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SAJAA CPD ANSWER FORM – January/February 2022

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Please answer the following questions:

Physiology and pathophysiology of chronic pain (Part II): how does pain become chronic?

- Sensitisation is characterised by
- hypoalgesia and hyperaesthesia.
- decreased pain threshold and exaggerated responses to noxious stimuli.
- increased pain threshold and dampened response to noxious stimuli.
- 2. Which of these receptors are inactive during the processing of acute pain?
- NMDA receptors a.
- AMPA receptors
- Neurokinin receptors
- 3. Disinhibition refers to
- the loss/decrease in the inhibition of pain signals by inhibitory interneurons at the dorsal horn
- an increase in inhibitory signals to the dorsal horn. b.
- enhanced activity of descending inhibitory pathways.
- 4. What is the role of potassium channels in pain management?
- Potassium channel opening enhances the generation of pain signals via hyperexcitation.
- The opening of potassium channels contributes to reducing the generation of pain electrical signals via repolarisation.
- Potassium channels allow the rapid and selective flow of potassium ions across the cell membrane, increasing neuronal excitability, hence pain transduction and conduction.
- 5. Mechanisms involved in disinhibition include:
- Upregulation of TRPV1 receptors a.
- Loss of GABAergic neurones. b.
- Upregulation of voltage-gated ion channels.

Prospective, observational study of perioperative critical incidents, anaesthesia and mortality in elective paediatric surgical patients at a national referral hospital in Niger

- The percentage of patients who received preoperative blood transfusion in this study was
- 3%
- 10% b.
- 40%
- Critical incidents occurred in % of patients. 7.
- 10% b.
- 11.7% 20% c.
- 8. The most commonly performed surgery in this study was
- abdominal.
- b. urologic.
- orthopaedic c.
- 9. In this study, anaesthesia was performed by
- nurse anaesthetists only.
- physician anaesthetists. b.
- nurse anaesthetists under the supervision of physician anaesthetists.

The structure, function and implementation of an outcomes database at a Ugandan secondary hospital: the Mbarara Surgical Services Quality Assurance Databa

- 10. How many people worldwide are estimated not to have timely access to safe surgical, obstetric and anaesthetic care?
- 500 million
- 1 billion b.
- 2-5 billion
- 7 billion

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11. The lack of surgical and anaesthetic capacity is most severe in:

- Eastern Europe
- b. South America
- Sub-Saharan Africa
- d. India

Important considerations in building a database include:

- b. Data security
- Changes to data entry
- All of the above

Mostly harmless? A survey of South African anaesthetists' knowledge and attitudes regarding environmental sustainability in the operating theatre

- 13. What percentage of hospital waste is produced by operating theatres?
- a. b.
- 15%
- 33% c.
- 14. Volatile anaesthetic agents have been shown to have significant global warming potential. Which percentage of South African anaesthetists surveyed considers global warming potential when selecting a volatile anaesthetic agent?
- 27% b.
- 85% c.

15. What is a life cycle assessment?

- A tool that quantifies the financial and environmental cost of a product or procedure, enabling informed environmentally sustainable decision-making
- A tool used during occupational health assessments of workplace interpersonal dynamics.
- A way to compare the ozone depletion potential of different gases.

16. In which ways can anaesthetic providers minimise the environmental impact of their practice?

- Through the use of high flow, opioid-sparing anaesthetic techniques.
- b.
- By avoiding local and neuraxial anaesthetic techniques. Through judicious use of volatile agents, implementation of theatre recycling programmes and ongoing research into environmentally sustainable anaesthetic techniques.
- By considering environmental impacts in preference to other best practice guidelines

17. Survey respondents from South Africa, America and the UKNZA identified similar barriers to operating theatre recycling. Which of the following was not identified as one of the barriers to operating theatre recycling?

- Lack of information regarding the process of recycling.
- Staff attitudes.
- Lack of recycling facilities at their hospitals.
- A general lack of interest in environmental affairs

Preparing anaesthesiologists to safely care for patients with COVID-19: an observational study of a simulation course

18. Anaesthesiologists, surgeons, and emergency physicians are at high risk for exposure to the SARS-COV-2 virus because of:

- their proximity to invasive procedures such as arterial catheterisation, central venous catheterisation, and Foley catheter placement.
- their proximity to aerosol-generating procedures
- their proximity to the general public.
- a high risk of inadvertent needle stick during invasive procedures.

19. Historically, physicians have

- high levels of compliance with infection control guidelines.
- completely ignored infection control guidelines.
- all been fit-tested for N-95 masks annually
- poor hand hygiene and low participation in PPE fit-testing and education.

20. In responding to in-hospital cardiac arrest in a patient with known or suspected COVID-19:

- Standard operating procedures apply during resuscitation efforts.
- Only trainees should perform emergent airway management because it is a unique learning experience.
- Health care workers should don high-level PPE before initiating chest compressions or performing airway management.
- Airway management should be performed before donning PPE.

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