

**GYNECOLOGY AND PRIMARY CARE 2010-2012**  
**AMCB Certificate Maintenance Program (CMP) Module Introduction**

The AMCB Certificate Maintenance Program (CMP) Modules are designed as self-learning tools to enable Certified-Midwives and Certified Nurse-Midwives to learn new information in a subject area or to review evidence-based practices for commonly encountered practices in an area of midwifery practice.

A module consists of:

1. References
2. Objectives
3. Multiple-choice questions based on the references
4. Evaluation of the module
5. Answer sheet to record your answers and evaluation
6. Return envelope

Answers are based on the references and have been chosen to educate you about new content. Therefore, please be aware that answering questions based on prior knowledge or experience may result in an incorrect answer. You are strongly encouraged to read the relevant references on each particular topic, and then complete the questions for that topic.

Choose the one most correct answer. Questions have been written to have a single, best answer. Also, the responses have been organized so that any “pattern” to the correct answers is accidental. Please do not worry if you see a “pattern” in your answers. Patterns are random.

Once you have completed the module and have answered all questions (including those in the module evaluation section), please return your answer sheet to the AMCB office in the enclosed envelope by April 1<sup>st</sup> or October 1<sup>st</sup>. This module is effective for three years (2010-2012), so there will **only be SIX scorings** of the answer sheets (April and October 2010, April and October 2011, and April and October 2012). All answer sheets received by April 1<sup>st</sup> and October 1<sup>st</sup> of each year will be scored together in a batch. If you miss the first April 1, 2010 deadline, your answer sheet will be retained, and scored the following October of 2010 and so on. However, if you miss the last October 1<sup>st</sup> deadline in 2012, your answer sheet will not be scored.

Criteria for successfully passing this module are:

- 75% of module questions answered correctly
- Completion of the module evaluation section.

**Please use pencil only on answer sheets.** All answer sheets completed in pen will be returned to you. Please also avoid folding on the left edge of the answer sheet, especially near your name. Do not use paper clips, binders or rubber bands on answer sheets. Answer sheets will be returned to you for:

- Not adhering to the procedures mentioned above.
- Duplicate module and/or answer sheets.
- Any wrinkled, spotted with spills, or torn and/or ragged edge answer sheets.

The Identification Number will be your certification number. The Special Code for the current GYN module is 012. Fold answer sheets in half once and use the enclosed envelope to return your answer sheet to the AMCB.

## **Gynecology and Primary Care Module 2010-2012**

### **References by Topic Area**

#### **Cervical Cancer Screening**

ACOG. Cervical cytology screening. ACOG Practice Bulletin Number 109, December, 2009.

#### **Vulvar disorders**

Goldstein AT, Burrows L. (2008). Vulvodynia. *J Sex Med*, 5:5-14.

Lawton S, Littlewood S. (2006). Vulval skin disease: clinical features, assessment, and management. *Nursing Standard*, 20(42):57-63.

#### **Mammography**

Pisano E, Hendrick RE, Yaffe MJ, Baum JK, Acharyya S, Cormack JB, et al. (2008). Diagnostic accuracy of digital versus film mammography: exploratory analysis of selected population subgroups in DMIST. *Radiology*, 246(2):376-383.

#### **Inflammatory breast cancer**

Molckovsky A, Fitzgerald B, Freedman O, Heisey R & Clemons M. (2009). Approach to inflammatory breast cancer. *Can Fam Physician*, 55:25-31

#### **Implanon**

Adams K & Beal M. (2009). Implanon: a review of the literature with recommendations for clinical management. *J Midwif Womens Health*, 54(2):142-149.

#### **Early Pregnancy Failure**

Chen BA, Creinin MD. (2007). Contemporary management of early pregnancy failure. *Clin Obstet Gynecol*, 50(1):67-88.

Dempsey A, Davis A. (2008). Medical management of early pregnancy failure: how to treat and what to expect. *Semin Reprod Med*, 26(5):401-410.

#### **Incontinence**

Katz A. (2009). When worlds collide: urinary incontinence and female sexuality. *Am J Nurs*, 109(3):59-63.

O'Dell K, Morse AN. (2008). It's not all about birth: biomechanics applied to pelvic organ prolapse prevention. *J Midwif Womens Health*, 53(1):28-36.

#### **Obesity**

Salazar SS. (2006). Assessment and management of the obese adult female: a clinical update for providers. *J Midwif Womens Health*, 51(3):202-07.

Shay L. (2009). Adult weight management: translating research and guidelines into practice. *J Am Acad Nurse Practitioners*, 21(4):197-206.

### **Heart Disease Prevention**

Loomba RS, Arora R. (2008). Prevention of coronary heart disease in women. *Therapeutic Advances in Cardiovascular Disease*, 2(5):321-27.

### **Osteoporosis**

Sweet MG, Sweet JM, Jeremiah MP, Galazka SS. (2009). Diagnosis and treatment of osteoporosis. *Am Fam Physician*, 79(3):193-200.

### **MRSA**

Kriebs, JM. (2008). Methicillin-resistant staphylococcus aureus infection in the obstetric setting. *J Midwif Womens Health*, 53:247-50.

### **Vitamin D Deficiency**

Holick MF. (2007). Vitamin D deficiency. *N Engl J Med*, 357(3):266-81.

Holick MF, Chen TC. (2008) Vitamin D deficiency: a worldwide problem with health consequences. *Am J Clin Nutr*, 87(suppl):1080S-6S.

# Objectives

## **Cervical Cancer Screening**

1. Identify which women should have cervical cancer screening, with attention to the timing and frequency of screening based on age, sexual debut, and risk status
2. Describe appropriate management and treatment for women with an abnormal cervical cancer screen and/or identified high risk human papillomavirus (HPV) on Pap smear
3. Discuss the pathophysiology of HPV acquisition, progression to cervical abnormalities, and clearance, with attention to differences between women based on age
4. Outline how to counsel patients regarding cervical cancer screening and abnormal Pap tests with or without high risk HPV

## **Vulvar disorders**

1. Discuss the prevalence and risk factors for vulvodynia
2. Describe common vulvar conditions and management approaches
3. Identify the pharmacological principles relevant to topical medications for vulvar disease

## **Breast Mammography**

1. Identify optimal mammography techniques for varying patient profiles.

## **Inflammatory Breast Cancer**

1. List and differentiate clinical symptoms of inflammatory breast cancer
2. Describe recommended treatment modality for inflammatory breast cancer

## **Implanon**

1. Describe the mechanism of action of Implanon®
2. Compare the efficacy of Implanon® to that of other methods of contraception
3. Describe metabolic effects of Implanon®
4. Describe common and serious side effects of Implanon® and their potential management alternatives
5. Identify appropriate candidates for using Implanon®

## **Early Pregnancy Failure**

1. Differentiate between the different types of early pregnancy failure (EPF)
2. Identify the diagnostic criteria for early pregnancy failure
3. Compare and contrast treatment modalities for early pregnancy failure
4. Discuss the pharmacology involved with medical management of EPF
5. Outline appropriate counseling for each treatment option, risks, benefits, and efficacy for various options.

## **Incontinence**

1. Identify the link between urinary incontinence (UI) and sexual functioning
2. Discuss causative factors of sexual dysfunction in women with urinary incontinence and methods of assessment and treatment
3. Identify modifiable and intrinsic causes of pelvic organ prolapse (POP)
4. List patient education techniques to prevent and treat pelvic organ prolapse

## **Obesity**

1. Define obesity by use of various anthropometric measures
2. Identify comorbidities that may be improved by achieving more normal weight
3. Discuss appropriate intervention strategies for obese women
4. Identify the need for vitamin supplementation with certain weight loss measures
5. Identify different pharmacological interventions for obesity treatment

## **Heart Disease Prevention**

1. Identify cardiac heart disease risk factors pertaining to women that lead to high rates of mortality
2. Describe cardiovascular disease prevention strategies for women that effectively reduce morbidity
3. Identify management plan for women at low, medium and high risk for cardiac events
4. Identify effective CHD therapies including pharmacologic interventions

## **Osteoporosis**

1. Identify screening recommendations of the US Preventive Task Force (USPSTF) guideline for osteoporosis
2. Describe the diagnostic criteria for osteoporosis
3. List recommendations for primary prevention of hip fractures in persons diagnosed with osteoporosis
4. Identify selected factors associated with fracture or low bone mineral density in postmenopausal women

## **Methicillin resistant staphylococcus aureus (MRSA)**

1. Discuss MRSA transmission routes, clinical presentation, and treatment of MRSA
2. Identify appropriate management and treatment of MRSA positive women and mothers
3. Discuss the relationship between MRSA and mastitis

## **Vitamin D Deficiency**

1. Identify how to assess for hypovitaminosis vitamin D, the proper assay to use, and the lab values which differentiate deficiency and insufficiency
2. Articulate how vitamin D is metabolized in the body
3. Identify the risk factors for vitamin D deficiency
4. Describe appropriate pharmacological treatment for an adult with vitamin D deficiency, as well as for those pregnant or lactating
5. List the benefits of adequate serum vitamin D levels in terms of disease risk, treatment, and prevention
6. Describe the effects vitamin D deficiency has on fracture and fall risk

## Questions

### CERVICAL CANCER SCREENING

1. Based on the most recent ACOG guidelines, a 17 year old reports a history of an abnormal Pap two years ago, but is not sure what type of abnormality was identified. How should she be counseled about her need for cervical cancer screening?
  - a. If her sexual debut was prior to age 14, she should have a Pap smear.
  - b. Perform a Pap because of her uncertainty about the results of the previous test.
  - c. She does not need another Pap smear for cervical cancer screening until age 21.
  - d. Schedule a colposcopy to determine if she has cervical dysplasia.
  
2. A 34 year old has a history of an abnormal Pap at age 25 with colposcopy; you do not know the Human Papilloma Virus (HPV) status. Subsequent Paps were normal and the last one was two years ago. She has had three sexual partners over the past year. Which cervical screening regimen you would recommend for this patient?
  - a. Annual Pap smears as long as she has multiple sex partners.
  - b. Pap smears every two years due to her history of an abnormal Pap.
  - c. Pap smears every three years provided that her results remain normal.
  - d. Perform a Pap today with HPV testing and proceed according to the results.
  
3. A 19 year old had her first intercourse at age 16. Her Pap results are Atypical Squamous Cells of Undetermined Significance (ASCUS), positive for Human Papilloma Virus (HPV). Which statement best describes the basis for NOT referring her for colposcopy?
  - a. HPV is more common amongst adolescents and is usually transient.
  - b. Cervical dysplasia is common in adolescents and it usually progresses to higher grades within one year.
  - c. A colposcopy should never be performed on women younger than age 21 because of the potential harm to the cervix.
  
4. HPV infection persistence is influenced by the:
  - a. age of menarche
  - b. cigarette smoking
  - c. contraceptive method being used
  - d. presence of bacterial vaginosis

5. An 18 year old presents for a well woman exam. Coitarche is documented within the last year. She reports having “a family history of cervical cancer.” How would you explain your rationale behind NOT doing a Pap today?
  - a. If she consents to starting the HPV vaccination series today, it will prevent her from ever developing cervical cancer.
  - b. She should have BRCA genetic testing due to her family history prior to testing for cervical cancer.
  - c. The vast majority of cervical cancer is caused by the HPV virus, not a genetic predisposition to cervical cancer.
  
6. According to the most recent ACOG recommendations, the appropriate cervical screening for a sexually active 62 year old woman who has had no abnormal Pap smears in 20 years is to:
  - a. Continue to screen her every two years with Pap smear and reflex HPV DNA testing until she is 70 years old.
  - b. Discontinue cervical cancer screening since she has had regular testing for 20 years.
  - c. Repeat a Pap smear and HPV DNA testing in three years and discontinue screening if negative.

### **Vulvar disorders**

7. Which of the following women has secondary vestibulodynia?
  - a. After treatment for vestibulitis a woman now has painful vaginal intercourse
  - b. A woman develops vulvar pain after a vaginal birth
  - c. A previous tampon-user now has vestibular pain with insertion
  
8. A population-based study with an ethnically diverse sample reported what proportion of women experienced chronic burning vulvar pain for at least 3 months?
  - a. 4%
  - b. 8%
  - c. 16%
  - d. 24%
  
9. Although the causes of vulvar pain are likely multi-factorial, which of the following have been refuted as the etiologic cause for the symptoms?
  - a. Allergic response
  - b. Congenital in origin
  - c. Sexual dysfunction

10. Compared to the typical pelvic exam for a well-woman presenting for a routine visit, the examination of a woman presenting with vulvar pain requires which of the following alterations?
- Applying acetic acid externally to examine for HPV
  - Inserting a single finger for vaginal palpation
  - Omitting the speculum exam
  - Performing the exam in a side-lying position
11. Topical treatments that may be recommended to reduce the pain of vulvodynia are:
- Benzocaine ointment
  - Diphenhydramine cream
  - Lidocaine jelly 2%
12. Which of the following oral medications is helpful in treating vulvodynia?
- Diazepam
  - Desipramine
  - Estradiol
13. One of the effects of chronic lichen sclerosus includes:
- involvement of the gingival mucosa
  - loss of labial architecture
  - migration to the mons pubis
14. A vulvar inflammatory condition with itchy flat-topped papules is:
- atopic eczema
  - contact dermatitis
  - lichen planus
  - lichen sclerosus
15. Emollients to protect vulvar skin and aid with moisture retention include:
- alpha-hydroxy cream
  - aloe vera cream
  - petrolatum ointment

### **Mammography**

16. Digital mammography is more accurate for women with:
- Dense breast tissue and under age 50
  - Age over 65 years
  - A strong family history of breast cancer
  - Previously abnormal mammograms

17. Traditional film mammography is considered most reliable in which women?
- Perimenopausal with breast pain
  - Postmenopausal with fibrocystic changes
  - Asymptomatic postmenopausal
18. A 65 year old woman with fatty breast tissue and a suspected breast mass would have the greater likelihood of accurate diagnosis using:
- digital mammography
  - film mammography
  - film mammography and ultrasound

### **Inflammatory breast cancer**

19. The percentage of breast cancers that are diagnosed as Inflammatory Breast Cancer (IBC) is:
- 1% - 6%
  - 2% - 2.5 %
  - 12% - 15%
20. A 32 year-old lactating woman five months postpartum has unilateral breast pain, enlargement, and erythema covering two-thirds of the breast. Which is the appropriate midwifery management?
- Perform a physical exam and follow-up in one week
  - Recommend that she discontinue breast feeding
  - Refer for a superficial breast biopsy of the affected area
21. Due to the aggressive nature of Inflammatory Breast Cancer (IBC), combined-modality treatment recommendations are:
- axillary lymph node resection and mastectomy followed by chemotherapy
  - bilateral mastectomy with endocrine therapy followed by chemotherapy or radiation
  - preoperative chemotherapy followed by mastectomy and radiation
22. Inflammatory Breast Cancer (IBC) has significantly worse prognosis in which women?
- African-American women
  - Breastfeeding women
  - Smokers
  - Women under the age of 60
23. Which of the following objective criteria is most indicative of Inflammatory Breast Cancer?
- Nipple changes such as crusting or retraction
  - Orange peel appearance
  - Unilateral erythema with an underlying mass

## **Implanon**

24. The primary mechanism of action by which Implanon® prevents contraception is:

- a. control of “escape ovulation”
- b. enhancement of follicle stimulating hormone effects
- c. inhibition of ovulation
- d. prevention of implantation

25. Of the following contraceptive methods, which has the highest efficacy?

- a. Etonorgestrel implant
- b. Female tubal ligation
- c. Levonorgestrel intrauterine device
- d. Vasectomy

26. Metabolic effects of Implanon® include:

- a. decreased bone mineral density
- b. increased insulin sensitivity
- c. potential impacts on the HDL/LDL ratio

27. The most commonly reported serious adverse effects of Implanon® are:

- a. breast tumors
- b. cervical dysplasias
- c. gastrointestinal disorders
- d. ovarian cysts

28. After discontinuation of Implanon®, most women experienced:

- a. return to ovulation and baseline menstrual pattern within three months
- b. suppression of ovulation and irregular menstruation for up to one year
- c. return of bone mass density loss to normal levels within six months

29. Implanon® may be less effective for women who:

- a. are overweight
- b. are postpartum
- c. have a history of polycystic ovarian syndrome
- d. have type 2 diabetes

30. Bleeding that occurs as a side effect of Implanon® may be treated with:

- a. Doxycycline 100 mg PO BID for 5 days
- b. Aspirin 325 mg PO BID for 7 days
- c. Metronidazole 500 mg PO BID for 7 days
- d. Tylenol 650 mg PO TID for 5 days

### **Early Pregnancy Failure**

31. A 27 year old G1P0 at 8 4/7 weeks by LMP with positive urine pregnancy test has vaginal bleeding and abdominal cramping. The most appropriate next step would be to:

- a. counsel the woman that she should go home and be on pelvic rest
- b. obtain results of urine and cervical cultures before treating the woman
- c. order a transvaginal ultrasound and quantitative serum B-hCG

### **In the next 3 questions:**

Identify the following terms with the definition noted in the Dempsey & Davis and Chen & Creinein articles-

- a. Inevitable abortion
  - b. Fetal demise
  - c. Anembryonic pregnancy
  - d. Missed abortion
  - e. Incomplete abortion
32. Sonographically demonstrated presence of a fetal pole 5-6 mm and no cardiac activity
33. Passage of some tissue, or echogenic material in the uterine cavity
34. Presence of gestational sac measuring >15-20 mm without a fetal pole or lack of interval growth on repeat U/S in 7-10 days
35. A woman has a beta-HCG level of 3000 mIU. What results of transvaginal U/S should be expected?
- a. Gestational sac but no fetal pole
  - b. Fetal pole and cardiac activity
  - c. Nothing, it is too early in the pregnancy

36. Appropriate patient counseling regarding the available treatment options for early pregnancy failure should include:
- review of current research studies and their limitations
  - treatment duration, resumption of intercourse, and implications for future pregnancy
  - types of interventions, including their risks, side effects and success rates
37. Which of the following is true regarding medical management of early pregnancy failure (EPF) using misoprostol?
- Daily dosing of sublingual misoprostol for 7 days is more efficacious than a single dose
  - Higher efficacy is reported with 800 mcg of misoprostol vs. 600 mcg vaginally
  - Sublingual misoprostol causes fewer side effects than oral administration
38. Women choosing medical management for early pregnancy failure should be counseled to anticipate side effects which may include:
- dizziness, hot flashes, flushing and dry mouth
  - nausea , vomiting, diarrhea and fever
  - palpitations, dyspnea, and heavy vaginal bleeding
39. A woman is diagnosed with an anembryonic pregnancy at 11 weeks gestation. She would like to avoid surgery if possible. What is your recommendation based on the evidence and her preference?
- Expectant management is best due to less risk of bleeding, infection, and pain
  - Medical management would be most likely to effect termination without surgery
  - Her only option is surgery because the pregnancy is too advanced

### **Incontinence**

40. When compared to women with no incontinence, women with overactive bladders experience sexual dysfunction \_\_\_\_\_ times more frequently?
- 1.5
  - 3
  - 5
  - 9

41. Women who experience urinary incontinence with sexual intercourse are more likely to have which of the following associated signs or symptoms?
- Altered lubrication
  - Urethral burning
  - Vaginismus
42. What is an effective approach for discussing urinary incontinence in relation to sexual activity?
- Asking a woman if she has further concerns after her initial presenting complaint
  - Universalizing the topic by asking when or if incontinence interferes with sexual activity
  - Including “sexual difficulties” among a list of potential problems for patients to identify
43. One approach to treating sexually active women with urinary incontinence is to:
- fit them with a pessary
  - refer them for cognitive therapy
  - teach them relaxation techniques with biofeedback
44. A sexual position that seems to decrease urinary incontinence during vaginal intercourse is:
- missionary position
  - side lying
  - rear entry
45. According to the Women’s Health Initiative results reported by O’Dell, which of the following modifiable risk factors had the largest association with pelvic organ prolapse?
- Constipation with chronic laxative use
  - High waist circumference (>88 cm)
  - Smoking for a period of at least 10 years
46. Assessment of women at risk for pelvic organ prolapse should include which of the following:
- weight, posture, and presence of a chronic cough
  - bone density measurement, amount of muscle mass, and family history
  - blood pressure, abdominal tone, and presence of constipation

47. Using current exercise physiology principles, pelvic floor exercise prescriptions should include asking the woman to perform:
- 5 maximum intensity prolonged contractions and two quick contractions, four times a day
  - 8 to 12 high-intensity contractions held for six seconds, three times a day
  - 50 quick contractions daily and gradual build up to 100 a day
48. Pharmacological interventions for stress incontinence include:
- Selective Serotonin Reuptake Inhibitors
  - Serotonin and Norepinephrine Reuptake Inhibitors
  - Dopamine Adrenergics
  - Monoamine Oxidase Inhibitors
49. Urge incontinence is associated with:
- insufficiency of the urethral sphincter
  - hypermobility of the bladder neck
  - overactivity of the detrusor muscle

## **Obesity**

50. Besides Body Mass Index, other parameters to determine overweight and obesity include:
- Body Frame Measurement
  - Lean body mass
  - Waist circumference
51. Which of the following diseases can be improved by achieving normal weight?
- Arthritis
  - Hypothyroidism
  - Anemia
52. Medications used to treat obesity have which of the following effects in the body?
- Speed up metabolism and increase elimination
  - Depress appetite and shrink stomach capacity
  - Enhance neurotransmitters and increase intestinal motility

53. Lifestyle modifications are most likely to be effective for long term weight loss in which group?
- Overweight
  - Obese
  - Super obese
54. People who undergo surgical intervention for obesity can expect to lose how much excess body weight?
- 15% - 20%
  - 40% - 50%
  - 30% - 60%
55. Bariatric surgery recipients should be screened for:
- Anemia and vitamin B 12 deficiency
  - Cholelithiasis and nephrolithiasis
  - Thrombocytopenia and deep vein thrombosis
56. Women who are overweight or obese frequently have histories of:
- bulimia
  - childhood abandonment
  - sexual abuse

### **Heart Disease Prevention**

57. How does the presentation of coronary heart disease differ in men and women?
- Men are less aware of their CHD risks and present later to care
  - Women have more acute symptoms of crushing chest pain and dyspnea
  - Women describe shoulder pain, dyspnea, and fatigue as the primary complaint
58. Pathological changes in women with Cardiac Syndrome X (CSX) include:
- localized vessel blockages
  - generalized plaque throughout the arteriole capillary system
  - plaque buildup in the larger cardiac vessels
59. How does aspirin therapy in women affect myocardial infarct and stroke risk?
- It decreases risks for both myocardial infarct and stroke
  - It decreases the risk of myocardial infarct and increases the risk of stroke
  - It decreases the risk of stroke but may not decrease the risk of myocardial infarct

60. Prescribing angiotensin-converting enzyme (ACE) inhibitors in women for the prevention of coronary events:
- is of no statistical benefit
  - is recommended for those with diabetes
  - requires higher doses than in men
61. Prescription of lipid lowering statin medications for the prevention of cardiac mortality should be considered in which of the following groups of women?
- All women over 50
  - Women with cardiovascular disease
  - Women with diabetes
62. Cardiovascular disease prevention strategies for at-risk women include:
- smoking cessation, vitamin E therapy, and statins
  - aspirin therapy, smoking cessation, and statins
  - Angiotensin converting enzyme (ACE) inhibitors, aspirin therapy, and hormone therapy

## **OSTEOPOROSIS**

63. U.S. Preventive Services Task Force (USPSTF) recommends dual energy x-ray absorptiometry (DEXA) for osteoporosis screening in:
- women younger than 60 with increased risk of fracture
  - women 65 years and older
  - post menopausal women with severe hot flash symptoms
64. According to Sweet et al., for persons diagnosed with osteoporosis, primary prevention of hip fractures includes:
- estrogen therapy for women and testosterone therapy for men
  - adequate calcium and vitamin D intake and bisphosphonate therapy
  - use of Calcitonin nasal spray
  - treatment with Raloxifene for women who cannot tolerate hormone therapy
65. The diagnosis of osteoporosis is best achieved using:
- peripheral DEXA scan of the heel, finger and forearm
  - quantitative calcaneal ultrasound
  - central DEXA scan of hip, femoral neck or lumbar spine
  - quantitative computed tomography scan

## **Methicillin-resistant Staphylococcus aureus (MRSA)**

66. The best site for culturing Methicillin-resistant Staphylococcus aureus (MRSA) in non-symptomatic adults is the:
- nares
  - oropharynx
  - rectum
67. What is the best infection control policy for an infant born to a Methicillin-resistant Staphylococcus aureus (MRSA) positive mother?
- Contact precautions in the nursery
  - Encouraging mothers not to breastfeed
  - Separation of mother and infant
68. Recommendations for managing persistent mastitis include:
- initiating intravenous antibiotics to avoid breast abscess
  - pumping or weaning until symptoms resolve
  - treating for Methicillin-resistant Staphylococcus aureus (MRSA) until culture results are obtained
69. What percent of invasive Methicillin-resistant Staphylococcus aureus (MRSA) is health-care associated ?
- 45%
  - 65%
  - 85%
70. Community acquired Methicillin-resistant Staphylococcus aureus (MRSA) often presents as:
- a 'spider bite' lesion
  - flu-like symptoms
  - generalized papular rash
71. In order to prevent Methicillin-resistant Staphylococcus aureus (MRSA) spread in hospital and clinical settings, the Kriebs article recommends:
- disinfection of stethoscopes after each patient
  - Methicillin-resistant Staphylococcus aureus (MRSA) positive mothers should wear gloves when handling their infants
  - routine monitoring of healthcare workers via nasal cultures

72. According to Kriebs, recommendations for counseling breast-feeding mothers about Methicillin-resistant Staphylococcus aureus (MRSA) are:
- Family members negative for Methicillin-resistant Staphylococcus aureus (MRSA) should wear gloves when handling the baby
  - Methicillin-resistant Staphylococcus aureus (MRSA) positive mothers should sanitize their milk by freezing to prevent infecting their infants
  - Mothers should wash their hands prior to breast-feeding when they have cracked nipples regardless of their colonization status for Methicillin-resistant Staphylococcus aureus (MRSA)
73. In order to prevent transmission of Methicillin-resistant Staphylococcus aureus (MRSA), healthcare workers should:
- cover all of their skin lesions with bi-occlusive dressing during patient care
  - have nasal cultures if sinus drainage persists more than two weeks
  - place patients with skin lesions in triage rooms quickly

### **Vitamin D Deficiency**

74. Which of the following women is at greatest risk for Vitamin D deficiency?
- African-American, obese, and pregnant
  - Caucasian, adolescent, and lactose intolerance
  - Latina, postmenopausal, and takes vitamin D 800 IU supplementation daily
75. A woman has a serum vitamin D level of 45 nmol/L (18 ng/ml) which indicates she is:
- vitamin D replete
  - vitamin D insufficient
  - vitamin D deficient
76. Which assay should be used to assess Vitamin D status in clinical practice?
- 1,25-dihydroxyvitamin D
  - 25-hydroxyvitamin D
  - Parathyroid hormone or PTH
  - Serum calcium

77. A patient presents to you with several risk factors for Vitamin D deficiency and vague complaints of bone pain and muscle weakness. After drawing the proper labs you find that she is severely vitamin D deficient. You also diagnose her with Osteomalacia. What are your recommendations for treatment?
- Vitamin D3 400 IU supplements OTC daily, as recommended by RDA.
  - 2-3 glasses of Vitamin D supplemented milk, daily multivitamin, and nonsteroidal anti-inflammatory drugs prn pain.
  - Ergocalciferol 50,000 IU tabs, once weekly for 8 weeks, then recheck her serum levels for improvement.
  - 50,000 IU Vitamin D3 IM weekly for 4 weeks to restore Vitamin D levels.
78. Adequate Vitamin D status is associated with the reduced incidence of which of the following diseases:
- Colon and breast cancer
  - Chronic Fatigue Syndrome
  - Eczema
  - Hypothyroidism
79. Which organs are responsible for Vitamin D metabolism in the human body?
- Kidneys and skin
  - Liver and kidneys
  - Skin and small intestines
80. Adults are more susceptible to falls and fractures from vitamin D deficiency because:
- a lack of vitamin D affects smooth muscle contractility
  - it increases the incidence of osteomalacia
  - it leads to bone demineralization and muscle weakness

## PROGRAM EVALUATION

Using your answer sheet, please evaluate this module in relation to the following:

- | A              | B     | C        | D                 | E              |
|----------------|-------|----------|-------------------|----------------|
| Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
81. I am satisfied with the time it took to receive my introductory CMP packet after I was first certified.
  82. I am satisfied with the time it took to receive my module after ordering it.
  83. I purchased the printed article packet from AMCB.
  84. I am satisfied with the time it took to receive my article packet.
  85. The articles were legible.
  86. I think the cost of the article packet is appropriate.
  87. I think the cost of CMP fees is appropriate for the service I receive.
  88. I would be willing to pay an additional fee to have modules graded more frequently.
  89. I would like to take the module test online.
  90. I would like to have online access to the module articles instead of paper copies.
  91. I received a timely notice about my upcoming recertification deadline (if re-certifying within one year).
  92. I received the appropriate number of reminders before my recertification deadline (if re-certifying within one year).
  93. I think the number of modules needed for recertification is appropriate.
  94. I feel fewer modules should be required for recertification.
  95. I feel more modules should be required to verify midwifery competency.
  96. The articles for this module were relevant to my practice.
  97. This information will affect my clinical practice.
  98. The articles provided me with new information.
  99. The objectives were clearly stated.
  100. The questions assessed my comprehension of the articles.
  101. I was able to find the answers within the articles.
  102. I feel the module was too easy.
  103. I feel the module was too hard.
  104. The articles are easy to obtain without purchasing them from AMCB.
  105. I would be interested in joining the CMP committee to assist with constructing new future modules.
  106. Do you have recommendations for the topics and/or types of articles of the modules?  
Please list on a separate sheet and send with answer form.

