

## Examples of types of links available in CME quizzes

12/05/2006

### What options do I have for links?

There are four main types of links used in CME quizzes. These can all be mixed and matched as needed.

- Highlighting links
- Pop-up hints
- Simple hyperlinks
- Explanation boxes

### Highlighting links

This link goes to a HW-hosted journal article, with a passage of text colored and bolded. The link finds the passage to highlight based on a unique "startmatch" and "endmatch" of the phrase to be highlighted. The highlighting is made by matching a unique combination of words in a starting phrase, and a unique match for the ending phrase. Everything in between the two phrases will be highlighted. Display options for showing the links are submit, pass, or all.

### Pop-up hints

The <hint> tag results in a pop-up javascript window. The window is width=300 x height=200, but resizable and scroll bars will show, if necessary. Typical usage of the <hint> is to give the user extra help to pass the quiz; however, the display options for <hint> are submit, pass, or all, just like the <highlight> tag, so it's your choice when to make it display. You cannot place a table or figure in the <hint> itself, but you could have a link to the figure, if it lives somewhere else online. Display options for showing the link to the hint: submit, pass, or all.

### Simple hyperlinks

If you want to link to an image or PDF or another webpage, and that resource is already online somewhere (hosted at HW or not), you can simply make a hyperlink directly to its URL with the tag <linkref>. Again, you have three options for display: submit, pass, or all.

### Explanation boxes

There is another tag, called <explanation>, which will show a boxed explanation on the same page as the quiz. This explanation is very similar to the pop-up hint, including the usual display options (submit, passed, all), except that it displays inline on the page instead of opening a pop-up window. These are most often shown after the user has passed a quiz.

### 1. Highlighting link example 1.

Example of a highlighting link on the quiz, next to the correct answer. This particular link only shows after the user has passed the minimum threshold of correct answers.

The screenshot shows a web browser window with the URL [http://cme.ctsnetjournals.org/cgi/quiz/ctsnetcme\\_quiz:JTCS-Dec05Surge](http://cme.ctsnetjournals.org/cgi/quiz/ctsnetcme_quiz:JTCS-Dec05Surge). The page header includes the logo for "Journal CME on CTSNet" and navigation links such as "CME HOME", "CTSNET JOURNALS", "CONTACT US", "SITE MAP", "ALL ACTIVITIES", and "MY CME". Below the header, there are navigation buttons for "Previous", "Up", and "Next".

## CME Test Results for Helena Handbasket

### JTCVS Test

**Source article(s):**  
A. Marc Gillinov, Jon Sirak, Eugene H. Blackstone, Patrick M. McCarthy, Jeevanantham Rajeswaran, Gosta Pettersson, F. Joseph Sabik, III, Lars G. Svensson, Jose L. Navia, Delos M. Cosgrove, Nassir Marrouche, and Andrea Natale  
**The Cox maze procedure in mitral valve disease: Predictors of recurrent atrial fibrillation**  
J. Thorac. Cardiovasc. Surg. 2005; 130: 1653-1660 [\[Abstract\]](#) [\[Full text\]](#) [\[PDF\]](#)

**You have already completed this test with a score of 100% and therefore cannot retake it.**  
The correct answers are highlighted below with links to the pertinent sections of the source article in which the answers can be found.

1. After a Cox maze procedure, the peak prevalence of atrial fibrillation occurs at

- a. 1 day.
- b. 1 week.
- c. 2 weeks. [\[See the correct answer in context\]](#)
- d. 3 months.

## 1. Highlighting link example 1, cont.

Here is the new browser window that opens, showing the highlighted portion of text that contains the correct answer.

The Cox maze procedure in mitral valve disease: Predic...Gillinov et al. 130 (6): 1653 -- Journal CME on CTSNet  
http://cme.ctsnetjournals.org/cgi/content/full/jtcs;130/6/1653?startSpan=5 Google

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Heart Rhythm  
**Prevalence of AF and its risk factors**

Time-related predicted prevalence of AF or atrial flutter after the operation peaked at 36% (CL, 31%-42%) at 2 weeks (Figure 2, A). By 6 months, the prevalence had fallen to 13% (CL, 11%-17%). At 3 years, it was 20% (CL, 16%-24%), and thereafter it remained relatively constant. Ten percent of patients were taking antiarrhythmic medications 3 years postoperatively, and 45% were taking warfarin; these figures were similar at 5 years.

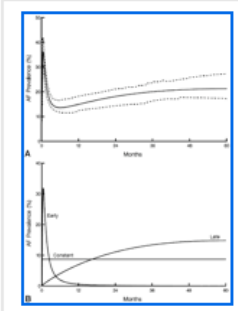


Figure 2 Temporal pattern of atrial fibrillation (AF) after ablation on the basis of postoperative electrocardiograms. A, Estimated prevalence of AF. The solid line represents mean prevalence, and dashed lines represent 68% confidence limits. B, Temporal decomposition of prevalence demonstrating 3 additive phases: an early peaking phase, a late phase, and a constant phase.

View larger version (13K):  
[\[in this window\]](#)  
[\[in a new window\]](#)

Temporal decomposition of AF prevalence yielded 3 components, and multivariable analysis identified different factors modulating each (Table 2), as well as overall prevalence (Figure 2, B). Longer duration of preoperative AF ( $P = .003$ ) and older age ( $P = .0002$ ) increased the overall prevalence of AF, whereas larger left atrial diameter increased the prevalence of AF in both the late ( $P = .02$ ) and constant time phases ( $P = .01$ , Figure 3). Five years after the operation, the predicted prevalence of AF was only 5% in a patient with a 4-cm left atrium; in contrast, the predicted prevalence was 15% in a patient with a 6-cm left atrium. The type of AF and the cause of mitral valve disease did not affect the prevalence of postoperative AF.

rn Thoracic Surgical Association • The American Association for Thoracic Surgery • The Western Thoracic Surgical Ass

## 2. Highlighting link example 2.

In this case, highlighting links were also added on the incorrect answers, to show the user why those choices were incorrect. This is much more labor intensive to create for the author, and for QA.

Annals of Internal Medicine CME -- CME Quiz Results

http://cme.annals.org/cgi/quiz/annintcme\_quiz;2006-20?node\_id=annin

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# Annals of Internal Medicine CME

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## CME Quiz Results for Helena Handbasket

### Urinary Incontinence: A Diagnostic Accuracy Study

**Source article(s):**

Jeanette S. Brown, Catherine S. Bradley, Leslee L. Subak, Holly E. Richter, Stephen R. Kraus, Linda Brubaker, Feng Lin, Eric Vittinghoff, Deborah Grady for the Diagnostic Aspects of Incontinence Study (DAISy) Research Group

**The Sensitivity and Specificity of a Simple Test To Distinguish between Urge and Stress Urinary Incontinence**  
Ann Intern Med 2006; 144: 715-723 [\[Abstract\]](#) [\[Full text\]](#) [\[PDF\]](#)

To access a summary of your CME courses, please select [My CME](#).

**You have already completed this quiz for credit with a score of 100% and therefore cannot retake this quiz.**  
Your results are provided below. The filled radio buttons indicate your responses.

The preferred responses are highlighted.

1. The most appropriate treatment for urinary incontinence is:

- A. Anticholinergic medications for stress incontinence. [\[See the relevant text\]](#)
- B. Pelvic muscle exercises for urge incontinence. [\[See the relevant text\]](#)
- C. Surgery for urge incontinence. [\[See the relevant text\]](#)
- D. Bladder training for both urge and stress incontinence. [\[See the relevant text\]](#)
- E. Antibiotics for urge incontinence. [\[See the relevant text\]](#)

## 2. Highlighting link example 2, cont.

Incorrect answer's text passage, highlighted.

exercising), mixed (both types), or other uncommon types of incontinence (such as neurogenic and overflow). **While both urge and stress incontinence may improve with behavioral interventions, such as bladder training, urge incontinence is effectively treated with antimuscarinic or anticholinergic medications (4, 5) and stress incontinence is treated with pelvic muscle exercises and surgery (6, 7).** Because treatment differs, it is important to distinguish urge incontinence from stress incontinence.

To distinguish urge from stress incontinence, current guidelines recommend a history, voiding diary, test for urinary tract infection, neurologic and pelvic examination, measurement of postvoid residual urine volume, and a cough stress test (8, 9). Completion of these tests is time-consuming, invasive, and expensive and is generally not feasible in primary care practice.

On the basis of previous research (10, 11) and expert clinical opinion, we developed a brief, self-administered questionnaire to distinguish urge from stress incontinence that includes 3 questions (the 3 Incontinence Questions [3IQ]) and requires about 30 seconds to complete. To estimate the accuracy of the 3IQ, we conducted a prospective study among ambulatory women with incontinence at 5 academic medical centers in the United States.

### Methods

The Diagnostic Aspects of Incontinence Study (DAISy) was a prospective multicenter study. We enrolled participants from April 2004 to December 2004 at the Loyola University of Chicago; University of Alabama at Birmingham; University of California, San Francisco (UCSF); University of Iowa, Iowa City; and University of Texas Health Science Center at San Antonio. We selected these 5 U.S. clinical sites because of their broad experience with diagnosis and treatment of urinary incontinence and the availability of a clinically active urologist or urogynecologist. We designed the study to assess the reproducibility and accuracy of the 3IQ, with an extended evaluation as the gold standard, in classifying a broad spectrum of urinary incontinence by type. The local investigational review boards of the 5 clinical sites and of UCSF, where the study was coordinated, approved the study protocol. All participants provided written informed consent.

### Participants

We recruited women through newspaper advertisements and flyers (93.7%) and from urology and gynecology clinics (6.3%). Interested participants called trained research assistants, who screened the women over the telephone by using a standardized script. We chose eligibility criteria to define a community-dwelling sample of women with incontinence who were appropriate for evaluation and treatment in primary care settings. Eligible women were ambulatory, were 40 years of age or older, reported 3 or more episodes of incontinence per week for at least 3 months, did not have urinary tract infection, and were bothered enough by their incontinence to seek treatment. We excluded women with incontinence who had complex problems that were more appropriate for specialist referral, including 4 or more urinary tract infections in the preceding year; pregnancy within 6 months; previous anti-incontinence or urethral surgery or procedures; previous major pelvic or abdominal surgery; pelvic radiation within 6 months; or known diseases of the genitourinary tract, such as lower urinary tract infection, pelvic floor dysfunction, or pelvic organ prolapse.

- ▲ Top
- ▲ Editors' Notes
- Methods
- ▼ Results
- ▼ Discussion
- ▼ Author & Article Info
- ▼ References

### 3. Pop-up hint example

Here, a javascript window pops up with additional information. This particular link shows before the user submits the test for grading (a true "hint" to help the user pass).

The screenshot shows a web browser window titled "CME -- CME Quiz Results". The address bar shows the URL: [http://cme.alphamedpress.org/cgi/quiz/ampcme\\_quiz;AMP-9-suppl\\_1-2](http://cme.alphamedpress.org/cgi/quiz/ampcme_quiz;AMP-9-suppl_1-2). The browser's search bar contains "Google". The page header includes "The Oncologist CME Online" and a navigation menu with links for HOME, SITEMAP, REGISTRATION, FEEDBACK, ALL COURSES, and MY CME. Below the header, there are links for Helena Handbasket, View/Change User Information, Subscription HELP, and Sign Out.

## CME Quiz Results for Helena Handbasket

### Expanding the Clinical Development of Bevacizumab

**Source article(s):**  
**Expanding the Clinical Development of Bevacizumab**  
Helen X. Chen  
*Oncologist* 2004; 9: 27-35 [\[Abstract\]](#) [\[Full text\]](#)

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**You have already completed this quiz for credit with**  
Your results are provided below. The filled radio buttons

**The preferred responses are highlighted.**

1. A longer time to tumor progression with bevacizumab patients with: [\[Show Hint!\]](#)
  - a. Breast cancer.
  - b. Renal cell cancer.
  - c. Colorectal cancer.
  - d. A and B.
  - e. B and C.
2. Bevacizumab: [\[Show Hint!\]](#)
  - a. Is a recombinant humanized monoclonal antibody.
  - b. Is a VEGF-neutralizing antibody.

The pop-up window, titled "Untitled", contains the following text:  
**Hint:**  
Bevacizumab (Avastin™; Genentech, Inc.; South San Francisco, CA), a recombinant humanized monoclonal antibody (mAb), binds to all isoforms of human VEGF with high affinity. In preclinical models, VEGF-neutralizing antibodies led to potent tumor growth inhibition in a number of human cancer xenograft and metastatic models. The antitumor effect of VEGF-neutralizing antibodies is enhanced by their combination with chemotherapy, radiation, and other antiangiogenic agents.  
[Close Window](#)

#### 4. Simple hyperlinks

This is a basic HTML link, which can point to any website URL. In this case, the links are to a specific article, without any highlighting.

Oxford Journals CME/CE -- CME/CE Quiz Submission

http://cme.oxfordjournals.org/cgi/quiz/oupcme\_quiz;annonc17

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### CME/CE Quiz for Helena Handbasket

#### SECTION C : Capecitabine and chemoradiation

From March 2006: Review article QH3 [\[Full Text\]](#)[\[Abstract\]](#)[\[PDF\]](#)

**Note: You must get at least 70% of the correct answers to pass this quiz.**

4. Which of the following is FALSE about the chemoradiation / radiation for rectal cancer?

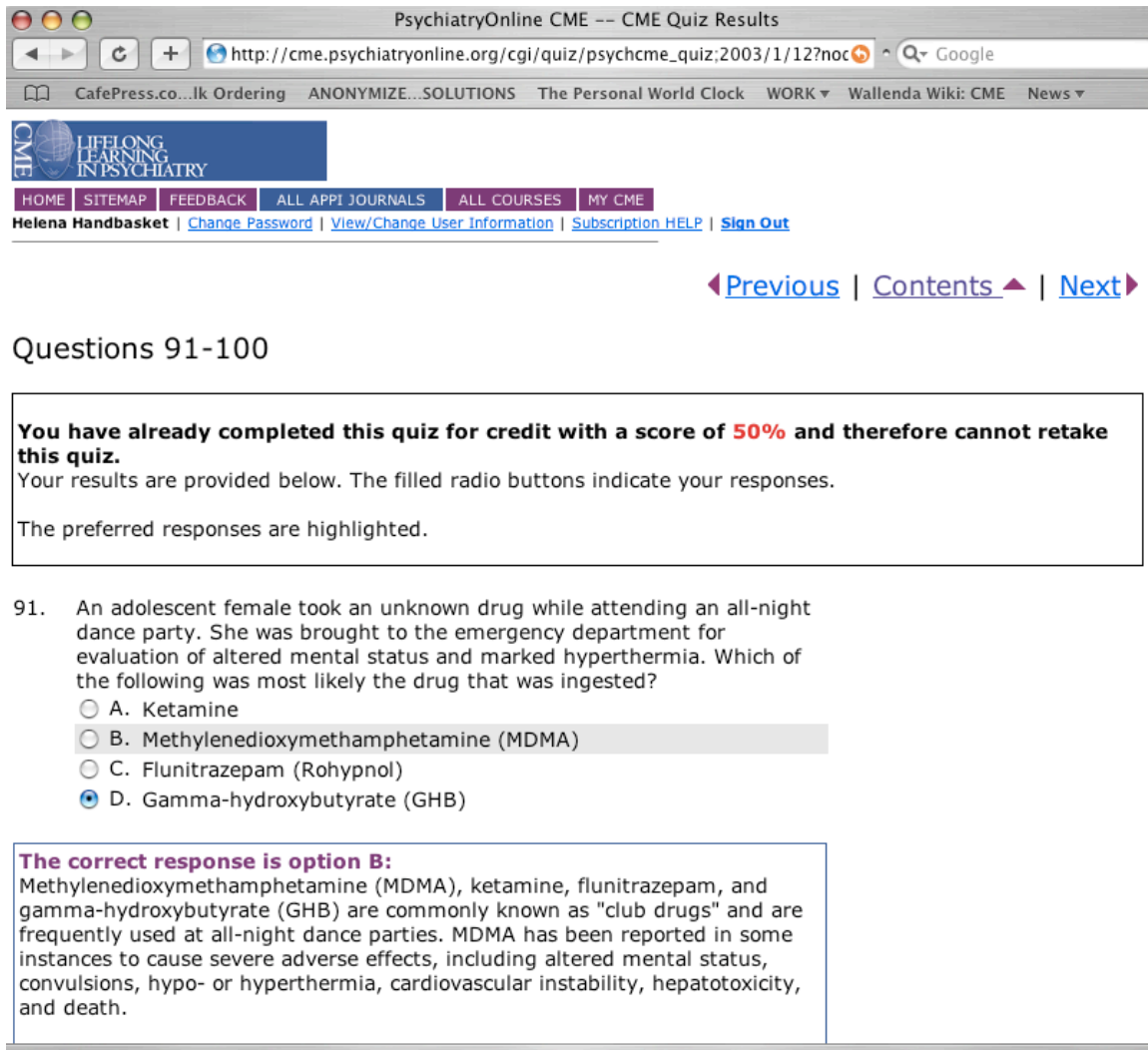
- A. Pre-operative radiotherapy reduces the risk of local recurrence in patients with resectable disease
- B. Pre-operative combined therapy improves loco-regional control and decreases acute and late toxicity compared to post-operative therapy
- C. Anthracyclines are the commonest sensitisers used in routine clinical practice
- D. The pathological complete response rates for pre-operative chemoradiation are reported to be between 10 and 30%
- E. Infusional 5FU may decrease toxicity compared to bolus regimes but increases the problems associated with line sepsis and thrombosis

5. Select the MOST TRUE statement from the following?

- A. Capecitabine has replaced 5FU in routine chemoradiation of rectal cancer
- B. Capecitabine is an oral tumour-activated fluoropyrimidine carbamate

## 5. Explanation boxes

These appear underneath the question and its answers. These are used for more exposition after a user has passed the test.



PsychiatryOnline CME -- CME Quiz Results

http://cme.psychiatryonline.org/cgi/quiz/psychcme\_quiz:2003/1/12?noc

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### Questions 91-100

**You have already completed this quiz for credit with a score of 50% and therefore cannot retake this quiz.**  
Your results are provided below. The filled radio buttons indicate your responses.  
The preferred responses are highlighted.

91. An adolescent female took an unknown drug while attending an all-night dance party. She was brought to the emergency department for evaluation of altered mental status and marked hyperthermia. Which of the following was most likely the drug that was ingested?

- A. Ketamine
- B. Methylenedioxyamphetamine (MDMA)
- C. Flunitrazepam (Rohypnol)
- D. Gamma-hydroxybutyrate (GHB)

**The correct response is option B:**  
Methylenedioxyamphetamine (MDMA), ketamine, flunitrazepam, and gamma-hydroxybutyrate (GHB) are commonly known as "club drugs" and are frequently used at all-night dance parties. MDMA has been reported in some instances to cause severe adverse effects, including altered mental status, convulsions, hypo- or hyperthermia, cardiovascular instability, hepatotoxicity, and death.

## 6. Combinations of link types

All four link types can be used in combination with each other, depending on the need and the style of the author, on a course by course basis. Below is an example where highlighting links were combined with explanation box.

NEJM CME Answers -- Trends in Prevalence and Outcome of Heart Failure with Preserved Ejection Fraction

http://cme.nejm.org/cgi/quiz/nejmcme\_quiz;NJ200607203550330

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**Trends in Prevalence and Outcome of Heart Failure with Preserved Ejection Fraction**  
*Theophilus E. Owan, et al.*  
N Engl J Med 2006; 355:251-259, July 20, 2006  
[Return to Article](#)

**You have already submitted this exam for credit and therefore cannot retake this exam.** The answers you supplied for this exam, as indicated by the filled radio buttons, are presented below for your personal review.

---

**QUESTION ONE**

**In this study, which one of the following conditions was more common among patients with heart failure with preserved ejection fraction than among those with heart failure with reduced ejection fraction?**

- A. Atrial fibrillation. [related text](#)
- B. Coronary artery disease. [related text](#)
- C. Diabetes mellitus. [related text](#)
- D. Elevated serum creatinine level. [related text](#)

**DISCUSSION FOR ANSWER A:**

The correct answer is A. Choices B, C, and D are incorrect. The prevalence rate of atrial fibrillation was higher and the prevalence rate of coronary artery disease was lower among patients with preserved ejection fraction than among those with reduced ejection fraction. The serum creatinine level on admission and the prevalence of diabetes were similar in the two groups of patients; the prevalence of an elevated serum creatinine level was not reported.