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2022 -2024 Ethics CME Adolescent Substance Abuse AND Culturally effective Healthcare (One Hour Each) in Oct 2022 for next Biennial Period

1 message

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ADOLESCENT SUBSTANCE USE

PRE-TEST

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1) The American Academy of Pediatrics notes that "it is common for adolescents and young adults to try psychoactive substances" and has called for an increase in what practice by health-care professionals, including pediatricians and the medical home?

- a) Surveillance for evidence of substance use.
- b) Substance use screening, brief intervention, and referral to treatment.
- c) Anticipatory family counseling.
- d) Random drug testing of at-risk youth.

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2) Mild to moderate substance use disorder is characterized by which of the following?

- a) Use in social situations, on weekends.
- b) Use at predictable times and without related problems.
- c) Use in high-risk situations, associated with a problem, or for emotional regulation.
- d) Use that is compulsive, without regard to consequences.

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3) True or false: Alcohol is the substance most used by adolescents, and earlier initiation into its use directly relates to higher lifetime substance use and frequency.

- a) True.
- b) False.

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4) When risk factors for substance use disorders are present in an adolescent who is using substances, the health-care provider should refer the patient for treatment. Genetic factors account for approximately half the likelihood that an individual will develop addiction. Which other risk factors for substance use and addiction should be considered?

- a) Mental illness; a history of abuse or trauma.
- b) Difficulty with academics; loss of friends.
- c) Authoritarian parenting; cultural isolation.
- d) Being female; poor economic outlook.

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5) SBIRT (screening, brief intervention, and referral to treatment) starts with a short three-question interview. If the adolescent answers no to all questions, how does the provider proceed?

- a) Provide brief advice.
- b) Ask "Car" question in the CRAFFT questionnaire.
- c) Confirm answers with a parent.
- d) Both a. and b.

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6) Synthetic cathinones, or bath salts, are in the same category of illicit substances as synthetic cannabinoids: new psychoactive substances (NPS). Select the correct statement about NPSs.

- a) NPSs are unpredictable in their content and dosage effects.
- b) NPSs are sold in paraphernalia shops, novelty stores, and service stations and on the internet.
- c) NPSs are intended to copy the effects of illegal drugs in the guise of being harmless and "natural."
- d) All of the above.

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7) Seventeen-year-old Karl comes to his Texas Health Steps checkup with bloodshot eyes and looking gaunt. His characteristic well-groomed appearance has deteriorated as well. His hair is wet and unkempt, and he wears a tattered T-shirt. Are the changes in Karl's appearance red flags for substance use?

- a) The changes are red flags and indicate substance use.
- b) The changes are not red flags for substance use.
- c) The changes are consistent with behavior that all adolescents go through.
- d) The changes are red flags but are not diagnostic of substance use disorders. The provider should screen for substance use to clarify the matter.

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8) On the spectrum from mild to severe substance use disorders, addiction is _____.

- a) In the midrange
- b) The most untreatable
- c) Often diagnosed incorrectly
- d) The most severe form

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9) Why does the primary care provider integrate the family into an adolescent's treatment for substance use disorder?

- a) Most parents know when their child is using substances and are willing to participate.
- b) The behavior of each family member is interrelated, and families self-regulate with a primary need to maintain balance.
- c) Siblings also need treatment because genetics indicate that half of them will have substance use disorders themselves.
- d) A family integrated in treatment is better able to keep disease issues from the attention of others.

CULTURALLY EFFECTIVE HEALTH CARE

PRE-TEST SCORE 100%

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1) Health-care providers may be so familiar with the culture of the medical profession that they don't realize patients and families may not share the same understandings, values, and priorities. The culture and language of patients and their families may impact their health status and health outcomes. What else can their unique culture and language influence?

- a) Belief systems about health, healing, and wellness.
- b) Perceptions of illness and disease as well as their causes.
- c) Attitudes toward health-care professionals.
- d) All of the above.

2) Which of the following BEST characterizes being culturally effective when providing health care?

-
- a) Making an effort to communicate in the preferred language of your patient/caregiver.
-
- Having the ability to function competently and respectfully within the cultural beliefs, behaviors, and needs of patients, families etc.**
-
- c) Exhibiting attitudes and policies that adhere to mores of other cultures even when you don't agree with them.
-
- d) Being of like mind philosophically and politically with the majority of your patients and their caregivers from other cultures.

3) Tran, a 7-year-old boy whose parents are from Vietnam, comes to your clinic with reactive airway issues. When you listen to the boy's lungs, you observe small circular purple bruises on his back. How might you approach the situation in a culturally effective manner?

-
- a) Call Child Protective Services because you suspect Tran is being abused.
-
- b) In a private room with a colleague, confront Tran's mother about the bruises.
-
- c) Learn a conversational form of Vietnamese so you can converse with Tran and his mother more easily.



d) Consider the family's cultural beliefs about health and healing and ask whether traditional medical treatments such as cupping may have been tried for Tran's condition.

4) Which of the following is NOT an ethical duty of physicians, according to the American Medical Association principals of medical ethics?



a) To voluntarily treat patients in opposition to personal cultural beliefs in non-emergency situations.



b) To provide effective and compassionate medical care.



c) To respect the rights of patients, colleagues, and other health-care professionals.



d) To safeguard patient confidences and privacy within the constraints of the law.

5) Based on the landmark LEARN model, what steps can providers take to use professional ethics in the delivery of culturally effective health care?



a) Point out differences in how an ailment is characterized and proceed to treat the patient using conventional protocols.



b) Downplay cultural disparities by exhibiting empathy, confidence, and calm bedside manner.



c) Listen to patients and their caregivers, show vulnerability, and engage other health-care providers for support when challenged.



d) Listen to patients and their caregivers, explain your perception of the patient's problem, and acknowledge cultural similarities and differences in that perception.

6) Which of the following is the BEST description of informed consent?

a) When a physician assumes decision-making for a patient because the physician has the best knowledge of a patient's situation.

b) When a patient or their caregiver agrees to treatment or a procedure based on a clear understanding of the relevant facts and potential consequences.

c) When a patient or their caregiver is informed about the costs of the medical procedure and whether Medicaid will cover it.

d) When a patient who is mentally competent consents to allow the physician to make any decisions about their care.

7) Kaylee is in your office with her mother for the 15-year Texas Health Steps medical checkup. During your private discussion time with Kaylee, she says she has missed three menstrual periods and believes she is pregnant. Kaylee and her boyfriend want to keep the baby, but are not yet ready to tell Kaylee's mother. Kaylee asks for a confidential pregnancy test. Are you required to inform Kaylee's mother about the pregnancy test and results?

a) Yes. In Texas, girls age 17 years and younger cannot give their own consent for prenatal treatment.

b

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give their own consent for prenatal treatment.

8) Informed consent forms can be lengthy and difficult for patients and caregivers to read. Health-care providers must verify that the patient or caregiver can read in the language and at the literacy level of the form. How can a health-care provider ensure that patients and families are properly informed?

a) Take the time to read through the form with the patient and their caregivers, and translate it to the best of your ability.

b) If the patient or their caregivers do not read English well, provide either a form translated into their preferred language or use a professional interpreter as you read the form.

c) As a first option, allow a family member to translate the text of the form.

d) Bring in a member of your staff to orally present the contents of the informed consent form, and answer questions as you go.

9) The American Academy of Pediatrics 2013 policy statement on providing office-based care for patients who are lesbian, gay, bisexual, transgender, or questioning states: "Pediatricians' offices should be teen-friendly and

welcoming to all adolescents, regardless of sexual orientation and behavior...” In addition, what does the policy statement say about office administration?

a) Unisex restrooms should be available regardless of state law.

b) Hiring guidelines should include the requirement that office staff sexual orientation demographics match those of patient demographics.

c) Members of office staff are trained in being teen friendly and office forms do not presume heterosexuality of patients or parents.

d) Interaction between staff and patients should be monitored by a designated employee to ensure cultural effectiveness.

10) Which of the following statements BEST describes the responsibility of an interpreter in the health-care setting?

a) Professional interpreters follow agreed-upon basic protocols and abide by standards of confidentiality.



b) The role of a professional interpreter is to repeat the provider's main points in the patient and caregiver's preferred language.



c) Interpreters keep eye contact with the health-care provider at all times, so that they can best determine what the patient is saying.



d) The interpreter has a role in making sure the family understands the risks of declining a procedure, except when a family has a cultural or religious opposition.

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