



SASA
SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

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SAJAA CPD ANSWER FORM - March/April 2020

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Please answer the following questions:

<p>1. Which of the following statements is false:</p> <p>a. Litigation is a process where public officials decide cases by applying the law to their understanding of the emotions and proclaim who is 'right' and who is 'wrong'.</p> <p>b. Litigation is a process of taking legal action.</p> <p>c. Litigation is the term used to describe proceedings initiated between two opposing parties to enforce or defend a legal right.</p>	<p>9. With regard to the three burnout dimensions, <i>emotional exhaustion</i>, <i>cynicism</i> and <i>efficacy</i>, a diagnosis of being "clinically" burned out is justified if a person has:</p> <p>a. Moderate scores for all three burnout dimensions.</p> <p>b. A high score for <i>emotional exhaustion</i> plus either a high score for either <i>cynicism</i> or a high score for <i>efficacy</i>.</p> <p>c. A high score for <i>emotional exhaustion</i> plus moderate scores for <i>cynicism</i> and <i>efficacy</i>.</p>
<p>2. Which of the following practising specialist fields are decreasing at an alarming rate:</p> <p>a. Anaesthesiology.</p> <p>b. Gynaecology.</p> <p>c. Neurology.</p> <p>d. Paediatric neurosurgery.</p>	<p>10. Comparing anaesthetists working in the public and the private sectors: Regarding scores for <i>emotional exhaustion</i> and for <i>cynicism</i>, anaesthetists working in the public sector returned:</p> <p>a. Higher scores, but the differences were probably unimportant as reflected by a small effect size and small relative risk.</p> <p>b. The differences between the groups did not achieve statistical significance.</p> <p>c. Higher scores evidenced by a large effect size and large relative risk.</p>
<p>3. Which one of the following words is not descriptive of the term mediation?</p> <p>a. Voluntary.</p> <p>b. Non-binding.</p> <p>c. Non-confidential.</p> <p>d. Non-structured.</p>	<p>11. Comparing anaesthetists working in the public and the private sectors: Both groups returned moderate scores for the <i>efficacy</i> dimension of burnout. In addition:</p> <p>a. The groups differed significantly, but the differences were probably clinically unimportant.</p> <p>b. The groups differed significantly, and the differences were clinically important.</p> <p>c. The group differences did not achieve statistical significance.</p> <p>d. The difference between the mean scores was not statistically significant.</p>
<p>4. According to HPCSA trend analysis report of complaints against anaesthesiologists, the following complaint was ranked the highest in number:</p> <p>a. Improper relationships.</p> <p>b. Insufficient care.</p> <p>c. Impaired practitioner.</p> <p>d. Accounts.</p>	<p>12. With regard to a clinical diagnosis of being burned out:</p> <p>a. At least 1/10 anaesthetists working in private practice can be expected to be "clinically" burned out.</p> <p>b. There was no difference between the private and public sectors with regard to the proportions of anaesthetists who were "clinically" burned out.</p> <p>c. There is no ICD-10 code for the burnout syndrome.</p>
<p>5. Cardiac surgery associated acute kidney injury (CSA AKI) is multi-factorial in origin but it is thought to be linked most strongly to:</p> <p>a. The type of surgery the patient will undergo.</p> <p>b. Lack of cohesive fluid management strategies.</p> <p>c. Intraoperative acute tubular necrosis.</p> <p>d. The lack of use of cardiopulmonary bypass (CPB).</p> <p>e. Preoperative optimisation of nutrition and fluid status.</p>	<p>13. The rewards area of work-life:</p> <p>a. Are determined by monetary benefits.</p> <p>b. Include monetary rewards as well as recognition by employers, colleagues and patients.</p> <p>c. Was a predictor for the <i>efficacy</i> dimension of the burnout syndrome, but not for <i>emotional exhaustion</i> or for <i>cynicism</i>.</p>
<p>6. Novel biomarkers for CSA AKI have recently gained attention. Which of the following is true:</p> <p>a. A test kit that makes use of urinary and blood biomarkers (TIMP-2 & IGFBP7) NephroCheck® is appropriate to use for screening of CSA AKI.</p> <p>b. TIMP-2 & IGFBP7 are by-products of cells that fail to enter cell cycling, and therefore enter G1 cell cycling arrest, a known consequence of AKI.</p> <p>c. Neutrophil gelatinase-associated lipocalin (NGAL) is detectable 24–48 hours after an insult has occurred.</p> <p>d. NGAL is specific to the kidney and is not produced elsewhere in the body.</p>	<p>14. The strongest predictors of a clinical diagnosis of burnout among SASA members are:</p> <p>a. Workload.</p> <p>b. Workload, reward and community in equal degrees.</p> <p>c. Workload, years of experience, gender and age.</p>
<p>7. With regards to ultrasound, it:</p> <p>a. Can be used to calculate the resistive index (RI) of renal arteries, which reflects the resistance to flow in the microvascular bed distal to the site of measurement.</p> <p>b. Can be used in colour doppler mode to derive venous wave form patterns.</p> <p>c. Can be used in pulsed wave doppler mode to differentiate between true diastolic dysfunction and abdominal venous congestion.</p> <p>d. Can be used to calculate an RI, which when > 1.0 is normal.</p>	<p>15. Which of the following factors is associated with increased risk of packed red blood cell transfusion in cardiac surgery:</p> <p>a. Increased preoperative haemoglobin levels.</p> <p>b. Increased EuroSCORE II risk.</p> <p>c. Increased body mass index.</p>
<p>8. Comparing SASA members' mean score for <i>emotional exhaustion</i>, with that of a large normative study:</p> <p>a. SASA members' mean score was statistically significantly lower, but the difference was clinically unimportant.</p> <p>b. SASA members' mean score was statistically significantly smaller, and the difference was clinically important.</p> <p>c. SASA members' mean score was not statistically significantly different from that of the normative study.</p>	<p>16. Compared to coronary artery bypass graft (CABG), the risk of packed red blood cell transfusion in valve surgery and redo surgery is:</p> <p>a. Higher.</p> <p>b. Lower.</p> <p>c. Not significantly different.</p>
	<p>17. In cardiac surgical patients, the incidence of packed red blood cell transfusion is:</p> <p>a. Higher during the intraoperative period.</p> <p>b. Higher during the postoperative period.</p> <p>c. Equal between intraoperative and postoperative periods.</p>
	<p>18. In a patient with a fast-ventricular response to atrial fibrillation due to pulmonary hypertension and chronic obstructive airways disease, which of the following drugs is least likely to aggravate the precipitant of atrial fibrillation?</p> <p>a. Esmolol (a beta-adrenergic blocker).</p> <p>b. Digoxin.</p> <p>c. Noradrenaline.</p>
	<p>19. What is the mechanism of action of digoxin:</p> <p>a. Na/K-ATPase blockade.</p> <p>b. Beta-adrenergic stimulation.</p> <p>c. Calcium channel blockade.</p>
	<p>20. Digoxin's acute toxicity clinical signs may be:</p> <p>a. Tinnitus.</p> <p>b. Involuntary muscular movement.</p> <p>c. Blurred or yellow vision.</p>

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