**Appendix**

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| **Full Text of QoW 1, QoW 2, and QoW 3** | |
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| **QoW 1** | |
| **Scenario** | A 9-year-old girl reports a 3-day history of rhinorrhea, congestion, and cough, along with some difficulty breathing. Her cough has been worse at night and is sometimes associated with a sensation of tightness in her chest. She has had this cough and chest tightness several times before but never sought medical attention because it resolved spontaneously. She also has intermittent cough and shortness of breath when playing soccer, but it does not limit her ability to participate. She has a family history of asthma and a personal history of seasonal allergies.  She is afebrile and has a respiratory rate of 16 breaths per minute. Her oxygen saturation is 98% while she breathes ambient air. She has unlabored breathing and clear breath sounds.  Spirometry and peak flow testing are normal. |
| **Question** | What is the most appropriate next step in management for this patient?   1. Initiate a 2-week trial of albuterol 2. Obtain a chest radiograph 3. Initiate a 2-week trial of inhaled fluticasone 4. Check the immunoglobulin E level, and perform a radioallergosorbent test (RAST) 5. Obtain induced sputum for mycobacteria culture |
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| **QoW 2** | |
| **Scenario** | A 65-year-old man with hypertension presents to the emergency department with epigastric pain, nausea, and diaphoresis. His symptoms started one week ago and initially lasted for 5 to 10 minutes before resolving spontaneously. The current episode started just after lunch (2 hours ago), and his pain has not yet subsided. His home medications are lisinopril and amlodipine.  The patient has a heart rate of 62 beats per minute and a blood pressure of 110/70 mm Hg. His lungs are clear to auscultation, and his extremities are well perfused.  An electrocardiogram is obtained (figure). |
| **Figure** | /var/folders/6g/c6gwpqpx20dbczf0j6whlrs80000gn/T/com.microsoft.Word/WebArchiveCopyPasteTempFiles/q_of_week_71_figure.jpg |
| **Question** | Which one of the following diagnoses is most likely in this case?   1. Unstable angina 2. Esophageal spasm 3. Gastroesophageal reflux disease 4. Inferoposterior myocardial infarction 5. Aortic dissection |
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| **QoW 3** | |
| **Scenario** | A 10-year-old girl presents for follow-up of cervical lymphadenopathy. She was initially evaluated 14 days ago for a left cervical lymph node that had been progressively enlarging for 10 days. She was treated empirically for lymphadenitis with a 14-day course of clindamycin.  Despite this treatment, the cervical lymphadenopathy has progressed. A 3-cm x 4-cm mass is palpable in the anterior cervical lymph-node chain. There is mild tenderness to palpation but no overlying erythema or fluctuance. There are no other enlarged lymph nodes or signs of systemic disease.  A purified protein derivative test was placed and found to be negative. |
| **Question** | Which one of the following next steps is most appropriate in this patient’s care?   1. Perform a rapid test for streptococcal infection 2. Initiate a 5-day course of prednisone 3. Prescribe a 7-day course of amoxicillin–clavulanic acid 4. Refer for an excisional biopsy of the mass 5. Prescribe a 6-month course of isoniazid |