

**AOHC**

MAY 3-6  
2015



# American Occupational Health Conference

~ 2015 ~

## Distance Learning Activity

### TABLE OF CONTENTS

|   |         |
|---|---------|
| About This Activity .....   | Page 1  |
| <i>Activity format, estimated time to complete the activity, learning objectives, continuing education credit information, registration information, activity fees.</i> |         |
| Summary of Credit Availability & Claim Tally .....  | Page 3  |
| Post Test   |         |
| Sunday.....   | Page 6  |
| Monday .....  | Page 14 |
| Tuesday .....   | Page 29 |
| Wednesday .....   | Page 42 |
| Post Test Answer Key.....   | Page 51 |
| Faculty Index & Disclosure Information.....   | Page 68 |
| Evaluation & Credit Verification Form .....   | Page 72 |

# About This Activity

## Activity Format

This activity includes sessions in the following categories, which may be completed in any order:

1. Educational Content:
  - OEM Clinical Practice
  - Management and Administration in OEM
  - OEM Education and Scientific Research
  - Environmental Health and Risk Management
  - Regulatory, Legal, Military, and Governmental OEM Practice
2. Comprehensive Post-test

## The estimated time to complete this educational activity: up to 114.5 hours

The medium or combinations of media used for this activity are audio, video, and text. The physician will review the sessions of their choice and then answer a self-assessment post-test.

In accordance with AMA requirements for educational activities eligible for *AMA PRA Category 1 Credit(s)<sup>TM</sup>* this enduring material must provide an assessment of the learner that measures achievement of the educational purpose and/or objectives of the activity with an established minimum performance level. The minimum performance level for this activity is 80% correct of the total number of questions answered. Participants who score 80% or better on the post test will be eligible to claim up to 114.5 *AMA PRA Category 1 Credit(s)<sup>TM</sup>* and/or ABPM MOC Credit(s).

## Learning Objectives

- Evaluate current research;
- Analyze emerging issues in OEM; and
- Exemplify effectiveness and efficiency in carrying out professional responsibilities

A faculty listing along with their disclosure information is available at the end of this document.

**Original Posting Date: June 1, 2015**

**Termination Date: June 30, 2016**

## ACCME Accreditation Statement

The American College of Occupational and Environmental Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

## AMA Credit Designation Statement

The American College of Occupational and Environmental Medicine designates this enduring material for a maximum of 114.5 *AMA PRA Category 1 Credit(s)<sup>TM</sup>*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## ABPM Maintenance of Certification (MOC) Credit

This activity has been approved for 114.5 ABPM MOC credits. Course Number: 1208

## Please Note

If you attended a session in person at the live 2015 AOHC, and have already claimed *AMA PRA Category 1 Credit(s)<sup>TM</sup>* and/or ABPM Maintenance of Certification Credits for that session, you cannot submit credit for those same sessions via this distance learning activity.

### Registration Information

This activity requires a separate, additional purchase and use of the AOHC 2015 Online Library or DVD-Roms (slides and audio synchronized) which are available through Mobiltape ([www.mobiltape.com](http://www.mobiltape.com)). The fees paid in order to claim your *AMA PRA Category 1 Credit(s)*<sup>TM</sup> and/or ABPM Maintenance of Certification Credits do not include the additional Mobiltape purchase.

To claim your *AMA PRA Category 1 Credit(s)*<sup>TM</sup> and/or ABPM Maintenance of Certification Credits, listen/view the content of the sessions that you wish to claim credit for, then complete post-test for this activity. If your score is 80% or higher, complete the verification form located at the end of this document, along with the evaluation. A Summary of Credit Availability and Claim Tally form is also attached to assist you in tracking the amount of credit you are eligible to claim. Submit the verification form along with the appropriate fee to: ACOEM Education Department, 25 Northwest Point Blvd, Ste. 700, Elk Grove Village, IL 60007.

### Fees for Continuing Education Credits

You must submit all of the credits you wish to claim at one time with full payment. Partial credit cannot be awarded, nor can partial payment be accepted. You may not claim additional hours for this activity at a later date.

| This activity requires a separate, additional purchase and use of the AOHC 2015 Online Library or DVD-Roms (slides and audio synced) which are available through Mobiltape ( <a href="http://www.mobiltape.com">www.mobiltape.com</a> ). The fees paid in order to claim your <i>AMA PRA Category 1 Credit(s)</i> <sup>TM</sup> and/or ABPM Maintenance of Certification Credits do <u>not</u> include the additional Mobiltape purchase. | <b>Number of Credits Claimed (Maximum 114.5)</b> | <b>CME Fee ACOEM Member</b> | <b>CME Fee Non-ACOEM Member</b> | <b>CME Fee AOHC 2015 Registrant (Member or Non-Member)</b> |
|---|--|-----------------------------|---------------------------------|--|
|   | 1.0 to 38.5                                      | \$389                       | \$689                           | \$89   |
|   | 39.0 to 85.0                                     | \$489                       | \$789                           | \$89   |
|   | 85.5 to 114.5                                    | \$589                       | \$889                           | \$89   |

**If you need assistance, please contact the ACOEM Education Department:**

**Phone: 847-818-1800 ext. 393**

**eMail: [mlunn@acoem.org](mailto:mlunn@acoem.org)**

**2015 AOHC Distance Learning Activity  
Summary of Credit Availability & Claim Tally**

**NOTE: You do NOT need to submit this tally to ACOEM.  
It is provided as a tool to assist you with tracking the amount and type of credit you are claiming.**

| <b>Session</b> | <b>Sunday, May 3, 2015</b>   | <b>Distance Learning Credits Available</b> | <b>AMA PRA Category 1 Credit(s)<sup>TM</sup> Claimed</b> | <b>ABPM MOC Credits Claimed</b> |
|----------------|--|--|--|---------------------------------|
| Session 100    | AOHC Opening Session: C.O. Sappington Memorial Lecture   | CME/MOC: 1.0                               |  |                                 |
| Session 101    | Introduction to OEM  | CME/MOC: 3.0                               |  |                                 |
| Session 102    | Low Back Pain: Thinking Outside the Disc   | CME/MOC: 3.0                               |  |                                 |
| Session 103    | Business Leadership for Physicians: Necessary Knowledge Not Taught in Medical Schools                    | CME/MOC: 3.0                               |  |                                 |
| Session 104    | Update on ACOEM Initiatives from House of Delegate Officers  | CME/MOC: 1.0                               |  |                                 |
| Session 105    | Medical Evaluation and Clearance for Two Unique Types of Offshore Operations                             | CME/MOC: 1.0                               |  |                                 |
| Session 106    | The Past is the Present  | CME/MOC: 1.0                               |  |                                 |
| Session 108    | Occupational Dermatology Pearls  | CME/MOC: 2.0                               |  |                                 |
| Session 109    | What Constitutes Excellence: The Best Health and Safety Programs in America                              | CME/MOC: 2.0                               |  |                                 |
| Session 110    | The Ethical Issue of "Nudges"  | CME/MOC: 1.0                               |  |                                 |
| Session 112    | ACOEM Position Papers....Part of Professional Outreach to Shareholders or Clients                        | CME/MOC: 1.0                               |  |                                 |
| Session 114    | So, You Want to Be an ACOEM Leader?  | CME/MOC: 1.0                               |  |                                 |
| Session 115    | International Panel Discussion   | CME/MOC: 1.0                               |  |                                 |
| Session 116    | Individual Scientific Abstracts  | CME/MOC: 1.0                               |  |                                 |
| Session 117    | Individual Scientific Abstracts  | CME/MOC: 1.0                               |  |                                 |
| <b>Session</b> | <b>Monday, May 4, 2015</b>   | <b>Distance Learning Credits Available</b> | <b>AMA PRA Category 1 Credit(s)<sup>TM</sup> Claimed</b> | <b>ABPM MOC Credits Claimed</b> |
| Session 201    | Becoming Board Certified and Maintaining Board Certification in Occupational Medicine                    | CME/MOC: 1.0                               |  |                                 |
| Session 202    | Healthy Ways to Partner with a Mentor or Recruiter During Your OEM Professional Journey                  | CME/MOC: 1.0                               |  |                                 |
| Session 203    | Becoming an ACOEM Fellow   | CME/MOC: 1.0                               |  |                                 |
| Session 204    | Occupational Surveillance for DoD Firearms Instructors   | CME/MOC: 1.0                               |  |                                 |
| Session 205    | How to Design Competency-based Educational Programs  | CME/MOC: 1.0                               |  |                                 |
| Session 206    | What Employees with Obesity Want: Research-based Insights for Employers                                  | CME/MOC: 1.5                               |  |                                 |
| Session 207    | Improving Low Back Pain  | CME/MOC: 1.5                               |  |                                 |
| Session 208    | NIOSH-OSHA Workplace Investigations  | CME/MOC: 3.0                               |  |                                 |
| Session 209    | Commercial Driver Medical Examinations: Update and Complicated Cases – Beyond the Med. Examiner Handbook | CME/MOC: 3.0                               |  |                                 |

|                |   |  |  |                                 |
|----------------|---|--|--|---------------------------------|
| Session 210    | Resident Research Abstract Presentations  | CME/MOC: 3.0                               |  |                                 |
| Session 211    | Doctors, Nurses, Licenses, Practice Quality, and Injury Under-reporting                           | CME/MOC: 1.5                               |  |                                 |
| Session 212    | Occupational and Work-related Asthma Guidelines   | CME/MOC: 1.5                               |  |                                 |
| Session 213    | 33 Lessons from 33 Years in Occupational Health   | CME/MOC: 1.5                               |  |                                 |
| Session 214    | ACOEM TED Talks: How to Plan and Deliver Outstanding OEM Presentations                            | CME/MOC: 1.5                               |  |                                 |
| Session 216    | Occupational and Environmental Cancer-risk Evaluation and Causation                               | CME/MOC: 1.5                               |  |                                 |
| Session 217    | Public Safety Medicine Update for 2015  | CME/MOC: 3.0                               |  |                                 |
| Session 218    | Using OEM Principles and Practices as the Foundation of Post-deployment Care in VA                | CME/MOC: 1.5                               |  |                                 |
| Session 219    | ACOEM Spine Guidelines  | CME/MOC: 1.5                               |  |                                 |
| Session 220    | The Independent Medical Examiner  | CME/MOC: 1.5                               |  |                                 |
| Session 221    | The FCE: Demo with Enhancements Targeting Disability Prevention                                   | CME/MOC: 1.0                               |  |                                 |
| Session 222    | Best Practices in EU Work Disability Management: Implications for the US                          | CME/MOC: 1.0                               |  |                                 |
| Session 223    | Updates on Epigenetic and Exposure Data on Pesticide and Herbicide Occupational Health            | CME/MOC: 1.0                               |  |                                 |
| Session 224    | NASA Occupational Health: Don't Leave Your Planet Without It                                      | CME/MOC: 1.0                               |  |                                 |
| Session 225    | Implication of Climate Change for Occupational Health Clinicians                                  | CME/MOC: 1.0                               |  |                                 |
| <b>Session</b> | <b>Tuesday, May 5, 2015</b>   | <b>Distance Learning Credits Available</b> | <b>AMA PRA Category 1 Credit(s)<sup>TM</sup> Claimed</b> | <b>ABPM MOC Credits Claimed</b> |
| Session 301    | Integrating Health and Safety in the Workplace  | CME/MOC: 1.5                               |  |                                 |
| Session 302    | Neurological Fitness-for-Duty   | CME/MOC: 1.5                               |  |                                 |
| Session 303    | Clinical Advances in Occupational Health Among Underserved Populations in the US                  | CME/MOC: 3.0                               |  |                                 |
| Session 304    | Ebola and Other Emerging Occupational Infections  | CME/MOC: 3.0                               |  |                                 |
| Session 305    | MRO Controversies   | CME/MOC: 3.0                               |  |                                 |
| Session 306    | The New Beryllium Standard: A Cooperative Effort of Industry and Labor                            | CME/MOC: 1.5                               |  |                                 |
| Session 307    | Psychological Fitness-for-Duty Referrals: Clarity, Efficiency, and Effectiveness                  | CME/MOC: 1.5                               |  |                                 |
| Session 308    | Hexavalent Chromium: Hazard, Standard, Examination: What the Occupational Physician Needs to Know | CME/MOC: 1.5                               |  |                                 |
| Session 309    | Innovations in Management of Occupational Bloodborne Pathogens Exposures                          | CME/MOC: 1.5                               |  |                                 |
| Session 311    | Political Advocacy: A Hands-on Approach   | CME/MOC: 3.0                               |  |                                 |
| Session 312    | Legal, Reg., and Economic Issues: Health/Safety of Contingency, Immigrant, and Migrant Workers    | CME/MOC: 3.0                               |  |                                 |
| Session 313    | Managing Infected and Colonized Healthcare Workers  | CME/MOC: 1.5                               |  |                                 |
| Session 314    | Impetus of New Lead (Pb) Levels: The Shots Heard Around the County                                | CME/MOC: 2.5                               |  |                                 |
| Session 316    | Connecting Onsite Health with the External Healthcare Machine                                     | CME/MOC: 1.0                               |  |                                 |

|                |   |  |  |                                 |
|----------------|---|--|--|---------------------------------|
| Session 317    | Early Intervention in the Rehabilitation of the Worker with Disabling Pain                      | CME/MOC: 1.0                               |  |                                 |
| Session 318    | Federal Workers' Compensation Cost Containment and Management Strategies                        | CME/MOC: 1.0                               |  |                                 |
| Session 319    | ACOEM's Maintenance of Certification Part IV Program  | CME/MOC: 1.0                               |  |                                 |
| <b>Session</b> | <b>Wednesday, May 6, 2015</b>   | <b>Distance Learning Credits Available</b> | <b>AMA PRA Category 1 Credit(s)<sup>TM</sup> Claimed</b> | <b>ABPM MOC Credits Claimed</b> |
| Session 400    | ACOEM Annual Membership Mtg: W. B. Patterson Memorial Presentation                              | CME/MOC: 1.0                               |  |                                 |
| Session 401    | Evaluation of a National Public Access Automated External Defibrillator in US Federal Buildings | CME/MOC: 1.0                               |  |                                 |
| Session 402    | Deployment Exposures and Respiratory Health Outcomes  | CME/MOC: 1.0                               |  |                                 |
| Session 403    | Value of Pre-travel Health Consultations for International Business Travelers                   | CME/MOC: 1.0                               |  |                                 |
| Session 404    | Managing Career-limiting Illness and/or Injury in Physicians: Keeping Docs on the Job           | CME/MOC: 1.0                               |  |                                 |
| Session 405    | Work-related Pain: The Physical Therapists' Perspective   | CME/MOC: 3.0                               |  |                                 |
| Session 406    | Does AED Program Medical Control Positively Impact Cardiac Arrest Survival                      | CME/MOC: 1.0                               |  |                                 |
| Session 408    | MMI: When and How to "Call it a Day"  | CME/MOC: 1.0                               |  |                                 |
| Session 409    | Occupational Infections and Travel Medicine   | CME/MOC: 2.0                               |  |                                 |
| Session 410    | Cardiovascular Diseases and Implantable Cardiac Devices: Workplace Risk Management              | CME/MOC: 1.0                               |  |                                 |
| Session 411    | VA Burn Pit Registry: Respiratory Disease and Exposures Among OEF/OIF Deployed Veterans         | CME/MOC: 1.0                               |  |                                 |
| Session 412    | Preventing Delayed Recovery in Injured Workers  | CME/MOC: 1.0                               |  |                                 |
| Session 413    | Say What? Cutting Edge Advances in Hearing Protection and Noise                                 | CME/MOC: 1.5                               |  |                                 |
| Session 414    | Get Ready for Blurry Boundaries: Transitional Work and the ADA's Interactive Process            | CME/MOC: 3.0                               |  |                                 |
| Session 415    | Respectful Feedback and Organizational Effectiveness  | CME/MOC: 3.0                               |  |                                 |

# SUNDAY, MAY 3, 2015

Sunday, May 3, 2015 ~ 1:30 PM-3:00 PM

**Session 100: AOHC Opening Session (C. O. Sappington Memorial Lecture) .....Credit(s): 1**

Faculty: Macdonald, Ewan

The inverse care law:

- A. Applies to medical care in zero gravity space travel
- B. means that those who get the most occupational health care generally need it the least
- C. Refers to legislation passed in Virginia in 1986
- D. is the principle that the availability of good medical or social care tends to vary inversely with the need of the population served.

The greatest cause of health inequalities in Scotland is:

- A. Poor working conditions
- B. Environmental pollution
- C. Worklessness
- D. Poverty

A Delphi survey which asked customers of occupational physicians which was the most important competence they wanted in their occupational physicians confirmed that this was:

- A. Control of hazards
- B. Fitness for work
- C. Management skills
- D. Legal

Sunday, May 3, 2015 ~ 9:00 AM-12:15 PM

**Session 101: Introduction to OEM.....Credit(s): 3**

Faculty: Bourgeois, Robert; Hartenbaum, Natalie; Martin, Doug; Roberts, Mark; Stewart-Patterson, Chris

The following must be calibrated for clinic use:

- A. Audiometers
- B. Audiometric booths
- C. Spirometers
- D. All of the above

Coronary Heart Disease accounts for what percentage of "on-duty" firefighter deaths:

- A. 5%
- B. 15%
- C. 45%
- D. 55%

A job demands analysis shows that firefighting duties include lifting and carrying up to:

- A. 50 lbs
- B. 75 lbs
- C. 100 lbs
- D. 150 lbs

Which of the following benefit systems typically pays the physician for his billed services at the highest rate:

- A. Medicare
- B. Medicaid
- C. Blue Cross/Blue Shield
- D. State Workers Compensation

TRUE/FALSE: A locomotive engineer with a recent seizure may be permitted to operate a train.

TRUE/FALSE: The only medical standard for locomotive engineers are in reference to vision, hearing, and color vision.

TRUE/FALSE: The Federal Transit Administration issues medical standards.

TRUE/FALSE: A commercial motor vehicle operator can be certified if they are taking Oxycontin.

TRUE/FALSE: Crane operator medical examinations must be performed on FMCSA/CDL forms.

Sunday, May 3, 2015 ~ 9:00 AM-12:15 PM

**Session 102: Low Back Pain: Thinking Outside the Disc.....Credit(s): 3**

Faculty: Sandness, John

Principles of muscle function include:

- A. Reciprocal inhibition
- B. Arthrogenic inhibition
- C. Facilitation
- D. Recruitment and substitution
- E. All of the above

Which of the following conditions can be a cause of pain radiating down the leg:

- A. Lumbar nerve root compression from a disc herniation or stenosis
- B. Myofascial trigger points in the gluteus minimus
- C. Piriformis syndrome
- D. All of the above

By looking at an MRI of the lumbar spine you can accurately assess a patient's:

- A. Pain level
- B. Core stabilization
- C. Structural anatomy of the lumbar vertebrae and discs
- D. Leg length
- E. Symphysis pubis alignment
- F. Muscle inhibition patterns
- G. Sacroiliac joint motion

Which muscles can play a role in stabilizing the sacroiliac joint:

- A. Gluteus maximus
- B. Piriformis
- C. Transversus abdominis
- D. Hamstring
- E. Psoas
- F. All of the above



TRUE/FALSE: Single site chronic pain is uncommon.

TRUE/FALSE: The pelvis plays an essential role in movement, stability, and low back pain.

TRUE/FALSE: The diagnostic label “non-specific low back pain” is useful because it describes a homogenous group of patients that can be used to study the effect of single interventions in randomized controlled studies.

TRUE/FALSE: Research has demonstrated that sacroiliac joint dysfunction can alter the activity of the diaphragm, pelvic floor, hamstring and gluteus maximus muscles.

TRUE/FALSE: Lumbar discography is a benign procedure that is a strong predictor of back pain episodes and future disability.

Sunday, May 3, 2015 ~ 9:00 AM-12:15 PM

**Session 103: Business Leadership for Physicians: Necessary Knowledge Not Taught in Medical School.....Credit(s): 3**

Faculty: Bernacki, Edward; Chaufournier, Roger; Hymel, Pamela; McLellan, Robert; Thorne, Craig

Essential elements of business acumen include:

- A. Thought
- B. Knowledge
- C. Cooperation
- D. All of the above

ACGME core competencies in OEM management include:

- A. Practice-based learning and improvement
- B. Interpersonal and communication skills
- C. Professionalism
- D. Systems-based practice
- E. All of the above

Mechanisms to contain medical care expenditures include:

- A. Place applicants in the jobs they are capable of performing
- B. Provide a safe workplace
- C. Manage the medical care of injured workers
- D. All of the above

Value to OEM practices of specialty practice recognition (such as NCQA) include:

- A. Improved patient outcomes
- B. Care cost containment
- C. Improved patient satisfaction
- D. Improved provider and staff satisfaction
- E. All of the above

Key essentials to business process improvement include:

- A. Staff empowerment and fostering a learning environment
- B. Management by data
- C. Reduction in variances to drive efficiency and effectiveness

- D. Leveraging technology
- E. All of the above

Creativity in employees wellness communications include:

- A. Simplicity
- B. Unexpected
- C. Emotions
- D. Stories
- E. All of the above

TRUE/FALSE: Staff safety and wellness integration optimizes organizational vibrancy.

TRUE/FALSE: Closely following an injured employee and being their advocate reaps huge rewards in terms of costs, increased productivity and employee engagement.

TRUE/FALSE: The most effective performers typically spend about a tenth of their time on a few mission critical priorities.

Sunday, May 3, 2015 ~ 3:15 PM-4:15 PM

**Session 104: Update on ACOEM Initiatives from HOD Officers.....Credit(s): 1**

Faculty: Papanek, Paul

Which of the following is true about regulation of the health and safety of workers who use pesticides in farming operations:

- A. Worker protection standards are under the jurisdiction of EPA rather than OSHA
- B. Current regulations for training and record keeping are much more stringent than OSHA regulations for general industry
- C. Pesticide use and application is forbidden by persons under age 18

TRUE/FALSE: ACOEM's advocacy agenda for change contains a set of practice quality and policy goals which occupational medicine professionals can pursue at the state level through component advocacy.

TRUE/FALSE: Practice quality metrics in evidence-based guidelines, particularly as related to return-to-work and disability management, are reflected in current CPT coding rubrics.

Sunday, May 3, 2015 ~ 3:15 PM-4:15 PM

**Session 105: Medical Evaluation and Clearance for Two Unique Types of Offshore Operations: Diving Medicine and Helicopter Underwater Escape Training and Water Survival Training.....Credit(s): 1**

Faculty: Frangos, Stephen

TRUE/FALSE: There is only one organization that has developed standard for fitness-for-duty for commercial diving.

TRUE/FALSE: Functional capacity evaluations are useful in evaluating the ability of workers to perform essential job functions in diverse occupations.

TRUE/FALSE: Training activities in Basic Offshore Safety Induction and Emergency Training (BOSIET) and Helicopter Underwater Escape Training (HUET) pose physical and psychological health risks to participants that must be carefully monitored during training.

Sunday, May 3, 2015 ~ 3:15 PM-4:15 PM

**Session 106: The Past is the Present.....Credit(s): 1**

Faculty: Heron, Richard; Meyer, John; Yarborough, Charles

What is the foremost objective of occupational medicine listed in 1930 and still relevant today:

- A. To fit every person to types and quantities of work according to his ability
- B. To produce and maintain fitness for work
- C. To educate the worker on the value of physical and mental well being
- D. To reduce all loss of time, the cause of which may be related in anyway to health
- E. All of the above

TRUE/FALSE: According to a 2004 study, 27.8% of US physicians record occupation in the medical record.

TRUE/FALSE: The following are three major risk factors that contribute to increased injuries and fatalities in migrant US farm workers: lack of training, language barriers, and undocumented worker status.

Sunday, May 3, 2015 ~ 3:15 PM-5:30 PM

**Session 108: Occupational Dermatology Pearls.....Credit(s): 2**

Faculty: Lampel, Heather; Wang, Timothy

Of all occupational contact dermatitis, the most commonly involved body part is:

- A. Face
- B. Hands
- C. Feet
- D. Arms
- E. Back

Which of the following is not considered an irritant contact dermatitis:

- A. Frictional dermatitis
- B. Alkali dermatitis
- C. Nickel dermatitis
- D. Wet work dermatitis

TRUE/FALSE: Treatment and prevention of occupational dermatoses is an ACOEM Core Competency.

TRUE/FALSE: Irritant contact dermatitis is an immune-mediated reaction.

TRUE/FALSE: Allergy only develops to new products or exposures.

TRUE/FALSE: US Bureau of Labor Statistics 2004 estimated 48,800 cases of Occupational CD

Sunday, May 3, 2015 ~ 3:15 PM-5:30 PM.....Credit(s): 2

**Session 109: What Constitutes Excellence: The Best Corporate Health and Safety Programs in America**

Faculty: Isaac, Fikry

TRUE/FALSE: In the CHAA process it is important for organizations to have developed metrics for its programs and provide trend data showing a reduction of health risk, health-cost savings, or other impact on the business.

TRUE/FALSE: In the CHAA process, programs do not need to be well deployed in all areas and departments within the organization.

TRUE/FALSE: The revised online self-assessment tool can be used by companies to both provide an education opportunity as well as feedback for the direction an organization might take for improvement or to apply for the Corporate Health Achievement Award.

TRUE/FALSE: CHAA award recipients have been demonstrated to have a strong financial performance when compared to non-CHAA recipients.

TRUE/FALSE: The assessment is designed to be done with a cross organizational representation of professionals who are familiar with the organizations health, safety and environmental programs as well as the overall management of the organization.

TRUE/FALSE: The metrics provided in the self-assessment tool must be used in the CHAA application.

Sunday, May 3, 2015 ~ 4:30 PM-5:30 PM

**Session 110: Ethical Issues of "Nudges" .....Credit(s): 1**

Faculty: Eyal, Nir; Faust, Halley; Saghai, Yashar

TRUE/FALSE: Nudging is intended as a form of paternalistic coercion.

TRUE/FALSE: Dr. Eyal is of the opinion that nudging is sometimes manipulative.

TRUE/FALSE: Dr. Eyal is of the opinion that nudging is sometimes ethically permissible.

Sunday, May 3, 2015 ~ 4:30 PM-5:30 PM

**Session 112: ACOEM Current Position Papers and How to Expertly Highlight or Share Them as a Part of Professional Outreach to Shareholders or Clients.....Credit(s): 1**

Faculty: Bouquet, Mark; Jones, Allison

TRUE/FALSE: The College periodically issues position papers and committee reports that set practice guidelines for a variety of workplace/environmental settings. These position papers/committee reports cover topics such as spirometry, mold, environmental tobacco smoke, noise-induced hearing loss, multiple chemical sensitivities, workplace drug screening, confidentiality of medical information, depression screening, and reproductive hazards.

TRUE/FALSE: The goal of the RRG section is to create a forum for young Professionals in the field of Occupational and Environmental Medicine to interact with each other, share ideas and discuss various challenges. It provides a good platform for interacting with senior colleagues.

TRUE/FALSE: The RRG section also provides an opportunity for prospective employers to make contact with and attract young, talented, energetic and well trained professionals to their workforce.

Sunday, May 3, 2015 ~ 7:30 PM-8:30 PM

**Session 114: So, You Want to Be an ACOEM Leader? .....Credit(s): 1**

Faculty: Christian, Jennifer; Cloeren, Marianne; Eisenberg, Barry; Frangos, Stephen; Gean, Constantine; Papanek, Paul; Taylor, Tanisha

Which of the following is a correct statement about serving on the Board of Directors:

- A. The proper route to becoming elected to the BOD is delegate, component president, committee member, director
- B. The ACOEM BOD meets every month in Hawaii, all expenses paid by ACOEM
- C. The best way to achieve enough visibility to win election to the BOD is to be involved in several ACOEM suborganizations
- D. Members of ACOEM are appointed by the immediate past president.

TRUE/FALSE: The mechanism for serving on an ACOEM council is via appointment by the ACOEM president.

TRUE/FALSE: Both components and special interest sections have a voice in the House of Delegates.

Sunday, May 3, 2015 ~ 7:30 PM-8:30 PM

**Session 115: International Panel Discussion.....Credit(s): 1**

Faculty: Panel

Two areas where occupational physicians worldwide share the same issues are:

- A. Aging provider population
- B. Funding
- C. Having a strong voice in regulation
- D. Access of working population to an occupational physician
- E. All of the above

TRUE/FALSE: If a US company complies with the OSHA regulations on a matter, they do not have to comply with other international regulations for their facilities outside of the US.

TRUE/FALSE: Per capita occupational health providers are greater in the US than in European countries.

Sunday, May 3, 2015 ~ 7:30 PM-8:30 PM

**Session 116: Individual Scientific Abstract Presentations.....Credit(s): 1**

Faculty: Panel

All of the following are epidemiologic steps of an outbreak investigation except:

- A. Perform descriptive epidemiology
- B. Construct a working case definition
- C. Discontinue surveillance once control and prevention measures have been implemented
- D. Prepare for field work

What challenges are facing occupational medicine physicians working for international humanitarian organizations:

- A. Mobile workforce working in the harshest and most difficult places on Earth
- B. Exposure to major humanitarian and natural disasters
- C. Staff's medical records in multiple languages, often incomplete and missing
- D. No available data on staff's medical risks or lifestyle
- E. Coverage by range of health care systems and medical insurance plans
- F. No access to quality health care
- G. All of the above

TRUE/FALSE: Potential barriers to stockpiling of disposable N95 respirators in healthcare environments for pandemic planning include lack of storage space, possible expiration issues, and limited number of on-hand supplies by manufacturers.

Sunday, May 3, 2015 ~ 7:30 PM-8:30 PM

**Session 117: Individual Scientific Abstract Presentations.....Credit(s): 1**

Faculty: Panel

Which of the following is the strongest determinant of injured worker satisfaction with their medical care:

- A. Obtaining a correct initial diagnosis
- B. Delaying explanation of injured workers' rights under workers' compensation
- C. Limiting discussion of treatment options
- D. Initial visiting after 48 hours

Which of the following related to the current efforts for workers' health promotion in Japan are correct:

- A. More than half of health insurance societies operate by corporations run a deficit
- B. The Japanese government took up extending the nation's healthy life expectation as one of the themes of the "Japan Revitalization Strategy"
- C. The Japanese government established indices of excellent companies for health promotion of employees and evaluated listed companies in stock exchanges
- D. Some banks implemented programs of financing excellent companies for health promotion of employees at low interest
- E. All of the above

Compared to members who used an offsite pharmacy, those that used an onsite one demonstrated significantly higher:

- A. Average medication possession ratio (MPR) at 365 days follow-up
- B. Average medication possession ratio (MPR) at 730 days follow-up
- C. Average days until medication discontinuation
- D. All of the above

# MONDAY, MAY 4, 2015

Monday, May 4, 2015~ 7:00 AM-8:00 AM

## **Session 201: Becoming Board Certified and Maintaining Board Certification in Occupational Medicine.....Credit(s): 1**

Faculty: Bonnema, Clare; Greaves, William

The requirements to sit for the ABPM certification examination are:

- A. Valid and unrestricted license to practice medicine in the US or Canada
- B. Completion of three years of ACGME-accredited residency training
- C. Full-time practice, teaching, research, or training during one of the three years preceding application for the certification exam
- D. All of the above

The duration of certificates issued by the ABPM is:

- A. 3 years
- B. 5 years
- C. 7 years
- D. 10 years

The deadline to apply for certification by the ABPM is:

- A. April 1
- B. May 1
- C. June 1
- D. July 1

In order to maintain certification by the ABPM a diplomate must:

- A. Maintain a current valid and unrestricted license to practice medicine in each US or Canadian jurisdiction in which he or she holds a license
- B. Complete life-long learning and self-assessment continuing medical education
- C. Pass a written examination
- D. Complete practice performance assessments and quality improvement activities
- E. All of the above

MOC Part IV:

- A. Consists of two or more cycles of practice assessment, identification/implementation of quality improvement plan, targeted practice re-assessment.
- B. Must be completed after completion of MOC part I, II, and IV.
- C. Is twice in a ten year cycle for ABPM diplomates to maintain certification
- D. Is optional for board certified physicians who do not practice clinical medicine.

Monday, May 4, 2015~ 7:00 AM-8:00 AM

## **Session 202: Healthy Ways to Partner with a Mentor or Recruiter During Your OEM Professional Journey.....Credit(s): 1**

Faculty: Bouquet, Mark; Jones, Allison

TRUE/FALSE: HEALTHeCAREERS (HeCN) is home to the most diverse and exclusive selection of healthcare jobs found anywhere online.

TRUE/FALSE: The goal of the section is to create a forum for young Professionals in the field of Occupational and Environmental Medicine to interact with each other, share ideas and discuss various challenges. It provides a good platform for interacting with senior colleagues.

TRUE/FALSE: An objective of this session is to improve competency in best practice methods to partner with mentors or recruiters as an aspect of one's OEM professional life.

Monday, May 4, 2015~ 7:00 AM-8:00 AM

**Session 203: Becoming an ACOEM Fellow.....Credit(s): 1**

Faculty: Hartenbaum, Natalie

Which of the following requirements must be met in order to qualify for fellowship:

- A. Member in good standing in ACOEM for at least three years and have obtained board certification prior to the next AOHC
- B. Has an active, unrestricted license to practice medicine
- C. Has two recommendation letters, one being from a current ACOEM fellow
- D. Completed a fellowship application
- E. Contributed to ACOEM, components, or within the field of occupational and environmental medicine
- F. All of the above

TRUE/FALSE: An ACOEM member is eligible to apply for fellowship when he/she has held membership in the College as a master or active member for a period of no fewer than three years.

TRUE/FALSE: The deadline for submitting a fellowship application is November 1<sup>st</sup>.

Monday, May 4, 2015~ 7:00 AM-8:00 AM

**Session 204: Occupational Surveillance for DoD Firearms Instructors.....Credit(s): 1**

Faculty: Hetrick, Steven

Instructors who teach at 50 caliber machine gun firings are exposed to an inhalational hazard from:

- A. muzzle smoke
- B. Lubricant smoke
- C. Lead dust and fume
- D. Copper dust and fume
- E. All of the above

The most frequently reported symptom among combat arms instructors at M-16 and M-4 firing events is:

- A. Dyspnea
- B. Cough
- C. Headache
- D. Flu-like illness

The chief reason heavy weapons instructors are reluctant to wear respirators to protect against inhaled hazards is:

- A. Heat burden
- B. Shortness of breath



- C. Concern over visual restrictions
- D. Interference with the uniform

Monday, May 4, 2015~ 7:00 AM-8:00 AM

**Session 205: How to Design Competency-based Educational Programs for OEM Physicians.....Credit(s): 1**

Faculty: Litow, Francesca; Won, Erik

Which of the steps are necessary to planning successful competency-based educational programs:

- A. Selection of engaging speakers who are familiar with the topics that they are discussing
- B. Selection of a suitable venue
- C. Provision of gourmet meals
- D. Selection of competency-based topics that are relevant to the attendees' educational needs (gaps)

Which of the following statements are accurate regarding continuing medical education (CME) and maintenance of certification (MOC) credits:

- A. Many professional and private organizations can grant CME
- B. All individual ACOEM components can automatically approve their own CME credits
- C. CME credits are the same as MOC credits
- D. Submission of questions corresponding to the educational content and an answer key are required for certifying an educational program for MOC

TRUE/FALSE: A component must affiliate with an academic center in order to create a competency-based educational program.

Monday, May 4, 2015~ 8:30 AM-10:00 AM

**Session 206: What Employees with Obesity Want: Research-based Insights for Employers.....Credit(s): 1.5**

Faculty: McCabe, Kevin; Reynolds, Charles; Sherman, Bruce

Which of the following interventions is included in the spectrum of employer-based weight management solutions:

- A. Lifestyle behavior change programs and incentives
- B. Coverage of FDA-approved weight loss medicines
- C. Providing a healthy workplace environment
- D. Coverage of bariatric surgery
- E. All of the above

TRUE/FALSE: Most obese employees have given up on trying to lose weight.

TRUE/FALSE: The weight loss treatment employees most prefer is diet and exercise.

TRUE/FALSE: When it comes to helping them lose weight, employees indicate that their physicians are very helpful.

TRUE/FALSE: Obese people have remarkably similar experiences and attitudes about their weight, health and weight loss.

Monday, May 4, 2015~ 8:30 AM-10:00 AM

**Session 207: Improving Care for Low Back Pain.....Credit(s): 1.5**

Faculty: Allen, Harris; Bunn, William; Erdil, Michael

Which of the following is true regarding physical therapy and manipulation for low back pain:

- A. Patients who fulfilled the clinical prediction rule for manipulation were more likely to have a favorable response to manipulation
- B. Manipulation has been demonstrated to be superior to other treatments for acute low back pain
- C. Researchers who analyzed Navistar cost outcomes of treatment approaches found that early PT and chiropractic was associated with overall increased cost

Navistar implemented a back and musculoskeletal program. The results included all of the following except:

- A. Reduced workers' compensation and disability costs vs. national trends.
- B. Decreased controllable absenteeism
- C. Lower indemnity and medical costs
- D. Return on investment of 4:1

TRUE/FALSE: The OR of having a high low back claim cost was similar for short and long acting opioids in the Michigan Accident Fund study.

TRUE/FALSE: The researchers analyzed Navistar cost outcomes of treatment approaches with respect to adherence with low back evidence based care. Key study findings include early imaging with MRI, opioid prescription and benzodiazepine prescription was associated with overall increased cost.

TRUE/FALSE: Early MRI for low back pain is not supported regardless of the presence of red flags.

Monday, May 4, 2015~ 8:30 AM-12:00 PM

**Session 208: NIOSH-OSHA Workplace Investigation.....Credit(s): 3**

Faculty: Dick, Wedi Jolea; Fagan, Kathleen; Hodgson, Michael; Mitchell, Clifford; Page, Elena; Thomas, Richard; West, Christine

What sign or symptom is the hallmark of heat stroke:

- A. Core body temperature >104
- B. Clammy skin
- C. Heart rate >180- age (beats per minute)
- D. Muscle cramps
- E. Change in mental status

What is the correct test to use to diagnose rhabdomyolysis:

- A. LFTs
- B. Serum creatine kinase
- C. Urine myoglobin
- D. CBC
- E. Urine specific gravity

An elevated blood level is defined as:

- A. 10 micrograms per deciliter
- B. 20 micrograms per deciliter
- C. 30 micrograms per deciliter
- D. 50 micrograms per deciliter

Measuring to reduce exposure to lead in indoor firing ranges include which of the following:

- A. Use of lead-free ammunition
- B. Ventilation
- C. Housekeeping
- D. All of the above

What percentage of adult asthma in the US is occupational asthma:

- A. 5%
- B. 15%
- C. 30%
- D. 50%
- E. 70%

What are some of the reasons for the difficulties in evaluating workplace exposures to isocyanates:

- A. Isocyanates are reactive and unstable
- B. Impinger method is difficult to use when carrying out personal air sampling
- C. There is presently no standardized, validated method for measuring dermal exposure
- D. There is presently no standardized, validated method for total isocyanate exposure
- E. All of the above

TRUE/FALSE: Lead poisoning from firing ranges is not a public health problem because it only affects a small number of people.

TRUE/FALSE: Current occupational exposure limits for lead are protective of workers.

TRUE/FALSE: Dermal exposure to isocyanates is unlikely to cause sensitization.

Monday, May 4, 2015~ 8:30 AM-12:00 PM

**Session 209: Commercial Driver Medical Examinations: Update and Complicated Cases - Beyond the Medical Examiner Handbook.....Credit(s): 3**

Faculty: Hartenbaum, Natalie; Hegmann, Kurt; Wood, Eric

Which of the following is the percentage of drivers with BMI<35 that would be not certified if the multiple conditions matrix was fully implemented:

- A. 0.1%
- B. 5%
- C. 10%
- D. 15%

Data suggest the relationship between obesity (BMI) and having multiple conditions in the multiple conditions matrix is:

- A. Unproven
- B. Weak
- C. Strong

The FMCSA Medical Review Board recommends which of the following maximum certification limits for commercial drivers with Stage 4 Chronic Kidney Disease:

- A. 6 months
- B. 1 year

- C. 2 years
- D. Disqualified

The FMCSA maintains a visual exemption program for which of the following conditions:

- A. Deuteranope
- B. Macular degeneration
- C. Monocular vision
- D. Cataracts

With respect to exemptions, examiners should:

- A. Issue the exemption if the driver meets criteria
- B. Submit the exemption application to FMCSA
- C. Evaluate the driver for all medical conditions aside from that in question
- D. Determine if the driver is otherwise medically qualified

If the driver disagrees with the examiner determination, they may:

- A. Appeal to the FMCSA through the conflict resolution process
- B. Seek an opinion from a second medical examiner on the NRCME
- C. Either option

Which of the following is correct in evaluating a CMV operator with or at risk of OSA:

- A. As there is no recommendation for screening drivers for OSA, they should not be requiring any driver to have a sleep study
- B. FMCSA does consider OSA a respiratory condition of concern and examiners should refer those for additional evaluation if the driver's ability to operate the CMV may be impaired
- C. FMCSA does not consider an AHI of less than 30 to be of concern
- D. Drivers with OSA should never be denied certification pending evaluation

The Medical Expert Panel on Schedule II Medications offered which of the following conclusions to the Medical Review Board:

- A. Licit use of opioids does not appear to increase crash risk
- B. Licit use of stimulants for ADD improves driving performance when at therapeutic levels
- C. Effects of licit use of opioids and stimulants cannot be determined by serum levels
- D. Chronic use of opioids is generally associated with stable dose usage

TRUE/FALSE: The NTSB feels that the FMCSA has adequately addressed the sleep apnea issue.

Monday, May 4, 2015~ 8:30 AM-12:00 PM

**Session 210: Resident Research Abstract Presentation.....Credit(s): 3**

Faculty: Panel

Which of the following statements is false regarding obstructive sleep apnea (OSA):

- A. It is an independent risk factor for cardiovascular disease
- B. It is an independent risk factor for all-cause mortality
- C. It increases risk for motor vehicle crash
- D. The scientific link between OSA and obesity has been established
- E. Moderate-severe OSA is not combat deployable in military

Which industry currently reports the highest rate of all OSHA-recordable injuries and illnesses:

- A. Healthcare and social assistance

- B. Construction
- C. Manufacturing
- D. None of the above

TRUE/FALSE: In the primary analysis, it was discovered that exposure to ambient vanadium in fine particulate matter was not associated with increased blood pressure.

TRUE/FALSE: 37% of worldwide LBP is occupational

TRUE/FALSE: In general, each lag time is positively associated with length of work disability, that is, the greater the lag time, the greater the length of work disability.

TRUE/FALSE: The rate of non-fatal injury in the Colorado oil and gas industry is significantly decreasing despite persistently high fatality rates.

TRUE/FALSE: <30 days of waiting between the accident and the beginning of treatment is associated with a greater chance of RTW.

TRUE/FALSE: There is not a positive and direct correlation between vanadium exposure and blood pressure ( $R > 0$ ) - both systolic blood pressure (SBP) and diastolic blood pressure (DBP).

TRUE/FALSE: Regarding the Colorado oil and gas industry, there is a growing interest in understanding occupational hazards encountered in the Colorado oil and gas industry; there is an associated need to characterize injury and illness to inform and direct prevention efforts, and in the absence of an active, state-level injury and illness surveillance system, we need to explore novel ways of monitoring injury trends and progress after workplace hazard reduction.

Monday, May 4, 2015~ 10:30 AM-12:00 PM

**Session 211: Doctors, Nurses, Licenses, Practice Quality, and Injury Under-reporting.....Credit(s): 1.5**

Faculty: Carter, Pam; Fagan, Kathleen; Hodgson, Michael; Robbins, Robyn

Who oversees the licensure and practice of nurses:

- A. Occupational Safety Health Administration
- B. State Board of Nursing
- C. Stated Department of Health
- D. Department of Professional and Occupational Regulations

Validated ergonomic evaluation methods/tools include (select all that apply):

- A. Strain Index (SI)
- B. Repetition Force Posture Equation (RFPE)
- C. Hand Activity Level (HAL)
- D. All of the above

TRUE/FALSE: OSHA investigations have found that medical management practices of workers' injuries and symptoms have contributed to under-reporting and under-recording of work-related injuries and illnesses.

TRUE/FALSE: OSHA's Frist Aid Standard requires on-site training personnel.

TRUE/FALSE: OSAH investigations revealed high numbers of ergonomic symptoms and injuries.

Monday, May 4, 2015~ 10:30 AM-12:00 PM

**Session 212: Occupational and Work-related Asthma Guidelines.....Credit(s): 1.5**

Faculty: Harber, Philip; Klees, Julia

Specific inhalation challenge (SIC) testing in which the patient is exposed to suspect of occupational allergens in the laboratory:

- A. Should be used in most cases of suspected occupational asthma
- B. Should never be used because of the risk of triggering an attack
- C. Should be used in highly selected cases
- D. Is extremely nonspecific

TRUE/FALSE: Work exacerbated asthma (WEA) is a form of occupational asthma (OA).

TRUE/FALSE: Respirators (respiratory personal protective equipment) are recommended as a safe and effective long-term protective measure for workers with occupational asthma.

TRUE/FALSE: Spirometry should be routinely used in cases of suspected work-related asthma.

TRUE/FALSE: Efforts to reduce the level of exposures has been shown to be effective as complete elimination in cases of occupational asthma.

Monday, May 4, 2015~ 1:30 PM-3:00 PM

**Session 213: 33 Lessons from 33 Years in Occupational Health.....Credit(s): 1.5**

Faculty: Leone, Frank

Which of the following trends is not a reason that occupational medicine professionals should be excited about in their future:

- A. Clear movement toward population health initiatives
- B. Emerging patient-centered concept
- C. Increase in the nation's insured population
- D. Technological advances that facilitate better communication

An occupational medicine physician should gather and monitor metrics in all of the following areas except:

- A. Establishing expecting form senior management
- B. Monitoring patient satisfaction
- C. Tracking their professional time allocation
- D. Changing demographic trends in their community

Which of the following should be most important in assessing the viability of a new staff member during the hiring process:

- A. Strong social media skills
- B. Bi-lingual speaking skills
- C. Happy, positive attitude
- D. Relevant experience

TRUE/FALSE: Committing to a sense of balance is arguably the most important trait of a successful occupational medicine physician.

TRUE/FALSE: Personality profiling is an excellent way for occupational medicine physicians to structure their interaction with patients.

Monday, May 4, 2015~ 1:30 PM-3:00 PM

**Session 214: ACOEM TED Talks: How to Plan and Deliver Outstanding OEM Presentations.....Credit(s): 1.5**

Faculty: Cloeren, Marianne; Gean, Constantine; Hudson, T. Warner; Peplowski, Bernyce; Peterson, Kent

Neurophysiologic research using functional MRI has provided evidence to support which of the following statements:

- A. There is no change in the baseline activation of a listener's brain when hearing a speaker
- B. There is a change in listener brain region activations when hearing a speaker, but these changes are unrelated to the pattern of the speaker's own brain region activations when speaking
- C. Patterns of a speaker's brain region activation appear to be coupled in location and timing to similar patterns in the listener's brain as the listener hears the speaker
- D. None of the above

Which one of the following is not one of the TED talk 10 commandments:

- A. Thou shalt tell a story
- B. Thou shalt not read thy speech
- C. Thou shalt reveal thy curiosity and thy passion
- D. Thou shalt not worry about stealing the time of them that follow
- E. Thou shalt not sell from the stage...

Which of the following is not a best practice to follow during one's presentation:

- A. Tapping into mental library created during research
- B. Focusing on, and connecting with, the audience
- C. Reading from, and referencing only the PPT
- D. Providing 3 pearls, and repeating them, during the presentation
- E. All of the above are best practices

Which of the following is a correct statement about fonts in presentations:

- A. The best combination is sans serif (e.g. century gothic) and at least 30 points
- B. The best combination is serif (e.g. times new roman) and at least 30 points
- C. The best combination is serif (e.g. times new roman) and at least 24 points
- D. The best combination is sans serif (e.g. century gothic) and at least 50 points

What is the most common teaching method employed with AOHC CME:

- A. Case studies with discussion
- B. Lecture with visual aids and brief Q&A
- C. Group problem solving exercises
- D. Games and playful exercises

Monday, May 4, 2015~ 1:30 PM-5:00 PM

**Session 216: Occupational and Environmental Cancer-risk Evaluation and Causation.....Credit(s): 3**

Faculty: Fischman, Michael; Seward, James

Which of the following is correct about radiation cancer epidemiology:

- A. There is a demonstrated linear dose-response for solid tumors above 100 mSv of exposure
- B. The dose response curve for solid tumors is linear-quadratic
- C. Low dose radiation has been conclusively associated with exposures down to the range of background radiation
- D. The BEIR VII committee of the National Academy of Science has adopted the threshold dose model for radiation-related cancer

Which of the following is correct about Navajo Uranium Miners:

- A. There is an increased incidence of lung cancer in this population
- B. Miners with a sufficient number of working level months of exposure are eligible for federal compensation under the Radiation Exposure Compensation Act
- C. All of the above are correct

Which of the following groups are not potentially eligible for compensation for radiation-related cancers under a federal funded program:

- A. Veterans who observed nuclear tests
- B. Residents around the Trinity test site in New Mexico
- C. Down-winders from the Nevada test site who live in certain counties of AZ, NV, and UT
- D. Department of Energy employees and contractors who develop one of a specified list of cancers

The latency period:

- A. Is the period of time between diagnosis of a cancer in an individual and that individual's death
- B. Is unrelated to the general requirement for multiple heritable changes in the cell before a cancer develops
- C. Is the interval of time required from first exposure to the responsible agent to the development of malignancy
- D. For most occupational cancers in humans is typically 2-6 years

The approach to evaluating specific causation in an individual case should ideally consider all of the following except:

- A. The nature of the individual's exposures
- B. The results of genotoxicity studies on the suspect agent
- C. An estimate of cumulative dose of the suspect agent
- D. Dose response information available from epidemiologic studies

TRUE/FALSE: Epidemiologic studies provide the strongest evidence for determining whether a chemical can cause cancer in humans.

TRUE/FALSE: Radionuclides on the ground also produce gamma that results in external radiation (Groundshine).

TRUE/FALSE: The Navajo Uranium Miners were exposed to radon daughters in the mines.

TRUE/FALSE: Occupational physicians may be asked to offer opinions regarding the likely risk for cancer associated with occupational or environmental exposures and, in some cases, regarding the causation of a particular individual's cancer.

Monday, May 4, 2015~ 1:30 PM-5:00 PM

**Session 217: Public Safety Medicine Update 2015.....Credit(s): 3**

Faculty: Czarnecki, Fabrice; Galaid, Edward; Hales, Thomas; Louis, David; Mease, Elizabeth, Samo, Daniel



One of the following tests is not required by NFPA 1582 (2013 Ed) for the evaluation of firefighters with asthma:

- A. Provocative challenge test
- B. Pulmonary function tests
- C. Imaging stress test
- D. Chest X-ray

Which of the following findings is most concerning for a LEO who is trying to return to unrestricted duty after an ACL repair:

- A. Use of a knee brace after surgery
- B. Intermittent pain in the knee controlled with NSAIDs
- C. Ability to achieve 100° of knee flexion
- D. Knee occasionally giving way during daily activities

A category B condition means the following according to the NFPA 1582 (2013 Ed.):

- A. The medical condition would preclude a person from performing as a firefighter
- B. The medical condition could preclude a person from performing as a firefighter, depending on its severity
- C. The medical condition would lead to work restrictions in a current, active firefighter
- D. The medical condition does not require work restrictions

TRUE/FALSE: Seizures due to eclampsia require life-long restrictions for law enforcement officers.

TRUE/FALSE: A single, unprovoked seizure in a law enforcement officer requires an EEG, an echocardiogram, a PET scan, and an MRI with and without contrast.

TRUE/FALSE: The minimum time to be seizure free and return to unrestricted work as a law enforcement officer is 15 years.

TRUE/FALSE: The NIOSH and Nordic fire fighter cancer incidence studies were published in 2013 and 2014, respectively. Both studies showed a statistically significant increase in both all cancers and lung cancers.

TRUE/FALSE: The federal government provides compensation for fire fighters or police officers who die from heart attacks while on duty.

TRUE/FALSE: The healthy worker effect is not considered a significant problem in cohort studies of police officers or fire fighters.

Monday, May 4, 2015~ 3:30 PM-5:00 PM

**Session 218: Using OEM Principles and Practices as the Foundation of Post-deployment Care in the VA.....Credit(s): 1.5**

Faculty: Hunt, Stephen; Kirkhorn, Steven; Lipkowitz-Easton, Jennifer

Conditions from 1990-1991 Gulf War that qualify for presumptive service connection include:

- A. Fibromyalgia
- B. Chronic fatigue
- C. Irritable bowel syndrome
- D. Any diagnosed or underdiagnosed illness that the Secretary of Veterans Affairs determines warrants a presumption of service connection
- E. All of the above

Which condition is not part of the polytrauma triad for Veterans of the Iraq/Afghanistan conflicts:

- A. PTSD
- B. Chronic pain
- C. Traumatic brain injury
- D. Constrictive bronchiolitis

TRUE/FALSE: The prevalence of chronic pain in post deployment veterans is greater in patients with mild TBI than in those with moderate or severe TBI.

TRUE/FALSE: Due to the increasing lethality of weapons used in war, the likelihood of a combatant dying from wound incurred on the battlefield has progressively increased over the years.

TRUE/FALSE: Undiagnosed illness can be an indication for OEM specialty consultation referral among Gulf War veterans.

Monday, May 4, 2015~ 3:30 PM-5:00 PM

**Session 219: Practical Uses of the New ACOEM Spine Guidelines.....Credit(s): 1.5**

Faculty: Harris, Jeffrey; Hegmann, Kurt; Mueller, Kathryn

Epidural glucocorticosteroid injections compared with placebo injections:

- A. Usually provide long-term pain relief
- B. Should always be performed in series of three injections accompanied by exercise
- C. After the pituitary-adrenal axis when three or more steroidal injections are provided within 6-12 months
- D. Should generally be performed with accompanying imaging procedures

Which of the following is recommended in the ACOEM Guidelines for chronic low back pain:

- A. Diagnostic facet injections
- B. Therapeutic facet injections
- C. Diagnostic SI joint injections
- D. Manipulation – mobilization of the spine

During a follow-up visit for resolving LBP, a patient expresses a belief that re-injury will occur on returning to the job. Which of the following is the best response:

- A. Re-injury is possible, tends to occur in a random and unpredictable manner
- B. People work gradually back into doing their usual job and then are able to do the job without re-injury
- C. Physical therapy should be prescribed to help prevent recurrence of low back pain

TRUE/FALSE: An evidence-based indication for MRI is low back pain not improving at 6 weeks.

TRUE/FALSE: Evidence-based recommendations in the ACOEM Guidelines recommend the use of directional preference exercise for all acute low back pain patients.

Monday, May 4, 2015~ 3:30 PM-5:00 PM

**Session 220: The Independent Medical Examination.....Credit(s): 1.5**

Faculty: Martin, Doug

An IME differs from the traditional physician-patient relationship in that:

- A. You do not take history

- B. You have only a limited examination
- C. You do not treat the examinee
- D. You do not dictate a report

When conducting an IME, traditional professional liability insurance may not cover your professional work because:

- A. IME work is often not part of standard medical malpractice insurance
- B. Lawsuit frequency is higher for IMEs than patient care
- C. State laws govern the insurance industry in this regard
- D. ACOEM has made a pact with insurance carriers to not cover this

The best marketing tool for your IME practice is:

- A. A shiny brochure
- B. Your written report
- C. Placing an ad in a legal journal
- D. Volunteering at a law school to be an expert witness

Which of the following resources is not a common reference used in the pre-authorization report:

- A. ACOEM Practice Guidelines
- B. Mercy Chiropractic Guidelines
- C. Zeng Acupuncture Guidelines
- D. Official Disability Guidelines

Regarding no show issues for IMEs, best practices include:

- A. Allowing the examinee to cancel the appointment at the last minute without penalty
- B. Determining the reason for the no show and determining charges based upon the indemnification of such
- C. Charging the examinee directly for the no show
- D. Sending and receiving an initialed or signed letter of understanding from the requesting party regarding no show issues

Monday, May 4, 2015~ 5:15 PM-6:15 PM

**Session 221: The FCE: A Demonstration with Enhancements Targeting Disability Prevention.....Credit(s): 1**

Faculty: Caruso, Michael

TRUE/FALSE: An evaluator conducting an FCE with an injured worker with persistent pain can achieve objectivity by considering all pain complaints to be irrelevant to functional performance.

TRUE/FALSE: There are well established international agreements based on current science as to the format of the FCE.

TRUE/FALSE: Functional Movement Assessment has been used by Gray Cook and Stuart McGill to bridge the assessment gap between injury and performance and may improve the value of the FCE.

Monday, May 4, 2015~ 5:15 PM-6:15 PM

**Session 222: Best Practices in EU Work Disability Management: Implications for the US.....Credit(s): 1**

Faculty: Christian, Jennifer; Cloeren, Marianne; Heron, Richard; Spanjaard, Herman

At what point after lost time due to illness is the new UK Fit-for-Work service (telephonic case management) triggered:

- A. 3 days
- B. 8 days
- C. 30 days
- D. 3 months

How long is a person's job protected per the US Family Medical Leave Act:

- A. 4 weeks
- B. 8 weeks
- C. 12 weeks
- D. 24 weeks

TRUE/FALSE: By law only an occupational medicine specialist may determine work capacity in the Netherlands.

Monday, May 4, 2015~ 5:15 PM-6:15 PM

**Session 223: Updates on Epigenetic and Exposure Data on Pesticide and Herbicide Occupational Health Clinician.....Credit(s): 1**

Faculty: Perry, Melissa; Spaeth, Kenneth

What does the current pesticide consumption evidence suggest about patterns of non-occupational pesticide in the past decade:

- A. Fewer US households are using pesticides
- B. More US households are using pesticides
- C. Trends in US household pesticide use appear to be staying the same

What does the current biomonitoring evidence suggest about whether members of the general population are being exposed to contemporary use pesticides:

- A. There is no data available on pesticide exposure among members of the US general populations
- B. All levels of contemporary use pesticides are below the level of detection among members of the general population
- C. TCPy, the metabolite of chlopyrifos, an organophosphate insecticide, has been frequently detected in the urine of members of the general population

Which statement best summarizes current knowledge on neonicotinoid pesticides:

- A. Exposures to neonicotinoid pesticides are frequent but known to be safe
- B. Exposures to neonicotinoid pesticides are infrequent
- C. Little is known about current human exposures to neonicotinoid pesticides

Monday, May 4, 2015~ 5:15 PM-6:15 PM

**Session 224: NASA Occupational Health: Don't Leave Your Planet Without It.....Credit(s): 1**

Faculty: Michaud, Vincent

Currently the two most important health risks for humans exploring space are:

- A. Overeating and fears of heights
- B. Increased intracranial pressure with visual impairment and radiation exposure
- C. Nervousness and irritability

TRUE/FALSE: The unique and changing environment where the patient works or resides is the most important factor in distinguishing aerospace medicine from other specialties of medicine.

TRUE/FALSE: The object of human system integration is to provide equal consideration of the human along with the hardware and software in the technical and technical management processes for engineering a system that will optimize total system performance and minimize total ownership costs.

Monday, May 4, 2015~ 5:15 PM-6:15 PM

**Session 225: Implication of Climate Change for Occupational Health Clinicians.....Credit(s): 1**

Faculty: Guidotti, Tee; LaPuma, Peter; Rudolph, Linsey

Why are asthma cases expected to rise as a result of a climate change:

- A. Increased ground level ozone
- B. Increased insect borne diseases
- C. Increased exposure to fracking fluids

Name one of the effects of warmer surface waters:

- A. Increased ground level ozone
- B. Increased insect borne diseases
- C. Increased blood lead levels

TRUE/FALSE: Several occupational health concerns likely to be directly impacted by climate change are increased temperatures that will cause increase in heat illness, increased wildfires that will increase the risk of injury and smoke inhalation in firefighters, and extreme weather events that are likely to increase the risk of traumatic injury.

# TUESDAY, MAY 5, 2015

Tuesday, May 5, 2015 ~ 8:30 AM-10:00 AM

## **Session 301: Integrating Health and Safety in the Workplace.....Credit(s): 1.5**

Faculty: Hohn, Todd; Hymel, Pamela; Loeppke, Ronald; McLellan, Robert

TRUE/FALSE: Since 1970 workplace injuries and illnesses have declined.

TRUE/FALSE: Research has shown that health promotion activities are effective and can have a positive impact on a company's bottom line.

TRUE/FALSE: HPM is a strategic approach to workplace health and safety that focuses on identifying the total impact of employee health of business results and reducing impacts on performance and productivity costs.

TRUE/FALSE: The integration of health metrics into corporate reporting, builds leadership and advocacy both within organizations and outside organizations to highlight the importance of prevention within businesses as a national strategic imperative.

TRUE/FALSE: It is not necessary to engage the leadership, including the C-suite in developing a plan for integrating health and safety in the workplace.

Tuesday, May 5, 2015 ~ 8:30 AM-10:00 AM

## **Session 302: Neurological Fitness-for-Duty.....Credit(s): 1.5**

Faculty: Rutchik, Jonathan

Which condition is not disqualifiable under FMCSA:

- A. Seizure
- B. Vertigo
- C. Ulnar neuropathy with normal power
- D. Progressive Parkinsonism

A provoked seizure:

- A. May be one caused by alcohol withdrawal or head injury
- B. May be a low risk provoked seizure and the FMCSA driver may be certifiable
- C. Usually does not lead to epilepsy
- D. All of the above

Which medical guideline for epilepsy is most conservative (No medications, no sz 10 years):

- A. FMCSA
- B. FAA
- C. NFPA

A person with a head injury with loss of consciousness <30 minutes:

- A. Is considered a moderate head injury
- B. Requires a two year wait for FMCSA
- C. If accompanied by late seizure must wait 5 years by FAA
- D. May never be a police officer

Medication that may disqualify by FMCSA:

- A. Meclizine
- B. Amitriptyline
- C. Levodopa
- D. Coumadin
- E. All of the above

Tuesday, May 5, 2015 ~ 8:30 AM-12:00 PM

**Session 303: Clinical Advances in Occupational Health and Safety Among Underserved Occupational Populations in the US.....Credit(s): 3**

Faculty: Arcury, Thomas; Castaneda, Xochitl; Forst, Linda; Fortuna, Joseph; Nabeel, Ismail; Papanek, Paul

Which of the following factors should an employer assess in order to establish work/rest cycles so as to avoid heat illness:

- A. Wet bulb globe temperature or an equivalent measure
- B. Work intensity
- C. Workers' use of occlusive clothing
- D. All of the above

Among immigrant manual workers, work safety climate has been associated with:

- A. Use of personal protection equipment
- B. Occupational health
- C. Prevalence of occupational injury
- D. All of the above
- E. None of the above

TRUE/FALSE: Work safety climate is a component of work safety culture referring to an individual worker's perception of how his/her supervisor values safety over production.

TRUE/FALSE: A previous episode of heat illness creates an increased risk of a second episode of heat illness in that worker.

TRUE/FALSE: According to stage three meaningful use implementation, patient-generated data from a non-clinical setting must be incorporated into the HER for more than 15% of patients seen by the EP or discharged from a hospital or ED.

TRUE/FALSE: Augment reality is a view of a physical, real-world environment whose elements are augmented by computer-generated sensory input such as sound, video, graphics, or GPD data.

TRUE/FALSE: Virtual reality is a computer simulated environment that cannot be created in real time.

TRUE/FALSE: Workers employed through the temporary services industry tend to be treated differently than their directly hired counterparts in terms of compensation and health and safety protections.

TRUE/FALSE: Immigrant workers are at a great risk than other populations to get hurt a work.

Tuesday, May 5, 2015 ~ 8:30 AM-12:00 PM

**Session 304: Ebola and Other Emerging Occupational Infections.....Credit(s): 3**

Faculty: Panel

What is (are) appropriate empiric treatment(s) for a febrile suspected Ebola virus disease patient:

- A. Acetaminophen and Ciprofloxacin
- B. Malarone
- C. Ribavirin and Interferon
- D. None of the above

What is the purpose of a health incident plan:

- A. To meet the company's duty of care obligations
- B. To militate against loss of company productivity
- C. To preserve and protect the welfare of the employer
- D. All of the above

Which one of the following tests should be used first to confirm that the patient has EVD:

- A. Enzyme-linked Immunosorbent Assay (ELISA) for IgG antibody
- B. ELISA for IGM antibody
- C. ELISA for viral antigen
- D. Reverse-transcriptase-polymerase-chain-reaction (RT-PCR) assay for viral antigen
- D. Viral isolation

Other than Ebola virus disease, which disease should be considered in a febrile patients from Liberia:

- A. Tuberculosis
- B. Onchocerciasis
- C. Visceral Leishmaniasis
- D. Malaria
- E. Schistosomiasis

Which of the following five precautions should not routinely be taken when caring for a patient with Ebola virus disease:

- A. Airborne
- B. Contact
- C. Droplet
- D. Isolation
- E. Standard

What is the best approach to managing an Ebola outbreak within the community:

- A. Take a whole community approach
- B. Set up incident command structures with clean lines of responsibility so people know where to go for help
- C. engage all stakeholders and share our lessons learned from other institutions
- D. Educate the public and media with numbers to call for assistance in every region
- E. All of the above

Direct active monitoring of individuals potentially exposed to Ebola involves which of the following:

- A. Directing monitored individuals to actively report temperature and symptoms
- B. Monitoring directed actively by the hospitals where the monitored individuals work
- C. The public health authority conducts monitoring through direct observation on monitored individuals
- D. The public health authority directs monitored individuals to be active
- E. The monitored individuals use transmitters to actively send temperatures to the health authority



TRUE/FALSE: Health awareness/education at workplace empowers the workforce to avoid contracting Ebola virus or any other emerging infections.

TRUE/FALSE: Current CDC guidance for PPE use in caring for Ebola in patients calls for protecting a worker's airways (using either N95 or a PAPR) and covering all skin and clothing with coverings that are either impervious or fluid-resistant.

Tuesday, May 5, 2015 ~ 8:30 AM-12:00 PM

**Session 305: MRO Controversies.....Credit(s): 3**

Faculty: Auerbach, Karl; Hartenbaum, Natalie; Martin, Doug; Peterson, Kent; Smith, Donna; Swotinsky, Robert

The first state to approve the use of cannabis for medical purpose was:

- A. Alaska
- B. California
- C. Colorado
- D. Oregon
- E. Washington

Which of the following is not among the medical conditions that are indicated for medical marijuana by most US states:

- A. Cancer-related pain
- B. Multiple sclerosis
- C. Cachexia and weight loss secondary to HIV/AIDS
- D. Schizophrenia

The most common errors in the drug testing process take place during:

- A. MRO interview
- B. Screening at the laboratory
- C. Shipping
- D. Specimen collection

TRUE/FALSE: There is a direct correlation between blood and urine marijuana levels.

TRUE/FALSE: Urine drug testing acts as a barrier to hiring the social and economic marginal members of society.

TRUE/FALSE: Employees are able to adequately assess their degree of impairment from opioids.

TRUE/FALSE: Fitness-for-duty assessment is an integral part of the MRO role for NRC.

TRUE/FALSE: Urine drug testing as done in most settings detects the drugs that factor into accidents at work.

TRUE/FALSE: The time frame of impact on driving of marijuana appears to be:

- A. 30 minutes
- B. 90 minutes
- C. 30 days

Tuesday, May 5, 2015 ~ 10:30 AM-12:00 PM

**Session 306: The New Beryllium Standard: A Cooperative Effort of Industry and Labor.....Credit(s): 1.5**

Faculty: Borak, Jonathan; Civic, Terence; Deubner, David; Frederick, James; Wright, Michael

The current US OSHA and EPA standards for occupational and community beryllium exposure are based on research in the 1940s supported by:

- A. The US federal government
- B. The Ohio state government
- C. A beryllium materials manufacturing company
- D. All of the above

Prior to the discovery of the element beryllium, beryllium-containing materials were used by what occupation:

- A. Jewelers
- B. Blacksmiths
- C. Weavers
- D. Brewers

Kathleen Kreiss and Lee Newman collaborated to discover:

- A. Acute beryllium disease
- B. Chronic beryllium disease
- C. Mild and subclinical chronic beryllium disease
- D. The BeBLPT test for beryllium sensitivity

Labor and industry have an interest in an improved beryllium occupational standard because:

- A. The current OSHA standard is not protective
- B. An enhanced preventive model has been shown to be effective
- C. Both benefit by lowering workers' risk
- D. All of the above

What was the primary motivation for the parties to come together to develop a model standard:

- A. Each party had special knowledge on beryllium
- B. Protect workers sooner
- C. Facilitate cooperation between industry and labor
- D. Have a standard endorsed by big labor and big industry

Tuesday, May 5, 2015 ~ 10:30 AM-12:00 PM

**Session 307: Psychological Fitness for Duty Referrals: Clarity, Efficiency, and Effectiveness.....Credit(s): 1.5**

Faculty: Coupland, Michael; Levine, Michael

Psychological fitness-for-duty evaluations are all of the following except:

- A. Independent forensic evaluations
- B. Intended to answer questions for the employer regarding capacity and safety in the workplace
- C. Normally paid for by employers
- D. A form of disciplinary action

Approximately what percentage of Americans with serious mental illness are employed:

- A. 15%
- B. 30%

- C. 45%
- D. 60%

Which of the following are legitimate reasons to request psychological fitness-for-duty evaluation on a current employee:

- A. Perceived threats or documented aggression
- B. Objective decline in performance – with observable changes in behavior
- C. Claims of impairment by the employee or their health care provider which may interfere with essential job functions
- D. Documented issues of substance abuse
- E. All of the above

Which cognitive limitation would suggest a restriction for commercial driving:

- A. Sustained attention
- B. Choice reaction time
- C. Impulsivity
- D. All of the above

TRUE/FALSE: A mental health diagnosis of depression disorder is evidence of an impairment for the cognitive demands of work.

Tuesday, May 5, 2015 ~ 1:30 PM-3:00 PM

**Session 308: Hexavalent Chromium: Hazard, Standard, Examination: What the Occupational Physician Needs to Know.....Credit(s): 1.5**

Faculty: Levine, Michael

Known human health effects of CrVI include all of the following except:

- A. Skin sensitization and type IV hypersensitivity
- B. Asthma
- C. Lung cancer
- D. Skin cancer

Which of the following statements concerning the OSHA CrVI (29 CFR 1910.1026) standard is correct:

- A. Only a physician may perform medical surveillance evaluation under the standard
- B. The current permissible exposure level (PEL) for CrVI in air is 5mcg/M<sup>3</sup>
- C. Chest radiography is a required part of medical surveillance under the OSHA CrVI standard
- D. The current permissible exposure level (PEL) for CrVI in air is 52mcg/M<sup>3</sup>

Medical surveillance examinations for workers exposed to CrVI should routinely include:

- A. Examination of conjunctivae and nasal mucosa
- B. Survey of skin for evidence of chrome holes and dermatitis
- C. Careful auscultation and percussion of the chest
- D. Pulmonary function testing
- E. All of the above

All of the following statements are true except:

- A. Patients who have been sensitized to CrVI should not touch chrome plated objects
- B. Non stainless steels may contain significant amounts of chromium
- C. The safest welding process to use for chromium containing alloys is TIG
- D. Some of the highest air levels of CrVI occur in aerospace painting operations

Functions of the CrVI medical surveillance evaluations include which of the following:

- A. Determine if the worker can be exposed to CrVI without experiencing adverse health effects
- B. Identify CrVI related adverse health effects
- C. Determine whether any restrictions on use of respiratory protection are required
- D. Exposure prevention education
- E. All of the above

Tuesday, May 5, 2015 ~ 1:30 PM-3:00 PM

**Session 309: Innovations in Management of Occupational Bloodborne Pathogens Exposures.....Credit(s):**

**1.5**

Faculty: Behrman, Amy; Litow, Francesca; Swift, Melanie

Blood and body fluid exposure management for healthcare workers should include:

- A. Processes to expedite reporting and clinical care
- B. Source patient testing for blood borne pathogens
- C. Compliance with national guidelines and state laws
- D. Access to HIV post-exposure prophylaxis
- E. All of the above

Which of the following is not true regarding surveillance for healthcare workers with Ebola exposure risk:

- A. They must document twice daily symptom and temperature checks for at least 3 weeks
- B. Reporting protocols should minimize HCW stress and inconvenience
- C. Data must be shared extensively with public health authorities
- D. Surveillance can easily be managed with paper records
- E. There should be immediate identification HCWs who miss a reporting survey

Reasons for inconsistency in evaluating a healthcare worker exposed to human blood include:

- A. Relative rarity of presentation in non-occupational clinical settings
- B. Provider unfamiliarity with guidelines and resources
- C. Provider and staff turnover
- D. Perceived low acuity of exposed healthcare worker
- E. All of the above

HIV post-exposure prophylaxis, if indicated, should be started within what time from exposure:

- A. 1 Hour
- B. 2 Hours
- C. 4 Hours
- D. 24 Hours

TRUE/FALSE: Blood and body fluid exposures can always be managed with identical processes for on-site and remote work-sites.

Tuesday, May 5, 2015 ~ 1:30 PM-5:00 PM

**Session 311: Political Advocacy: A Hands-on Approach.....Credit(s): 3**

Faculty: Gerber, Phyllis; Gilmour, Bill; Mueller, Kathryn; O'Connor, Patrick

Which of the following is the most accurate statement about the development of successful legislation:

- A. The approach taken by the author of the bill is the only one that can be considered in addressing the issue
- B. Amendments to the approach taken by the author of the bill can be adopted by one legislative body and forced on the other
- C. The most direct and obvious approach to a problem is always best
- D. There are often several approaches to resolving the issue a bill presents that will accomplish the objective and some are likely to be more acceptable than others to stakeholders

Which of the following is most likely to be true regarding political issues:

- A. Money alone controls the political outcome
- B. Working with legislators on health issues they view as important can help you gain support for more esoteric
- C. Once a statute is passed, you should give up because it is unlikely that actively participating at state regulatory hearings will have any impact.

Which of the following arguments supporting the need for an increase workers compensation medical fees set by your state is most likely to be successful:

- A. The fees should be increased due to a demonstrable increase in business costs
- B. Doctors are not being fully compensated for the time they spend on complex cases
- C. Specialists each have their own needs based on difficulty of procedure and other economic issues

Bargaining chips are:

- A. Used to silence opposition
- B. Something of value given to another party to offset what they are giving up in a negotiation
- C. An illegal form of influencing legislators

Portions of a bill being proposed are likely to affect OM specialists adversely. Your state medical society is generally supportive of the bill and there is bipartisan support since it is seen as a step toward improving general health care in the state. Which of the following is least likely to result in a change to assist the OM specialist:

- A. Work with your state medical society through their lobbyists to make specific language changes in the portion of the bill that concerns occupational medicine
- B. By testifying at the committee hearing and making your concerns known to the bill sponsors, oppose passage of the bill unless specific changes are made.

TRUE/FALSE: The governor can only sign a bill after the entire legislature has agreed to final language.

TRUE/FALSE: State legislators are very likely to vote with their party, therefore developing most of your bills with the party leaders is the best strategy.

TRUE/FALSE: When drilling down to core values using a consensus group to develop a legislative proposal, the physician can both lead the consensus group process and participate as an advocate.

TRUE/FALSE: A zero sum game almost always generates opposition for proposal legislation.

Tuesday, May 5, 2015 ~ 1:30 PM-5:00 PM

**Session 312: Legislative, Regulatory, and Economic Issues Affecting the Health and Safety of Contingency, Immigrant, and Migrant Workers in the US in 2015.....Credit(s): 3**

Faculty: Fagan, Kathleen; Goldstein, Bruce; Guidotti, Tee; Koga, Patrick; Liebman, Amy; Morris, Scott; Rothenberg, Daniel

Which of the following statements is false in regard to disadvantaged and underserved working populations in developing countries:

- A. Occupational disability is a major cause of poverty
- B. Occupational disability is an important source of income insecurity for families
- C. Poor people are less affected by job-related disability because they have less in the first place
- D. The social safety net provides inadequate income replacement for families in most countries after work-related disability
- E. Work-related disability imposes a substantial burden on the healthcare system in developing countries

In the model used to develop the guide, which is the greater obstacle to worker health protection in developing countries:

- A. Employer engagement
- B. Cost of simple protective measures
- C. Employee motivation
- D. Technical limitations
- E. Inadequate enforcement of regulations

Which language strategy was employed in the development of the OH guide:

- A. The target readership will access the document through the authorized translations
- B. Translate the document into certain “global access” languages that are not only widely read but that can support second-level translations by experts.
- C. The English original version is preferred for all uses
- D. Make the document freely available and encourage anyone to translate and disseminate it
- E. Negotiate with translators to produce local versions at a low cost

Which is the anticipated role of large companies where they operate:

- A. Make it mandatory reading for supervisors
- B. Print it for distribution in the countries where they operate
- C. Push it out to vendors and contractors
- D. Subsidize distribution by non-governmental organizations and other partners
- E. Write it into contracts with contractors

TRUE/FALSE: The executive action on immigration announced by President Obama and known as the Deferred Action for Parental Accountability (DAPA), grants current undocumented (unauthorized) immigrants a “green card” denoting permanent resident immigration status.

TRUE/FALSE: The Affordable Care Act’s “employer mandate” requiring certain businesses to provide health insurance to their employees applies to any agricultural employers in the US that hire foreign guest-workers to perform seasonal farm work under H-2A temporary foreign agricultural worker program.

TRUE/FALSE: The Occupational Safety and Health Administration is required to enforce regulations in all agricultural workplaces.

TRUE/FALSE: The Work Protection Standard is a primary regulation focusing on farmworkers exposure to pesticides and is administered by the US Environmental Protection Agency.

TRUE/FALSE: Following lost-time work-related injuries, workers’ annual income drops by an average of 15%.

Tuesday, May 5, 2015 ~ 3:30 PM-5:00 PM

**Session 313: Managing Infected and Colonized Healthcare Workers.....Credit(s): 3**

Faculty: Biascan, Anthony; Budnick, Lawrence; Swift, Melanie

The average prevalence of MRSA nasal colonization among healthcare workers is:

- A. 1 to 2%
- B. 4 to 5%
- C. 10 to 15%
- D. 25 to 35%

Which of the following is not a procedure for which there is a definite risk of bloodborne virus transmission or that has been classified previously as exposure-prone:

- A. Interactions with patients in situations during which the risk of the patient biting the physician is significant
- B. Any open surgical procedure with a duration of more than 3 hours
- C. Non-elective procedures performed in the emergency department
- D. Uncomplicated vaginal delivery

Which of the following procedures is known or likely to pose an increased risk of percutaneous injury to a healthcare provider that results in provider to patient transmission of hepatitis B virus:

- A. Interactions with patients in situations during which the risk of the patient biting the physician is significant
- B. Any open surgical procedure with a duration of more than 3 hours
- C. Non-elective procedures performed in the emergency department
- D. Uncomplicated vaginal delivery

An Expert review panel should adopt which of the following criteria in the management hepatitis B virus-infected health care workers who perform category 1 exposure-prone procedures:

- A. Positive hepatitis B surface antigen
- B. Positive hepatitis B e antigen
- C. Hepatitis B virus levels of 5,000 GE/mL or 1,000 IU/ML or greater
- D. Hepatitis B virus levels of 10,000 GE/mL or 2,000 IU/ML or greater

Complications of screening healthcare workers for MRSA carriage include:

- A. Feelings of anger, guilt and shame
- B. Privacy considerations
- C. Ensuring adherence to treatment
- D. All of the above

TRUE/FALSE: All healthcare workers found to be nasal carriers of MRSA require antibiotic treatment because colonization is usually persistent unless treated.

1991 CDC HBV/HIV Recommendations include:

- A. All HCWs should adhere to universal precautions
- B. No need to restrict HIV or HBV infected HCWs who do not perform invasive exposure-prone procedures (EPP)
- C. HCWs who perform EPP should know their HIV and HBV status (Anti-HBS, anti-HBC, HBsAg testing)
- D. Anti-HBS, anti-HBC, HBsAg testing (Include notifying prospective patients of the HCWs seropositivity before they undergo invasive EPP)
- E. All of the above

TRUE/FALSE: Through 1996, CDC identified 44 instances of provider-to-patient HBV transmission (398 patients).

TRUE/FALSE: Neurosurgery, cardiothoracic, transplantation, trauma and extensive plastic surgery are Category III examples (2010 SHEA Exposure Prone Procedures).

Tuesday, May 5, 2015 ~ 3:30 PM-6:15 PM

**Session 314: Impetus for New Lead (Pb) Levels: The Shots Heard Around the Country.....Credit(s): 2.5**

Faculty: Bannon, Desmond; Creel, Michael; Kosnett, Michael; Mirza, Raul; Monks, Warren; Niemeier, R. Todd; Papanek, Paul; Weber, Amy

The impact to the Department of Defense mission regarding the revised OSHA case definition of a reportable high blood lead level focused particularly on the operation of:

- A. Military vehicles
- B. Barracks buildings
- C. Small arms firing ranges
- D. Aviation repair equipment

TRUE/FALSE: It is estimated that of the total body burden of lead, about 1% is found in the blood and of the total blood fraction, over 90% is found in erythrocytes.

TRUE/FALSE: The committee tasked with evaluation the impact to the Department of Defense focused on clinical outcomes (disease) regarding lead exposure rather than measures of early biological effect.

TRUE/FALSE: The current OSHA lead standards contemplate that workers can continue to be exposed to lead at work (that is, need not be placed on medical removal protection) even with lead levels between 40 and 50 mcg/dl.

TRUE/FALSE: Most state OSHA plans provide that interested parties may petition the state to adopt occupational standards stricter than the applicable federal standards.

TRUE/FALSE: The revised OSHA care definition of an elevated blood level for an adult ( $\geq 16\mu\text{g}/\text{dL}$ ) as of 2010 is defined as  $\geq 10\mu\text{g}/\text{dL}$ .

TRUE/FALSE: The National Toxicology Program concluded in its 2012 monograph that there is sufficient evidence that blood lead levels  $< 15\mu\text{g}/\text{dL}$  and  $< 10\mu\text{g}/\text{dL}$  are associated with adverse health effects in children and adults.

TRUE/FALSE: The most reliable indicator of cumulative exposure to lead is X-ray fluorescence (XRF) measurement of lead deposited in the tibia.

TRUE/FALSE: One method of the DoD is considering to reduce lead exposure to service members is replacing lead in small arms projectiles and primers.

Tuesday, May 5, 2015 ~ 3:30 PM-5:00 PM

Tuesday, May 5, 2015 ~ 5:15 PM-6:15 PM

**Session 316: Connecting Onsite Health with the External Healthcare Machine.....Credit(s): 1**

Faculty: Bean, Melissa; Serra, Steven; Vasquez, Peter; Washington, E. Lee

What is happening related to adoption of work-site clinics by employers and what is driving this trend:



- A. Most employers who have started work-site clinics are considering closing them because of a lack of a demonstrable return on investment
- B. Work-site clinics are becoming more popular because employers believe that this is a way to reduce direct and indirect costs
- C. Work-site clinics are becoming more popular because employers have consistently been able to accurately demonstrate a return on investment.
- D. Both B and C

TRUE/FALSE: Co-morbid medical conditions such as diabetes mellitus, hypertension, obesity and drug use are almost double the medical cost of work comp claims.

TRUE/FALSE: The direct cost of the most disabling workplace injuries in 2008 was \$53 billion

Tuesday, May 5, 2015 ~ 5:15 PM-6:15 PM

**Session 317: Early Intervention in Rehabilitation of the Worker with Disabling Pain.....Credit(s): 1**

Faculty: Gelfman, Russell; Hughes, James

Which of the following are components of an effective approach to reduce disability in workers who have been injured:

- A. Physician screening for psychosocial risk factors
- B. Work-oriented acute care therapy services
- C. Early return to the workplace and work simulations
- D. Interdisciplinary treatment for those at risk for delayed recovery
- E. All of the above

In a restorative therapy program for rehabilitation of workers experiencing pain, the physician is not responsible for:

- A. Medical evaluation
- B. Supervision of medical and psychosocial treatment of the patient
- C. Medication assessment and management (additions/adjustments/tapers)
- D. Making workplace accommodations
- E. Setting restrictions for return-to-work

Which of the following is not part of early intervention to reduce prolonged work disability due to benign pain:

- A. Following the injured worker from acute injury to functional plateau
- B. Brief use of traditional therapy modalities and interventions
- C. Encouraging time off work to speed up recovery
- D. Addressing psychosocial barriers to recovery
- E. Interdisciplinary team treatments as needed

Tuesday, May 5, 2015 ~ 5:15 PM-6:15 PM

**Session 318: Federal Workers Compensation Cost Containment and Management Strategies.....Credit(s): 1**

Faculty: Bedno, Sheryl; Hodgson, Michael; Lipkowitz-Easton, Jennifer; Mallon, Timothy; Nelson, Cameron

Why was the mixed methods approach used in the study “A Systems-based Evaluation of Army Civilian Occupational Injuries and Illnesses”:

- A. There are too many problems with the available quantitative data
- B. Qualitative analysis is the established approach for analyzing occupational injuries and illnesses
- C. This approach only answers questions on what and when, for example, how many injuries occurred and what type
- D. This approach answers how and why questions particularly in the context of understanding the bigger picture about occupational injuries and illnesses
- E. All of the above

In the VA evaluation study, which of the following factors increased employee likelihood to choose on-site WC medical care:

- A. Longer clinic operating hours
- B. Higher WC related clinical service intensity
- C. CPG adherence
- D. All of the above

TRUE/FALSE: New claim rates have declined and new claim costs per claim have increased in the Department of Defense civilian workforce between 2000 and 2012.

Tuesday, May 5, 2015 ~ 5:15 PM-6:15 PM

**Session 319: ACOEM's Maintenance of Certification Part IV Program.....Credit(s): 1**

Faculty: Bonnema, Clare; Greaves, William; Kesler, Denece

The Maintenance of Certification standards are developed by the following:

- A. ACOEM
- B. ABPM
- C. ABMS
- D. State licensing boards

An improvement action plan that would be acceptable to complete for the ACOEM MOC Part IV program could include:

- A. Instituting a new dictation template or form
- B. Specifying a helpful job duty for support staff personnel
- C. Any action that a physician could put into place to improve their practice
- D. All of the above

TRUE/FALSE: The ACOEM MOC Part IV program is designed so that a physician self-evaluates in either patient care or in non-patient care areas such as teaching, research, or administration.

# WEDNESDAY, MAY 6, 2015

Wednesday, May 6, 2015 ~ 8:15 AM-10:15 AM

**Session 400: ACOEM Annual Membership Meeting (Patterson Lecture) .....Credit(s): 1**

Faculty: Michaels, David

TRUE/FALSE: David Michaels, PhD, MPH is the Assistant Secretary of Labor for NIOSH.

TRUE/FALSE: The annual membership meeting is a forum for introducing over 100 new fellows each year.

TRUE/FALSE: W. B. Patterson was a past president of ACOEM and chair of the Ethics committee.

Wednesday, May 6, 2015 ~ 7:00 AM-8:00 AM

**Session 401: Evaluation of a National Public Access Automated External Defibrillator Program in US Federal Buildings.....Credit(s): 1**

Faculty: Christ, Bradley; Leffer, Marc

The survival rate of all US persons in cardiac arrest is:

- A. 20%
- B. 40%
- C. Less than 5%
- D. 10%

Management of the FOH AED program include all except:

- A. Training of employee responders in CPR and AED use
- B. Equipment purchase and maintenance
- C. Physician oversight of AEDs
- D. Deploying AEDs only to airports nation-wide

TRUE/FALSE: The FOH AED Program strives to apply an AED on all patients presenting in cardiac arrest within 3 to 5 minutes.

Wednesday, May 6, 2015 ~ 7:00 AM-8:00 AM

**Session 402: Deployment Exposures and Respiratory Health Outcomes.....Credit(s): 1**

Faculty: Abraham, Joseph; Baird, Coleen; Clark, Leslie; Mallon, Timothy

Sampling for potential hazards has been conducted in Southwest Asia and include all of the following except:

- A. Particulate matter
- B. Dioxins
- C. Lead
- D. Criteria pollutants

Which of the following positive associations have been reported in the literature regarding deployment-related exposures and respiratory outcomes:

- A. Being stationed at a burn pit location and subsequent development of chronic obstructive pulmonary disease
- B. Being deployed to Iraq or Kuwait and an increase in post-deployment respiratory symptoms and/or medical encounters for asthma
- C. Both A and B
- D. Neither A or B

Several studies evaluating the relationship between deployment respiratory exposure and outcomes used deployment location as a proxy for exposure rather than individual level hazard and exposure data. This is an example of which of the following:

- A. Residual confounding
- B. Outcome misclassification
- C. Surveillance bias
- D. Exposure misclassification

Wednesday, May 6, 2015 ~ 7:00 AM-8:00 AM

**Session 403: The Business Value of Pre-travel Consultations for International Business**

**Travelers.....Credit(s): 1**

Faculty: Estala, Stephanie; Frangos, Stephen

A company sponsored, onsite pre-travel health consultation may do all the below except:

- A. Assess the personal health risk and the travel destination health risk to determine the proper prophylactic medication and vaccines to protect the traveler
- B. Provide resources to the employee to utilize the event they experience a medical/health concern/issue while on international business travel
- C. Promote safe and healthy travel and contribute to successful international business
- D. Provide invaluable personal and travel health guidance to the employee
- E. Notify supervisor of employee's specific health issues

During a pre-travel health consultation the employee will review travel health risks that are valuable to avoiding business interruption. The risks include all below except:

- A. Food and water
- B. Mosquitos
- C. Carbonated soda
- D. Injury

TRUE/FALSE: Personal medical history is not important when preparing a patient for international travel.

Wednesday, May 6, 2015 ~ 7:00 AM-8:00 AM

**Session 404: Managing Career-limiting Illness and Injury in Physicians: Keeping the Docs on the Job.....Credit(s): 1**

Faculty: Buchta, William; Hagen, Phil; Molella, Robin; Newcomb, Richard

Which of the following statements is true about student protections from the Americans with Disabilities Act (ADA):

- A. Students are not employees and thus do not have ADA protections
- B. Students have the same protections as employees

- C. Students are protected under title three of the ADA and must be accommodated even if that means that the essential elements of the educational program must be changed
- D. Students are protected under title three of the ADA and are entitled to reasonable accommodations, but programs are not required to change their technical standards in order to accommodate

Which of the following pillars of occupational medicine might be considered the first executive health physician:

- A. Paracelcus
- B. Bernardino Ramazzini
- C. Percival Pott
- D. Kent Peterson

TRUE/FALSE: At least one third of polled state medical licensing boards do not make a distinction between illness and impairment.

Wednesday, May 6, 2015 ~ 7:00 AM-12:45 PM

**Session 405: Work Related Neck Pain: A Physical Therapists Perspective with a Hands-on Laboratory Component.....Credit(s): 3**

Faculty: Hoyle, David; McBee, Katie

Physical therapy diagnosis should be based on:

- A. Imaging studies
- B. Physical impairments
- C. Patho-anatomic features
- D. All of the above

Red flags for neoplastic conditions include all of the below except:

- A. Previous history of cancer
- B. Unexplained weight loss
- C. Age under 50
- D. Constant pain, no relief with bed rest

Which of the following is not a primary finding in neck pain with mobility deficit:

- A. Onset related to recent unguarded movement
- B. Asymmetric limited neck motion in rotation
- C. Paresthesia and/or weakness of the upper extremity
- D. None of the above

Key findings in neck pain with radiating pain include all but which of the following:

- A. Positive Spurling's test
- B. Headache precipitated by neck movement
- C. Positive upper limb tension test
- D. Neck and neck related radiating pain reduced with distraction

All of the following are associated with neck pain chronicity except:

- A. Read-end collision
- B. Initial symptom intensity
- C. Initial loss of motion
- D. Age

All of the following are physical therapists-based treatment classifications of neck pain except:

- A. Whiplash
- B. Neck pain with mobility deficits
- C. Neck pain with headache
- D. Neck pain with movement coordination impairment

TRUE/FALSE: Just under 50% of people who experience neck pain will have chronic symptoms.

TRUE/FALSE: A primary treatment for neck pain with mobility deficits is cervical mobilization/manipulation.

TRUE/FALSE: The Canadian cervical spine rule is used to diagnosis a fracture.

Wednesday, May 6, 2015 ~ 10:30 AM-11:30 AM

**Session 406: Does AED Program Medical Control Positively Impact Cardiac Arrest Survival? .....Credit(s): 1**

Faculty: Braun, Odelia; Holloway, Thomas; Poliafico, Frank

What is the definition of SCA Response:

- A. Call 911
- B. Bystander CPR and appropriate application of an AED before EMS arrives
- C. Cardiopulmonary resuscitation
- D. EMS applies an automated external defibrillator when they arrive

Why is SCA Response critical to SCA survival:

- A. It reduces panic among bystanders
- B. The probability of survival decreases by about 10% for each minute before the first defibrillation shock
- C. It reassures the patient that they will be OK
- D. It gives the responders a feeling of doing something to help

How does medical control lead to an increase in the SCA response rate of AED programs and thus survival:

- A. The physician writes a generic prescription for the purchase of AEDs to increase the number of AEDs available
- B. Medical control teaches the mechanics of CPR and AED application on manikins and assumes that students will apply those skills to a real person
- C. Medical control ensures that the AED program is focused primarily on maximizing clinical outcomes
- D. It is not important to focus on clinical outcomes

Wednesday, May 6, 2015 ~ 10:30 AM-11:30 AM

**Session 408: MMI: When and How to "Call It A Day" .....Credit(s): 1**

Faculty: Butler, James

MMI means:

- A. The injured worker is at full pre-injury function
- B. The injured worker needs no further medication
- C. That there is nothing left to help the injured worker beyond palliative care

When an individual is placed at MMI, he is:

- A. Able to be evaluated for any impairment ratings
- B. Cut off from any further medical treatment

C. Terminated from his employment

TRUE/FALSE: Each state uses the same guidelines.

Wednesday, May 6, 2015 ~ 10:30 AM-12:45 PM

**Session 409: Occupational Infections and Travel Medicine.....Credit(s): 2**

Faculty: Litow, Francesca; Sauri, Michael

When prescribing Mefloquine for malaria prophylaxis, which of the following conditions would you not prescribe Mefloquine (select all that apply):

- A. Seizure disorder
- B. Pregnant patient
- C. A child <8 years old
- D. Pt with cardiac conduction abnormality

Vaccine against Japanese Encephalitis virus (JEV) is indicated for which of the following travelers (select all that apply):

- A. A Salesman travelling to attend a meeting at a hotel in Beijing
- B. An active duty army officer moving to Japan for three years
- C. A college student hiking across Thailand over the summer
- D. A couple whose travel itinerary includes a one-night stopover at a hotel located in the Tokyo airport

What are the currently preferred post-exposure Prophylaxis (PEP) regimens for an occupationally related HIV exposure (select all that apply):

- A. Atripla
- B. Truvada and Kaletra
- C. Isentress (Raltigvir) and Truvada
- D. Combivir (AZT and 3TC) and Crixivan (Indinavir)

TRUE/FALSE: The common occupationally diseases associated with Macaques (non-human primate) Research are Simian B virus, Hepatitis B, and Simian Immunodeficiency virus.

TRUE/FALSE: It is appropriate to issue a medical waiver for Yellow Fever vaccine for a traveler who does not desire to receive the vaccination but wishes to travel to Sierra Leone.

TRUE/FALSE: Classic hierarchy of controls include personal protection equipment, engineering/environmental controls, and administrative/workplace practice.

Wednesday, May 6, 2015 ~ 11:45 AM-12:45 PM

**Session 410: Cardiovascular Diseases and Implantable Cardiac Devices: Workplace Risk Management.....Credit(s): 1**

Faculty: Guillaumer, Girard; Newman, Timothy

TRUE/FALSE: World Health Organization (WHO) classification of EMF as “possibly carcinogenic” due to observations in humans of an association between magnetic field exposures and childhood leukemia. Hundreds of studies over 30 plus years have not established EMF as a link to diseases or biologic mechanisms for diseases.

TRUE/FALSE: Cardiovascular diseases and implantable cardiac devices require complex medical and safety decision making to assess individual health and safety risks in the workplace

TRUE/FALSE: Regarding the first External Pacemakers (1950s), the "lead" was implanted into the heart and the other was connected to an AC-powered external pacemaker and power failure was a constant concern.

Wednesday, May 6, 2015 ~ 11:45 AM-12:45 PM

**Session 411: VA Burn Pit Registry: Respiratory Diseases and Exposures Among OEF/OIF Deployed Veterans.....Credit(s): 1**

Faculty: Barth, Shannon; Ciminera, Paul; Garshick, Eric; Morley, Sybil; Proctor, Susan

Based on results from the National Health Study for a New Generation of US Veterans, OEF/OIF veterans are at increased risk for what respiratory disease compared to non-deployment veterans:

- A. Bronchitis
- B. Sinusitis
- C. Asthma
- D. All of the above

TRUE/FALSE: The committee's conclusion suggest that the greatest pollution concern may be the mixture of coming from regional background and local sources, which include emissions from local industries, vehicle emissions, and dust storms.

TRUE/FALSE: Service in Iraq was characterized by exposure to particulate matter at much higher than in the US and above EPF exposure standards, regardless of the contribution from burn pit smoke.

Wednesday, May 6, 2015 ~ 11:45 AM-12:45 PM

**Session 412: Preventing Delayed Recovery in Injured Workers.....Credit(s): 1**

Faculty: Iglesias, Marcos

Waddell signs predict:

- A. Poor surgery results
- B. Attempt at secondary gain
- C. Malingering
- D. Fibromyalgia syndrome

Which of the following tools assesses catastrophic thinking:

- A. TSK
- B. PCS
- C. STarT
- D. Orebro

What percentage of patients with low back pain believe that the wrong movement might cause a serious problem with their back:

- A. <10%
- B. 30%
- C. 60%
- D. 90%



Wednesday, May 6, 2015 ~ 2:00 PM-3:30 PM

**Session 413: Say What? Cutting Edge Advances in Hearing Protection and Noise.....Credit(s): 1.5**

Faculty: Laraby, Patrick; Yankaskas, Kurt

TRUE/FALSE: Hearing conservation cost the Veteran's Administration over \$2 billion annually.

TRUE/FALSE: The Office of Naval Research (ONR) Noise-Induced Hearing Loss program develops science and technology solutions aimed at optimizing warfighter performance and enhancing the flexibility, efficiency and safety of all warfighter missions.

TRUE/FALSE: The ONR Noise-Induced Hearing loss program interests currently include, but are not limited to, understanding the pathology and etiology of noise-induced hearing loss/tinnitus, pharmaceutical strategies to protect and/or recover from noise-induced hearing loss, cell regeneration, personal hearing protection equipment, dosimetry, talk-through circuitry and custom-molded hearing protection technologies to improve warfighter effectiveness in combat and high-noise operational environments.

TRUE/FALSE: Shipboard operations are in a 24/7 noise environment.

TRUE/FALSE: NIHL Gene Arrays may be able to identify individuals at greatest risk of sustaining hearing loss from serving in noisy environments.

Wednesday, May 6, 2015 ~ 2:00 PM-5:15 PM

**Session 414: Get Ready for Blurry Boundaries: Transitional Work and the ADA's Interactive Process.....Credit(s): 3**

Faculty: Baranek, Catherine; Christian, Jennifer; Konopasky, Aaron; Kuhnen, Ann; Lebau, Stephen; Loy, Beth; Paltell, Eric

The employment provisions of the Americans with Disabilities Act apply:

- A. To job applicants
- B. To existing employees who had a disability at the time of hire
- C. To existing employees who develop a health condition or impairment that warrants ADA protection during the course of their employment
- D. All of the above

The 2008 and 2010 amendments of the Americans with Disabilities Act:

- A. Tightened up the definition of disability so that many fewer workers are covered
- B. Revised the definition of disability to make it easier to qualify
- C. Explicitly state that the law should be broadly (rather than narrowly) interpreted with respect to the kinds of health conditions and impairments that are covered

For existing employees with new work-related injuries or illnesses, when do the protections of the ADA kick in:

- A. At 90 days, when their FMLA protection expires
- B. At MMI, once their condition is fixed and stable and the extent of permanent impairment is clear
- C. As soon as it is apparent that the health condition is non-trivial and having a substantial impact on their ability to perform a major life activity such as work, engage in recreation, and drive a car.
- D. Immediately, no matter what kind of condition it is

For existing employees with new personal injuries or illnesses, when do the protections of the ADA kick in:

- A. At 90 days, when their FMLA protection expires
- B. At MMI, once their condition is fixed and stable and the extent of permanent impairment is clear
- C. As soon as it is apparent that the health condition is non-trivial and having a substantial impact on their ability to perform a major life activity such as work, engage in recreation, and drive a car.
- D. Immediately, no matter what kind of condition it is

From a practical perspective, which of the following can constitute notice to the employer that an employee has a condition likely to qualify for ADA protection:

- A. Extensive use of intermittent FMLA leave
- B. Receipt of a doctor's note that removes the employee from work or sets medical restrictions and limitations lasting longer than two weeks
- C. All of the above

Which of these common practices in workers' compensation are not considered best practices and could lead to ADA violations:

- A. Involving only the doctor, the claims adjuster, and the supervisor (and excluding the worker) in communications about whether and how the employee can stay at work or return to work in the period immediately following injury
- B. Conducting the stay at work or return to work process after a period of prolonged work disability without a good faith attempt to engage the employee directly with the employer in a problem-solving discussion searching for a way to help them stay on the job
- C. All of the above

Which of the following goes beyond the definition of a reasonable accommodation under the ADA – so that the employer cannot be required to provide it:

- A. A lifting device that enables a worker to move materials from the floor to bench without bending
- B. An altered work schedule (a change in start-time, a different shift, a part-time schedule) with a proportionate reduction in wages
- C. An unpaid extension of medical leave beyond the FMLA's requirement of 12 weeks to allow additional recovery of function
- D. A special computer screen that magnifies print and allows a low-vision employee to perform reading tasks
- E. Eliminating essential functions and productivity requirements of a job for a temporary period while paying the employee full wages.

TRUE/FALSE: An employee with work-related injury is exempt from the ADA/ADAAA interactive process because of the exclusive remedy provisions of workers' compensation laws.

TRUE/FALSE: When a doctor writes a "return to full duty" that means all restrictions and limitations have been removed.

Wednesday, May 6, 2015 ~ 2:00 PM-5:15 PM

**Session 415: Respectful Feedback and Organizational Effectiveness.....Credit(s): 3**

Faculty: Frances, David

The acronym DIL stand for:

- A. Desire, interest, learn
- B. Descriptive language, impact and I-statements, listening
- C. Demonstrate, integrate, levitate
- D. Defend, Illustrate, liberate

The problem with second-person statements is that they tend to be:

- A. Too honest
- B. Accusatory
- C. Overly assertive
- D. Tangential

Respectful people always:

- A. Help out
- B. Actively listen
- C. Have good manners
- D. Speak softly

Which of the following is an emotional hedge:

- A. I am frustrated with your performance
- B. We should all be concerned about these results
- C. I feel like this situation will never improve
- D. We're excited about this project

Which of the following is a genuine apology:

- A. I'm sorry if I offended anyone
- B. I regret my behavior, but I thought it was necessary at the time
- C. I apologize for my insensitive remark
- D. I didn't mean to hurt you

Which of the following is more likely to elicit a defensive response:

- A. I-feel statements
- B. Impact statements
- C. You statements
- D. I-want statements

TRUE/FALSE: Feedback is often avoided because potential feedback givers don't know how to do it respectfully.

TRUE/FALSE: Expressing anger in the workplace is more likely to be provocative than productive.

TRUE/FALSE: Rhetorical questions are often veiled criticisms.

**ANSWER KEY**

**Session 100: AOHC Opening Session (C. O. Sappington Memorial Lecture) .....Credit(s): 1**

The inverse care law: **D. is the principle that the availability of good medical or social care tends to vary inversely with the need of the population served.**

The greatest cause of health inequalities in Scotland is: **C. Worklessness**

A Delphi survey which asked customers of occupational physicians which was the most important competence they wanted in their occupational physicians confirmed that this was: **D. Legal**

**Session 101: Introduction to OEM.....Credit(s): 3**

The following must be calibrated for clinic use: **D. All of the above**

Coronary Heart Disease accounts for what percentage of "on-duty" firefighter deaths: **C. 45%**

A job demands analysis shows that firefighting duties include lifting and carrying up to: **C. 100 lbs**

Which of the following benefit systems typically pays the physician for his billed services at the highest rate: **D. State Workers Compensation**

**FALSE:** A locomotive engineer with a recent seizure may be permitted to operate a train.

**TRUE:** The only medical standard for locomotive engineers are in reference to vision, hearing, and color vision.

**FALSE:** The Federal Transit Administration issues medical standards.

**TRUE:** A commercial motor vehicle operator can be certified if they are taking Oxycontin.

**FALSE:** Crane operator medical examinations must be performed on FMCSA/CDL forms.

**Session 102: Low Back Pain: Thinking Outside the Disc.....Credit(s): 3**

Principles of muscle function include: **E. All of the above**

Which of the following conditions can be a cause of pain radiating down the leg: **D. All of the above**

By looking at an MRI of the lumbar spine you can accurately assess a patient's: **C. Structural anatomy of the lumbar vertebrae and discs**

Which muscles can play a role in stabilizing the sacroiliac joint: **F. All of the above**

**TRUE:** Single site chronic pain is uncommon.

**TRUE:** The pelvis plays an essential role in movement, stability, and low back pain.

**FALSE:** The diagnostic label "non-specific low back pain" is useful because it describes a homogenous group of patients that can be used to study the effect of single interventions in randomized controlled studies.

**TRUE:** Research has demonstrated that sacroiliac joint dysfunction can alter the activity of the diaphragm, pelvic floor, hamstring and gluteus maximus muscles.

**FALSE:** Lumbar discography is a benign procedure that is a strong predictor of back pain episodes and future disability.

**Session 103: Business Leadership for Physicians: Necessary Knowledge Not Taught in Medical School.....Credit(s): 3**

Essential elements of business acumen include: **D. All of the above**

ACGME core competencies in OEM management include: **E. All of the above**

Mechanisms to contain medical care expenditures include: **D. All of the above**

Value to OEM practices of specialty practice recognition (such as NCQA) include: **E. All of the above**

Key essentials to business process improvement include: **E. All of the above**

Creativity in employees wellness communications include: **E. All of the above**

**TRUE:** Staff safety and wellness integration optimizes organizational vibrancy.

**TRUE:** Closely following an injured employee and being their advocate reaps huge rewards in terms of costs, increased productivity and employee engagement.

**FALSE:** The most effective performers typically spend about a tenth of their time on a few mission critical priorities.

**Session 104: Update on ACOEM Initiatives from HOD Officers.....Credit(s): 1**

Which of the following is true about regulation of the health and safety of workers who use pesticides in farming operations: **A. Worker protection standards are under the jurisdiction of EPA rather than OSHA**

**TRUE:** ACOEM's advocacy agenda for change contains a set of practice quality and policy goals which occupational medicine professionals can pursue at the state level through component advocacy.

**FALSE:** Practice quality metrics in evidence-based guidelines, particularly as related to return-to-work and disability management, are reflected in current CPT coding rubrics.

**Session 105: Medical Evaluation and Clearance for Two Unique Types of Offshore Operations: Diving Medicine and Helicopter Underwater Escape Training and Water Survival Training.....Credit(s): 1**

**FALSE:** There is only one organization that has developed standard for fitness-for-duty for commercial diving.

**TRUE:** Functional capacity evaluations are useful in evaluating the ability of workers to perform essential job functions in diverse occupations.

**TRUE:** Training activities in Basic Offshore Safety Induction and Emergency Training (BOSIET) and Helicopter Underwater Escape Training (HUET) pose physical and psychological health risks to participants that must be carefully monitored during training.

**Session 106: The Past is the Present.....Credit(s): 1**

What is the foremost objective of occupational medicine listed in 1930 and still relevant today: **E. All of the above**

**TRUE:** According to a 2004 study, 27.8% of US physicians record occupation in the medical record.

**TRUE:** The following are three major risk factors that contribute to increased injuries and fatalities in migrant US farm workers: lack of training, language barriers, and undocumented worker status.

**Session 108: Occupational Dermatology Pearls.....Credit(s): 2**

Of all occupational contact dermatitis, the most commonly involved body part is: **B. Hands**

Which of the following is not considered an irritant contact dermatitis: **C. Nickel dermatitis**

**TRUE:** Treatment and prevention of occupational dermatoses is an ACOEM Core Competency.

**FALSE:** Irritant contact dermatitis is an immune-mediated reaction.

**FALSE:** Allergy only develops to new products or exposures.

**TRUE:** US Bureau of Labor Statistics 2004 estimated 48,800 cases of Occupational CD

**Session 109: What Constitutes Excellence: The Best Corporate Health and Safety Programs in America**

**TRUE:** In the CHAA process it is important for organizations to have developed metrics for its programs and provide trend data showing a reduction of health risk, health-cost savings, or other impact on the business.

**FALSE:** In the CHAA process, programs do not need to be well deployed in all areas and departments within the organization.

**TRUE:** The revised online self-assessment tool can be used by companies to both provide an education opportunity as well as feedback for the direction an organization might take for improvement or to apply for the Corporate Health Achievement Award.

**TRUE:** CHAA award recipients have been demonstrated to have a strong financial performance when compared to non-CHAA recipients.

**TRUE:** The assessment is designed to be done with a cross organizational representation of professionals who are familiar with the organizations health, safety and environmental programs as well as the overall management of the organization.

**FALSE:** The metrics provided in the self-assessment tool must be used in the CHAA application.

**Session 110: Ethical Issues of "Nudges" .....Credit(s): 1**

**FALSE:** Nudging is intended as a form of paternalistic coercion.

**TRUE:** Dr. Eyal is of the opinion that nudging is sometimes manipulative.

**TRUE:** Dr. Eyal is of the opinion that nudging is sometimes ethically permissible.

**Session 112: ACOEM Current Position Papers and How to Expertly Highlight or Share Them as a Part of Professional Outreach to Shareholders or Clients.....Credit(s): 1**

**TRUE:** The College periodically issues position papers and committee reports that set practice guidelines for a variety of workplace/environmental settings. These position papers/committee reports cover topics such as spirometry, mold, environmental tobacco smoke, noise-induced hearing loss, multiple chemical sensitivities, workplace drug screening, confidentiality of medical information, depression screening, and reproductive hazards.

**TRUE:** The goal of the RRG section is to create a forum for young Professionals in the field of Occupational and Environmental Medicine to interact with each other, share ideas and discuss various challenges. It provides a good platform for interacting with senior colleagues.

**TRUE:** The RRG section also provides an opportunity for prospective employers to make contact with and attract young, talented, energetic and well trained professionals to their workforce.

**Session 114: So, You Want to Be an ACOEM Leader? .....Credit(s): 1**

Which of the following is a correct statement about serving on the Board of Directors: **C. The best way to achieve enough visibility to win election to the BOD is to be involved in several ACOEM suborganizations**

**TRUE:** The mechanism for serving on an ACOEM council is via appointment by the ACOEM presidnet.

**TRUE:** Both components and special interest sections have a voice in the House of Delegates.

**Session 115: International Panel Discussion.....Credit(s): 1**

Two areas where occupational physicians worldwide share the same issues are: **All of the above**

**FALSE:** If a US company complies with the OSHA regulations on a matter, they do not have to comply with other international regulations for their facilities outside of the US.

**FALSE:** Per capita occupational health providers are greater in the US than in European countries.

**Session 116: Individual Scientific Abstract Presentations.....Credit(s): 1**

All of the following are epidemiologic steps of an outbreak investigation except: **C. Discontinue surveillance once control and prevention measures have been implemented**

What challenges are facing occupational medicine physicians working for international humanitarian organizations: **G. All of the above**

**TRUE:** Potential barriers to stockpiling of disposable N95 respirators in healthcare environments for pandemic planning include lack of storage space, possible expiration issues, and limited number of on-hand supplies by manufacturers.

**Session 117: Individual Scientific Abstract Presentations.....Credit(s): 1**

Which of the following is the strongest determinant of injured worker satisfaction with their medical care: **A. Obtaining a correct initial diagnosis**

Which of the following related to the current efforts for workers' health promotion in Japan are correct: **E. All of the above**

Compared to members who used an offsite pharmacy, those that used an onsite one demonstrated significantly higher: **D. All of the above**

**Session 201: Becoming Board Certified and Maintaining Board Certification in Occupational Medicine.....Credit(s): 1**

The requirements to sit for the ABPM certification examination are: **D. All of the above**

The duration of certificates issued by the ABPM is: **D. 10 years**

The deadline to apply for certification by the ABPM is: **C. June 1**

In order to maintain certification by the ABPM a diplomate must: **E. All of the above**

MOC Part IV: **C. Is twice in a ten year cycle for ABPM diplomates to maintain certification**

**Session 202: Healthy Ways to Partner with a Mentor or Recruiter During Your OEM Professional Journey.....Credit(s): 1**

**TRUE:** HEALTHeCAREERS (HeCN) is home to the most diverse and exclusive selection of healthcare jobs found anywhere online.

**TRUE:** The goal of the section is to create a forum for young Professionals in the field of Occupational and Environmental Medicine to interact with each other, share ideas and discuss various challenges. It provides a good platform for interacting with senior colleagues.

**TRUE:** An objective of this session is to improve competency in best practice methods to partner with mentors or recruiters as an aspect of one's OEM professional life.

**Session 203: Becoming an ACOEM Fellow.....Credit(s): 1**

Which of the following requirements must be met in order to qualify for fellowship: **F. All of the above**

**TRUE:** An ACOEM member is eligible to apply for fellowship when he/she has held membership in the College as a master or active member for a period of no fewer than three years.

**TRUE:** The deadline for submitting a fellowship application is November 1<sup>st</sup>.

**Session 204: Occupational Surveillance for DoD Firearms Instructors.....Credit(s): 1**

Instructors who teach at 50 caliber machine gun firings are exposed to an inhalational hazard from: **E. All of the above**

The most frequently reported symptom among combat arms instructors at M-16 and M-4 firing events is: **C. Headache**

The chief reason heavy weapons instructors are reluctant to wear respirators to protect against inhaled hazards is: **C. Concern over visual restrictions**

**Session 205: How to Design Competency-based Educational Programs for OEM Physicians.....Credit(s): 1**

Which of the steps are necessary to planning successful competency-based educational programs: **A. Selection of engaging speakers who are familiar with the topics that they are discussing; B. Selection of a suitable venue; C. Provision of gourmet meals**

Which of the following statements are accurate regarding continuing medical education (CME) and maintenance of certification (MOC) credits: **A. Many professional and private organizations can grant CME; D. Submission of questions corresponding to the educational content and an answer key are required for certifying an educational program for MOC**

**FALSE:** A component must affiliate with an academic center in order to create a competency-based educational program.

**Session 206: What Employees with Obesity Want: Research-based Insights for Employers.....Credit(s): 1.5**

Which of the following interventions is included in the spectrum of employer-based weight management solutions: **E. All of the above**

**FALSE:** Most obese employees have given up on trying to lose weight.

**TRUE:** The weight loss treatment employees most prefer is diet and exercise.

**FALSE:** When it comes to helping them lose weight, employees indicate that their physicians are very helpful.

**FALSE:** Obese people have remarkably similar experiences and attitudes about their weight, health and weight loss.

**Session 207: Improving Care for Low Back Pain.....Credit(s): 1.5**

Which of the following is true regarding physical therapy and manipulation for low back pain: **A. Patients who fulfilled the clinical prediction rule for manipulation were more likely to have a favorable response to manipulation**

Navistar implemented a back and musculoskeletal program. The results included all of the following except: **D. Return on investment of 4:1**

**FALSE:** The OR of having a high low back claim cost was similar for short and long acting opioids in the Michigan Accident Fund study.

**TRUE:** The researchers analyzed Navistar cost outcomes of treatment approaches with respect to adherence with low back evidence based care. Key study findings include early imaging with MRI, opioid prescription and benzodiazepine prescription was associated with overall increased cost.

**FALSE:** Early MRI for low back pain is not supported regardless of the presence of red flags.

**Session 208: NIOSH-OSHA Workplace Investigation.....Credit(s): 3**

What sign or symptom is the hallmark of heat stroke: **E. Change in mental status**

What is the correct test to use to diagnose rhabdomyolysis: **B. Serum creatine kinase**

An elevated blood level is defined as: **A. 10 micrograms per deciliter**

Measures to reduce exposure to lead in indoor firing ranges include which of the following: **D. All of the above**

What percentage of adult asthma in the US is occupational asthma: **B. 15%**

What are some of the reasons for the difficulties in evaluating workplace exposures to isocyanates: **E. All of the above**

**FALSE:** Lead poisoning from firing ranges is not a public health problem because it only affects a small number of people.

**FALSE:** Current occupational exposure limits for lead are protective of workers.

**FALSE:** Dermal exposure to isocyanates is unlikely to cause sensitization.

**Session 209: Commercial Driver Medical Examinations: Update and Complicated Cases - Beyond the Medical Examiner Handbook.....Credit(s): 3**

Which of the following is the percentage of drivers with BMI<35 that would be not certified if the multiple conditions matrix was fully implemented: **A. 0.1%**

Data suggest the relationship between obesity (BMI) and having multiple conditions in the multiple conditions matrix is: **C. Strong**

The FMCSA Medical Review Board recommends which of the following maximum certification limits for commercial drivers with Stage 4 Chronic Kidney Disease: **A. 6 months**

The FMCSA maintains a visual exemption program for which of the following conditions: **C. Monocular vision**

With respect to exemptions, examiners should: **D. Determine if the driver is otherwise medically qualified**

If the driver disagrees with the examiner determination, they may: **C. Either option**



Which of the following is correct in evaluating a CMV operator with or at risk of OSA: **B. FMCSA does consider OSA a respiratory condition of concern and examiners should refer those for additional evaluation if the driver's ability to operate the CMV may be impaired**

The Medical Expert Panel on Schedule II Medications offered which of the following conclusions to the Medical Review Board: **B. Licit use of stimulants for ADD improves driving performance when at therapeutic levels**

**FALSE:** The NTSB feels that the FMCSA has adequately addressed the sleep apnea issue.

**Session 210: Resident Research Abstract Presentation.....Credit(s): 3**

Which of the following statements is false regarding obstructive sleep apnea (OSA): **D. The scientific link between OSA and obesity has been established**

Which industry currently reports the highest rate of all OSHA-recordable injuries and illnesses: **A. Healthcare and social assistance**

**TRUE:** In the primary analysis, it was discovered that exposure to ambient vanadium in fine particulate matter was not associated with increased blood pressure.

**TRUE:** 37% of worldwide LBP is occupational

**TRUE:** In general, each lag time is positively associated with length of work disability, that is, the greater the lag time, the greater the length of work disability.

**TRUE:** The rate of non-fatal injury in the Colorado oil and gas industry is significantly decreasing despite persistently high fatality rates.

**TRUE:** <30 days of waiting between the accident and the beginning of treatment is associated with a greater chance of RTW.

**FALSE:** There is not a positive and direct correlation between vanadium exposure and blood pressure ( $R > 0$ ) - both systolic blood pressure (SBP) and diastolic blood pressure (DBP).

**TRUE:** Regarding the Colorado oil and gas industry, there is a growing interest in understanding occupational hazards encountered in the Colorado oil and gas industry; there is an associated need to characterize injury and illness to inform and direct prevention efforts, and in the absence of an active, state-level injury and illness surveillance system, we need to explore novel ways of monitoring injury trends and progress after workplace hazard reduction.

**Session 211: Doctors, Nurses, Licenses, Practice Quality, and Injury Under-reporting.....Credit(s): 1.5**

Who oversees the licensure and practice of nurses: **B. State Board of Nursing**

Validated ergonomic evaluation methods/tools include (select all that apply): **A. Strain Index (SI); C. Hand Activity Level (HAL)**

**TRUE:** OSHA investigations have found that medical management practices of workers' injuries and symptoms have contributed to under-reporting and under-recording of work-related injuries and illnesses.

**FALSE:** OSHA's First Aid Standard requires on-site training personnel.

**TRUE:** OSHA investigations revealed high numbers of ergonomic symptoms and injuries.

**Session 212: Occupational and Work-related Asthma Guidelines.....Credit(s): 1.5**

Specific inhalation challenge (SIC) testing in which the patient is exposed to suspect of occupational allergens in the laboratory: **C. Should be used in highly selected cases**

**FALSE:** Work exacerbated asthma (WEA) is a form of occupational asthma (OA).

**FALSE:** Respirators (respiratory personal protective equipment) are recommended as a safe and effective long-term protective measure for workers with occupational asthma.

**TRUE:** Spirometry should be routinely used in cases of suspected work-related asthma.

**FALSE:** Efforts to reduce the level of exposures has been shown to be effective as complete elimination in cases of occupational asthma.

**Session 213: 33 Lessons from 33 Years in Occupational Health.....Credit(s): 1.5**

Which of the following trends is not a reason that occupational medicine professionals should be excited about in their future: **C. Increase in the nation's insured population**

An occupational medicine physician should gather and monitor metrics in all of the following areas except: **D. Changing demographic trends in their community**

Which of the following should be most important in assessing the viability of a new staff member during the hiring process: **C. Happy, positive attitude**

**TRUE:** Committing to a sense of balance is arguably the most important trait of a successful occupational medicine physician.

**FALSE:** Personality profiling is an excellent way for occupational medicine physicians to structure their interaction with patients.

**Session 214: ACOEM TED Talks: How to Plan and Deliver Outstanding OEM Presentations.....Credit(s): 1.5**

Neurophysiologic research using functional MRI has provided evidence to support which of the following statements: **C. Patterns of a speaker's brain region activation appear to be coupled in location and timing to similar patterns in the listener's brain as the listener hears the speaker**

Which one of the following is not one of the TED talk 10 commandments: **D. Thou shalt not worry about stealing the time of them that follow**

Which of the following is not a best practice to follow during one's presentation: **C. Reading from, and referencing only the PPT**

Which of the following is a correct statement about fonts in presentations: **A. The best combination is sans serif (e.g. century gothic) and at least 30 points**

What is the most common teaching method employed with AOHC CME: **B. Lecture with visual aids and brief Q&A**

**Session 216: Occupational and Environmental Cancer-risk Evaluation and Causation.....Credit(s): 3**

Which of the following is correct about radiation cancer epidemiology: **A. There is a demonstrated linear dose-response for solid tumors above 100 mSv of exposure**

Which of the following is correct about Navajo Uranium Miners: **C. All of the above are correct**

Which of the following groups are not potentially eligible for compensation for radiation-related cancers under a federal funded program: **B. Residents around the Trinity test site in New Mexico**

The latency period: **C. Is the interval of time required from first exposure to the responsible agent to the development of malignancy**

The approach to evaluating specific causation in an individual case should ideally consider all of the following except: **B. The results of genotoxicity studies on the suspect agent**

**TRUE:** Epidemiologic studies provide the strongest evidence for determining whether a chemical can cause cancer in humans.

**TRUE:** Radionuclides on the ground also produce gamma that results in external radiation (Groundshine).

**TRUE:** The Navajo Uranium Miners were exposed to radon daughters in the mines.

**TRUE:** Occupational physicians may be asked to offer opinions regarding the likely risk for cancer associated with occupational or environmental exposures and, in some cases, regarding the causation of a particular individual's cancer.

**Session 217: Public Safety Medicine Update 2015**

One of the following tests is not required by NFPA 1582 (2013 Ed) for the evaluation of firefighters with asthma: **C. Imaging stress test**

Which of the following findings is most concerning for a LEO who is trying to return to unrestricted duty after an ACL repair: **A. Use of a knee brace after surgery**

A category B condition means the following according to the NFPA 1582 (2013 Ed.): **B. The medical condition could preclude a person from performing as a firefighter, depending on its severity**

**FALSE:** Seizures due to eclampsia require life-long restrictions for law enforcement officers.

**FALSE:** A single, unprovoked seizure in a law enforcement officer requires an EEG, an echocardiogram, a PET scan, and an MRI with and without contrast.

**FALSE:** The minimum time to be seizure free and return to unrestricted work as a law enforcement officer is 15 years.

**TRUE:** The NIOSH and Nordic fire fighter cancer incidence studies were published in 2013 and 2014, respectively. Both studies showed a statistically significant increase in both all cancers and lung cancers.

**TRUE:** The federal government provides compensation for fire fighters or police officers who die from heart attacks while on duty.

**FALSE:** The healthy worker effect is not considered a significant problem in cohort studies of police officers or fire fighters.

**Session 218: Using OEM Principles and Practices as the Foundation of Post-deployment Care in the VA.....Credit(s): 1.5**

Conditions from 1990-1991 Gulf War that qualify for presumptive service connection include: **E. All of the above**

Which condition is not part of the polytrauma triad for Veterans of the Iraq/Afghanistan conflicts: **D. Constrictive bronchiolitis**

**TRUE:** The prevalence of chronic pain in post deployment veterans is greater in patients with mild TBI than in those with moderate or severe TBI.

**FALSE:** Due to the increasing lethality of weapons used in war, the likelihood of a combatant dying from wound incurred on the battlefield has progressively increased over the years.

**TRUE:** Undiagnosed illness can be an indication for OEM specialty consultation referral among Gulf War veterans.

**Session 219: Practical Uses of the New ACOEM Spine Guidelines.....Credit(s): 1.5**

Faculty: Harris, Jeffrey; Hegmann, Kurt; Mueller, Kathryn

Epidural glucocorticosteroid injections compared with placebo injections: **D. Should generally be performed with accompanying imaging procedures**

Which of the following is recommended in the ACOEM Guidelines for chronic low back pain: **D. Manipulation – mobilization of the spine**

During a follow-up visit for resolving LBP, a patient expresses a belief that re-injury will occur on returning to the job. Which of the following is the best response: **B. People work gradually back into doing their usual job and then are able to do the job without re-injury**

**FALSE:** An evidence-based indication for MRI is low back pain not improving at 6 weeks.

**TRUE:** Evidence-based recommendations in the ACOEM Guidelines recommend the use of directional preference exercise for all acute low back pain patients.

**Session 220: The Independent Medical Examination.....Credit(s): 1.5**

An IME differs from the traditional physician-patient relationship in that: **C. You do not treat the examinee**

When conducting an IME, traditional professional liability insurance may not cover your professional work because: **A. IME work is often not part of standard medical malpractice insurance**

The best marketing tool for your IME practice is: **B. Your written report**

Which of the following resources is not a common reference used in the pre-authorization report: **C. Zeng Acupuncture Guidelines**

Regarding no show issues for IMEs, best practices include: **D. Sending and receiving an initialed or signed letter of understanding from the requesting party regarding no show issues**

**Session 221: The FCE: A Demonstration with Enhancements Targeting Disability Prevention.....Credit(s): 1**

**FALSE:** An evaluator conducting an FCE with an injured worker with persistent pain can achieve objectivity by considering all pain complaints to be irrelevant to functional performance.

**FALSE:** There are well established international agreements based on current science as to the format of the FCE.

**TRUE:** Functional Movement Assessment has been used by Gray Cook and Stuart McGill to bridge the assessment gap between injury and performance and may improve the value of the FCE.

**Session 222: Best Practices in EU Work Disability Management: Implications for the US**

At what point after lost time due to illness is the new UK Fit-for-Work service (telephonic case management) triggered: **B. 8 days**

How long is a person's job protected per the US Family Medical Leave Act: **C. 12 weeks**

**TRUE:** By law only an occupational medicine specialist may determine work capacity in the Netherlands.

**Session 223: Updates on Epigenetic and Exposure Data on Pesticide and Herbicide Occupational Health Clinician.....Credit(s): 1**

What does the current pesticide consumption evidence suggest about patterns of non-occupational pesticide in the past decade: **B. More US households are using pesticides**

What does the current biomonitoring evidence suggest about whether members of the general population are being exposed to contemporary use pesticides: **C. TCPy, the metabolite of chlopyrifos, an organophosphate insecticide, has been frequently detected in the urine of members of the general population**

Which statement best summarizes current knowledge on neonicotinoid pesticides: **C. Little is known about current human exposures to neonicotinoid pesticides**

**Session 224: NASA Occupational Health: Don't Leave Your Planet Without It.....Credit(s): 1**

Currently the two most important health risks for humans exploring space are: **B. Increased intracranial pressure with visual impairment and radiation exposure**

**TRUE:** The unique and changing environment where the patient works or resides is the most important factor in distinguishing aerospace medicine from other specialties of medicine.

**TRUE:** The object of human system integration is to provide equal consideration of the human along with the hardware and software in the technical and technical management processes for engineering a system that will optimize total system performance and minimize total ownership costs.

**Session 225: Implication of Climate Change for Occupational Health Clinicians.....Credit(s): 1**

Why are asthma cases expected to rise as a result of a climate change: **A. Increased ground level ozone**

Name one of the effects of warmer surface waters: **B. Increased insect borne diseases**

**TRUE:** Several occupational health concerns likely to be directly impacted by climate change are increased temperatures that will cause increase in heat illness, increased wildfires that will increase the risk of injury and smoke inhalation in firefighters, and extreme weather events that are likely to increase the risk of traumatic injury.

**Session 301: Integrating Health and Safety in the Workplace.....Credit(s): 1.5**

**TRUE:** Since 1970 workplace injuries and illnesses have declined.

**TRUE:** Research has shown that health promotion activities are effective and can have a positive impact on a company's bottom line.

**TRUE:** HPM is a strategic approach to workplace health and safety that focuses on identifying the total impact of employee health of business results and reducing impacts on performance and productivity costs.

**TRUE:** The integration of health metrics into corporate reporting, builds leadership and advocacy both within organizations and outside organizations to highlight the importance of prevention within businesses as a national strategic imperative.

**FALSE:** It is not necessary to engage the leadership, including the C-suite in developing a plan for integrating health and safety in the workplace.

**Session 302: Neurological Fitness-for-Duty.....Credit(s): 1.5**

Which condition is not disqualifiable under FMCSA: **C. Ulnar neuropathy with normal power**

A provoked seizure: **D. All of the above**

Which medical guideline for epilepsy is most conservative (No medications, no sz 10 years): **A. FMCSA**

A person with a head injury with loss of consciousness <30 minutes: **C. If accompanied by late seizure must wait 5 years by FAA**

Medication that may disqualify by FMCSA: **E. All of the above**

**Session 303: Clinical Advances in Occupational Health and Safety Among Underserved Occupational Populations in the US.....Credit(s): 3**

Which of the following factors should an employer assess in order to establish work/rest cycles so as to avoid heat illness: **D. All of the above**

Among immigrant manual workers, work safety climate has been associated with: **D. All of the above**

**TRUE:** Work safety climate is a component of work safety culture referring to an individual worker's perception of how his/her supervisor values safety over production.

**FALSE:** A previous episode of heat illness creates an increased risk of a second episode of heat illness in that worker.

**TRUE:** According to stage three meaningful use implementation, patient-generated data from a non-clinical setting must be incorporated into the HER for more than 15% of patients seen by the EP or discharged from a hospital or ED.

**TRUE:** Augment reality is a view of a physical, real-world environment whose elements are augmented by computer-generated sensory input such as sound, video, graphics, or GPD data.

**FALSE:** Virtual reality is a computer simulated environment that cannot be created in real time.

**TRUE:** Workers employed through the temporary services industry tend to be treated differently than their directly hired counterparts in terms of compensation and health and safety protections.

**TRUE:** Immigrant workers are at a great risk than other populations to get hurt a work.

**Session 304: Ebola and Other Emerging Occupational Infections.....Credit(s): 3**

What is (are) appropriate empiric treatment(s) for a febrile suspected Ebola virus disease patient: **A. Acetaminophen and Ciprofloxacin**

What is the purpose of a health incident plan: **D. All of the above**

Which one of the following tests should be used first to confirm that the patient has EVD: **D. Reverse-transcriptase-polymerase-chain-reaction (RT-PCR) assay for viral antigen**

Other than Ebola virus disease, which disease should be considered in a febrile patients from Liberia: **D. Malaria**

Which of the following five precautions should not routinely be taken when caring for a patient with Ebola virus disease: **A. Airborne**

What is the best approach to managing an Ebola outbreak within the community: **E. All of the above**

Direct active monitoring of individuals potentially exposed to Ebola involves which of the following: **C. The public health authority conducts monitoring through direct observation on monitored individuals**

**TRUE:** Health awareness/education at workplace empowers the workforce to avoid contracting Ebola virus or any other emerging infections.

**TRUE:** Current CDC guidance for PPE use in caring for Ebola in patients calls for protecting a worker's airways (using either N95 or a PAPR) and covering all skin and clothing with coverings that are either impervious or fluid-resistant.

**Session 305: MRO Controversies.....Credit(s): 3**

The first state to approve the use of cannabis for medical purpose was: **B. California**

Which of the following is not among the medical conditions that are indicated for medical marijuana by most US states: **D. Schizophrenia**

The most common errors in the drug testing process take place during: **D. Specimen collection**

**FALSE:** There is a direct correlation between blood and urine marijuana levels.

**TRUE:** Urine drug testing acts as a barrier to hiring the social and economic marginal members of society.

**FALSE:** Employees are able to adequately assess their degree of impairment from opioids.

**TRUE:** Fitness-for-duty assessment is an integral part of the MRO role for NRC.

**FALSE:** Urine drug testing as done in most settings detects the drugs that factor into accidents at work.

The time frame of impact on driving of marijuana appears to be: **B. 90 minutes**

**Session 306: The New Beryllium Standard: A Cooperative Effort of Industry and Labor.....Credit(s): 1.5**

The current US OSHA and EPA standards for occupational and community beryllium exposure are based on research in the 1940s supported by: **D. All of the above**

Prior to the discovery of the element beryllium, beryllium-containing materials were used by what occupation: **A. Jewelers**

Kathleen Kreiss and Lee Newman collaborated to discover: **C. Mild and subclinical chronic beryllium disease**

Labor and industry have an interest in an improved beryllium occupational standard because: **D. All of the above**

What was the primary motivation for the parties to come together to develop a model standard: **B. Protect workers sooner**

**Session 307: Psychological Fitness for Duty Referrals: Clarity, Efficiency, and Effectiveness.....Credit(s): 1.5**

Psychological fitness-for-duty evaluations are all of the following except: **D. A form of disciplinary action**

Approximately what percentage of Americans with serious mental illness are employed: **B. 30%**

Which of the following are legitimate reasons to request psychological fitness-for-duty evaluation on a current employee: **E. All of the above**

Which cognitive limitation would suggest a restriction for commercial driving: **D. All of the above**

**FALSE:** A mental health diagnosis of depression disorder is evidence of an impairment for the cognitive demands of work.

**Session 308: Hexavalent Chromium: Hazard, Standard, Examination: What the Occupational Physician Needs to Know.....Credit(s): 1.5**

Known human health effects of CrVI include all of the following except: **D. Skin cancer**

Which of the following statements concerning the OSHA CrVI (29 CFR 1910.1026) standard is correct: **B. The current permissible exposure level (PEL) for CrVI in air is 5mcg/M<sup>3</sup>**

Medical surveillance examinations for workers exposed to CrVI should routinely include: **E. All of the above**

All of the following statements are true except: **A. Patients who have been sensitized to CrVI should not touch chrome plated objects**

Functions of the CrVI medical surveillance evaluations include which of the following: **E. All of the above**

**Session 309: Innovations in Management of Occupational Bloodborne Pathogens Exposures.....Credit(s): 1.5**

Blood and body fluid exposure management for healthcare workers should include: **E. All of the above**

Which of the following is not true regarding surveillance for healthcare workers with Ebola exposure risk: **D. Surveillance can easily be managed with paper records**

Reasons for inconsistency in evaluating a healthcare worker exposed to human blood include: **E. All of the above**

HIV post-exposure prophylaxis, if indicated, should be started within what time from exposure: **B. 2 Hours**

**FALSE:** Blood and body fluid exposures can always be managed with identical processes for on-site and remote work-sites.

**Session 311: Political Advocacy: A Hands-on Approach.....Credit(s): 3**

Which of the following is the most accurate statement about the development of successful legislation: **D. There are often several approaches to resolving the issue a bill presents that will accomplish the objective and some are likely to be more acceptable than others to stakeholders**

Which of the following is most likely to be true regarding political issues: **B. Working with legislators on health issues they view as important can help you gain support for more esoteric**

Which of the following arguments supporting the need for an increase workers compensation medical fees set by your state is most likely to be successful: **A. The fees should be increased due to a demonstrable increase in business costs**

Bargaining chips are: **B. Something of value given to another party to offset what they are giving up in a negotiation**

Portions of a bill being proposed are likely to affect OM specialists adversely. Your state medical society is generally supportive of the bill and there is bipartisan support since it is seen as a step toward improving general health care in the state. Which of the following is least likely to result in a change to assist the OM specialist: **B. By testifying at the committee hearing and making your concerns know to the bill sponsors, oppose passage of the bill unless specific changes are made.**

**TRUE:** The governor can only sign a bill after the entire legislature has agreed to final language.

**FALSE:** State legislators are very likely to vote with their party, therefore developing most of your bills with the party leaders is the best strategy.

**FALSE:** When drilling down to core values using a consensus group to develop a legislative proposal, the physician can both lead the consensus group process and participate as an advocate.

**TRUE:** A zero sum game almost always generates opposition for proposal legislation.

**Session 312: Legislative, Regulatory, and Economic Issues Affecting the Health and Safety of Contingency, Immigrant, and Migrant Workers in the US in 2015.....Credit(s): 3**

Which of the following statements is false in regard to disadvantaged and underserved working populations in developing countries: **C. Poor people are less affected by job-related disability because they have less in the first place**

In the model used to develop the guide, which is the greater obstacle to worker health protection in developing countries: **A. Employer engagement**

Which language strategy was employed in the development of the OH guide: **B. Translate the document into certain "global access" languages that are not only widely read but that can support second-level translations by experts.**

Which is the anticipated role of large companies where they operate: **C. Push it out to vendors and contractors**

**FALSE:** The executive action on immigration announced by President Obama and known as the Deferred Action for Parental Accountability (DAPA), grants current undocumented (unauthorized) immigrants a "green card" denoting permanent resident immigration status.

**TRUE:** The Affordable Care Act's "employer mandate" requiring certain businesses to provide health insurance to their employees applies to any agricultural employers in the US that hire foreign guest-workers to perform seasonal farm work under H-2A temporary foreign agricultural worker program.

**FALSE:** The Occupational Safety and Health Administration is required to enforce regulations in all agricultural workplaces.

**TRUE:** The Work Protection Standard is a primary regulation focusing on farmworkers exposure to pesticides and is administered by the US Environmental Protection Agency.

**TRUE:** Following lost-time work-related injuries, workers' annual income drops by an average of 15%.

**Session 313: Managing Infected and Colonized Healthcare Workers.....Credit(s): 3**

The average prevalence of MRSA nasal colonization among healthcare workers is: **B. 4 to 5%**

Which of the following is not a procedure for which there is a definite risk of bloodborne virus transmission or that has been classified previously as exposure-prone: **D. Uncomplicated vaginal delivery**

Which of the following procedures is known or likely to pose an increased risk of percutaneous injury to a healthcare provider that results in provider to patient transmission of hepatitis B virus: **D. Uncomplicated vaginal delivery**

An Expert review panel should adopt which of the following criteria in the management hepatitis B virus-infected health care workers who perform category 1 exposure-prone procedures: **C. Hepatitis B virus levels of 5,000 GE/mL or 1,000 IU/ML or greater**

Complications of screening healthcare workers for MRSA carriage include: **D. All of the above**

1991 CDC HBV/HIV Recommendations include: **E. All of the above**

**FALSE:** All healthcare workers found to be nasal carriers of MRSA require antibiotic treatment because colonization is usually persistent unless treated.

**TRUE:** Through 1996, CDC identified 44 instances of provider-to-patient HBV transmission (398 patients).

**TRUE:** Neurosurgery, cardiothoracic, transplantation, trauma and extensive plastic surgery are Category III examples (2010 SHEA Exposure Prone Procedures).

**Session 314: Impetus for New Lead (Pb) Levels: The Shots Heard Around the Country.....Credit(s): 2.5**

The impact to the Department of Defense mission regarding the revised OSHA case definition of a reportable high blood lead level focused particularly on the operation of:

**C. Small arms firing ranges**

**TRUE:** It is estimated that of the total body burden of lead, about 1% is found in the blood and of the total blood fraction, over 90% is found in erythrocytes.

**TRUE:** The committee tasked with evaluation the impact to the Department of Defense focused on clinical outcomes (disease) regarding lead exposure rather than measures of early biological effect.

**TRUE:** The current OSHA lead standards contemplate that workers can continue to be exposed to lead at work (that is, need not be placed on medical removal protection) even with lead levels between 40 and 50 mcg/dl.

**TRUE:** Most state OSHA plans provide that interested parties may petition the state to adopt occupational standards stricter than the applicable federal standards.

**TRUE:** The revised OSHA care definition of an elevated blood level for an adult ( $\geq 16\mu\text{g}/\text{dL}$ ) as of 2010 is defined as  $\geq 10\mu\text{g}/\text{dL}$ .

**FALSE:** The National Toxicology Program concluded in its 2012 monograph that there is sufficient evidence that blood lead levels  $< 15\mu\text{g}/\text{dL}$  and  $< 10\mu\text{g}/\text{DL}$  are associated with adverse health effects in children and adults.

**TRUE:** The most reliable indicator of cumulative exposure to lead is X-ray fluorescence (XRF) measurement of lead deposited in the tibia.

**TRUE:** One method of the DoD is considering to reduce lead exposure to service members is replacing lead in small arms projectiles and primers.

**Session 316: Connecting Onsite Health with the External Healthcare Machine.....Credit(s): 1**



What is happening related to adoption of work-site clinics by employers and what is driving this trend: **B. Work-site clinics are becoming more popular because employers believe that this is a way to reduce direct and indirect costs**

**TRUE:** Co-morbid medical conditions such as diabetes mellitus, hypertension, obesity and drug use are almost double the medical cost of work comp claims.

**TRUE:** The direct cost of the most disabling workplace injuries in 2008 was \$53 billion

**Session 317: Early Intervention in Rehabilitation of the Worker with Disabling Pain.....Credit(s): 1**

Which of the following are components of an effective approach to reduce disability in workers who have been injured: **E. All of the above**

In a restorative therapy program for rehabilitation of workers experiencing pain, the physician is not responsible for: **D. Making workplace accommodations**

Which of the following is not part of early intervention to reduce prolonged work disability due to benign pain: **C. Encouraging time off work to speed up recovery**

**Session 318: Federal Workers Compensation Cost Containment and Management Strategies.....Credit(s): 1**

Why was the mixed methods approach used in the study "A Systems-based Evaluation of Army Civilian Occupational Injuries and Illnesses": **D. This approach answers how and why questions particularly in the context of understanding the bigger picture about occupational injuries and illnesses**

In the VA evaluation study, which of the following factors increased employee likelihood to choose on-site WC medical care: **D. All of the above**

**TRUE:** New claim rates have declined and new claim costs per claim have increased in the Department of Defense civilian workforce between 2000 and 2012.

**Session 319: ACOEM's Maintenance of Certification Part IV Program.....Credit(s): 1**

The Maintenance of Certification standards are developed by the following: **C. ABMS**

An improvement action plan that would be acceptable to complete for the ACOEM MOC Part IV program could include: **D. All of the above**

**TRUE:** The ACOEM MOC Part IV program is designed so that a physician self-evaluates in either patient care or in non-patient care areas such as teaching, research, or administration.

**Session 400: ACOEM Annual Membership Meeting and Breakfast (W. B. Patterson Memorial Lecture) .....Credit(s): 1**

**FALSE:** David Michaels, PhD, MPH is the Assistant Secretary of Labor for NIOSH.

**FALSE:** The annual membership meeting is a forum for introducing over 100 new fellows each year.

**FALSE:** W. B. Patterson was a past president of ACOEM and chair of the Ethics committee.

**Session 401: Evaluation of a National Public Access Automated External Defibrillator Program in US Federal Buildings.....Credit(s): 1**

The survival rate of all US persons in cardiac arrest is: **C. Less than 5%**

Management of the FOH AED program include all except: **D. Deploying AEDs only to airports nation-wide**

**TRUE:** The FOH AED Program strives to apply an AED on all patients presenting in cardiac arrest within 3 to 5 minutes.

**Session 402: Deployment Exposures and Respiratory Health Outcomes.....Credit(s): 1**

Sampling for potential hazards has been conducted in Southwest Asia and include all of the following except: **B. Dioxins**

Which of the following positive associations have been reported in the literature regarding deployment-related exposures and respiratory outcomes: **B. Being deployed to Iraq or Kuwait and an increase in post-deployment respiratory symptoms and/or medical encounters for asthma**

Several studies evaluating the relationship between deployment respiratory exposure and outcomes used deployment location as a proxy for exposure rather than individual level hazard and exposure data. This is an example of which of the following: **D. Exposure misclassification**

**Session 403: The Business Value of Pre-travel Consultations for International Business Travelers.....Credit(s): 1**

A company sponsored, onsite pre-travel health consultation may do all the below except: **E. Notify supervisor of employee's specific health issues**

During a pre-travel health consultation the employee will review travel health risks that are valuable to avoiding business interruption. The risks include all below except: **C. Carbonated soda**

**FALSE:** Personal medical history is not important when preparing a patient for international travel.

**Session 404: Managing Career-limiting Illness and Injury in Physicians: Keeping the Docs on the Job.....Credit(s): 1**

Which of the following statements is true about student protections from the Americans with Disabilities Act (ADA): **A. Students are not employees and thus do not have ADA protections**

**D. Students are protected under title three of the ADA and are entitled to reasonable accommodations, but programs are not required to change their technical standards in order to accommodate**

Which of the following pillars of occupational medicine might be considered the first executive health physician: **B. Bernardino Ramazzini**

**TRUE:** At least one third of polled state medical licensing boards do not make a distinction between illness and impairment.

**Session 405: Work Related Neck Pain: A Physical Therapists Perspective with a Hands-on Laboratory Component.....Credit(s): 3**

Physical therapy diagnosis should be based on: **B. Physical impairments**

Red flags for neoplastic conditions include all of the below except: **C. Age under 50**

Which of the following is not a primary finding in neck pain with mobility deficit: **C. Paresthesia and/or weakness of the upper extremity**

Key findings in neck pain with radiating pain include all but which of the following: **B. Headache precipitated by neck movement**

All of the following are associated with neck pain chronicity except: **C. Initial loss of motion**

All of the following are physical therapists-based treatment classifications of neck pain except: **A. Whiplash**

**TRUE:** Just under 50% of people who experience neck pain will have chronic symptoms.

**TRUE:** A primary treatment for neck pain with mobility deficits is cervical mobilization/manipulation.

**FALSE:** The Canadian cervical spine rule is used to diagnosis a fracture.

**Session 406: Does AED Program Medical Control Positively Impact Cardiac Arrest Survival? .....Credit(s): 1**

What is the definition of SCA Response: **B. Bystander CPR and appropriate application of an AED before EMS arrives**

Why is SCA Response critical to SCA survival: **B. The probability of survival decreases by about 10% for each minute before the first defibrillation shock**

How does medical control lead to an increase in the SCA response rate of AED programs and thus survival: **C. Medical control ensures that the AED program is focused primarily on maximizing clinical outcomes**

**Session 408: MMI: When and How to "Call It A Day" .....Credit(s): 1**

MMI means: **C. That there is nothing left to help the injured worker beyond palliative care**

When an individual is placed at MMI, he is: **A. Able to be evaluated for any impairment ratings**

**FALSE:** Each state uses the same guidelines.

**Session 409: Occupational Infections and Travel Medicine.....Credit(s): 2**

When prescribing Mefloquine for malaria prophylaxis, which of the following conditions would you not prescribe Mefloquine (select all that apply): **A. Seizure disorder; D. Pt with cardiac conduction abnormality**

Vaccine against Japanese Encephalitis virus (JEV) is indicated for which of the following travelers (select all that apply): **B. An active duty army officer moving to Japan for three years; C. A college student hiking across Thailand over the summer**

What are the currently preferred post-exposure Prophylaxis (PEP) regimens for an occupationally related HIV exposure (select all that apply): **A. Atripla; B. Truvada and Kaletra; C. Isentress (Raltigvir) and Truvada**

**TRUE:** The common occupationally diseases associated with Macaques (non-human primate) Research are Simian B virus, Hepatitis B, and Simian Immunodeficiency virus.

**FALSE:** It is appropriate to issue a medical waiver for Yellow Fever vaccine for a traveler who does not desire to receive the vaccination but wishes to travel to Sierra Leone.

**TRUE:** Classic hierarchy of controls include personal protection equipment, engineering/environmental controls, and administrative/workplace practice.

**Session 410: Cardiovascular Diseases and Implantable Cardiac Devices: Workplace Risk Management.....Credit(s): 1**

**TRUE:** World Health Organization (WHO) classification of EMF as "possibly carcinogenic" due to observations in humans of an association between magnetic field exposures and childhood leukemia. Hundreds of studies over 30 plus years have not established EMF as a link to diseases or biologic mechanisms for diseases.

**TRUE:** Cardiovascular diseases and implantable cardiac devices require complex medical and safety decision making to assess individual health and safety risks in the workplace

**TRUE:** Regarding the first External Pacemakers (1950s), the "lead" was implanted into the heart and the other was connected to an AC-powered external pacemaker and power failure was a constant concern.

**Session 411: VA Burn Pit Registry: Respiratory Diseases and Exposures Among OEF/OIF Deployed Veterans.....Credit(s): 1**

Based on results from the National Health Study for a New Generation of US Veterans, OEF/OIF veterans are at increased risk for what respiratory disease compared to non-deployment veterans: **B. Sinusitis**

**TRUE:** The committee's conclusion suggest that the greatest pollution concern may be the mixture of coming from regional background and local sources, which include emissions from local industries, vehicle emissions, and dust storms.

**TRUE:** Service in Iraq was characterized by exposure to particulate matter at much higher than in the US and above EPF exposure standards, regardless of the contribution from burn pit smoke.

**Session 412: Preventing Delayed Recovery in Injured Workers.....Credit(s): 1**

Waddell signs predict: **A. Poor surgery results**

Which of the following tools assesses catastrophic thinking: **B. PCS**

What percentage of patients with low back pain believe that the wrong movement might cause a serious problem with their back: **C. 60%**

**Session 413: Say What? Cutting Edge Advances in Hearing Protection and Noise.....Credit(s): 1.5**

**TRUE:** Hearing conservation cost the Veteran's Administration over \$2 billion annually.

**TRUE:** The Office of Naval Research (ONR) Noise-Induced Hearing Loss program develops science and technology solutions aimed at optimizing warfighter performance and enhancing the flexibility, efficiency and safety of all warfighter missions.

**TRUE:** The ONR Noise-Induced Hearing loss program interests currently include, but are not limited to, understanding the pathology and etiology of noise-induced hearing loss/tinnitus, pharmaceutical strategies to protect and/or recover from noise-induced hearing loss, cell regeneration, personal hearing protection equipment, dosimetry, talk-through circuitry and custom-molded hearing protection technologies to improve warfighter effectiveness in combat and high-noise operational environments.

**TRUE:** Shipboard operations are in a 24/7 noise environment.

**TRUE:** NIHL Gene Arrays may be able to identify individuals at greatest risk of sustaining hearing loss from serving in noisy environments.

**Session 414: Get Ready for Blurry Boundaries: Transitional Work and the ADA's Interactive Process.....Credit(s): 3**

The employment provisions of the Americans with Disabilities Act apply: **D. All of the above**

The 2008 and 2010 amendments of the Americans with Disabilities Act: **C. Explicitly state that the law should be broadly (rather than narrowly) interpreted with respect to the kinds of health conditions and impairments that are covered**

For existing employees with new work-related injuries or illnesses, when do the protections of the ADA kick in: **C. As soon as it is apparent that the health condition is non-trivial and having a substantial impact on their ability to perform a major life activity such as work, engage in recreation, and drive a car.**

For existing employees with new personal injuries or illnesses, when do the protections of the ADA kick in: **C. As soon as it is apparent that the health condition is non-trivial and having a substantial impact on their ability to perform a major life activity such as work, engage in recreation, and drive a car.**

From a practical perspective, which of the following can constitute notice to the employer that an employee has a condition likely to qualify for ADA protection: **C. All of the above**

Which of these common practices in workers' compensation are not considered best practices and could lead to ADA violations: **C. All of the above**

Which of the following goes beyond the definition of a reasonable accommodation under the ADA – so that the employer cannot be required to provide it: **E. Eliminating essential functions and productivity requirements of a job for a temporary period while paying the employee full wages.**

**FALSE:** An employee with work-related injury is exempt from the ADA/ADAAA interactive process because of the exclusive remedy provisions of workers' compensation laws.

**FALSE:** When a doctor writes a "return to full duty" that means all restrictions and limitations have been removed.

**Session 415: Respectful Feedback and Organizational Effectiveness.....Credit(s): 3**

The acronym DIL stand for: **B. Descriptive language, impact and I-statements, listening**

The problem with second-person statements is that they tend to be: **B. Accusatory**

Respectful people always: **B. Actively listen**

Which of the following is an emotional hedge: **C. I feel like this situation will never improve**

Which of the following is a genuine apology: **B. I regret my behavior, but I thought it was necessary at the time**

Which of the following is more likely to elicit a defensive response: **C. You statements**

**TRUE:** Feedback is often avoided because potential feedback givers don't know how to it respectfully.

**TRUE:** Expressing anger in the workplace is more likely to be provocative than productive.

**TRUE:** Rhetorical questions are often veiled criticisms

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Session(s): 219  
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Session(s): 204  
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Session(s): 218, 318  
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Session(s): 217  
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Session(s): 414  
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Session(s): 100

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Session(s): 100  
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Session(s): 318, 402  
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Session(s): 103, 301  
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Session(s): 400  
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Session(s): 224  
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List one new fact or concept you learned from this activity:

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| <i>Please indicate your level of agreement with each of the statements below.</i>    | Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     | N/A                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The educational content of the activity will help me in my day-to-day work.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The educational content of the activity will help me grow professionally.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>Thinking about what you learned from this activity, to what degree will it...</i> | To a great degree     | To some degree        | Very little           | Not at all            | N/A                   |                       |
| Enhance your competence?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| Enhance your professional performance?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| Improve patient outcomes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |

**2015 AOHC Distance Learning Activity  
PLEASE COMPLETE**

*I attest that I have completed the 2015 AOHC Distance Learning Activity and have passed the self-assessment with a score of at least 80%.*

*I attended the 2015 AOHC in person: \_\_\_\_\_ Yes \_\_\_\_\_ No*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Indicate the actual number of AMA PRA Category 1 Credit(s) <sup>TM</sup> you are claiming.                             | AMA PRA Category 1 Credit(s) <sup>TM</sup>      |                              |
|--|---|------------------------------|
|  | Maximum Credits: 114.5                          | Actual Credit Claimed: _____ |
| Indicate the actual number of ABPM Maintenance of Certification (MOC) Credits you are claiming.<br>Course Number: 1208 | ABPM Maintenance of Certification (MOC) Credits |                              |
|  | Maximum Credits: 114.5                          | Actual Credit Claimed: _____ |

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ eMail: \_\_\_\_\_

**Fees for Continuing Education Credits**

| This activity requires a separate, additional purchase and use of the AOHC 2015 Online Library or DVD-Roms (slides and audio synced) which are available through Mobiltape ( <a href="http://www.mobiltape.com">www.mobiltape.com</a> ). | Number of Credits Claimed (Maximum 114.5) | CME Fee ACOEM Member | CME Fee Non-ACOEM Member | CME Fee AOHC 2015 Registrant (Member or Non-Member) |
|--|---|----------------------|--------------------------|---|
| The fees paid in order to claim your <i>AMA PRA Category 1 Credit(s)<sup>TM</sup></i> and/or ABPM Maintenance of Certification Credits do <u>not</u> include the additional Mobiltape purchase.  | 1.0 to 38.5                               | \$389                | \$689                    | \$89  |
|  | 39.0 to 85.0                              | \$489                | \$789                    | \$89  |
|  | 85.5 to 114.5                             | \$589                | \$889                    | \$89  |

Please note: You must submit all of the credits you wish to claim at one time with full payment. Partial credit cannot be awarded, nor can partial payment be accepted. You may not claim additional hours for this activity at a later date.

- Check enclosed **Payable to ACOEM** (US Funds Only)     
 American Express     
 Discover Card     
 Master Card     
 Visa

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**ACOEM Education Department, 25 Northwest Point Blvd, Ste. 700, Elk Grove Village, IL 60007 – or – Fax it to 847-818-9286**  
**This activity expires June 30, 2016. In order to receive credit, this evaluation and credit verification form, along with payment, must be received on or before June 30, 2016.**