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SAJAA CPD ANSWER FORM – May/June 2022

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Please answer the following questions:

Anaesthetists' knowledge and frequency of use of neuromuscular monitoring at the University of the Witwatersrand

1. Which of the following neuromuscular monitoring is recommended for use during general anaesthesia when neuromuscular blocking agents are administered?
a. Quantitative neuromuscular monitor
b. Qualitative neuromuscular monitor
c. Peripheral nerve stimulator

2. A quantitative neuromuscular monitor is:
a. a medical device that objectively measures and displays an evoked impulse such as a train-of-four ratio
b. a peripheral nerve stimulator whereby the evaluation of the evoked response from the innervated muscle is detected subjectively by the anaesthetist, either by visual or tactile perception
c. used to detect nerve pathways by anaesthetists whenever neuromuscular blocking agents are used

3. Clinical signs such as head lift for five seconds are:
a. adequate in assessing neuromuscular blocking agent reversal
b. inaccurate and unreliable in assessing neuromuscular blocking agent reversal
c. as good as the peripheral nerve stimulator

4. When should neuromuscular monitoring be used during general anaesthesia if neuromuscular blocking agents were administered?
a. All patients who receive neuromuscular blocking agents should have neuromuscular blocking agents monitored
b. It depends on the length of the surgical procedure
c. When neuromuscular blocking agent reversal is not given

Airway ultrasound predicts endotracheal tube size more accurately than Cole's age-based formula in paediatric patients

5. Methods for predicting the correct endotracheal tube (ETT) size include the following, *except*:
a. age-based formula
b. width of the middle finger
c. x-ray of the neck
d. MRI

6. The use of an endotracheal tube size larger than required could lead to any of the following, *except*:
a. airway oedema
b. post-extubation stridor
c. subglottic stenosis
d. increased resistance to gas flow

7. Prediction of the correct endotracheal tube size in paediatrics using ultrasound scan (USS) is dependent on:
a. measurement of the subglottic diameter
b. measurement of the width of the glottic opening
c. measurement during inspiration
d. measurement during expiration

8. Use of a smaller ETT will lead to:
a. little or no resistance to gas flow
b. reduced risk of aspiration
c. adequate ventilation
d. poor monitoring of the end-tidal gases

9. Poor accuracy of ultrasound estimation of ETT size is *not* determined by:
a. operator expertise
b. ease of measuring antero-posterior diameter
c. difficulty with measuring the transverse diameter
d. ultrasound settings

Development of the anaesthesia workforce and organisation of the speciality in Uganda: a mixed-methods case study

10. The ratio of training programmes in Uganda for specialist physician anaesthesia providers:non-physician anaesthesia providers is:
a. 1:4.5
b. 3:7
c. 2:7

11. Both national and regional bodies were influential in the development of the non-physician anaesthesia programmes in Uganda. The current criteria for enrolment into the non-physician training programme is influenced by:
a. The Ministry of Health
b. The Health Ministers Conference of East, Central and Southern Africa
c. The Association of Anesthesiologists of Uganda

12. Compared to the specialist physician anaesthesia providers' training, training for non-physician anaesthesia providers:
a. is more costly
b. is of shorter duration
c. has fewer programmes in Uganda

13. Several factors have played a role in the slow development of the anaesthesia speciality in Uganda. The biggest threat to the growth of the anaesthesia workforce currently is:
a. the competitive admissions process
b. high levels of attrition
c. the stressful nature of the job

14. Development and growth of the anaesthesia speciality in Uganda have been due to various factors, key of which is:
a. the start of several physician anaesthesia training programmes
b. availability of training grants
c. collaborations

15. Regarding incentives for specialist physician anaesthesia providers (SPAP) to work in rural hospitals in Uganda, which incentive was less rated?
a. working with a colleague
b. working on a variety of surgical cases
c. getting a salary increment

A retrospective review of the perioperative management of patients with congenital oesophageal atresia and tracheo-oesophageal fistula at a South African third level hospital

16. The VACTERL association of abnormalities
a. occurs in 1:50 000 to 1:100 000 live births
b. is a clinical diagnosis made when at least three of the defects are present
c. is diagnosed based on chromosomal analysis

17. Congenital cardiac pathology in patients with oesophageal atresia and tracheo-oesophageal fistula (OA/TOF)
a. is an independent predictor of mortality and intraoperative critical events
b. is usually diagnosed postoperatively
c. occurs exclusively in patients with trisomy

18. The most recent risk classification used for OA/TOF is:
a. Waterston
b. Spitz
c. Okamoto

19. Preoperative findings in this cohort included:
a. Mechanical ventilation was required by 37% of patients
b. The majority of patients were diagnosed with OA/TOF post-natally
c. Echocardiogram revealed a right-sided aortic arch in 20% of patients

20. Regarding the intraoperative management of these patients:
a. Haemodynamic instability occurs commonly in all patients undergoing surgical correction of OA/TOF
b. A large fistula of Type C configuration can result in gastric distension and acute ventilatory compromise
c. Neuromuscular blockers are necessary to maintain intermittent positive pressure ventilation

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