# JOURNAL-BASED LEARNING EXERCISES



Please select your choice of correct answers and complete the exercises online at: www.ibms.org/cpd/jbl

DEADLINE WEDNESDAY 2 SEPTEMBER 2020					
Reflections on leadership in the time of COVID-19 Stoller JK. BMJ Leader 2020; 0: 1–3. doi:10.1136/leader-2020-000244 (https://bmjleader.bmj.com/content/early/2020/04/07/leader-2020-000244). Assessment No: 060920					
01	It is important to be proactive during this current pandemic to face developing challenges.	11	The pandemic provides opportunities for the development of scientific and epidemiological studies of the novel virus.		
02	You should not rush into implementing any actions rapidly during a crisis.	12	An event such as this pandemic is a challenge for any model and hypothesis on leadership skills and techniques.		
03	A problem with communications is that it is possible to think that communications have happened when they actually have not.	13	Established governance structures should not find situations like the COVID-19 pandemic to be testing.		
04	Leaders should still be careful not to appear optimistic during crises.	14	Romer states that it is very wrong to waste a crisis.		
05	In a crisis situation like the pandemic, leadership competence is vital.	15	The Cleveland Clinic did not prioritise telling staff about the incident command team structure.		
06	Virtual meetings are a good way to continue communications in challenging situations and link all stakeholders.	16	It is important not to act quickly or you can make mistakes, which is unforgivable.		
07	It is true that the COVID-19 pandemic has engendered a sense of urgency.	17	It is impossible to live with the current situation and have any optimism about the future.		
08	It is unlikely that any examples of spontaneous leadership will arise.	18	Maintaining a supply chain for critical equipment has emerged as vital.		
09	Kouzes and Posner's model provides a way for leaders to be responsive.	19	During this crisis, it is not possible to keep staff psychologically safe.		
10	It is not possible to learn lessons early in the pandemic.	20	There was felt to be a real need for the USA to improve testing capacity at the time of writing.		
REFLECTIVE LEARNING					
01	Does your departmental or organisational contingency plan adequately prepare for anything like a pandemic or influenza epidemic, and, if not, how would you amend it?	02	What impact will or could the pandemic have on how your department functions going forwards: have changes been implemented that are beneficial?		

Harvala H, Broberg E, Benschop K <i>et al. J Clin Virol</i> 2018; <b>101</b> : 11–7. doi: 10.1016/j.jcv.2018.01.008. Assessment No: 060620						
01	Serological testing has no role at all in diagnosing enterovirus infection.	11	Detectable virus is shed in faecal and respiratory samples in patients with aseptic meningitis caused by enterovirus.			
02	Enterovirus EV-A71 is associated with outbreaks of foot and mouth disease.	12	Detection of an enterovirus in a faecal sample from an immunocompromised patient may not be indicative of an acute infection.			
03	In the cerebrospinal fluid (CSF) of patients with enterovirus meningitis, pleocytosis with increased lymphocyte count is invariably seen.	13	There is a low risk of transmission of enteroviral haemorrhagic conjunctivitis between patients.			
04	In laboratories that cannot do routine reverse transcriptase PCR, serological tests to detect acute enterovirus infection are an acceptable alternative.	14	Sequencing of the VP1 capsid protein is the "gold standard" for typing enteroviruses, and it has good correlation with previous neutralisation assay results.			
05	Use of the highly conserved 5'NCR region as the primer site is intended to allow reverse transcriptase PCR to detect all enterovirus types.	15	Use of type-specific assays is not recommended during outbreaks, due to wide sequence variations in the circulating virus.			
06	Enteroviruses which infect humans are classified into three species.	16	Some RT-PCR methods using 5'NCR targets have sensitivity and specificity issues.			
07	Testing of respiratory samples is recommended to aid diagnosis of all types of enterovirus infection except conjunctivitis.	17	If typing of VP1 capsid protein is not successful, sequencing of VP4 alone is always a suitable alternative.			
08	Enterovirus-associated acute flaccid paralysis and acute flaccid myelitis are distinct clinical conditions.	18	Most enteroviruses grow well in monkey kidney and human fibroblast cell lines.			
09	Severe respiratory disease is a complication associated with infection by some enterovirus types including EV-D68.	19	Possible causes of acute flaccid paralysis include EV-D68, EV-A71 and poliovirus.			
10	Before the advent of molecular testing, laboratory confirmation of enterovirus infection sometimes involved culture in suckling mice.	20	The incubation time for infection with most species of enterovirus is less than a week.			
REFLECTIVE LEARNING						

02

Using named examples, discuss the pathogenesis of enteroviral infections.

Critically evaluate the role of laboratory collaboration in the detection of, and surveillance for, novel viral infections.

### IBMS RESOURCES

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is easy to use and meets the requirements for achieving and maintaining professional registration. The scheme is now electronic, so recording, amending and validating are all carried out online.

## Journal-Based Learning (JBL)

IBMS JBL involves reading and answering questions based on articles in scientific journals. It is an excellent way to learn about scientific

advances and techniques as part of CPD.

#### Reading resources

IBMS reading lists, textbooks and journals support learning and development.