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SAJAA CPD ANSWER FORM – January/February 2025

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Please answer the following questions:

An investigation of barriers to reporting anaesthesia-related critical incidents using the National Guideline for Patient Safety Incident Reporting and Learning

1. According to the WHO, what is the primary weakness of patient safety incident reporting systems?

- a. Poor quality of reports
- b. Under-reporting of incidents
- c. Ineffective analysis of reports
- d. Ineffectual feedback and follow-up

2. What was the most frequently cited barrier to anaesthesia-related critical incident (ARCI) reporting in this study?

- a. A lack of training
- b. Fear of being blamed/disciplinary action
- c. A lack of feedback following incident reports
- d. Not knowing what to report

3. What was the median number of ARCI's formally reported by anaesthetists in this study over the preceding year?

- a. One
- b. Two
- c. Three
- d. Four

4. This study found that the reporting process being too time-consuming was associated with:

- a. Male anaesthetists
- b. Medical officers
- c. Less experienced anaesthetists
- d. Younger anaesthetists

5. Anonymous reporting systems are associated with:

- a. Reduced reporting rates, including reporting of near-miss events
- b. Poor quality incident reports with difficult follow-up
- c. A reporting system more conducive to feedback and learning

A review of pharmacokinetics and relevance to loco-regional anaesthesia of available anti-haemostatic agents in South Africa

6. How many days after discontinuation of < 220 mg/day dabigatran can neuraxial anaesthesia safely be performed:

- a. 24 hours
- b. 48 hours
- c. 72 hours
- d. 5 days

7. What is the oral bioavailability of rivaroxaban:

- a. 45%
- b. 60%
- c. 80%
- d. 90%

8. How many days before elective surgery should warfarin be discontinued:

- a. 1–2
- b. 3–4
- c. 4–5
- d. 6–7

9. The most accurate way of monitoring low-molecular-weight heparin activity is:

- a. INR
- b. Anti-factor Xa level
- c. Anti-thrombin level
- d. Partial thromboplastin time

Aspects of perioperative management and outcomes of flap surgery at Charlotte Maxeke Johannesburg Academic Hospital

10. Which factor is a significant predictor of flap failure?

- a. Use of regional anaesthesia
- b. Preoperative haemoglobin below 10 g/dl
- c. Duration of surgery less than four hours
- d. Use of vasopressors

11. Which comorbidity was identified as a significant risk factor for flap failure?

- a. Hypertension
- b. Smoking history
- c. Diabetes mellitus
- d. High ASA status

12. Which factor was independently predictive of flap failure in the study?

- a. Type of anaesthesia
- b. Use of blood transfusion
- c. Revision surgery
- d. Smoking history

13. What is a commonly recommended fluid therapy principle during flap surgery?

- a. Restrict crystalloids to 3.5–6 ml/kg/hr
- b. Use of crystalloids and colloids equally
- c. Avoid fluid resuscitation
- d. Transfuse blood products liberally

14. Which of the following was NOT associated with flap failure?

- a. Hypothermia below 35 °C
- b. Use of catecholamines
- c. Advanced age
- d. Malnutrition

15. What type of anaesthesia was used in most cases in the study?

- a. Total intravenous anaesthesia (TIVA)
- b. Volatile-based anaesthesia
- c. Regional anaesthesia
- d. Combined spinal-epidural

Not all syringes are equal – the comparative performance of syringes in propofol target-controlled infusions

16. The study compared propofol output of non-programmed syringes with programmed syringes of which volumes?

- a. 5 ml syringes
- b. 10 ml syringes
- c. 20 ml syringes
- d. 50 ml/60 ml syringes

17. This study considered the following volume variation as overdosage based on pump manufacturers' reported accuracies:

- a. > 2%
- b. > 3%
- c. > 5%
- d. > 10%

18. The study measured propofol output of each syringe using:

- a. Visual volume assessment in a calibrated flask
- b. Gravimetric analysis and conversion of mass to volume of propofol
- c. Visual assessment of the residual volumes of propofol in syringes at the end of each infusion
- d. The pump output data at the end of each infusion run

19. In this study, a standard patient parameter set was used for the infusion runs using a TCI model. Which TCI model was chosen?

- a. Schneider Plasma Site
- b. Marsh Plasma Site
- c. Marsh Effect Site
- d. Schneider Effect Site

20. The study found that one user-selectable syringe choice over-delivered by a factor of ~ 17–21% throughout the infusion – the syringe choice that was implicated was:

- a. B. Braun OPS®
- b. Terumo®
- c. BD Plastipak™
- d. Fresenius Injectomat®

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MDB015/032/01/2025

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