1. Who was the medical leader chosen to direct the campaign to control cancer, heart disease, and stroke?
   a) Dr. Charles Mayo
   b) Dr. Jonas Salk
   c) Dr. Charles Scudder
   d) Dr. Michael DeBakey
   e) Dr. Franklin Martin

2. In which year did the National Academy of Sciences/National Research Council publish Accidental Death and Disability: The Neglected Disease of Modern Society?
   a) 1941
   b) 1973
   c) 1966
   d) 1952
   e) 1929

3. Data from the National Trauma Data Bank indicate that which of the following percentages of injured patients are transported by helicopter?
   a) 16%
   b) 10%
   c) 7.5%
   d) 24%
   e) 3%

4. Which of the following patient groups is most likely to benefit from helicopter transport?
   a) Patients with thoracic injuries
   b) Patients with gunshot wounds to the abdomen
   c) Patients injured within 5 miles of the trauma center
   d) Patients with extremity fractures
   e) Physiologically unstable patients

5. Which category of patients is the earliest to arrive after a mass casualty incident?
   a) Pregnant patients
   b) Patients with physical force trauma transported by helicopter
   c) Patients with physical force trauma transported by ground ambulance
   d) Minimally injured patients who travel to the hospital on foot or by private conveyance
   e) Patients less than 15 years of age

6. The largest mass casualty incident to occur in the United States was which of the following?
   a) The Johnstown flood
   b) The 1917 influenza epidemic
   c) The World Trade Center attack
   d) The Oklahoma City bombing
   e) The Chicago Fire
7. Each of the following is a classification used in the military casualty triage plan except which one?
   a) Delayed
   b) Immediate
   c) Expectant
   d) Minor
   e) Critical

8. Command and control of hospital response to a mass casualty incident is provided by which of the following?
   a) Government emergency management personnel
   b) The chief executive officer of the hospital
   c) The hospital incident command center
   d) The chief of emergency medicine
   e) The trauma center medical director

9. The most common category of injury resulting from tertiary blast injury is which of the following?
   a) Lacerations and puncture wounds
   b) Brain injury and fractures
   c) Lung injury
   d) Burn injury
   e) Intestinal injury

10. The survival advantage for patients treated in a designated trauma center following injury is which of the following?
   a) 1%–3%
   b) 8%–11%
   c) 30%–45%
   d) 18%–20%
   e) 50%–60%

11. The survival advantage for patients treated in a designated trauma center following injury is achieved how long after trauma center designation?
   a) Immediately
   b) One month
   c) Three years
   d) Five years
   e) Two weeks

12. Noncompliance with evidence-based process of care guidelines is most common for which type of injury?
   a) Lung injury
   b) Intestinal injury
   c) Extremity fractures
   d) Spine fracture
   e) Brain injury

13. High-volume trauma centers have improved outcomes for each of the following injury groups except which one?
   a) Spinal fracture
   b) Vascular injuries
   c) Liver injuries
   d) Cardiac injuries
   e) Brain injuries

14. Patients in which of the following age groups are most likely to die within the first year after discharge from a trauma center?
   a) 6 months to 3 years
   b) 5 years to 19 years
   c) 20 years to 30 years
   d) Younger than 40 years
   e) Patients older than 64 years

15. The most common reason for patient failure to appear for followup after discharge from a trauma center is which of the following?
   a) History of patient alcohol abuse
   b) Patient age < 15 years
   c) Patient intelligence level
   d) Errors in recording patient contact information
   e) Patient involved in injury-related litigation

16. Suboptimal quality of life persists for how long after a severe traumatic injury?
   a) Six months
   b) One year
   c) Nine years
   d) Three years
   e) Five years
17. What percentage of motor vehicle crashes where a child is injured involve alcohol use in the child’s caregiver?
   a) 1%
   b) 0.5%
   c) 3%
   d) 18%
   e) 10%

18. Motor vehicle restraint use in states with restraint use laws that permit police to issue citations for violations as a primary offense is which of the following?
   a) 24%
   b) 10%
   c) 33%
   d) 75%
   e) 85%

19. Frequency of a repeat driving under the influence citation in patients with a history of such citations who do not receive a brief intervention following an alcohol-related injury is 24%. The frequency in patients who do receive a brief intervention is which of the following?
   a) 23%
   b) 35%
   c) 1%
   d) 4.5%
   e) 11%

20. Following creation of an acute care surgery service, practice activity among general surgeons not participating in the acute care surgery service showed which of the following changes?
   a) No change in practice activity
   b) 15% decrease in practice activity
   c) 35% decrease in surgeon satisfaction
   d) 8% increase in practice activity
   e) 7% decrease in practice activity
CME Post-Test

Trauma, Part I

VOLUME 39, NO. 2, 2013

1. At the beginning of 1972, what proportion of emergency transport vehicles met accepted structural and safety standards?
   a) 100%
   b) 77%
   c) 50%
   d) 7%
   e) 21%

2. Which patient group is most likely to benefit from prehospital endotracheal intubation?
   a) Pediatric patients
   b) Severely injured patients with traumatic brain injury
   c) Patients with thoracic gunshot wounds
   d) Patients with lumbar spine fracture
   e) Patients with clinical evidence of alcohol intoxication

3. Patients exposed to the drug etomidate during prehospital care are at risk to develop occult adrenal insufficiency. Which of the following offers a potential explanation for this risk?
   a) Etomidate inhibits 11-ß hydroxylase
   b) Hypoxia produces adrenal insufficiency
   c) Hypercarbia reduces adrenal function
   d) Respiratory acidosis inhibits cortisone synthesis
   e) The stress of injury reduces adrenal hormone production

4. In a comparison of tourniquets used for control of bleeding from extremity injuries, the Combat Application Tourniquet ablated distal arterial pulsations in which proportion of applications?
   a) 75%
   b) 34%
   c) 91%
   d) 100%
   e) 16%

5. Data from a single-system study of the use of fentanyl for pain control in the prehospital phase of care documented each of the following except which one?
   a) Patient pain scores consistently improved
   b) Tachycardia was often associated with fentanyl use
   c) Vital sign changes were observed in 0.6% of patients
   d) No in-hospital complications of fentanyl use were reported
   e) An intervention to reverse fentanyl effects was recorded in 0.2% of patients in the study

To login to the test site, click on “CME Test Login” from the left side navigation at http://www.facs.org/srgs/.

The posttest should be completed AFTER taking the pretest and reading the overview. Both tests must be completed online. For instructions, go to http://www.facs.org/srgs/cme/instructions.html.
6. Each of the following is a common misconception concerning mass casualty incidents except which one?
   a) Physical force trauma is the most common injury observed
   b) Trained personnel will conduct patient triage at the scene of the incident
   c) Injured patients will be transported to hospitals prepared to care for them
   d) Hospitals will be notified of casualties being transported to the hospital
   e) Casualties will be transported by ambulance

7. Implementation of the military trauma system in Iraq and Afghanistan has resulted in all of the following except which one?
   a) Increased use of tourniquets for extremity bleeding
   b) Prevention of hypothermia
   c) Establishment of performance improvement programs
   d) Increased use of hemostatic bandages
   e) Elimination of lower extremity amputation injuries

8. Which of the following is a common barrier to compliance with practice guidelines?
   a) Residents in training resist implementation of guidelines
   b) Lack of training of nursing staff in guidelines compliance
   c) Lack of information describing the guidelines
   d) Disagreement with evidence supporting the guidelines
   e) Resistance of hospital administration to establishing guidelines

9. Studies of preventable death rates in trauma centers confirm that overall mortality has declined but rates of preventable death are stable at which of the following percentages?
   a) 0.5%
   b) 22%
   c) 9.9%
   d) 3%
   e) 14%

10. What percentage of the trauma deaths recorded during long-term followup are related to the original injury?
    a) 1%
    b) 60%
    c) 21%
    d) 13%
    e) 36%

11. Which of the following is most likely to contribute to tertiary injury prevention?
    a) Improving roadway intersection safety
    b) Increasing use of passenger restraint devices in automobiles
    c) Trauma center quality improvement
    d) Increasing availability of post-injury rehabilitation services
    e) Mandatory motorcycle helmet use legislation

12. Which of the following social factors contributes to the level of aggressive behavior and interpersonal violence?
    a) Racial segregation
    b) Number of establishments that serve alcohol
    c) Prevalence of cigarette smoking
    d) Proportion of males under the age of 18
    e) Lack of recreational facilities

13. What percentage of the surveyed Level 1 trauma centers conduct brief interventions to reduce alcohol-related injuries?
    a) 50%
    b) 75%
    c) 10%
    d) 25%
    e) 90%

14. Improved efficiency in the care of which of the following conditions has been suggested by studies of acute care surgery services?
    a) Ulcerative colitis
    b) Appendicitis
    c) Colon cancer
    d) Gastrointestinal bleeding
    e) Obstructive jaundice
15. The risk of pelvic fracture is increased in each of the following injury settings except which one?
   a) Side-impact motor vehicle injuries
   b) Falls in elderly patients
   c) Motorcycle crashes
   d) Motor vehicle pedestrian collisions
   e) Assault with a blunt instrument

16. Which of the following is a common source of ongoing arterial bleeding in patients with pelvic fracture?
   a) Inferior epigastric artery
   b) Inferior mesenteric artery
   c) Branches of the internal iliac artery
   d) Common femoral artery
   e) Superior hemorrhoidal artery

17. Studies of angiography and embolization for control of pelvic fracture hemorrhage suggest that rebleeding occurs in which percentage of patients?
   a) 33%
   b) 1%
   c) 40%
   d) 12%
   e) 7%

18. Practice guidelines recommend which of the following for imaging of renal injuries?
   a) Intravenous pyelogram
   b) Retrograde studies of both ureters
   c) Plain abdominal radiograph
   d) Magnetic resonance imaging
   e) Contrast-enhanced CT imaging

19. The reported rate of nephrectomy for patients with AAST grade V renal injuries who require formal exploration is which of the following?
   a) 91%
   b) 26%
   c) 14%
   d) 58%
   e) 5%

20. Preexploration control of the renal vessels contributes to renal salvage in which percentage of patients?
   a) 25%
   b) 4%
   c) 36%
   d) 55%
   e) 12%

The following four questions are required by the American College of Surgeons for accreditation purposes. You must complete these four questions before submitting your answers.

21. This issue met the stated learning objectives.
   a) Strongly agree
   b) Agree
   c) Neutral
   d) Disagree
   e) Strongly disagree

22. The content was relevant to my educational needs and practice environment.
   a) Strongly agree
   b) Agree
   c) Neutral
   d) Disagree
   e) Strongly disagree

23. There are potential barriers to incorporating what I have learned from this issue into my practice.
   a) Strongly agree
   b) Agree
   c) Neutral
   d) Disagree
   e) Strongly disagree

24. The content was fair, objective, and unbiased.
   a) Strongly agree
   b) Agree
   c) Neutral
   d) Disagree
   e) Strongly disagree

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