

Reading Paper

Exam Center _____
Date of test _____
Test-taker ID _____

<http://medicalenglishtests.eu/>



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Read the article below, then according to what you have read complete Task Sheet 1.

Proposal

(1) This proposal represents a five-year curriculum and research plan designed to transition the candidate to an independent investigator in clinical research. During the five years the candidate will complete coursework relevant to the project and will execute the research plan. Infection is one of the leading causes of morbidity and mortality in residents of long-term care facilities (LTCFs). As a result, LTCF residents are exposed to large numbers of antimicrobial agents but use of antimicrobials in LTCF residents is often suboptimal due to difficulty in distinguishing acute infection from colonization and due to the increased likelihood of inaccurate or inappropriate antibiotic prescribing in LTCF residents (for example due to increased presence of antimicrobial resistance).

(2) The emergency department (ED) is a common site for treatment of infection in LTCF residents, particularly those most severely ill. Comprehensive programs to address problems of antimicrobial use for LTCF residents in the ED are currently lacking. The conceptual framework for the study is borrowed from the literature on antimicrobial stewardship programs (ASPs), empiric antibiotic treatment, and LTCF infection control guidelines. ASPs have been successfully implemented in inpatient populations to improve antimicrobial prescribing practices and outcomes with resulting decreases in resistance and side effects. This study expands their use to a high-risk ED population with the goal of incorporating both improved diagnostic accuracy and empiric antimicrobial prescribing. Current LTCF infection control guidelines recommend that acute infection be diagnosed in LTCF patients only when they meet specific criteria in order to differentiate active infection from colonization and prevent overuse of antibiotics. These guidelines were developed for use in the LTCFs themselves and have not yet been studied in the ED or inpatient settings. As failure to differentiate acute infection from colonization in the ED may lead to inappropriate antibiotic use, validating diagnostic guidelines in the ED setting is an important step towards appropriate antimicrobial stewardship. Another key concept of these studies is efficiency, driven primarily by Health Information Technology (HIT). In an era of limited resources utilizing pre-existing HIT systems and information will allow extension of ASPs to novel clinical settings and populations.

(3) The majority of moderately- to severely-ill LTCF patients receive their initial diagnosis and initiation of antimicrobials in the ED. To improve care of this high-risk population, our overall objective is to develop and implement an antimicrobial stewardship program (ASP) based on use of health information technology (HIT) for ED LTCF patients that will result in improvements both in accuracy of diagnosis and in correct antimicrobial prescribing. To achieve this objective, we will conduct two projects with the following Specific Aims: Specific Aim 1 (ED-observational): To develop a validated definition for acute infection and to identify antimicrobial stewardship needs in ED LTCF patients. Specific Aim 2 (ED-interventional): To test the effect of implementing a health information technology (HIT)-based ASP for ED-LTCF patients on diagnosis and treatment of acute infection.

(4) For Specific Aim 1, the project (SA1: ED-observational) will consist of a prospective observational cohort study of ED LTCF patients. It will be used to validate definitions for the presence of acute infection in ED LTCF patients (as distinct from colonization), establish baseline rates of need for ASP interventions, and develop data required to construct specific antimicrobial recommendations and an ASP for ED LTCF patients. For Specific Aim 2, a prospective, interventional trial (SA 2: ED-interventional) will be conducted in which an ASP program tailored to ED LTCF patients will be devised and implemented. This phase will rely on the use of a real-time web-based health information technology (HIT) decision support tool to provide the intervention. It will include factors such as the suggested algorithms for diagnosing an acute infection in LTCF patients, a newly developed antibiotic by site grid, patient specific past culture results, patient specific data on hepatic and renal function with recommended dosing, and formulary restrictions. Outcomes will include accuracy of diagnosis, appropriateness of empiric antibiotics, and ongoing requirements for ASP intervention.

(649 words)

source: https://www.saem.org/docs/default-source/saem-documents/research/k23-nia-2010-caterino.pdf?sfvrsn=c71d09fd_2

TASK SHEET 1

1) Match the phrases expressing the message of a given paragraph (A-F) with the appropriate number indicating the paragraph (1 - 4). There are two options that do not match any of the paragraphs.

A	details of the action proposed	
B	the applicant’s scientific background	
C	proposed measures to be taken to solve the problems	
D	necessity and expected outcome of the proposed project	
E	the current state of affairs the project proposes to change	
F	time schedule for the action proposed	

/4 points

2) Choose the best answer (A, B, C, or D) in each question according to what you have read by putting a cross in the box of your choice.

Q01

<input type="checkbox"/>	A	The proposal requires the author to gain experience in clinical research within five years.
<input type="checkbox"/>	B	The proposal requires the chief investigator to gain experience in clinical research within five years.
<input type="checkbox"/>	C	The proposal offers the opportunity for any candidate to gain experience in clinical research within five years.
<input type="checkbox"/>	D	A period of five years is proposed to the author to become a candidate investigator in clinical research.

Q02

<input type="checkbox"/>	A	Infection is a major risk factor for people living in long-term care facilities.
<input type="checkbox"/>	B	Infection in long-term care facilities is caused by suboptimal use of antimicrobial agents.
<input type="checkbox"/>	C	Infection in residents of long-term care facilities is due to colonization.
<input type="checkbox"/>	D	Infection in long-term care facilities is likely to appear in all residents due to inappropriate antibiotic prescribing.

Q03

<input type="checkbox"/>	A	Residents of LTCF placed into the Emergency Departments are most severely ill.
<input type="checkbox"/>	B	Infection of residents of LTCF is often treated in the Emergency Department.
<input type="checkbox"/>	C	Emergency Departments where LTCF residents could be treated are currently lacking.
<input type="checkbox"/>	D	Following LTCF infection control guidelines is possible only in Emergency Departments

Q04

	A	The guidelines for treating infection in LTCF residents are used in Emergency Departments.
	B	The guidelines for treating infection in LTCF residents are used in inpatient settings.
	C	Validating diagnostic guidelines in the EDs of LTCFs is a crucial step of infection control.
	D	In the EDs of LCTFs the differentiation of acute infection from colonization fails.

Q05

	A	Health Information Technology plays an important part in efficiency .
	B	Health information Technology is considered to be a limited resource.
	C	Already available Health Information Technology utilizes limited resources.
	D	Already available information allows for the use of Health Information Technology.

Q06

	A	Diagnostic accuracy is thought to facilitate the development of Antimicrobial Stewardship Programs.
	B	Antimicrobial Stewardship Programs are expected to facilitate diagnostic accuracy and improved drug prescribing.
	C	Diagnostic accuracy is expected to facilitate correct antimicrobial prescribing.
	D	Correct antimicrobial prescribing can facilitate the introduction of Antimicrobial Stewardship Programs.

Q07

	A	Specific Aim 1 is expected to result in the validation of the definition of acute infection in ED LTCF patients.
	B	Specific Aim 1 is planned to be achieved in a study both observational and interventional.
	C	Specific Aim 2, if achieved, will result in the development of a general Antimicrobial Stewardship Program.
	D	Specific Aim 2, if achieved, will result in elaborating an algorithm of diagnosing both types of infection in LTCF residents.

Q08

	A	As a result of an observational trial an Antimicrobial Stewardship Program will be devised and implemented.
	B	A real-time web-based health information technology decision support tool will be used as part of Specific Aim 1.
	C	A real-time web-based health information technology decision support tool will be used as part of Specific Aim 2.
	D	Patient specific past culture results are the basis for providing the appropriate intervention.

/8 points

Points:

1) Match the phrases expressing the message of a given paragraph (A-F) with the appropriate number indicating the paragraph (1 - 4). There are two options that do not match any of the paragraphs.

A	details of the action proposed	4
B	the applicant's scientific background	-
C	proposed measures to be taken to solve the problems	3
D	necessity and expected outcome of the proposed project	1
E	the current state of affairs the project proposes to change	2
F	time schedule for the action proposed	-

/4 points

2) Choose the best answer (A, B, C, or D) in each question according to what you have read by putting a cross in the box of your choice.

Q01

<input type="checkbox"/>	A	The proposal requires the author to gain experience in clinical research within five years.
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<input type="checkbox"/>	D	A period of five years is proposed to the author to become a candidate investigator in clinical research.

Q02

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<input type="checkbox"/>	C	Infection in residents of long-term care facilities is due to colonization.
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Q03

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<input type="checkbox"/>	C	Emergency Departments where LTCF residents could be treated are currently lacking.
<input type="checkbox"/>	D	Following LTCF infection control guidelines is possible only in Emergency Departments.

Q04

	A	The guidelines for treating infection in LTCF residents are used in Emergency Departments.
	B	The guidelines for treating infection in LTCF residents are used in inpatient settings.
x	C	Validating diagnostic guidelines in the EDs LTCFs is a crucial step of infection control.
	D	In the EDs of LCTFs the differentiation of acute infection from colonization fails.

Q05

x	A	Health Information Technology plays an important part in efficiency .
	B	Health information Technology is considered to be a limited resource.
	C	Already available Health Information Technology utilizes limited resources.
	D	Already available information allows for the use of Health Information Technology.

Q06

	A	Diagnostic accuracy is thought to facilitate the development of Antimicrobial Stewardship Programs.
x	B	Antimicrobial Stewardship Programs are expected to facilitate diagnostic accuracy and improved drug prescribing.
	C	Diagnostic accuracy is expected to facilitate correct antimicrobial prescribing.
	D	Correct antimicrobial prescribing can facilitate the introduction of Antimicrobial Stewardship Programs.

Q07

x	A	Specific Aim 1 is expected to result in the validation of the definition of acute infection in ED LTCF patients.
	B	Specific Aim 1 is planned to be achieved in a study both observational and interventional.
	C	Specific Aim 2, if achieved, will result in the development of a general Antimicrobial Stewardship Program.
	D	Specific Aim 2, if achieved, will result in elaborating an algorithm of diagnosing both types of infection in LTCF residents.

Q08

	A	As a result of an observational trial an Antimicrobial Stewardship Program will be devised and implemented.
	B	A real-time web-based health information technology decision support tool will be used as part of Specific Aim 1.
x	C	A real-time web-based health information technology decision support tool will be used as part of Specific Aim 2.
	D	Patient specific past culture results are the basis for providing the appropriate intervention.

/8 points