

Supplementary

Supplement I

Examination

Group:

1. The pathophysiological changes and clinical manifestations in children with TOF are mainly determined()
 - A. Degree of pulmonary artery stenosis;
 - B. Degree of aortic span and right ventricular hypertrophy;
 - C. Age of children
 - D. Blood viscosity
 - E. Duration of disease
2. (Multiple choice) TOF includes deformities such as ()
 - A Ventricular septal defect
 - B Atrial septal defect
 - C Aortic transposition
 - D Pulmonary artery stenosis
 - E Right ventricular hypertrophy
3. The main factors that determine the pathophysiology, severity and prognosis of children with TOF are ().
 - A Right ventricular outflow tract obstruction
 - B Ventricular septal defect
 - C Aortic riding
 - D Right ventricular hypertrophy
4. The reason why children with TOF like squatting is ()
 - A. Increase the load of the right ventricle
 - B. Reduce the volume of pulmonary artery blood
 - C. Increase systemic circulation resistance and reduce right-left shunt
 - D. Increase the volume of venous return
 - E. Increase the volume of pulmonary circulation and reduce the left to right shunt
5. The degree of blue and blue in patients with TOF mainly depends on ()
 - A. Degree of pulmonary artery stenosis
 - B. Size of ventricular septal defect
 - C. Location of ventricular septal defect
 - D. Degree of aortic span
 - E. Degree of right ventricular hypertrophy
6. Cyanosis caused by venous blood entering systemic arterial blood through an abnormal channel is commonly seen in ()
 - A pneumonia B. Right heart failure
 - C. Severe shock D. Tetrarchy of Fallot E. All of the above
7. The degree of TOF is mainly determined by the degree of TOF or the loudness of the noise is mainly determined by ()
 - A Degree of pulmonary artery stenosis
 - B Size of ventricular septal defect
 - C Location of ventricular septal defect
 - D Degree of aortic riding
 - E Degree of right ventricular hypertrophy

8. (Multiple selection) Pathophysiological changes of ventricular septal defect include ()

- A. Increased load in the left atrium
- B. Shunt from right to left
- C. Pulmonary hypertension and
- D. Increased pulmonary circulation

9. The most common types of ventricular septal defects include ()

- A Membrane defect
- B Muscle defect
- C Atrioventricular channel defect
- D Other types

10. What is consistent with the pathological changes of TOF is ()

- A. left ventricular hypertrophy
- B. atrial septal defect
- C. pulmonary artery dilatation
- D. aortic coarctation
- E. Aortic straddle

Supplement II

Questionnaire

Group:

- I have received information regarding this research and had an opportunity to ask questions. I believe I understand the purpose, extent and possible risks of my involvement in this project and I voluntarily consent to take part.

1. Are you satisfied with the teaching style?

Very satisfied Satisfied No idea Dissatisfied Very dissatisfied

2. Are you satisfied with the mastery of the three dimensional structure of TOF?

Very satisfied Satisfied No idea Dissatisfied Very dissatisfied

3. Master the anatomical structures of four malformations

Very satisfied Satisfied No idea Dissatisfied Very dissatisfied

4. Are you satisfied with your understanding of the anatomy of the four deformities of TOF?

Very satisfied Satisfied No idea Dissatisfied Very dissatisfied

4. Did this class improve your interest in learning?

Very satisfied Satisfied No idea Dissatisfied Very dissatisfied

5. Are you satisfied with the mastering theoretical knowledge of TOF?

Very satisfied Satisfied No idea Dissatisfied Very dissatisfied

6. Are you satisfied with the mastering of the principle of TOF operation?

Very satisfied Satisfied No idea Dissatisfied Very dissatisfied

7. Would you please give me your valuable advice on this class?