Please answer the following questions:

1. Fitness for purpose in South African anaesthesiology is defined as:
   a. medical competence in all medical and non-medical aspects of practice.
   b. proficiency that has been attained after years of experience.
   c. expertise without deficit in technical or non-technical skills.

2. The original CanMEDS competency framework:
   a. has been modified for use in South African anaesthesiology.
   b. does not require adaptation as it is a generic framework applicable to all specialties.
   c. includes the specialist roles of humaneness and context awareness.

3. The Cronbach’s alpha score of 0.76 indicates that the questionnaire displays:
   a. appropriate applicability to the local population.
   b. good internal consistency.
   c. items which are unrelated to one another.

4. Results of this study reveal that graduates:
   a. have deficiencies related primarily to their non-technical skills.
   b. do not have insight into their preparedness at graduation.
   c. perceptions are in keeping with those of their seniors.

5. Learning from the hidden curriculum:
   a. is particularly relevant to the acquisition of technical skills.
   b. is an objective means with which learners can observe and synthesise skills.
   c. relies on effective mentorship and role modelling by seniors.

6. With regards to the use of social networking sites:
   a. there is little risk associated with being Facebook friends with a patient.
   b. patients require consent to review doctors on social media.
   c. doctors require consent to post images of patients on Instagram.

7. The following statement is true:
   a. YouTube is often used to assist with education in regional anaesthesia.
   b. Doctors do not use Wikipedia as a source of medical information.
   c. Sharing patient information on WhatsApp group chats is a safe and efficient way of consulting colleagues.

8. The concept of a community collaborating to share resources and knowledge through various different media:
   a. is beneficial as the quality of the content is standardised.
   b. is known as free open access medical education (FOAM).
   c. is outdated and an inefficient way of sharing information.

9. With regards to social media use in healthcare:
   a. it is irrelevant as doctors do not use it.
   b. Doctors are apprehensive to use it professionally.
   c. Privacy laws do not apply.

10. Surgical antibiotic prophylaxis (SAP) entails the prevention of infectious complications by administering:
    a. a broad-spectrum antimicrobial agent prior to exposure to contamination during surgery.
    b. an appropriate antimicrobial agent prior to exposure to contamination during surgery.
    c. an appropriate antimicrobial agent during any surgical procedure.
    d. an appropriate antimicrobial agent after exposure to surgical contamination.

11. The aim of SAP is to prevent surgical site infection by:
    a. administering an antibiotic that targets the microbes most likely to contaminate the surgical site.
    b. achieving adequate and timely tissue levels and maintaining this for the duration of the surgery.
    c. reducing adverse effects and microbial resistance by employing the narrowest possible spectrum of antibiotic for the shortest possible period (or omitting where appropriate).
    d. all of the above.

12. Which of the following statements is NOT TRUE?
    a. Administration of SAP is considered appropriate for clean surgeries.
    b. Administration of SAP is considered appropriate for clean-contaminated surgeries.
    c. Administration of SAP is considered appropriate for contaminated and dirty surgeries.
    d. Administration of SAP is considered appropriate where surgical prostheses are implanted.

13. In terms of timing of SAP, which is the MOST correct?
    a. It is appropriate to administer cefazolin 2 g two hours prior to surgical incision.
    b. It is appropriate to initiate an infusion of vancomycin “on the table” 10 minutes prior to surgical incision.
    c. Cefazolin 2 g should be administered 15 to 60 minutes before surgical incision.
    d. It is acceptable to administer cefazolin 2 g up to 30 minutes after surgical incision.

14. Please select the MOST CORRECT statement:
    a. Re-dosing of the same antibiotic is considered appropriate if the duration of surgery exceeded two hours, and the given antibiotic or blood loss exceeds 500 ml (in an adult patient).
    b. Antibiotic stewardship dictates that SAP should always be omitted in an in-patient who is already receiving antibiotic treatment for known or suspected pre-existing infection, regardless of the spectrum or time of administration of that agent.
    c. For aortic valveoplasty, SAP should be prolonged for 3 to 5 days.
    d. A patient (weight 90 kg) who has received a total hip replacement must continue to receive cefazolin 2 g, 8 hourly for 24 hours.

15. The following is recommended if an anaesthetist experienced a death on the table:
    a. The anaesthetist should continue with the list.
    b. Psychologist appointment.
    c. Immediate debriefing.
    d. Monitor treatment of PTSD patients.

16. The impact of events scale-revised (IES-R) is used to:
    a. screen for PTSD following a traumatic event.
    b. diagnose PTSD.
    c. monitor treatment of PTSD patients.

17. The prevalence of PTSD in South African anaesthetists following a death on the table is:
    a. 24.4%.
    b. 28.8%.
    c. 15.7%.

18. The Karolinska Sleepiness Scale:
    a. objectively measures fatigue.
    b. is a visual analogue scale.
    c. produces a score from 3–15.
    d. subjectively measures fatigue on a 9-point scale.

19. The following cognitive domains were tested, EXCEPT:
    a. visual learning.
    b. psychomotor function.
    c. language.
    d. working memory.

20. Mental heuristics:
    a. are a form of age-related cognitive decline.
    b. are cognitive strategies used in decision making which minimise systematic processing.
    c. are unrelated to the individual’s perception of reward.
    d. all of the above.

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