

The Ochsner Journal

Continuing Medical Education

CME QUESTIONS VOL. 11, NO. 2

This section provides a review. Mark each statement (circle the correct answer) according to the factual material contained in this issue and the opinions of the authors. A score of 70% per article is required to qualify for CME credit.

Evaluating Safety of Handoffs Between Anesthesia Care Providers

1. Benefits of an anesthesia information system include
 - a. legibility of the record.
 - b. ability to import contemporaneous patient data from other data sources.
 - c. improvement of patient care through clinical decision support.
 - d. ability to analyze many patient encounters and run reports directed at improving patient care and operational efficiency.
 - e. all of the above.
2. Major impediments to the deployment of an anesthesia information system include
 - a. cost of hardware and software acquisition.
 - b. cost of training end users.
 - c. medical-legal issues related to data acquisition.
 - d. all of the above.
3. The initial validation of the electronically charted record is performed by parallel paper charting of data appearing on the patient's clinical monitors and comparison of these data with the electronically acquired and charted data.
True or False
4. Data entries that are required for submission of the chart as the patient's permanent medical record and for patient billing are considered hard stops in the documentation process and must be entered into the record prior to the closure of a case.
True or False

Medial Ectropion Repair of Lower Eyelids With a Cicatricial Component

1. Involutional ectropion can be complicated by
 - a. conjunctival scarring.
 - b. contraction of the skin and underlying tissue.
 - c. Graves disease.
 - d. ocular pemphigoid.
2. Cicatricial ectropion can be surgically corrected by
 - a. tightening the medial canthal tendon.
 - b. tightening the lateral canthal tendon.
 - c. skin grafting alone.
 - d. wedge resection sparing the skin and underlying muscle.
3. Cicatricial ectropion can be associated with
 - a. scleroderma.
 - b. T-cell lymphoma.
 - c. actinic changes.
 - d. all of the above.

Minimally Invasive Video-Assisted Thyroidectomy (MIVAT) for Treatment of Benign Solitary Thyroid Nodules in Pediatric Patients

1. The risk of harboring malignancy in thyroid nodules in pediatric patients is fourfold higher than that for adult patients.
True or False
2. Endoscopic video-assisted thyroidectomy requires CO₂ insufflation.
True or False
3. Low-risk, early-stage papillary thyroid cancer is a contraindication for MIVAT.
True or False
4. A nodule less than 35 mm, absence of thyroiditis, and thyroid volume less than 30 cc are contraindications for MIVAT.
True or False
5. MIVAT is associated with improved cosmesis and reduced postoperative pain compared to conventional thyroid surgery.
True or False

Localized Myxedema of the Foot Associated With Trauma and Surgery

1. Clinical findings that can be associated with a localized myxedema presentation include
 - a. exophthalmos.
 - b. pretibial myxedema.
 - c. Graves triad.
 - d. all of the above.
2. Localized myxedema presentations have been documented to occur in which thyroid states?
 - a. Hypothyroidism
 - b. Euthyroidism
 - c. Hyperthyroidism
 - d. All thyroid states
3. Possible local precipitants for localized myxedema include
 - a. trauma and surgery.
 - b. surgery and radiotherapy.
 - c. trauma and radiotherapy.
 - d. trauma, surgery, and radiotherapy.
4. Which statement is correct regarding previously documented cases of localized myxedema?
 - a. Multiple sites of localized myxedema are never seen.
 - b. Localized myxedema is never a presenting sign of Graves disease.
 - c. Localized myxedema has most commonly occurred in hyperthyroid states.
 - d. Biopsy diagnosis has never been needed for definitive confirmation.

Closed Digital Artery Injury

1. Closed digital artery injury has been associated with
 - a. suggestive symptoms (numbness, decreased sensation, cyanosis or pallor, and slowing of capillary filling).
 - b. crush injury mechanism.
 - c. transverse phalangeal fracture.
 - d. all of the above.
2. Diagnosis of closed digital artery injury is based on
 - a. clinical assessment.
 - b. Doppler.
 - c. oximetry.
 - d. arteriography.
3. Which statement is correct regarding closed digital artery injury?
 - a. It is a common diagnosis.
 - b. All such injuries can be safely reviewed in clinic the following day.
 - c. An urgent referral to a specialist center is warranted.
 - d. Neurovascular normality does not need to be established during assessment.
4. Which statement is correct regarding closed digital artery injury?
 - a. Surgical repair of closed digital artery injury has not been associated with good outcome (good hand function).
 - b. A closed digital artery injury with secondary acute ischemia requires urgent surgical intervention.
 - c. Failure to operate on a closed digital artery injury has not been documented to cause decreased hand function.
 - d. Bilateral digital arterial repair has been documented as crucial for closed digital artery injury repair rather than unilateral arterial repair.

Increase in Venous Complications Associated With Etomidate Use During a Propofol Shortage

1. All of the following limit the use of etomidate as an agent for induction of anesthesia EXCEPT
 - a. venous irritation.
 - b. adrenocortical suppression.
 - c. myoclonus.
 - d. hemodynamic instability.

(Questions continued on opposite side)

(Questions continued from opposite side)

2. Which of the following is a way to reduce the incidence of venous irritation from etomidate injection?
 - a. Increase the rate of injection.
 - b. Inject into a smaller vein.
 - c. Use propylene glycol formulation.
 - d. Flush injection with normal saline.
3. A major contributing factor to the venous irritation associated with etomidate is its
 - a. pH.
 - b. osmolarity.
 - c. lipid solution.
 - d. affinity for GABA receptors.
4. Pretreatment with lidocaine has been shown to decrease venous irritation associated with etomidate.
True or False

Initial Experience With Implanted Peripheral Nerve Stimulation for the Treatment of Refractory Cephalgia

1. When considering peripheral stimulation therapy for intractable pain it is necessary to
 - a. evaluate the patient for any untreated psychiatric conditions or untreated substance abuse issues.
 - b. classify the headache using the International Headache Society criteria.
 - c. perform diagnostic blocks with steroid.
 - d. avoid less-invasive, less-effective therapies if the patient reports severe pain.
2. The incidence of classic trigeminal neuralgia is greatest
 - a. after trauma.
 - b. in male patients.
 - c. with increasing age.
 - d. in none of the above.
3. Complications of permanent stimulator implantations include
 - a. infection necessitating removal.
 - b. migration of electrodes causing loss of therapy.
 - c. bleeding/hematoma.
 - d. all of the above.

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EVALUATION

Your response to these questions helps us to enhance our CME offerings. Please take the time to respond and return the evaluation. Thank you.

Please use the following codes to answer items 1-7.

SA - Strongly Agree

A - Agree

U - Undecided

D - Disagree

SD - Strongly Disagree

1. The objectives of the CME activity were clearly stated.
SA A U D SD
2. The content of the journal articles was up-to-date.
SA A U D SD
3. The journal articles illustrated independence, objectivity, balance, and scientific rigor.
SA A U D SD
4. The content was closely related to objectives of my clinical practice and/or teaching.
SA A U D SD

5. The journal articles increased my knowledge of the subject.

SA A U D SD

6. The content of the journal articles met my personal expectation and needs.

SA A U D SD

7. I will apply the information learned from these journal articles in my clinical practice.

SA A U D SD

Do you have any suggestions as to how to improve the content of the journal articles?

What topics would you like to see in future journal articles?

Thank you for completing this evaluation and survey.