

CPD Challenge

Questions

Were you paying attention? Test your retention on issues raised in this issue of AHJ. You can quietly test yourself or – and we are particularly keen on this – you could make it a part of the foundation of a journal club in your department or health institution. Lifelong learning is a collaborative exercise and the whole health team can be positively stimulated by being involved in such discussion.

1. Which of the following statements are TRUE or FALSE concerning radical malaria treatment?

- The only widely available drug that is effective in preventing *Plasmodium vivax* relapses is primaquine.
- Adherence to the 14 day primaquine regimen for *p.vivax* treatment is usually very good.
- Patients enrolled on primaquine treatment should be checked to ensure that they have normal glucose-6-phosphate dehydrogenase profiles.
- Relapse is considered when symptomatic malarial *P. vivax* parasitaemia is detected within 12 months of follow-up.
- There is a growing body of evidence that a radical shorter course of primaquine for 7 days can effectively prevent relapses of *p.vivax* malaria.

2. Please indicate which of the following statements are TRUE or FALSE regarding safe sleeping position for pregnant mothers.

- A supine sleeping position in the third trimester is associated with an increased risk of late stillbirth.
- A supine sleeping position may be associated with fetal growth restriction.
- There is no association between the sleeping position of pregnant women and infant birth weight.
- Going to sleep in the supine position in late pregnancy may be associated with reduced birth weight and birth weight centile.
- All women should be encouraged to sleep on their sides in the third trimester of pregnancy to help optimize fetal birth weight.

3. Please indicate TRUE or FALSE statement regarding the role of Vitamin D deficiency in tuberculosis

- There is no relationship between vitamin D and host susceptibility to TB
- Individuals with low levels of vitamin D have a higher risk of future progression to TB disease.
- TB disease is highest among HIV-positive individuals

with severe vitamin D deficiency.

- Vitamin D deficiency is not a risk factor for developing TB disease.
- Presently there is enough evidence to suggest that vitamin D supplementation acts to reduce the risk of tuberculosis.

4. Please indicate TRUE or FALSE statement regarding induction of labour at 41 versus 42 weeks

- Adverse perinatal outcomes and increased risk of stillbirth are known to increase after 40 week's gestation.
- Induction offered at 42 weeks of gestation is not associated with any worse levels of complications compared to those done earlier.
- There is reduced perinatal mortality and no increase in adverse maternal outcomes for induction done at 41 weeks of gestation.
- Induction of labour should always be offered at no later than 41 weeks to help reduce complications such as stillbirth.
- All the above are TRUE

5. Which of the following is TRUE or FALSE concerning Physician depression and medical errors

- There is no association between depressive symptoms in doctors and the risk of medical errors.
- There is overall increased relative risk for medical errors among doctors with a positive screening for depression.
- There is a bidirectional association between depressive symptoms in doctors and medical errors, with a stronger association seen for depressive symptoms with increase in subsequent medical error.
- Interventions aimed at reducing physician depressive symptoms might mitigate the risk of medical errors, improve physician well-being, and patient outcomes.
- All the above are TRUE.

Answers

1. a. TRUE; b. FALSE; c. TRUE; d. TRUE; e. TRUE;
 2. a. TRUE; b. TRUE; c. FALSE; d. TRUE; e. TRUE;
 3. a. FALSE; b. TRUE; c. TRUE; d. FALSE; e. FALSE;
 4. a. TRUE; b. FALSE; c. TRUE; d. TRUE; e. FALSE;
 5. a. FALSE; b. TRUE; c. TRUE; d. TRUE; e. FALSE

VHTs: saving lives



A member of a Village Health Team administering malaria treatment to a community member in Uganda.



See Opinion by Francis Omaswa, page 7.

Africa HEALTH JOURNAL

Guidelines for authors and contributors

Africa Health Journal (AHJ) is a review journal that does not publish original articles with some exceptions. The target audience is frontline health practitioners and policy makers in governments. Teachers and students in academic institutions will also find the content of the AHJ of interest. Online and print editions are published quarterly. There are also dedicated social media platforms with a big following from a global audience.

The journal seeks to cover a wide range of subjects from clinical care topics to health services management, education, and has a section on CPD related to the content in the current issue. The AHJ covers anything of relevance to a busy physician or senior health professional practising in Africa.

Articles of 1800-2100 words are most commonly published. Illustrations and photographs are important, (we deliberately try not to be too text intensive) and these are best sent as JPEG or PDF files (please submit high resolution (300dpi) CMYK illustrations and photographs. Images taken from websites are of a low resolution and not suitable for print.

Please send the article by email to africa-health@achest.org. Articles should be saved as a Microsoft Word document. Illustrations and photographs should be sent as additional attachments to the Word document.

Referencing should be numerical and in the Vancouver style. If you prefer, it is acceptable to simply append a list of 'For further reading' rather than adopting the more formal referencing style.

Please note that all articles submitted to Africa Health are deemed to have been offered exclusively to the journal, unless otherwise stated. Copyright in papers published will be vested in the publishers. The Editor reserves the right to shorten or to make other alterations to articles at his discretion.

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