A Teamwork Approach to Quality Patient Care in the Operating Room

| 1. | Res ipsa loquitor means | | |
|----------|---|--------|-----------------------------------|
| а. | First, do no harm | b. | For the good of the patient |
| | To thine own self be true | | The thing speaks for itself |
| | The uterine arteries branch off fr | | |
| | Internal iliac | | Femoral |
| | Inferior pudendal | | Middle sacral |
| | The patient's admission data indic | | |
| | History of uterine cancer | | Morbid obesity |
| | - | | - |
| <u> </u> | Significant drug allergies An area of underlying is opt | u. | I for placement of the FCU |
| 4. | patient-return electrode. | liiiid | ai for placement of the £30 |
| _ | • | Ŀ | |
| | Bone structure | | Adipose tissue |
| | Scar tissue | | Muscle |
| | The ligaments connect the | | |
| | Round | | Uterosacral |
| | Cardinal | d. | Broad |
| | Which of the following is true? | | |
| а. | A patient's lung function can | b. | Rubber catheters may be used as |
| | be compromised while in the | | sheaths on active ESU electrodes. |
| | lithotomy position. | | |
| C. | Nerve damage may occur if | d. | Current leakage is not a |
| | vasopressin is injected directly | | safety consideration related to |
| | into the blood vessel. | | electrosurgery. |
| 7. | Indegree uterine prolapse | , th | e cervix can be seen outside the |
| | introitus. | | |
| a. | Second | b. | Third |
| | First | | Fourth |
| 8. | Which of the following is not a the | ore | tical model of quality patient |
| | care? | | |
| а. | APUD | b. | CARE |
| | A POSitive CARE | | A-PIE |
| 9. | is not a benefit of using Tre | nde | lenburg's position in this |
| | procedure. | | |
| а. | Reduced blood flow to pelvis | b. | Improved venous drainage |
| C. | Greater visualization for surgeon | d. | Stabilized blood pressure |
| 10. | Which of the following is not part | of t | he CARE acronym? |
| a. | Communication | b. | Assessment |
| C. | Research-based | d. | Execution |
| 11. | The focus of the circulating role in | nclu | ıdes: |
| a. | Patient assessment | b. | Management of the sterile field |
| C. | Developing procedure-specific | d. | Handing off suture |
| | information | | |
| 12. | The keys to successful patient out | tco | me are: |
| а. | Positive communication | b. | Assessment |
| C. | Following recommended | d. | All of the above |
| | standards | | |
| 13. | Risks that may occur when positio | onin | g patients in the lithotomy are: |
| а. | Dislocated disc | b. | Hip and knee joint injury |
| C. | Strained neck | d. | Both b and c |
| 14. | The uterus is composed of three la | aye | rs: |
| a. | Endometrium, myometrium and | b. | Fundus, broad ligaments and |
| | perimetrium | | descensus |
| C. | Broad ligaments, uteroscacral | d. | Uterine suspensory ligaments, |
| | ligaments and vagina | | cervix and bladder neck |
| 15. | The lithotomy position is a modific | cati | |
| | Tredelenburg | | Dorsal recumbent |
| | Right lateral | | Kraske |
| | <u> </u> | | |

| 16. | The, and play a | n e | qual role in the counting |
|-----|---|-------|---|
| | procedure. | | |
| а. | Anesthesia provider, surgeon and circulator | | Surgical technologist, surgeon and circulator |
| C. | Surgeon, surgical technologist and physician assistant | | Surgeon, surgical technologist and anesthesia provider |
| 17. | What conditions are involved whe consent? | n th | e physician obtains a patient's |
| а. | No coercion or intimidation | | Explain proposed surgical procedure |
| C. | Possible complications explained | | |
| | describes placing informat | | |
| | Standard of care | | Informed consent |
| | | | Legal competence |
| 19. | Complications of a vaginal hyster | ecto | my may include: |
| a. | Wound infection | b. | Hernia at trocar site |
| C. | Vesciovaginal fistula | d | All of the above |
| 20. | The sits between the bladde | er ar | nd rectum. |
| a. | Fallopian tube | b. | Ovary |
| | Uterus | | Bladder |
| 21. | is a commonly used vasoco | | |
| a. | Vancomycin | | Oxycontin |
| | Vasopressin | | Carboprost |
| | The primary source of airborne ba | icte | ria in the O.R. is the |
| | Surgical team | | Patient's skin |
| | Inadequate air flow | d. | Surgical instruments |
| 23. | Which common chemical cleaner | assi | sts in the breakdown of organic |
| | debris? | | |
| | Ultrasonic cleaning solution | | Neutral-ph cleaning solution |
| | Enzymatic cleaning solution | d. | Moderate-ph cleaning solution |
| | is a breach of duty. | | |
| | Liability | | Larceny |
| | Assault | | Negligence |
| 25. | The Doctrine of describes e | ach | person as responsible for his |
| | own conduct. | L | Deveenel Liebility |
| | Forseeability | | Personal Liability Corporate Negligence |
| | Borrowed Servant Each patient has a right to make of | | |
| | · | | |
| | Patient's Bill of Rights | | Advance directive |
| C. | Primum nocere | d. | Scope of practice |
| | Intraoperative heat loss occurs th | | - |
| | Radiation | | Convection |
| | Conduction | | All of the above |
| | incisions provide the best o | | |
| | Vertical | | Oblique |
| | Transverse | | Flank |
| | The medical term for removal of t | | |
| | Salpingectomy | | Hysterectomy Museusetemu |
| | Oophorectomy | | |
| JU. | The prolapse of the bladder causing wall is called | ig a | nnige in the anterior vaginal |
| - | wall is called: | L. | Custosele |
| | Rectocele | | Cystocele |
| С. | Enterocele | u. | Herniation |

DNR: The Ethics of Resuscitation

| 1. | The allows patients to n extent of medical care receive | | e choices about the type and |
|------------|---|-------|--|
| a. | Do Not Resuscitate Bill | b. | Advance Directives Act |
| C. | Patient Self-Determination Act | d. | Texas Natural Death Act |
| 2. | Which legally allows parents t treatment from a terminally il | | |
| | Do Not Resuscitate Bill | | Advance Directives Act |
| C. | Patient Self-Determination Act | d. | Parents do not have this right |
| 3. | If a health care provider disre set by a patient, consequence | | |
| | legal charges of battery | | licensing sanctions |
|). | malpractice lawsuits | d. | all of the above |
| ŀ. | The right of self determination the US Constitution. | ı is | guaranteed by the in |
| a . | 1st Amendment | b. | 5th Amendment |
|). | 14th Amendment | d. | 19th Amendment |
| | The PSDA requires medical fac | cilit | ies to: |
| ı. | document advance care directives | b. | comply with state law |
|). | provide patients with written information about choices | d. | all of the above |
|) . | Which two can legally speak for speak for themselves? | or t | he patient when they cannot |
| 1. | living will and a spouse | b. | durable power of attorney and living will |
| с. | PSDA and durable power of attorney | d. | PSDA and the Advance Directives Act |
| | DNR orders in the OR are cont | rov | ersial because: |
| 1. | Malpractice suits may be filed regardless. | b. | OR professionals are trained to save lives. |
| 2. | Anesthesia involves the depression of vital systems, requiring resuscitation. | d. | all of the above |
| 3. | Which is NOT one of the five has study? | arm | s identified in the SUPPORT |
| 3. | Medical facilities or personnel may be sued. | b. | be sustained with an |
| | The patient's rights may be violated. | d. | unacceptable quality of life. Resources may be redirected from activities that could bring greater benefit to other patients. |
| <u>_</u> | Which of the following are opt orders? | ion | s for perioperative DNR |
| J. | | | |
| | full resuscitation | b. | procedure-directed |
| э. | full resuscitation goal-directed resuscitation | | procedure-directed resuscitation all of the above |

| 10. | What type of documentation i directives? | s re | commended for advance |
|-----|---|------|------------------------------------|
| a. | the role of professional staff | b. | the role of the patient and family |
| C. | specific decisions about advance directives | d. | all of the above |
| 11. | An advanced directive refers | to o | ne of two legal documents |
| a. | Patient Self-Determination Act | b. | Living will |
| C. | Patient's Bill of Rights | d. | ASA Guidelines |
| 12. | is the study of ethical i research and applications, es | | |
| a. | Moral principles | b. | Ethics |
| С. | Bioethics | d. | Philosophy |
| 13. | replaced the AHA Patie | nts' | Bill of Rights. |
| a. | Advance Directive | b. | Patient Care Partnership |
| C. | Patient Self-Determination Act | d. | Code of Ethics |
| 14. | Many hospitals have policies t during surgery. | that | state is suspended |
| a. | Do Not Resuscitate | b. | PSDA |
| C. | Scope of practice | d. | Informed consent |
| 15. | Medical ethics often utilizes a | ı | approach. |
| a. | Relative | b. | Deontological |
| C. | Utilitarian | d. | Social |
| 16. | is the collection and us minimize the chance of harm | | |
| a. | Professional liability | b. | Risk management |
| C. | Medical errors | d. | Documentation |
| 17. | Three of the expectations of t include: | he l | Patient Care Partnership |
| | High quality care | | Safe environment |
| C. | Preservation of privacy | d. | All of the above |
| 18. | consent is not the prefa | erre | d choice in health care |
| | Informed | | Oral |
| C. | Written | d. | Implied |
| 19. | A written consent should inclu | ıde: | : |
| | Patient's legal name | b. | Surgeon's name |
| С. | Procedure | d. | All of the above |
| 20. | The role of every health care | pro | vider is based on: |
| а | Primum nocere | b. | Advance Directives |
| u. | | | |

Gynecologic Surgery: Problems and Complications

| 1. | injuries are more comm | on | on the right side. | | |
|----------|--|------|---|--|--|
| <u>.</u> | bladder | | vena cava | | |
| С. | lliac | d. | ureter | | |
| 2. | The most common defect in the wall of the vena cava is: | | | | |
| | lateral | | circular | | |
| C. | medial | d. | none of the above | | |
| 3. | Which is used to repair a lacer artery? | ati | on to the common iliac | | |
| | Heaney forceps | | hemoclip | | |
| С. | Kocher clamp | d. | DeBakey clamp | | |
| 4. | Which of the following postope occur during the first 48 hours | | tive complications typically | | |
| | incisional hernia | | pelvic hematoma | | |
| С. | hemorrhage | d. | all occur within 48 hours | | |
| 5. | Which typically occurs on the t | thir | d postoperative day? | | |
| | urinary tract fistula | | paralytic ileus | | |
| С. | urinary incontinence | d. | incisional hernia | | |
| 6. | Which symptom is mismatched | ? | | | |
| а. | obstruction: nausea and | b. | ileus: delayed onset (more than 72 hours) | | |
| c | vomiting obstruction: progressively | Ь | ileus: bowel sounds absent or | | |
| 0. | severe cramps | u. | reduced | | |
| 7. | In which type of shock does in | trir | isic pump failure exist? | | |
| a. | cardiogenic | b. | extracardiac obstructive | | |
| C. | hypovolemic | d. | distributive | | |
| 8. | Which classification of hypovo | len | nic shock is mismatched? | | |
| a. | Class 4: marked tachypnea | | Class 2: 750-1500 ml blood loss | | |
| С. | Class 1: normal capillary refill | d. | Class 3: Heart rate <100 | | |
| 9. | Which infection syndrome is as dysfunction, hypoperfusion or | | | | |
| a. | bacteremia | | infection | | |
| С. | severe sepsis | d. | systemic inflammatory | | |
| | | | response syndrome | | |
| 10. | Which is the most important ri infection? | sk | factor for postoperative | | |
| | obesity | | immunocompromise | | |
| С. | intraoperative blood loss | d. | failure to use prophylactic | | |
| | | | antibiotics | | |

| 11. | is at higher risk of injury | |
|-----|--|--|
| | uterus and other female pelvic | |
| | Ureter | b. Bladder |
| | Bowel | d. Cervix |
| 12. | When major bleeding occurs, o tied off. | only the vein can not be |
| a. | Vena cava | b. Common iliac |
| C. | Portal | d. Internal iliac |
| 13. | An inadequate circulating bloo hemorrhage or acute volume d | od volume resulting from depletion results in shock |
| a. | Extracardiac | b. Distributive |
| C. | Hypovolemic | d. Cardiogenic |
| 14. | may result in anemia if a | allowed to continue. |
| a. | Early complications | b. Paralytic ileus |
| C. | Slow bleeding | d. Incisional hernia |
| 15. | Most of the cases of sepsis are | e caused by |
| a. | Gram negative organisms | b. Indwelling catheters |
| C. | Burns | d. Chemotherapy |
| 16. | Shock affects up to 300,000 pa | atients. Of those, will die. |
| a. | 20-30% | b. 40-60% |
| C. | 10-15% | d. 70-80% |
| 17. | complications are relate | ed to the time a patient was |
| | under anesthesia. | |
| ~ | Cardiac | b. Neurological |
| | Pulmonary | d. Hemorrahagic |
| 18. | Atelectasis is often accompani | ied by: |
| a. | Transient pyrexia | b. Dry cough |
| C. | Chest pains | d. All of the above |
| 19. | is an acute clinical synd | frome characterized by |
| | hypoperfusion. | |
| | Cardiac arrest | b. Stroke |
| C. | Shock | d. Sepsis |
| 20. | is the precursor to septi | ic shock. |
| | Sepsis | b. Hypotension |
| C. | Renal failure | d. Pelvic infection |

_

_

Improving Access to Health Care for Children

| 1. | Currently, approximately in the United States. | _ C | hildren are living in poverty |
|-----|--|-----|--|
| a. | 235,000 | b. | 600,000 |
| | 20 million | d. | 18 million |
| 2 | is one of the biggest pro | ble | me that affect access to |
| | is one of the biggest pro health care services. | | |
| | Complicated applications | b. | Parental unemployment |
| С. | Lower child age | d. | Insurance |
| 3. | The official poverty level for a | far | nily of four is: |
| а | \$40,000 | h | \$20,650 |
| | \$60,000 | | \$16,000 |
| | | | |
| 4. | is the ability to see or kn reasonably anticipate that har of certain acts of omissions. | | v in advance, the ability to or injury may result because |
| a. | Doctrine of Corporate Negligence | b. | Doctrine of Forseeability |
| C. | Doctrine of Personal Liability | d. | Doctrine of the Reasonably Prudent Man |
| 5. | Primum non nocere means: | | |
| a. | The thing speaks for itself | b. | Let the master answer |
| | Above all, do no harm | | Any civil wrong |
| | SCHIP has been used to: | u. | |
| | | | |
| а. | Try to achieve universal health | b. | Include the individuals with |
| | for all children | | critical health care conditions |
| C. | Exclude families earning over | d. | Include families with incomes |
| | \$25,000 | | up to 400% above the federal poverty level |
| | | | |
| 7. | When a health institution is neg an acceptable level of care is p | | |
| a. | Doctrine of Personal Liability | b. | Respondeat superior |
| C. | Doctrine of Corporate | d. | Res ipsa loquitur |
| | Negligence | | |
| 8. | When several states turned the HMOs, the following resulted: | eir | Medicaid programs over to |
| a. | Decreases in covered therapy | b. | Longer wait times to see |
| | | | physicians |
| C. | Elimination of some services | d. | All of the above |
| 9 | In the United States, chi | ldr | en use Medicaid as their |
| σ. | primary insurance. | | |
| a. | 700,000 | b. | 20 million |
| | 25 million | | 235,000 |
| | | | · · · · · · · · · · · · · · · · · · · |
| 10. | Physician participation in publ accepted all Medicaid/S | | |
| а | 30%, 45% | | 65%, 70% |
| | 89%, 67% | | 48%, 50% |
| υ. | 0370, 0770 | u. | 10/0, 00/0 |
| | | | |

| 11. | Half of the children living in po | vei | rty are uninsured. |
|----------|---|------|------------------------------|
| a. | True | b. | False |
| 12. | More than children lack | de | ntal care benefits. |
| a. | 10 million | b. | 25 million |
| C. | 5 million | d. | 30 million |
| 13. | Factors associated with great Medicaid include: | er o | child participation in |
| a. | Lower household income | b. | Parental unemployment |
| C. | Parental health insurance coverage | d. | All of the above |
| 14. | Causes of lack of access to ca | re | are: |
| a. | Public insurance | b. | Location of service provider |
| C. | Lack of transportation | d. | All of the above |
| 15. | is a trend in mobile heal | th | clinics. |
| a. | Telemedicine | b. | Public transportation |
| C. | Additional funding | d. | Increase in staff |
| 16. | Medically fragile children pres technologically dependent. | ent | t conditions that leave them |
| a. | True | b. | False |
| 17. | In many states, when HMOs ha Medicaid, the result has been a | | |
| a. | True | b. | False |
| 18. | of Americans believe na initiated. | tio | nal health care should be |
| a. | 49% | b. | 73% |
| C. | 85% | d. | 27% |
| 19. | of uninsured children an families. | e f | rom poor and near-poor |
| ~ | 43% | | 28% |
| C. | 84% | d. | 66% |
| 20. | In a study, only of provid programs. | der | s participate in public |
| | | | |
| a. | 89% | b. | 62% |

Palliative Care Education in the Acute Care Setting

| 1. | In the study 83% identified a lack | of | education in which area? |
|-----|--|---------------|--|
| a. | hospice care | b. | pain management |
| С. | palliative care | d. | patient/family communication |
| | The major difference between pal | | - |
| | a care team is involved | | the families needs are addressed |
| С. | patient's prognosis is less than six months | d. | pain control is limited |
| 3. | is the key factor to success | ful | ly implementing proper |
| 2 | protocol. education | h | staff buy in |
| | physician support | | hospital mandate |
| | Which department was not survey | | |
| | oncology | | ER |
| C. | MICU | d. | SICU |
| 5. | In the 1995 SUPPORT survey, the u clinicians to facilitate communica in the patient's pattern of care. | utili Itio | ization of trained nurse n with patients produced |
| a. | some improvement | b. | significant improvement |
| | a significant decline | | no statistical change |
| | According to the SUPPORT study, | | |
| | patients experienced unrelie | | |
| | 25%, minor to moderate | | 30%, severe |
| | | | 80%, minor to moderate |
| | One out of every patients are counseling. | | |
| а. | | b. | - |
| | 10 In which department of the study | | 12 |
| 0. | surveyed recognize the need for p | IIU: ISV(| chosocial counseling? |
| a. | SICU | - | MICU |
| C. | ONC | d. | none of the departments |
| 9. | Patients with progressive illnesse | | |
| а. | insomnia and depression | b. | nausea and difficulty breathing |
| | financial difficulties | | all of the above |
| | Patients and family members may | | - |
| | meaning and purpose | | forgiveness |
| | love and relatedness Which of the following, according | | all of the above |
| | an essential component of palliati | ive | care? |
| a. | Pain management | | Surgical management |
| C. | Psychosocial management | d. | Curative management |
| 12. | Hospice care is focused on provid been identified by a doctor as hav months. | ing ing | care to individuals who have a life expectancy of less than |
| a. | | b. | 4 |
| C. | 6 | d. | 8 |
| 13. | Palliative care is event and | | iven. |
| | staff | b. | patient |
| | | | diagnostic |
| | The cornerstone of palliative care not suffer from symptoms. | | - |
| | complex | | undefined |
| | chronic | | uncontrolled |
| | The core disciplinary team should | | social worker |
| | radiologist pathologist | | anesthesia provider |
| | Which of the following phases invo | | |
| | her care plan? | | Participation and an and a second sec |
| a. | Phase 1 | | Phase 2 |
| C. | Phase 3 | d. | Phase IV |
| | | | |

| 17. | Which of the following are method | ds c | of pain management? |
|--|--|---|---|
| а. | Pharmacological | b. | Music therapy |
| | Imagery | | All the above |
| | In the SUPPORT findings it was re dying patient only had moderate t | io s | evere unrelieved pain. |
| | 50 | | 37 |
| | 25 | | 12 |
| | The development of tools aid identifying when a patient has enter the second sec | ere | d the terminal phase. |
| | psychosocial | | pastoral care |
| | prognostication | | palliative care |
| | Varying patient care models should care plan should be followed by the | hea | alth care team. |
| - | True | | False |
| 21. | A primary observation of the rese respondents to the survey did not | | |
| | hospital staff in regard to palliati | | |
| a. | 18 | | 36 |
| | 54 | d. | 72 |
| | When is it best to establish patier | | |
| | patient-care plan? | | |
| a. | Patient is admitted to hospital | b. | Hospice is contacted |
| | Patient enters terminal stage | | Family requests intervention |
| | Which of the following statements palliative and hospice care? | | |
| а. | Palliative care focus is on terminal illness; hospice focus is on serious illness | b. | Palliative care focus in on curing the patient; hospice focus is on making the patient comfactable |
| ~ | | Ч | making the patient comfortable |
| С. | Palliative care focus is on serious illness; hospice focus is on terminal illness | u. | Palliative and hospice care is focused totally on meeting the needs of the patient's family |
| | | | |
| 24. | Which of the following has been in | len | |
| | Which of the following has been in opportunity for cross-disciplinary the patient's goals for care? | y co | tified as providing an mmunication to occur regarding |
| a. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds | y co b. | tified as providing an mmunication to occur regarding Keystone rounds |
| a. | opportunity for cross-disciplinary the patient's goals for care? | y co b. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each |
| a. c. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments | b. d. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department |
| a. c. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between | b. d. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department |
| a. c. 25. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f | y co b. d. am s. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department |
| a. c. 25. a. 26. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to | y cc b. d. am s. b. g pl | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not |
| a. c. 25. a. 26. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to care. | y cc b. d. am s. b. g pl pair | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life |
| a. c. 25. a. 26. a. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to care. True | y cc b. d. am s. b. g pl pair b. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False |
| a. c. 25. a. 26. a. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to care. | y cc b. d. am s. <u>b.</u> <u>b.</u> al p | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False mysicians and residents are not management and end-of-life False hase of palliative care will be |
| a. c. 25. 26. 27. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to p care. True A recommendation is that the initia | y cc b. d. am s. <u>b.</u> g pl gair b. al p ver: b. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False nysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services |
| a. c. 25. a. 26. 27. a. c. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to care. True A recommendation is that the initia based upon patient consultation of patient's choice of pastoral care | y cc b. d. am s. b. g pl pair b. al p ver b. d. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services director of palliative-care services |
| a. c. 25. 26. 27. a. c. 28. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to p care. True A recommendation is that the initia based upon patient consultation of patient's attending physician patient's choice of pastoral care The study found that the ability of patient's need for psychosocial c | y cc b. d. am s. b. g pl pair b. al p ver: b. d. d. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services director of palliative-care services spital staff to recognize the seling is: |
| a. c. 25. 26. 26. 27. a. c. 28. a. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to p care. True A recommendation is that the initia based upon patient consultation of patient's attending physician patient's choice of pastoral care The study found that the ability of patient's need for psychosocial c consistent among all departments | y cc b. d. d. <u>am</u> s. <u>b.</u> g pl pair b. b. d. b. d. b. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services director of palliative-care services spital staff to recognize the seling is: not able to be determined from survey results |
| a. c. 25. 26. 27. a. 27. a. 28. a. c. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to care. True A recommendation is that the initia based upon patient consultation of patient's attending physician patient's choice of pastoral care The study found that the ability of patient's need for psychosocial c consistent among all departments variable from department to department | y cc b. d. am s. b. g pl pair b. d. d. d. d. d. d. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services director of palliative-care services spital staff to recognize the seling is: not able to be determined from survey results meeting patient satisfaction |
| a. c. 25. a. 26. 27. a. c. 28. a. c. 29. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to p care. True A recommendation is that the initia based upon patient consultation of patient's attending physician patient's choice of pastoral care The study found that the ability of patient's need for psychosocial c consistent among all departments variable from department to department A recommended resource for edu | y cc b. d. am s. b. b. b. d. b. d. b. d. cat | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services director of palliative-care services spital staff to recognize the seling is: not able to be determined from survey results meeting patient satisfaction |
| a. c. 25. a. 26. a. c. 28. a. c. 29. a. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to p care. True A recommendation is that the initia based upon patient consultation of patient's attending physician patient's choice of pastoral care The study found that the ability of patient's need for psychosocial c consistent among all departments variable from department to department A recommended resource for edu EPEC | y cc b. d. am s. b. g pl pair b. d. d. d. d. cat b. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services director of palliative-care services spital staff to recognize the seling is: not able to be determined from survey results meeting patient satisfaction ion for physicians is: AMA |
| a. c. 25. 26. a. 27. a. c. 28. a. c. 29. a. c. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to p care. True A recommendation is that the initia based upon patient consultation of patient's attending physician patient's choice of pastoral care The study found that the ability of patient's need for psychosocial c consistent among all departments variable from department to department A recommended resource for edu EPEC ACS | y cc b. d. am s. b. g pl pair b. d. d. d. cat b. d. d. d. d. d. d. d. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services director of palliative-care services spital staff to recognize the seling is: not able to be determined from survey results meeting patient satisfaction ion for physicians is: AMA UNIPAC |
| a. c. 25. a. 26. 27. a. c. 28. a. c. 30. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to p care. True A recommendation is that the initia based upon patient consultation of patient's attending physician patient's choice of pastoral care The study found that the ability of patient's need for psychosocial c consistent among all departments variable from department to department A recommended resource for edu EPEC ACS Which of the following is a palliat | y cc b. d. d. ami s. b. g pl bair b. d. d. d. b. d. d. d. d. d. d. d. b. d. d. d. d. d. d. d. d. d. d. d. d. d. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services director of palliative-care services spital staff to recognize the seling is: not able to be determined from survey results meeting patient satisfaction ion for physicians is: AMA UNIPAC care model? |
| a. c. 25. a. 26. 27. a. c. 28. a. c. 29. a. c. 30. a. | opportunity for cross-disciplinary the patient's goals for care? Grand rounds Patient referrals between departments The Reuters study reported that f not exist for hospice care patient True The study identified that attendin adequately trained in relation to p care. True A recommendation is that the initia based upon patient consultation of patient's attending physician patient's choice of pastoral care The study found that the ability of patient's need for psychosocial c consistent among all departments variable from department to department A recommended resource for edu EPEC ACS | y cc b. d. d. and s. b. g pl pair b. d. d. d. d. d. d. d. d. d. d. b. b. b. d. d. d. b. d. d. d. d. d. d. d. d. d. d. d. d. d. | tified as providing an mmunication to occur regarding Keystone rounds Primary care physician communicating with each department ily end-of-life orders often do False hysicians and residents are not management and end-of-life False hase of palliative care will be seen by the: director of pharmacological services director of palliative-care services spital staff to recognize the seling is: not able to be determined from survey results meeting patient satisfaction ion for physicians is: AMA UNIPAC |

Surgery of the Head and Neck: Anatomy, Instrumentation and Dissection

| 1. | connects the larynx and sternum anteriorly. | th | e hyoid bone with the |
|-----|---|------|---|
| | Diagastric muscle Platysma muscle | | Sternocleidomastoid muscle Strap muscles |
| 2. | The cervical branch of the faci | al | nerves innervates the |
| a. | Corner of the mouth | b. | Anterior belly of the diagastric muscle |
| C. | Platysma | d. | Vocal cords |
| 3. | The recurrent laryngeal nerve | | · |
| | Ascends along the tracheoesophageal groove | | Travels superior and deep to the submandibular gland |
| | Moves from the skull base | - | Resides in the carotid sheath |
| | The branches in the nec | | |
| | Jugular vein, jugular Lingual nerve, external | | Carotid artery, carotid Cervical chain, carotid |
| 5. | Three major structures of the | neo | ck are: |
| a. | External carotid artery, vagus nerve and spinal accessory nerve | b. | Hyoid bone, submandibular gland and superior thyroid |
| C. | Pharynx, larynx and trachea | d. | External jugular vein, strap muscles and hypoglossal nerve |
| 6. | Level lymph nodes are w | /ith | in the |
| | I, submental | | ll, lower jugular |
| | VI, middle jugular | | IV, sternocleidomastoid muscle |
| | involves removal of all c | | |
| | Modified neck dissection | | Radical neck dissection |
| | Selective neck dissection | | Thyroidectomy |
| 8. | A modified radical neck dissec | tio | n extends from to |
| а. | Mastoid tip to mastoid tip | b. | Diagastric muscle to midline of the neck |
| C. | Mandible to clavicle | d. | Sternocleidomastoid muscle to above the clavicle |
| 9. | identifies the size of the and metastasis. | tu | mor, lymph node involvement |
| a. | X-ray | b. | Tumor staging |
| С. | Palpation | d. | Biopsy |
| 10. | Lateral neck dissection involve | est | the en block removal of levels |
| | I, II and III | | I, II and VI |
| С. | II, III and IV | d. | III, IV and V |
| | | | |

| - | | | |
|-----|--|------|-------------------------------|
| 11. | Which of the following muscles group of strap muscles? | s is | not considered a part of the |
| a. | Sternohyoid | b. | Digastric |
| C. | Omohyoid | d. | Thyrohyoid |
| 12. | When identifying a tumor the ' | 'T" | represents the: |
| | site of nodal metastasis | b. | size of the nodes |
| C. | size and depth of the tumor | d. | extent of metastasis |
| 13. | Which of the following is a bra artery? | ncł | n of the external carotid |
| a. | Ascending pharyngeal | b. | Anterior cerebral |
| C. | Stapedial | d. | Ascending cervical |
| 14. | The Level III lymph nodes are t | the | : |
| a. | middle jugular | b. | anterior cervical |
| C. | posterior triangle | d. | submental and submandibular |
| 15. | When performing neck surger essential to have available in t | | |
| a. | Craniotomy | b. | LeFort |
| C. | Cardiothoracic | d. | Tracheotomy |
| 16. | During neck dissection proced nerves must be identified and | | |
| a. | Zygomatic | b. | Lingual |
| C. | Buccal | d. | Mental |
| 17. | Which of the following grafts i cover the carotic artery for pr | | |
| a. | Dermal | b. | Polytetrafluoroethylene |
| C. | Gore-Tex | d. | Dacron |
| 18. | When performing a radical new radical new radical neck dissection the store excised. | | |
| a. | True | b. | False |
| 19. | The "bloody triangle" involves | th | e area between the: |
| a. | sternocleidomastoid muscle and superior belly of omohyoid muscle | b. | mandible and digastric muscle |
| C. | sternocleidomastoid muscle and superior internal jugular vein | d. | carotid artery triangle |
| 20. | Elective supraomohyoid neck patients with tumors affecting | | |
| a. | larynx and oropharynx | b. | posterior upper neck |
| | thyroid and cervical trachea | | floor of the mouth or tongue |
| | | | |

Surgery of the Head and Neck: Oral Surgery and Fracture Management

| 1. Glossectomy involves removal | of | the: | 11. | Which of the fol |
|--|------|-----------------------------------|----------|---------------------------------------|
| a. glottis | b. | tonsils | | before the gloss |
| c. tongue | d. | teeth | | Tracheotomy |
| 2. A may be used as a press | ure | dressing on a repaired | C. | Esophagoscopy |
| defect. | | | 12. | lf a skin graft a |
| a. skin graft | | bolster | | conjunction with |
| c. patient's tongue | d. | mouth props | | usually be remo |
| 3. If an oral lesion is difficult to a | 3CC | ess, which is performed? | a. c. | - |
| a. mandibulotomy | | UPPP | | |
| c. mandibular split | d. | either a or c | 13. | Which of the foll extensive floor- |
| 4. During the procedure to split t | he | lip, what may be marked? | а | Deltoid |
| a. maxilla | b. | vermilion | | Gluteus maximus |
| c. mental foramen | d. | lesion | | When performin |
| 5. The advantage of removal of a | sm | aller portion of the mandible | 14. | is done to preve |
| is: | | | | healing? |
| a. the patient can undergo dental rehabilitation | b. | a tracheotomy is not performed | | 'V' is made in the |
| c. a skin graft is not necessary | Ь | all of the above | C. | Rotation graft is |
| 6. A major complication of mandi | | | 15. | Which of the fol |
| a. airway obstruction | | loss of skin graft | | simple resection |
| c. osteomyelitis | | fracture of the mandible | | Osteomyelitis of t TMJ disorder |
| 7. Which procedure is used to tre | | | | |
| a. glossectomy | | tracheotomy | 16. | Which of the fol conjunction with |
| c. uvulopalatopharyngoplasty | | superficial parotidectomy | 2 | Rhinoplasty |
| 8. A tripod fracture involves which | | | | Partial glossector |
| a. zygomatic arch | | lateral maxilla | | What instrumen |
| c. infraorbital rim | | all of the above | | elevate the bone |
| 9. Which fracture and instrumen | t sr | et is mismatched? | a. | Freer elevator |
| a. tripod: eye plastic set | | zygomatic: arch bar set | С. | Urethral sound |
| c. mandibular: Caldwell Luc set | | maxilla: Caldwell Luc and arch | 18. | The amount of p |
| | u. | bar sets | | has undergone a |
| 10. If arch bars are being placed, | the | surgical team must be ready | | to avoid: |
| to perform a: | | . , | | respiratory depre |
| a. tonsillectomy | b. | tracheostomy | - | decreased perista |
| c. lip split procedure | d. | mandibular split | 19. | Which of the fol of a maxillary fr |
| | | | a. | Incision through t |
| | | | | the mouth |
| | | | C. | Direct incision ov |
| | | | 20. | Which of the foll |

| 1. | Which of the following procedu before the glossectomy? | ures may be performed just |
|--|---|--|
| | Tracheotomy | b. Tonsillectomy |
| C. | Esophagoscopy | d. Uvulectomy |
| 2. | If a skin graft and bolster dress conjunction with a glossectom usually be removed on the | y the nasogastric tube can |
| a. | - | b. 3 |
| C. | - | d. 7 |
| 3. | Which of the following would b extensive floor-of-mouth lesio | |
| а. | Deltoid | b. Pectoralis major |
| C. | Gluteus maximus | d. Trapezius |
| 4. | When performing an extensive is done to prevent strictures a healing? | floor-of-mouth resection what fter the wound is closed and |
| | 'V' is made in the chin incision | b. Z-plasty is performed |
| C. | Rotation graft is performed | d. Split-thickness graft is placed |
| 5. | Which of the following is a pos simple resection of a floor-of- | |
| a. | Osteomyelitis of the mandible | b. Loss of speech |
| C. | TMJ disorder | d. Loss of the tip of the tongue |
| • | | |
| 6. | Which of the following procedu conjunction with a UPPP? | ures may be performed in |
| | | ires may be performed in b. Septoplasty |
| a. | conjunction with a UPPP? | |
| а. с. | conjunction with a UPPP? Rhinoplasty Partial glossectomy | b. Septoplasty |
| a. c. I 7. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during | b. Septoplasty d. Mentoplasty |
| a. c. I 7. a. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to |
| a. c. 17. a. c. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? Freer elevator | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to b. Skin hook d. Pean clamp arcotic given to a patient that |
| a. c. 17. a. c. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? Freer elevator Urethral sound The amount of postoperative m has undergone a UPPP must bo | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to b. Skin hook d. Pean clamp arcotic given to a patient that |
| a. c. 17. a. c. 8. a. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? Freer elevator Urethral sound The amount of postoperative m has undergone a UPPP must be to avoid: | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to b. Skin hook d. Pean clamp arcotic given to a patient that e carefully controlled in order |
| a. c. 17. a. c. 8. c. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? Freer elevator Urethral sound The amount of postoperative m has undergone a UPPP must be to avoid: respiratory depression decreased peristalsis | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to b. Skin hook d. Pean clamp arcotic given to a patient that e carefully controlled in order b. depressing the cough reflex |
| a. c. 17. a. c. 8. 8. 8. 19. a. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? Freer elevator Urethral sound The amount of postoperative in has undergone a UPPP must be to avoid: respiratory depression decreased peristalsis Which of the following incision of a maxillary fracture? Incision through the palate of the mouth | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to b. Skin hook d. Pean clamp arcotic given to a patient that e carefully controlled in order b. depressing the cough reflex d. patient mood changes is is used for the internal fixation b. Caldwell Luc |
| a. c. 17. a. c. 8. 8. 8. 19. a. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? Freer elevator Urethral sound The amount of postoperative in has undergone a UPPP must be to avoid: respiratory depression decreased peristalsis Which of the following incision of a maxillary fracture? Incision through the palate of | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to b. Skin hook d. Pean clamp arcotic given to a patient that e carefully controlled in order b. depressing the cough reflex d. patient mood changes is used for the internal fixation |
| a. c. 17. a. c. 8. 8. 8. 8. 8. 8. 8. 8. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? Freer elevator Urethral sound The amount of postoperative m has undergone a UPPP must be to avoid: respiratory depression decreased peristalsis Which of the following incision of a maxillary fracture? Incision through the palate of the mouth Direct incision over fracture | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to b. Skin hook d. Pean clamp arcotic given to a patient that e carefully controlled in order b. depressing the cough reflex d. patient mood changes is is used for the internal fixation b. Caldwell Luc |
| a. c. 17. a. c. 8. 8. 8. 8. 8. 8. 8. 8. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? Freer elevator Urethral sound The amount of postoperative m has undergone a UPPP must be to avoid: respiratory depression decreased peristalsis Which of the following incision of a maxillary fracture? Incision through the palate of the mouth Direct incision over fracture Which of the following sizes of | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to b. Skin hook d. Pean clamp arcotic given to a patient that e carefully controlled in order b. depressing the cough reflex d. patient mood changes is used for the internal fixation b. Caldwell Luc d. Brow incision |
| a. c. 17. a. c. 8. 8. 8. 8. 20. a. | conjunction with a UPPP? Rhinoplasty Partial glossectomy What instrument is used during elevate the bone? Freer elevator Urethral sound The amount of postoperative in has undergone a UPPP must be to avoid: respiratory depression decreased peristalsis Which of the following incision of a maxillary fracture? Incision through the palate of the mouth Direct incision over fracture Which of the following sizes of bar placement? | b. Septoplasty d. Mentoplasty g a zygomatic fracture repair to b. Skin hook d. Pean clamp arcotic given to a patient that e carefully controlled in order b. depressing the cough reflex d. patient mood changes is is used for the internal fixation b. Caldwell Luc d. Brow incision steel wire is often used for arch |

Total Knee Arthroplasty

| 1. | During extension, this structu the knee | re p | prevents hyperextension of | | |
|------------|---|------|--|--|--|
| a. | PCL | b. | ACL | | |
| C. | MCL | d. | LCL | | |
| 2. | If the tibial component is internally rotated, it will the Q-angle. | | | | |
| a. | Decrease | ~. | Not affect | | |
| C. | Increase | d. | None of the above | | |
| 3. | The reasoning for using a min | i-in | cision (MIS) approach is | | |
| | The approach everts the patella | | Smaller skin incision | | |
| C. | The knee extensor mechanism is not disturbed | d. | All of the above | | |
| 4. | The pes anserine muscle grou following except: | p is | made up of all of the | | |
| | Sartorius | | Gracilis | | |
| C. | Semitendinosus | d. | Soleus | | |
| 5. | The surgeon will release the d off the tibia during this deform | | | | |
| u . | Varus | | Valgus | | |
| C. | Flexion contracture | d. | ACL rupture | | |
| 6. | Hypoplasia of the lateral femo contracture of the knee is ass | | | | |
| | Varus | | Valgus | | |
| C. | Flexion contracture | d. | Osteophytes | | |
| | During a lateral retinacular re avoided | | | | |
| | Superior lateral geniculate artery | | Superior medial geniculate artery | | |
| C. | Circumflex artery | d. | Femoral artery | | |
| 8. | Which of the following method reduce the chances of contan replacement? | | | | |
| a. | Minimize the number of personnel in the room | | Use of laminar flow-vertical and horizontal | | |
| C. | Use of body exhaust systems (space suits) | d. | All of the above | | |
| 9. | The keeps the femur fro the tibia or the tibia from bein femur | | being displaced anteriorly on isplaced posteriorly on the | | |
| a. | ACL | | MCL | | |
| C. | PCL | d. | LCL | | |
| D. | The unhappy triad "of O' Dono to an injury to all the following | | | | |
| | Lateral collateral | | Tibial collateral ligament | | |
| C. | ACL | d. | Medial meniscus | | |

| 11. | Which of the following categor | ries of knee implants is used to |
|-----|---|--|
| | replace the medial and lateral | surfaces of the femur and tibia? |
| | Unconstrained | b. Bicompartmental |
| С. | Fully constrained | d. Unicompartemental |
| 12. | The tibial components are cen tibial tubercle. | tered on the border of the |
| a. | lateral | b. superior |
| С. | medial | d. inferior |
| 13. | Which of the following is accorpatellar subluxation? | mplished to correct lateral |
| a. | Lateral retinacular release | b. Internal rotation of the femoral component |
| C. | Internal rotation of the tibial component | |
| 14. | Which of the following is the p sartorius muscle? | roximal attachment of the |
| | Proximal tibia | b. Base of patella |
| С. | Tibial tuberosity | d. Iliac spine |
| 15. | Which of the following anatom when entering the knee joint w | ical structures is first viewed /hen performing an arthroscopy? |
| | | b. Vastus lateralis |
| С. | Coronary ligaments | d. Ligamentum mucosum |
| 16. | Which of the following is a pot with the lateral retinacular rel | |
| a. | Damage to the fibular collateral ligament | b. Patellofemoral instability |
| C. | Devascularization of the patella | d. Varus deformity once prostheses are in place |
| 17. | Wound closure should be acco degree of flexion. | mplished with the knee in |
| a. | 10 | b. 15 |
| C. | 25 | d. 35 |
| 18. | The initial opening in the femo inch drill bit. | ral canal is accomplished with a |
| a. | 1/4 | b. 3/8 |
| С. | 3/4 | d. 3/16 |
| 19. | When preparing the sterile bac that a thickness saw bla | ck table the CST should ensure ide is available for use. |
| a. | 0.050 | b. 0.10 |
| С. | 0.15 | d. 0.20 |
| 20. | The initial opening in preparat with a inch drill bit. | ion for the tibial stem is made |
| a. | 1/8 | b. 5/16 |
| C. | 1/2 | d. 3/16 |

Answers ce credit pkg 2: 18 CONTINUING EDUCATION CREDITS

| 🔲 Certified Member | 🔲 Certified Nonmember | ASTI | Member No: | |
|---|---|---|--|---|
| Name: | | Certi | fication No: | |
| Address: | | City: | State: ZIP: | |
| Telephone: | I | Email: | | |
| CE CREDIT PKG 2: 18 C | ONTINUING EDUCATION CRE | EDITS: | | |
| 🗌 Member: \$30 🔲 | Nonmember: \$110 (include: | s one-year AST membership; | fill out application on pg. 63 | 7) |
| 🔲 Check Enclosed 🛛 | 🗌 Visa 🔲 MasterCard | □ AmEx # | Exp | iration Date |
| Signature | | | | |
| | | | | |
| A Teamwork Approa | ch to Quality Patient C | are in the Operating R | | ext to each number. Only one correct er can be selected for each question. |
| a b c d 1. 2. 3. 4. 5. 6. | a b c d 7. 8. 9. 10. 11. 12. | a b c d 13. 14. 15. 16. 17. 18. | a b c d 19. 20. 21. 22. 23. 24. | a b c d 25. 26. 27. 28. 29. 30. |
| DNR: The Ethics of R | esuscitation | | | ext to each number. Only one correct er can be selected for each question. |
| a b c d 1. 2. 3. 4. | a b c d 5. 6. 7. 8. | a b c d 9. 10. 11. 12. | a b c d 13. 14. 15. 16. | a b c d 17. 18. 19. 20. |
| Gynecologic Surgery | y: Problems and Comp | lications | | ext to each number. Only one correct er can be selected for each question. |
| a b c d 1. 2. 3. 4. | a b c d 5. 6. 7. 8. | a b c d 9. 10. 11. 12. | a b c d 13. 14. 15. 16. | a b c d 17. 18. 19. 20. |

Improving Access to Health Care for Children

| | а | b | C | d |
|----|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | Π | | | Π |

b d а C \Box 5. 🗌 9. 🗌 6. **□** \square 10.

П

b а C d \square Mark one box next to each number. Only one correct or best answer can be selected for each question.

Mark one box next to each number. Only one correct

or best answer can be selected for each question

| | а | b | C | d |
|-----|---|---|---|---|
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |

h а C h 17. П 18. П 19. П 20.

Palliative Care in the Acute Care Setting: Part 2

5.

6.

7.

8.

7. П

8.

| | а | b | C | d |
|----|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

| | а | b | C | d | |
|-----|---|---|---|---|--|
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |

| b | C | d | |
|---|---|---|-----|
| | | | 19. |
| | | | 20. |
| | | | 21. |
| | | | 22. |
| | | | 23. |
| | | | 24. |

а b C d \Box П \square \square П П П \square \square

C

Π

 \square

а b C d 25. \Box \Box 26. П 27. П \square П 28. \square П

П

П

d

Surgery of the Head and Neck: Anatomy, Instrumentation and Dissection

Mark one box next to each number. Only one correc or best answer can be selected for each question

29.

30.

| | а | b | C | d | |
|----|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | _ |

| а | b | C | d |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| d | | а | b |
|---|-----|---|---|
| | 9. | | |
| | 10. | | |
| | 11. | | |
| | 12. | | |
| | | | |

11.

12. \square

а

13. 🗌

14. 🗌

16. 🗌

17. 🗌

15.

18.

| | а | b | C | d |
|---|---|---|---|---|
| | | | | |
| • | | | | |
| • | | | | |
| | | | | |
| | | | | |

b a 13. Π 14. \square 15. \square 16. 🔲 П

Π \square

 \square

d a h C \square 17. \square П 18. П 19. \square П 20. П П

| Surgery of the Head and Neck: Oral Surgery and Fracture Management Mark one box next to each number. Only one correct or best answer can be selected for each question. | | | | |
|---|------------|-------------|-------------|-------------|
| a b c d | a b c d | a b c d | a b c d | a b c d |
| 1. 🗌 🗌 🗌 🗌 | 5. | 9. 🗌 🔲 🔲 🔲 | 13. | 17. 🗌 🗌 🗌 🗌 |
| 2. 🗌 🗌 🔲 🔲 | 6. 🗌 🗌 🔲 🔲 | 10. 🗌 🗌 🗌 🗌 | 14. 🗌 🗌 🗌 🗌 | 18. 🗌 🗌 🔲 🗌 |
| 3. | 7. 🗌 🗌 🔲 🔲 | 11. 🗌 🗌 🗌 🗌 | 15. 🗌 🗌 🔲 🗌 | 19. 🗌 🗌 🗌 🗌 |
| 4. 🗌 🗌 🗌 🗌 | 8. 🗌 🗌 🗌 🗌 | 12. 🗌 🗌 🔲 🗌 | 16. 🗌 🗌 🗌 🗌 | 20. 🗌 🗌 🔲 🗌 |

| Total Knee Arthropla | sty | | Mark one box n or best answe | ext to each number. Only one correct er can be selected for each question. |
|----------------------|------------|-------------|---------------------------------|---|
| a b c d | a b c d | a b c d | a b c d | a b c d |
| 1. 🗌 🗌 🗌 🔲 | 5. 🗌 🗌 🗌 🔲 | 9. 🗌 🗌 🗌 🔲 | 13. 🗌 🗌 🗌 🗌 | 17. 🗌 🗌 🗌 🔲 |
| 2. 🗌 🗌 🔲 🔲 | 6. 🗌 🗌 🗌 🔲 | 10. 🗌 🗌 🔲 🗌 | 14. 🗌 🗌 🗌 🗌 | 18. 🗌 🗌 🔲 🗌 |
| 3. | 7. 🗌 🗌 🗌 🔲 | 11. 🗌 🗌 🗌 🗌 | 15. 🗌 🗌 🗌 🗌 | 19. 🗌 🗌 🔲 🗌 |
| 4. 🗌 🗌 🔲 🔲 | 8. 🗌 🗌 🔲 🔲 | 12. | 16. | 20. |

Directions: Complete all 8 answer keys for the exams. Include your check or money order made payable to AST or complete credit card information with the appropriate amount and mail to AST, Attn: CE credits, 6 West Dry Creek Circle, Suite 200, Littleton, CO 80120-8031. If paying by credit card, you can fax in the answer keys and credit card payment to AST at 303-694-9169.



Membership Application

6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031 Phone: 800.637.7433 • Fax: 303.694.9169 • www.ast.org

YES > O I want to take advantage of all the benefits of membership in the Association of Surgical Technologists today.

| Last Name | First MI | |
|---|--|--|
| Address | Apt. # | |
| City | State Zip | |
| Home Phone | Work Phone | |
| Certification # | ○ ST ○ CST ○ CFA ○ CST, CFA ○ Student | |
| E-Mail | | |
| School (If currently enrolled.) | Graduation Date | |
| I wish to purchase the Silver Package \$222.50 (includes shipping & handling). For first time certification only. Package does not include membership. | | |
| I was recruited by (Member Name) | Member # | |
| Have you ever been a member of our association? \bigcirc Yes \bigcirc No If yes, under what name were you a member? | | |
| Please Check The Appropriate Box For Membership Dues (All Include State Assembly Dues) Active: \$80 for 1 year An Active Member must include a copy of their certification certificate or card. | The profession needs your assistance! Help us obtain vital information that benefits you, your colleagues and your pocketbook. Please fill out this brief survey so we can obtain vital information that will assist us promote the profession and advance the salary levels of practitioners across the country. | |
| Associate: ○ \$80 for 1 year An Associate Member is a surgical technologist, but is not certified by the National Board of Surgical Technology and Surgical Assisting (formerly LCC-ST). Student: ○ \$45 for 1 year A Student Member must provide the name of the school they are enrolled in and a graduation date. Affiliate: ○ \$80 for 1 year Affiliate: ○ \$80 for 1 year | HIGHEST EDUCATION LEVEL ACHIEVED — choose only one On the job trained (high school/GED) Ourrently enrolled as an ST student ST certificate or diploma (1 year) ST associate degree (2 years) BA/BS (other than nursing) MA/MS (other than nursing) Nursing ADN, diploma, BSN, or MSN Other | |
| Annale Members Include Adultians/usionists, Labor and Denvery recirs, Cardiac Card Tech, Anesthesia Techs, Central Sterile Supply Techs, O.R. Managers, Aides, Schools, Instructors, Employers or Manufacturers/Sales Reps of health care related companies. Retired/Disabled: ○ \$45 for 1 year A Retired Member must include proof that they are over the age of 65. A Disabled Member must include proof of permanent disability. Join AST Today! ▼ | OCCUPATIONAL SPECIALTY — Where do you spend the most time? choose only one Scrub technologist Retired Central supply O.R. supervisor Circulator/asst. circulator Sales/mfg. rep Surgical assistant Not currently working | |
| PAY NOW Click the "PAY NOW" button if you wish to pay online. You will be taken immediately to our online payment center. | ○ ST instructor/prog. director ○ Other ○ Purchasing | |
| Mail your application with a check or money order to AST • 6 W Dry Creek Cir • Suite 200 • Littleton, CO 80120 or Fax your application to 303-694-9169 or Call 800-637-7433 Mon-Fri 8am - 4:30pm MT | PRIMARY SURGICAL SPECIALTY — Where do you spend the most time? Cardiovascular surgery Ophthalmic surgery ENT surgery Organ procurement Tissue surgery | |
| PAYMENT INFORMATION Check or money order enclosed Bill my credit card VISA MASTER CARD AMEX Card # Kard Stard Kard Stard | O ENT surgery O Organ procurement O Tissue surgery O General surgery O Orthopedic surgery O Transplant surgery O Genitourinary surgery O Pediatric surgery O Veterinary surgery O Gynecologic surgery O Peripheral vascular surgery O Other O Neurosurgery O Plastic/reconstructive surgery O not specialize | |
| Expiration Date / | ○ Obstetric surgery ○ Podiatric surgery | |
| Signature | HOURLY SALARY (not including overtime) choose only one | |
| Check here if you do not wish to receive e-mail notification in addition to your regular postal mail notifications. AST shares mailing information from time to time with a very limited number of organizations which provide our membership with liability coverage and other services at a discounted rate as a benefit of membership in the Association of Surgical Technologists. Check here if you do not wish to receive information. | NOURLY SALARY (not including overtime) choose only one Less than \$9.00 \$17.00-\$18.99 \$9.00-\$10.99 \$19.00-\$20.99 \$11.00-\$12.99 \$21.00-\$22.99 \$13.00-\$14.99 \$23.00-\$24.99 \$15.00-\$16.99 \$25.00 or more | |