Please answer the following questions:

1. Which of the following statements is false:
   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’.
   b. Litigation is a process of taking legal action.
   c. Litigation is the term used to describe proceedings initiated between two opposing parties to enforce or defend a legal right.

2. Which of the following practising specialist fields are decreasing at an alarming rate:
   a. Anaesthesiology.
   b. Gynaecology.
   c. Neurology.
   d. Paediatric neurosurgery.

3. Which one of the following words is not descriptive of the term mediation?
   a. Voluntary.
   b. Non-binding.
   c. Non-confidential.
   d. Non-structured.

4. According to HPCSA trend analysis report of complaints against anaesthesiologists, the following complaint was ranked the highest in number:
   a. Improper relationships.
   b. Insufficient care.
   c. Impaired practitioner.
   d. Accounts.

5. Cardiac surgery associated acute kidney injury (CSA AKI) is multi-factorial in origin but it is thought to be linked most strongly to:
   a. The type of surgery the patient will undergo.
   b. Lack of cohesive fluid management strategies.
   c. Intraoperative acute tubular necrosis.
   d. The lack of use of cardiopulmonary bypass (CPB).
   e. Preoperative optimisation of nutrition and fluid status.

6. Novel biomarkers for CSA AKI have recently gained attention. Which of the following is true:
   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.
   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.
   c. Neutrophil gelatinase-associated lipocalin (NGAL) is detectable 24–48 hours after an insult has occurred.
   d. NGAL is specific to the kidney and is not produced elsewhere in the body.

7. With regards to ultrasound, it:
   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.
   b. Can be used in colour doppler mode to derive venous wave form patterns.
   c. Can be used in pulsed wave doppler mode to differentiate between true diastolic dysfunction and abdominal venous congestion.
   d. Can be used to calculate an RI, which when > 1.0 is normal.

8. Comparing SASA members’ mean score for emotional exhaustion, with that of a large normative study:
   a. SASA members’ mean score was statistically significantly lower, but the difference was clinically unimportant.
   b. SASA members’ mean score was statistically significantly smaller, and the difference was clinically important.
   c. SASA members’ mean score was not statistically significantly different from that of the normative study.

9. With regard to the three burnout dimensions, emotional exhaustion, cynicism and efficacy, a diagnosis of being “clinically” burned out is justified if a person has:
   a. Moderate scores for all three burnout dimensions.
   b. A high score for emotional exhaustion plus either a high score for either cynicism or a high score for efficacy.
   c. A high score for emotional exhaustion plus moderate scores for cynicism and efficacy.

10. Comparing anaesthetists working in the public and the private sectors: Regarding scores for emotional exhaustion and for cynicism, anaesthetists working in the public sector returned:
    a. Higher scores, but the differences were probably unimportant as reflected by a small effect size and small relative risk.
    b. The differences between the groups did not achieve statistical significance.
    c. Higher scores evidenced by a large effect size and large relative risk.

11. Comparing anaesthetists working in the public and the private sectors: Both groups returned moderate scores for the efficacy dimension of burnout. In addition:
    a. The groups differed significantly, but the differences were probably clinically unimportant.
    b. The groups differed significantly, and the differences were clinically important.
    c. The group differences did not achieve statistical significance.
    d. The difference between the mean scores was not statistically significant.

12. With regard to a clinical diagnosis of being burned out:
    a. At least 1/10 anaesthetists working in private practice can be expected to be “clinically” burned out.
    b. There was no difference between the private and public sectors with regard to the proportions of anaesthetists who were “clinically” burned out.
    c. There is no ICD-10 code for the burnout syndrome.

13. The rewards area of work-life:
    a. Are determined by monetary benefits.
    b. Include monetary rewards as well as recognition by employers, colleagues and patients.
    c. Was a predictor for the efficacy dimension of the burnout syndrome, but not for emotional exhaustion or for cynicism.

14. The strongest predictors of a clinical diagnosis of burnout among SASA members are:
    a. Workload.
    b. Workload, reward and community in equal degrees.
    c. Workload, years of experiences, gender and age.

15. Which of the following factors is associated with increased risk of packed red blood cell transfusion in cardiac surgery:
    a. Increased preoperative haemoglobin levels.
    b. Increased EuroSCORE II risk.
    c. Increased body mass index.

16. Compared to coronary artery bypass graft (CABG), the risk of packed red blood cell transfusion in valve surgery and redo surgery is:
    a. Higher.
    b. Lower.
    c. Not significantly different.

17. In cardiac surgical patients, the incidence of packed red blood cell transfusion is:
    a. Higher during the intraoperative period.
    b. Higher during the postoperative period.
    c. Equal between intraoperative and postoperative periods.

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?
    a. Esmolol (a beta-adrenergic blocker).
    b. Digoxin.
    c. Noradrenaline.

19. What is the mechanism of action of digoxin:
    b. Beta-adrenergic stimulation.
    c. Calcium channel blockade.

20. Digoxin's acute toxicity clinical signs may be:
    a. Tinnitus.
    b. Involuntary muscular movement.
    c. Blurred or yellow vision.

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