Module C Post Test

**Question 1:** Which of the following is an example of optimal provider etiquette?

A. Addressing the patient generically, never by their name  
B. Introducing yourself by full name only, never by title  
C. Wearing a name badge at chest level, never on the waist  
D. Describing the procedure while avoiding discussion of risks  

**Answer:** C. Identification should be worn at the level of the chest [1]

**Question 2:** Which of the following lists includes the essential components of informed consent?

A. A description of short term risks and benefits as well as alternatives  
B. Description of the procedure, short and long term risks as well as benefits and alternatives  
C. A description of the procedure, short and long term risks and alternatives  
D. Procedure description, short and long term risks as well as benefits  

**Answer:** B. Informed consent includes procedure description, risks, benefits and alternatives [2]

**Question 3:** Which of the following lists the correct order of events for a lumbar puncture?

A. Informed consent, site marking, time-out, local anesthesia, lumbar puncture  
B. Site marking, informed consent, time-out, local anesthesia, lumbar puncture  
C. Informed consent, time-out, site marking, local anesthesia, lumbar puncture  
D. Informed consent, site marking, local anesthesia, time-out, lumbar puncture  

**Answer:** A. The Joint Commission’s has recommended a universal pre-procedure protocol [3, 4]. “The correct site must be marked for all invasive procedures involving multiple structures or levels (spine)... For spine procedures, the general region may be marked, but the exact level should be determined with intraprocedural imaging [3, 4]. Informed consent should always be performed first (not B), and site marking should be performed before entrance to the fluoroscopic suite (not C). Before the start of the procedure, a time-out should be performed (not D).

**Question 4:** Which of the following describes appropriate hand hygiene standards?

A. Visibly clean hands are not washed and then sterile gloves are worn  
B. Visibly clean hands are washed with an alcohol based hand rub and the procedure is performed without sterile gloves  
C. Visibly dirty hands are cleaned with an alcohol based hand rub before putting on sterile gloves  
D. Visibly dirty hands are cleaned with soap and water and then sterile gloves are worn
**Answer:** D. Visibly dirty hands should be washed with soap prior to putting on gloves. If hands are not visibly soiled, hand decontamination with alcohol-based hand rub is the preferred method [5]

**Question 5:** Which of the following is not currently recommended for infection control when performing a lumbar puncture?

A. Sterile gloves  
B. Face mask  
C. Full body drape  
D. Hand washing  

**Answer:** C. Full body drape is not necessary when performing lumbar puncture [6]

**Question 6:** What is the best practice for antiseptic sterilization of the procedure site?

A. Iodine containing solutions  
B. Soap and water  
C. Alcohol based solutions  
D. Chlorhexidine containing solutions  

**Answer:** D. Chlorhexidine is currently recommended by multiple societies for regional procedures such as lumbar puncture [7]

**Question 7:** A physician suffers a needle stick injury while performing a lumbar puncture. On review of the procedure technique, which of the following would be considered a preventable injury (i.e. due to deviation from safe practices)?

A. The needle stick occurred when the patient suddenly moved during injection of local anesthetic  
B. The needle stick occurred while attempting to dispose of a needle with a safety device which had not been activated  
C. The needle stick occurred while attempting to access a multi-dose vial with a sterile needle  
D. The needle stick occurred when the physician tripped walking to the sharps container  

**Answer:** B. Needle safety devices should be activated immediately after use. All of the other situations could happen when using appropriate technique and represent random events [6]
REFERENCES


7. Sviggum HP, Jacob AK, Arendt KW, Mauermann ML, Horlocker TT, Hebl JR. Neurologic complications after chlorhexidine antisepsis for spinal anesthesia. *Regional anesthesia and pain medicine* 2012; 37:139-144