# The Ochsner Journal **Continuing Medical Education**

CME QUESTIONS VOLUME 12, NO. 4

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.

#### Teaching Palliative Care in the Intensive Care Unit: How to **Break the News**

- 1. What percentage of house officers reported being comfortable with leading end-of-life conversations?

  - b. 33%
  - c. 50%
  - d. 85%
- 2. What 3 teaching tools did researchers use to improve house officer confidence with end-of-life discussions and palliative care?
  - a. Online modules, reflection, and tutorials
  - b. Journals, role modeling, and simulation
  - c. Problem-based learning, tutorials, and online modules
  - d. Case-based learning, tutorials, and role modeling
- 3. The curriculum improved house officer confidence in how many of the 9 areas of palliative and end-of-life care concepts measured?
  - a. 6 of 9 areas
  - b. 3 of 9 areas
  - c. 8 of 9 areas
  - d. All 9 areas

## **Developing a Practical and Sustainable Faculty Development Program With a Focus on Teaching** Quality Improvement and Patient Safety: An Alliance for **Independent Academic Medical Centers National Initiative III Project**

- 1. The Accreditation Council for Graduate Medical Education Next Accreditation System emphasizes that institutions create a training environment that focuses on
  - a. quality improvement.
  - b. patient safety.
  - c. evidence-based care.
  - d. all of the above.
- 2. Teamwork has clearly been shown to be an essential part of the modern healthcare system.

True or False

3. Literature supports the effectiveness of comprehensive faculty development programs to improve quality improvement in medical practice.

True or False

- 4. In the realm of quality improvement, the acronym PDSA stands for all of the following except
  - a. plan.
  - b. devise.
  - c. study.
  - d. act.

## **Evaluation of Patient Handoff Methods on an Inpatient Teaching Service**

1. Changes in Accreditation Council for Graduate Medical Education requirements have tended to increase the number of patient handoffs in teaching hospitals. True or False

- 2. Which of the following have been shown to result from poor patient handoff processes?
  - a. Adverse patient outcomes
  - b. Prolonged hospital stays c. Increased medical costs

  - d. All of the above
  - e. None of the above
- 3. Which of the following statements about the morning sign-in process is false?
  - a. The morning sign-in process is typically performed according to rigorous protocols at teaching hospitals.
  - Little prior research has been conducted on the best morning handoff methods.
  - c. Poor patient handoffs in the morning may leave resident physicians unprepared to provide proper care to patients during the day.

- d. Morning sign-in often consists of haphazard verbal exchanges of information at many teaching hospitals.
- Teaching hospital officials need to ensure that evening sign-out and morning sign-in are both completed by protocols that provide complete, accurate exchange of important patient information.
- 4. Which of the following have been shown to improve the patient handoff process between interns on hospital teaching services?
  - a. Use of a standardized patient handoff form
  - b. Scheduled face-to-face meetings between interns to complete the handoff process
  - Active participation by senior residents and faculty supervisors of junior residents
  - At least 90% attendance by interns on the teaching services
  - e. All of the above
  - f. A, B, and C

## Perceptions of Medical Students and Their Supervisors of the Preparation of Students for Clinical Placement in Obstetrics and Gynecology

- 1. The skills level "does" is at what level of Miller's (1990) triangle of clinical competency?
  - a. First
  - b. Second
  - c. Third
  - d. Fourth
- 2. Qualitative research approaches in medical education do not take into account individual viewpoints of participants. True or False
- 3. Qualitative research approaches in medical education require large sample

True or False

#### The Impact of a Documentation and Coding Curriculum in an Obstetrics and Gynecology Continuity Clinic

- 1. What has the Office of Inspector General at the US Department of Health and Human Services identified as a problematic area of medical coding?
  - a. Billing for items or services not actually documented
  - b. Upcoding
  - c. Unbundling
  - d. All of the above
- e. None of the above 2. The most effective time to initiate a documentation and coding curriculum

is toward the end of residency. True or False

3. Inaccurate documentation in the face of accurate coding is not considered fraud by the federal government.

True or False

## All the World's a Stage: Integrating Theater and Medicine for Interprofessional Team Building in Physician and Nurse Residency Programs

- 1. Interprofessional education in healthcare
  - a. is felt to be ineffective in improving the participating students' attitudes toward team-based care.
    b. has been identified by the World Health Organization as a key step in
  - moving health systems from fragmentation to a position of strength.
  - c. is not gathering momentum.
- 2. During the debriefing session for the physician and nurse learners after the team-based patient care simulation,
  - a. the learners were encouraged to reflect on their own performance.

  - b. both physician and nursing educators participated jointly.c. bookmarked segments of videotaped encounters were played back to emphasize teaching points.
  - d. all of the above.

(Questions continue on opposite side)

- 3. One barrier not experienced in the development of this interprofessional education project was
  - a. coordinating learners' schedules to free them from clinical duties so they could participate.
  - b. assembling the necessary depth of faculty manpower to conceptualize and write the scenarios.
  - c. finding an appropriate space to conduct the scenarios because of the lack of a simulation center.

#### Intraoperative Recurrent Laryngeal Nerve Monitoring in Thyroid Surgery: Is It Worth the Cost?

- 1. Attempts to optimize the value proposition of care for patients is driven by which of the following?
  - a. Standardized quality with increasing cost
  - b. Standardized quality with decreasing cost
  - c. Increasing quality with increasing cost
  - d. Increasing quality with decreasing cost e. None of the above
- 2. The important results metric from the paper revealed which of the following?
  - a. Monitoring improved operative time in a lobectomy and decreased surgical cost.
  - b. Monitoring had no effect on operative time in a lobectomy and decreased surgical cost.

    c. Monitoring had no effect on operative time in a lobectomy and
  - increased surgical cost.
  - d. Monitoring added to operative time in a lobectomy and had no effect on cost.
  - e. Monitoring added to operative time in a lobectomy and increased surgical cost.
- 3. Regarding the use of intraoperative recurrent laryngeal nerve monitoring in thyroid surgery, which of the following statements is true?
  - a. The use of intraoperative monitoring decreases the rate of recurrent nerve paresis in all cases.
  - b. The use of intraoperative monitoring increases the rate of recurrent nerve paresis in all cases.
  - c. The use of intraoperative monitoring has no effect on the rate of recurrent nerve paresis in most cases
  - d. The use of intraoperative monitoring decreases the rate of recurrent nerve paresis in most cases.

e. The use of intraoperative monitoring increases the rate of recurrent nerve paresis in most cases.

## Office-Based Surgical and Medical Procedures: **Educational Gaps**

- According to the American Society of Anesthesiologists (ASA) Closed Claims study, the most common mechanism of injury during office-based procedures was
  - a. myocardial infarction.
  - b. púlmonary embolism.
  - c. respiratory depression.
  - d. equipment failure.
- 2. Office-based surgery is often called the Wild West of healthcare because it is
  - a. regulated in only 27 states.
  - b. only federally regulated.
  - c. mainly under Joint Commission purview.
  - d. proven unsafe for administration of general anesthesia.
- 3. According to the ASA Closed Claims study, the percentage of reported cases judged preventable by better monitoring was
  - a. 28%.
  - b. 46%.
  - c. 55%.
  - d. 70%
- 4. The most common accrediting agency for office-based surgical facilities is the
  - a. American Association for Accreditation of Ambulatory Surgery Facilities.
  - b. Joint Commission.
  - c. Drug Enforcement Administration.
  - d. Accreditation Association for Ambulatory Health Care.
- 5. The study by Vila et al determined that surgery in the office-based setting, compared to surgery in a regulated ambulatory surgical center, presented a
  a. 12.8 times greater risk of adverse events.

  - b. 5.5% increase in the chance of adverse events.
  - c. 12.8 times lower risk of adverse events.
  - d. 5.5% decrease in the chance of adverse events.

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

D

- 5. The journal articles increased my knowledge of the subject. SA
- 6. The content of the journal articles met my personal expectation and needs.
- SA 7. I will apply the information learned from these journal articles in my clinical practice.

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.