Please circle the one best answer for each question.

TraumaCare Volume 16, Number 1, 2006 issue

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- 18. a b
- 19. a b
- 20. a b

I certify that I have completed the "TraumaCare/Vol. 16, No. 1, 2006 issue" activity as designed and claim 10 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

Signature _____ Date _____

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References:

- 1) BMJ Volume 320, 18 March 2000
- 2) To Err Is Human: Building a Safer Health System/Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, Editors, © 2000 by the National Academy of Sciences.

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