

Research Awards

Research Awards Presented During TraumaCare 2002–Scandinavia *Eldar Søreide, MD, PhD, and Hans Morten Lossius, MD*

ITACCS Scientific Awards *First Prize – US\$2000*

The Scottish Trauma Audit Group (STAG) received first prize for their multidisciplinary work involving the collection and publication of national trauma process and outcome data (abstracts, fall 2002 issue, p. 30; winter 2003 issue, pp. 18 and 20). The data are used to improve trauma management throughout Scotland. STAG's work has obvious relevance to similar initiatives in other countries.

Second Prize – US\$1250

Second prize was awarded to the Vienna Red Cross Research Institute from Vienna, Austria. This group presented several studies on the topics of the use of acupuncture for acute pain management (abstract, fall 2002 issue, p. 33) and oxygen to prevent motion sickness in ambulances (abstract, p. 19).

Third Prize – US\$750

Dr. Stephano Di Bartolomeo from Udine, Italy, won third prize for research carried out within the cooperative bodies of the North-Italian Trauma Audit and Italian Resuscitation Council. Using epidemiologic data, this group described problems and limitations related to prehospital ALS, while also seeking ways to improve quality of care (abstract, p. 17).

ITACCS In-Training Research Awards *First Prize – US\$750*

Dr. Akiyoshi Hariwara received first prize for his presentation of the successful multidisciplinary team approach used for complicated pelvic injuries (abstract, p. 15).

Second Prize – US\$250

Dr. K.J. Labori from Ullevall University Hospital, Oslo, Norway, received second prize for his study of the prognostic value of pronounced jaundice in severely injured patients (abstract, p. 6).

Akuttjournalen Research Award for Best Scandinavian Research Paper – NOK 5000

Drs. B. Pålsson (Lund University Hospital) and C. Hammarlund (Malmö University Hospital) received an award for their study on missed injuries in trauma ICU patients (abstract, fall issue, p. 40).

Akuttjournalen Research Award for Best International Research Paper – NOK 5000

The Trauma Audit and Research Network (TARN) in England has led the way in Europe in regard to building national trauma databases and publishing the results. TARN's new study of lack of change in process and outcome of trauma care in England and Wales may be interpreted in many ways: first, the reassuring news that only relatively simple aspects of the initial management need to be improved and standardised to improve survival; second, further improvement in process of care is not simple to detect by using improved odds ratio of survival (abstract, fall 2002 issue, p. 30).

CONTINUING MEDICAL EDUCATION

This issue of *TraumaCare* can be used to earn 10 CME credit hours.

Accreditation Statement

This activity has been planned and produced in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of the International Trauma Anesthesia and Critical Care Society (ITACCS). ITACCS is accredited by the ACCME to sponsor continuing medical education (CME) for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

Nurse Anesthetists/CRNAs: Please apply to AANA for post-activity continuing education credits. Certificates of completion will be provided.

Credit Designation Statement: ITACCS designates this educational activity for a maximum of 10 hours per issue in category 1 credit toward the AMA Physician's Recognition Award.

Faculty Disclosure Statement

It is the policy of ITACCS that faculty members disclose real or apparent conflict of interest relating to the topics of this educational activity and also disclose discussions of unlabeled/unapproved uses of drugs or devices in their presentations. The authors' completed disclosure forms are on file in the managing editor's office.

INSTRUCTIONS

- On the answer form at the bottom of page 51, circle only one response next to each number.
- Complete the evaluation form.
- Cut out or copy your completed answer form and evaluation form.
- Write a check for \$150 (or \$75 accompanied by verification of current ITACCS membership), payable to the International Trauma Anesthesia and Critical Care Society.
- Mail the forms and your check (and membership verification, if applicable) to ITACCS, Department of CME Credit, PO Box 4826, Baltimore, MD 21211.
- The completed test will be accepted for grading if received by March 31, 2004.
- Please allow 4 to 6 weeks for processing.

CME QUESTIONS

1. The onset of acute lung injury (ALI) in trauma patients has been related to which of the following factors:
 - a. severity of injury
 - b. specific type of trauma
 - c. hypotension
 - d. metabolic acidosis
 - e. all of the above
2. Reduced host defense and subsequent secondary infections, e.g., pneumonia, wound infection, and sepsis, typify which one of the three post-trauma phases?
 - a. The initial phase (24 hours)
 - b. The second intermediary phase (days 2–7)
 - c. The late phase (>day 10)
3. In patients receiving enteral or parenteral nutrition, septic morbidity is probably more related to increased energy intake and hyperglycaemia than the route of feeding.
 - a. True
 - b. False
4. In a study of trauma patients with severe jaundice at Ullevaal University Hospital in Oslo, fatal outcome was predicted by
 - a. number of blood units transfused
 - b. progressive severe jaundice lasting more than 10 days
 - c. a drop in serum bilirubin level
 - d. systemic hypertension
 - e. all of the above
5. Tachycardia, often associated with hypovolemia, is a dependable parameter for preloaf status in trauma patients.
 - a. True
 - b. False
6. In the treatment of acute renal failure, alkalization until urine pH is >6.5–7.0 is recommended because
 - a. It prevents myoglobin accumulation in the kidney.
 - b. It increases the solubility of the myoglobin-protein (Tamm Horsfall proteins) complex.
 - c. It is accompanied by tubular washout of myoglobin casts.
 - d. Neither a, b, nor c.
 - e. For each reason cited as a, b, and c.
7. During interhospital transport of patients with brain injury, which of the following methods is used to facilitate control of intracranial pressure?
 - a. Hyperventilation
 - b. "Head-of-bed-up" position
 - c. Intermittent bolus dosing
8. A meta-analysis of clinical trials involving administration of hypertonic-saline dextran (Rescueflow®) revealed statistically lower mortality in which groups of trauma patients?
 - a. Patients with head trauma
 - b. Patients with penetrating trauma requiring surgery
 - c. Patients requiring long prehospital transport times
 - d. a and b
 - e. b and c
9. The most common cause of death in severely injured patients with morbid obesity who survive 24 hours post injury is
 - a. Head injury
 - b. Sepsis
 - c. Pulmonary failure
 - d. Pulmonary embolism
 - e. Cardiac arrhythmia

Questions continue on page 27