

Knowledge Test

The correct answers are underlined.

Q1. Which one of the following symptoms is the best indicator of a bacterial (vs. viral) sinusitis?

- a. Unilateral sensitivity to pressure on maxillary sinus
- b. Duration of symptoms
- c. Greenish nasal secretions
- d. Dental pain
- e. Non-response to decongestants.

Q2. Out of 100 patients who have had a cough for less than three weeks, how many will have pneumonia if their vital signs and pulmonary exam are normal?

- a. 0
- b. 5
- c. 10
- d. 15
- e. 20

Q3. Among these signs observed during an otoscopy exam, which one or ones would confirm the presence of a middle ear blockage?

- a. Bulging of the typanic membrane
- b. Erythema of the tympanic membrane
- c. Absent or limited mobility in the tympanic membrane
- d. Air-fluid level behind the tympanic membrane
- e. Otorrhea

Q4. Out of 100 patients of 25 years old with a sore throat, with a temperature of 38.5, with no cough, with tender anterior cervical adenopathy and tonsillar exudates, how many will have Group A β -hemolytic streptococcal pharyngotonsillitis?

- a. 10
- b. 25
- c. 40
- d. 55
- e. 70

Q5. Out of 100 patients who take antibiotics for acute rhinosinusitis, how many, on average, will get better or have their symptoms relieved one week later, due to the antibiotics?

- a. 10
- b. 25
- c. 40
- d. 55
- e. 70
- f. 100

Q6. How many children with acute otitis media need to be treated with antibiotics to avoid one case of mastoiditis?

- a. 108
- b. 350
- c. 489
- d. 1005
- e. 4064
- f. 110,043

Q7. Which of the following is the best choice for treating Group A β -hemolytic streptococcal pharyngotonsillitis in an adult?

- a. Amoxicillin 500 mg BID x 10 days
- b. Azithromycin 500 mg DIE on 1st day then 250 DIE x 4 days
- c. Penicillin V 600 mg BID x 10 days
- d. Ciprofloxacin 500 mg DIE x 10 days

Q8. Which of following strategies is/are effective for communicating to the patient the risks and benefits associated with taking antibiotics for treating an acute respiratory infection?

- a. Using visual aids
- b. Avoiding use of numbers
- c. Explaining the scientific validity of the information
- d. Giving the relative risks of getting better with and without antibiotics
- e. Putting more emphasis on the benefits than on the risks
- f. Indicating the probabilistic nature of the information.

Q9 During a clinical encounter with a patient suffering from an acute respiratory infection (ARI) and for whom antibiotics is being considered, shared decision making is appropriate if (one or more answers possible):

- a. Evidence has shown that an antibiotic is more effective than a placebo for treating my patient.
- b. Evidence has shown that taking antibiotics involves as many benefits as risks of side effects.
- c. The quality of the evidence regarding antibiotics being effective for treating my patient is mediocre.
- d. There is no available data that proves the effectiveness of antibiotics for treating my patient.

Q10. To assess if a patient is comfortable with a decision about treating an ARI with antibiotics or not, which of the following considerations is optional?

- a. Their understanding of the information about the risks and benefits of taking antibiotics or not.
- b. The decision support they can expect from other people.
- c. How sure they are about the decision.
- d. The importance they assign to the benefits and risks of taking antibiotics or not, depending on their values and preferences.