

## MedStudy 2014 Video Board Review of Internal Medicine

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1. Study the learning material.
2. Download this form to your computer and print it out.
3. Fill out completely all pages of this CME credit application, including the posttest, and then follow directions at the end of the application for submission.

### CME Credit Application

**CME Expiration Date: November 1, 2015**

You will receive your CME credit certificate in 6–8 weeks. If you need your certificate sooner, you may either fill this application out online at [my.medstudy.com](http://my.medstudy.com) or call 1-800-841-0547, ext. 3.

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**IMPORTANT: MedStudy Video format you used:** ☐ DVD version ☐ Online version

**Check one:** ☐ M.D. ☐ D.O. ☐ Other \_\_\_\_\_ (e.g., RN, PA-C, APRN)

**Specialty:** ☐ IM ☐ IM/Peds ☐ Other: \_\_\_\_\_

*All CME certificates will be delivered by email.* Please remember to check your spam or junk folder.

**How many years have you been out of residency?** ☐ Still a Resident ☐ < 1 yr ☐ 1–10 yrs ☐ 10–20 yrs ☐ > 20 yrs ☐ N/A

**Which of the following BEST describes your use of this product?**

☐ Prepare for Initial Certification ☐ Prepare for Recertification (MOC) ☐ General Review/Reference

**When did you most recently take (or will you take) your ABIM exam?** Year \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

**Did you pass the ABIM exam?** ☐ Yes ☐ No ☐ Don't know yet ☐ Haven't taken it yet ☐ Didn't use for exam prep

**How did you hear about this product?**

☐ Catalog ☐ Colleague ☐ MedStudy Website ☐ Internet Search ☐ Medical Meeting ☐ Other \_\_\_\_\_

**What other products, if any, did you use to prepare for your exam?**

☐ MedStudy Core ☐ MedStudy Q&As ☐ MedStudy Core Scripts ☐ MedStudy Videos

☐ MedStudy Course ☐ MKSAP ☐ MKSAP Q&As

☐ Other \_\_\_\_\_ ☐ N/A

**The following posttest and evaluation must also be completed and submitted to receive CME credit.**

**Posttest: MedStudy 2014 Video Board Review of Internal Medicine:** Review the following cases and answer all questions. Then, use the key below to check your answers. *You must answer 60% of the questions correctly to receive CME credit for this product.*

1. A 29-year-old male patient presents to the emergency department with a 1-day history of acute-onset severe headache and fevers. He states that bright lights and loud noises are bothering him. On examination, he has a temperature of 102.3° F and has nuchal rigidity. He has a past medical history significant only for an appendectomy for appendicitis at age 16.

**What is the appropriate sequence of management?**

- A. First empiric antibiotics, then CT brain, and then lumbar puncture for CSF analysis and culture
- B. First empiric antibiotics, then lumbar puncture for CSF analysis and culture
- C. First CT brain, then lumbar puncture for CSF analysis and culture, followed by empiric antibiotics
- D. First lumbar puncture for CSF analysis and culture, then empiric antibiotics
- E. First CT brain, then lumbar puncture for CSF analysis and culture; give antibiotics only if CSF shows pleocytosis

**Answer:** \_\_\_\_

2. A 67-year-old man presents with 6 months of progressive right shoulder pain. The pain began as a dull ache over his right shoulder; it increased with motion and was initially better with rest and acetaminophen. Over the last 6 months, the pain has progressed to the point that he is having difficulty sleeping and has significant pain and limited range of motion with moving his arm. He has tried ibuprofen, naproxen, and hydrocodone/acetaminophen prescribed by the emergency department and a physician at his clinic. He had a subacromial bursa injection 3 months ago without relief. Currently his pain is 8/10, radiates down the inside of his right arm, and is worse with motion. The patient has smoked 1 pack per day for 35 years. He drinks alcohol occasionally. He has no other significant past medical history, although he has not seen a doctor except for the shoulder pain in over 20 years. On physical exam, his blood pressure is 162/94, heart rate is 92, and he is breathing at 20 breaths per minute. His head and neck exam are normal. He has no lymphadenopathy. His breath sounds are clear to auscultation bilaterally and his cardiac exam is normal. He is holding his right arm up with his left arm. He has pain with internal and external rotation of his shoulder, and his range of motion is limited by pain. He has no redness, warmth, swelling, or tenderness to palpation over his shoulder. He has atrophy of the muscles of his right hand and forearm.

**What is the next appropriate step in the management of this patient?**

- A. Begin oxycodone/acetaminophen and refer to physical therapy.
- B. Repeat subacromial bursa injection.
- C. MRI of the cervical spine.
- D. Chest x-ray.
- E. Begin prednisone 20 mg daily for 2 weeks.

**Answer:** \_\_\_\_

3. A 73-year-old man who receives chronic hemodialysis for ESRD is evaluated for palpitations in the emergency department the night before his usual dialysis. He is noted to be unusually weak but otherwise reports relatively good health in the recent past. He underwent a 3-vessel CABG 3 months ago. On physical examination, his BP is 104/94, and his HR is 38 and apparently regular. His lungs are clear; a soft 1/6 SEM is audible, but heart sounds are otherwise normal. The abdomen is soft, and he has no extremity edema. A STAT bedside BP is ordered, and the results are pending. The ECG reveals tall peaked T waves and a slightly prolonged QRS.

**What is the most appropriate next step?**

- A. Request cardiology and nephrology consults.
- B. Begin an IV calcium infusion.
- C. Admit him for dialysis in the morning.
- D. Start CPR.
- E. Begin an isoproterenol drip.

**Answer:** \_\_\_\_

4. A 27-year-old female has had asthma for much of her life. She is 16-weeks pregnant, and her symptoms seem to be worsening since she became pregnant. She reports nightly symptoms of cough and mild wheezing, as well as dyspnea with any exercise or exposure to cold. She denies smoking and has no pets. She denies any symptoms of gastric reflux (GERD). Her current medications include montelukast 10 mg PO qd and albuterol MDI 2 puffs q 4 h.

**What is the next best step in her management?**

- A. A low-dose oral corticosteroid should be added daily.
- B. A low-dose inhaled corticosteroid should be added daily.
- C. Oral theophylline should be added.
- D. Initiation of treatment with a proton pump inhibitor.

**Answer:** \_\_\_\_

5. A 72-year-old Caucasian male with CAD, HTN, Type 2 diabetes, hyperlipidemia, and renal insufficiency notes insidious and progressive myalgias and weakness. Both arms and legs are affected such that he has great difficulty with walking up the stairs, lifting, and getting out of his car. He denies joint pain or swelling, fever, or recent infection. He drinks a glass of wine at dinner every night. He notes that his cardiologist just changed two of his medicines 6 weeks ago.

**What is the most likely reason for his muscle weakness?**

- A. Diabetic amyotrophy
- B. Statin myopathy
- C. Alcoholic myopathy
- D. Polymyalgia rheumatica
- E. Thiazide vasculitis

**Answer:** \_\_\_\_

6. A 40-year-old with a 3-year history of Type 2 diabetes is establishing care in your office. Her A1c is 8.2% today. She has had no polyuria, but her efforts at diet and exercise have failed. Her BMI is 30. You start metformin, but 3 weeks later she has stopped the drug because of severe diarrhea.

**What should you recommend now?**

- A. DPP-IV inhibitor (DDP4I)
- B. Pioglitazone
- C. Sulfonylurea
- D. Glargine insulin

**Answer:** \_\_\_\_

7. A 64-year-old woman with a history of hyperlipidemia, hypertension, and chronic leg cramps presents to the emergency department with fevers. The patient has been confused for the last two days since the onset of fevers and has trouble providing further history. Review of her medication list shows she is on atorvastatin, chlorthalidone, metoprolol, and quinine. Her physical exam is normal, including her neurologic exam, except for confusion. In the emergency department, a complete blood count shows a WBC of 10.4, a hemoglobin of 9.2, and platelet count of 15. Her basic metabolic panel is normal except for a creatinine of 2.4. Her LDH is 2,500.

**What emergent testing should be done to establish the diagnosis for this patient?**

- A. Head CT
- B. Abdominal CT
- C. Peripheral blood smear
- D. Renal biopsy
- E. Bone marrow biopsy

**Answer:** \_\_\_\_

8. A 22-year-old healthy woman is seen in the emergency department after being sent over from her dentist's office where she'd had her teeth cleaned. She had developed swelling of her lips and tongue, but she was able to breathe comfortably and swallow normally. She reports that she had a similar episode when she was 12 years old, which resolved on its own and did not seem to be triggered by any foods or exposures. In the emergency department, her examination was remarkable only for extreme swelling of the upper lip. Vital signs were normal, and there was no wheezing or stridor. Laboratory testing, including complete blood count, chemistry panel, and coagulation studies, was all normal. She was given epinephrine, steroids, an H<sub>2</sub> blocker, and diphenhydramine and was monitored in the emergency department for airway compromise. She was then sent home with a steroid taper and told to follow-up with an allergist.

**Which of the following would be most helpful to confirm your suspected diagnosis?**

- A. C50 level
- B. Serum eosinophil count
- C. C1 inhibitor and C4 levels
- D. Genetic testing
- E. SPEP/UPEP

**Answer:** \_\_\_\_

9. A 60-year-old man presents with peripheral edema. He has been bothered by this for the past 6 months, but it has become a bit worse in the past 3 weeks. He recently (3 weeks ago) returned from a trip to Thailand. He has no dyspnea or leg pain. PMH: depression, hypertension, GERD. Meds: ranitidine, fluoxetine, nifedipine, hydrochlorothiazide, ginkgo. Exam: BP 120/70, P 70. No elevated JVP. Normal cardiac exam. Extremities 2+ bilateral edema. Labs: Na 135, K 3.4, Cl 98, Bun 10, Cr 1.0, D-dimer 0.2 (normal = < 0.4)

**What is the most likely cause for his edema?**

- A. DVT
- B. Cirrhosis
- C. Fluoxetine
- D. Ranitidine
- E. Nifedipine

**Answer:** \_\_\_\_

10. A 33-year-old man is brought into the emergency department. He was found obtunded on the street. He carries no identification and is unable to provide any history. Upon examination, he is found to have extensive track marks over his bilateral antecubital veins, as well as scarring over his bilateral external jugular veins. His temperature is 101.3° F. He is also found to have oral thrush. His peripheral complete blood count is remarkable for an absolute lymphopenia. His toxicology screen is positive for opiates and cocaine. Naloxone does not result in an improvement in his mental status.

**Which of the following should be done next?**

- A. Bronchoscopy with BAL.
- B. Blood cultures.
- C. Start intravenous piperacillin-tazobactam and vancomycin.
- D. Start raltegravir, tenofovir, and emtricitabine.
- E. CT brain followed by lumbar puncture for opening pressure, CSF analysis, and culture.

**Answer:** \_\_\_\_

## Evaluation / CME Validation: 2014 Video Board Review of Internal Medicine

On a scale of 1 to 5, with 1 being STRONGLY DISAGREE and 5 being STRONGLY AGREE, please rate (and circle) the following regarding your use of this product:

	STRONGLY DISAGREE			STRONGLY AGREE	
The content of this activity met my personal educational objectives	1	2	3	4	5
The <b>stated</b> learning objectives were fully met	1	2	3	4	5
The format and quality of the organization were appropriate for my needs	1	2	3	4	5
The content was free of pharmaceutical/commercial bias	1	2	3	4	5
The content offered a reasonable balance of diagnostic and therapeutic options	1	2	3	4	5

If you answered “disagree” or “strongly disagree” to any of the above questions, please elaborate specifically.

Did this product help identify and remedy any gaps in your medical knowledge and/or clinical judgment skills?

☐ Yes ☐ No

If yes, please elaborate as specifically as you can:

After you used this product, were you able to apply any of what you learned to daily practice?

☐ Yes ☐ No

If yes, please elaborate:

Please assist us in planning future activities by describing any topic areas in which you feel you have a professional practice gap that was **not** covered by this product.

☐ By checking this box, I verify that I am claiming \_\_\_\_\_ *AMA PRA Category 1 Credits™* (1 hour = 1 credit; maximum credits: 61)

Date (which will appear on your CME certificate): \_\_\_\_\_

Signature: \_\_\_\_\_

*Thank you!* To submit this application, do one of the following:

- 1) Fax this completed form to (719) 520-5973; or
- 2) Mail this completed form to: MedStudy CME 1455 Quail Lake Loop Colorado Springs, CO 80906; or
- 3) Email this completed form to [cme@medstudy.com](mailto:cme@medstudy.com)

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