

MULTIPLE CHOICE

1. Which of the following activities is *not* part of the role of respiratory therapists (RTs) in patient assessment?
- Assist the physician with diagnostic reasoning skills.
 - Help the physician select appropriate pulmonary function tests.
 - Interpret arterial blood gas values and suggest mechanical ventilation changes.
 - Document the patient diagnosis in the patient's chart.

ANS: D

RTs are not qualified to make an official diagnosis. This is the role of the attending physician.

REF: Table 1-1, pg. 4

OBJ: 9

2. In which of the following stages of patient–clinician interaction is the review of physician orders carried out?
- Treatment stage
 - Introductory stage
 - Preinteraction stage
 - Initial assessment stage

ANS: C

Physician orders should be reviewed in the patient's chart before the physician sees the patient.

REF: Table 1-1, pg. 4

OBJ: 9

3. In which stage of patient–clinician interaction is the patient identification bracelet checked?
- Introductory stage
 - Preinteraction stage
 - Initial assessment stage
 - Treatment stage

ANS: A

The patient ID bracelet must be checked before moving forward with assessment and treatment.

REF: Table 1-1, pg. 4

OBJ: 9

4. What should be done just before the patient's ID bracelet is checked?
- Check the patient's SpO₂.
 - Ask the patient for permission.
 - Check the chart for vital signs.
 - Listen to breath sounds.

ANS: B

It is considered polite to ask the patient for permission before touching and reading his or her ID bracelet.

REF: pg. 3

OBJ: 3 | 5

5. What is the goal of the introductory phase?
- Assess the patient's apparent age.
 - Identify the patient's family history.
 - Determine the patient's diagnosis.
 - Establish a rapport with the patient.

ANS: D

The introductory phase is all about getting to know the patient and establishing a rapport with him or her.

REF: Table 1-1, pg. 4

OBJ: 3

6. Which of the following behaviors is *not* consistent with resistive behavior of a patient?
- Crossed arms
 - Minimal eye contact
 - Brief answers to questions
 - Asking the purpose of the treatment

ANS: D

If a patient asks about the purpose of the treatment you are about to give, this generally indicates that he or she is not upset.

REF: Table 1-1, pg. 4

OBJ: 3

7. What is the main purpose of the initial assessment stage?
- To identify any allergies to medications
 - To document the patient's smoking history
 - To personally get to know the patient better
 - To verify that the prescribed treatment is still needed and appropriate

ANS: D

When you first see the patient, you are encouraged to perform a brief assessment to make sure the treatment order by the physician is still appropriate. The patient's status may have changed abruptly recently.

REF: Table 1-1, pg. 4

OBJ: 3

8. What is the appropriate distance for the social space from the patient?
- 3 to 5 feet
 - 4 to 12 feet
 - 6 to 18 feet
 - 8 to 20 feet

ANS: B

The social space is 4 to 12 feet.

REF: pg. 5

OBJ: 5

9. What is the appropriate distance for the personal space?
- 0 to 18 inches
 - 18 inches to 4 feet
 - 4 to 12 feet
 - 6 to 15 feet

ANS: B

The personal space is about 2 to 4 feet from the patient.

REF: pg. 5

OBJ: 5

10. Which of the following activities is best performed in the personal space?
- The interview
 - The introduction
 - The physical examination
 - Listening for breath sounds

ANS: A

The interview is best performed with you sitting about 2 to 4 feet from the patient. If you sit farther away, the patient will have to answer your questions in a louder voice, and because some of the information may be private, this would diminish communication.

REF: Table 1-1, pg. 4

OBJ: 5

11. What type of behavior is *least* appropriate in the patient's intimate space?
- Eye contact
 - Pulse check
 - Auscultation
 - Simple commands

ANS: A

Eye contact is inappropriate in the intimate space and will make the patient very uncomfortable.

REF: pg. 3

OBJ: 5

12. You are riding in an elevator at the hospital where you are employed as an RT. The elevator is full, but standing next to you is Joe, the RT who is scheduled to relieve you. He turns to you and asks, "How is Mr. Copper doing?" Earlier in the day, Mr. Copper had a cardiac arrest, and he is now being mechanically ventilated. How should you respond to Joe?
- "He took a turn for the worse."
 - "He is fine."
 - "Let's talk later in the report room."
 - "He is on a ventilator and will keep you very busy."

ANS: C

The patient's right to privacy prevents care providers from discussing a patient's clinical status in public places. All answers other than "c" are unethical; giving such answers could cause an RT to be in legal trouble and get fired.

REF: Table 1-2, pgs. 4-5

OBJ: 6

13. In 1996, Congress passed the HIPAA. What does the letter "P" stand for?
- Patient
 - Payment
 - Portability
 - Personal

ANS: C

HIPAA stands for Health Insurance Portability and Accountability Act.

REF: pg. 4

OBJ: 6

14. Which of the following techniques for expressing genuine concern is the most difficult to use appropriately?
- Touch
 - Posture
 - Eye contact
 - Proper introductions

ANS: A

Touch is most difficult to use properly because gender and cultural differences often become an issue.

REF: Table 1-1, pgs. 3-4

OBJ: 5 | 7

15. Which of the following techniques is *not* associated with the demonstration of active listening?
- Good eye contact
 - Taking notes while a patient is talking
 - Asking for clarification
 - Use of touch

ANS: D

Use of touch helps with demonstrating empathy but has little to do with active listening.

REF: pg. 2

OBJ: 2

16. Two respiratory care students are taking their lunch break and want to compare notes about patients they have seen during the morning. Which of the following locations would be considered a violation of HIPAA standards?
- The unit nursing station in front of the unit clerk's desk
 - A table in the cafeteria with no one within hearing distance
 - The respiratory department report room
 - The intensive care unit (ICU) staff break room

ANS: A

Patient Health Information (PHI) should be discussed only in nonpublic areas of the hospital. The space in front of the unit clerk's desk is likely to be occupied with members of the public asking for information.

REF: Table 1-2, pgs. 4-5

OBJ: 6

17. A 20-year-old respiratory care student enters the room of a 65-year-old female patient, saying, "Hi, Linda! I am Joe from Respiratory Care." He immediately approaches her, looks her in the eye, and places his stethoscope on her chest.
- Joe's approach to this patient is appropriate.
 - Joe has inappropriately entered the patient's social space.
 - Joe has inappropriately entered the patient's personal space.
 - Joe has inappropriately entered the patient's intimate space.

ANS: D

Joe has established no rapport with this patient, has touched her without asking permission, and looks her in the eye while examining her.

REF: pg. 4

OBJ: 7

18. A respiratory care student returns from a clinical experience, excited that she has had the opportunity to perform cardiopulmonary resuscitation (CPR) for the first time. She immediately goes to her Facebook page and describes her day. Which of the following entries would be a violation of HIPAA standards?
- "At clinical today got to do CPR on a patient on the 6th floor of Mercy Hospital. Patient survived! What a rush!!"
 - "Got to do CPR for the first time today. Patient survived!! What a rush!"
 - "Got to do CPR for the first time in clinical today! What a rush!!"
 - All of the above

ANS: D

Patient Health Information (PHI) must not be shared in a public location. Facebook is considered a public forum. Although the student did not give specific identifiers in answers a, b, or c, there was enough information that someone familiar with either the patient or the student could possibly have deduced the identity of the patient.

REF: Table 1-2, pgs. 4-5

OBJ: 6

19. Which of the following would be the most appropriate way for respiratory care student Amy Long to initially approach a 58-year-old female patient, Mrs. Nora Jones?
- "Hello, Mrs. Jones. I am Amy from respiratory care, and with your permission I would like to assess you for your treatment." (Amy stands 5 feet from the patient and makes direct eye contact.)
 - Hey there, Nora! Isn't this a great day!?! I'm Amy and I need to listen to you." (Amy holds out her stethoscope in front of her and approaches the patient to within 1.5 feet.)
 - "Hi, I'm Amy, here to give you your treatment." (Amy makes no eye contact and looks around the room for a nebulizer.)
 - Hi, Mrs. Jones. I'm here for your treatment." (Amy makes direct eye contact.)

ANS: A

The initial contact with a patient should be from the patient's social space (4 to 12 feet). Patients should be addressed by their last name. When first speaking to a patient, the therapist should make direct eye contact, but he or she should not use direct eye contact when in the patient's intimate space.

REF: Table 1-1, pgs. 3-4

OBJ: 2 | 7

20. The umbrella term *patient-centered care* includes all of the following elements *except*:

- a. Individualized care.
- b. Assistance with financial and insurance issues.
- c. Patient involvement.
- d. Provider collaboration.

ANS: B

Patient-centered care involves individualized care, patient involvement, and provider collaboration.

REF: pg. 2 OBJ: 1

21. The golden rule of bedside care can be summarized as:

- a. Patients should be cared for primarily at the bedside.
- b. All patient services (e.g., x-ray, nursing care, respiratory care) should be delivered to the patient at the bedside whenever possible.
- c. As a caregiver, at all times treat a patient as you would hope to be treated if you were the patient.
- d. Make sure that all safety equipment is in place at the bedside for maximum patient protection from hazards such as falls.

ANS: C

The golden rule is that as a caregiver, you treat patients the way you wish to be treated.

REF: pg. 2 OBJ: 1

22. In interacting with patients, behaviors such as body movements, touch and eye movements, and facial expressions would be examples of:

- a. Nonverbal communication.
- b. Expressions of caregiver interest in patient welfare.
- c. Mechanisms to put patients at ease.
- d. None of the above.

ANS: A

These are mechanisms of nonverbal communication that help to put patients at ease and can be used to communicate caregiver concern to patients.

REF: pg. 2 OBJ: 2

23. In determining the course of treatment for a 20-year-old patient hospitalized for exacerbation of cystic fibrosis, the most effective course of action would be:

- a. Formulating a treatment plan based on the therapist's knowledge of the disease and its treatment and then presenting it to the patient.
- b. Formulating a treatment plan with the physician and nurse and then presenting it to the patient.
- c. Interviewing the patient and strictly following the patient's preferences with regard to treatment.
- d. Interviewing the patient to determine his or her preferences for treatment, formulating a treatment plan in collaboration with the nurse and physician based on both patient preferences and the team's knowledge of the disease and its treatment, and presenting it to the patient.

ANS: D

Patient-centered care must be highly collaborative, with input from both the patient and caregivers.

REF: pg. 7 OBJ: 4 | 8

24. While interviewing a patient in a room with another patient and that patient's family present, the appropriate course of action for an RT would be to:

- a. Introduce himself or herself to the patient from a distance of about 5 to 7 feet and proceed with the interview.
- b. Introduce himself or herself to the patient from a distance of about 5 to 7 feet, move to within 2 to 3 feet of the patient, and proceed with the interview.
- c. Introduce himself or herself to the patient from a distance of about 5 to 7 feet, move to within 2 to 3 feet of the patient, draw the privacy curtain around the bed, and proceed with the interview.
- d. Introduce himself or herself to the patient from a distance of about 5 to 7 feet, draw the privacy curtain around the bed, sit on the bed about 1 foot from the patient, and proceed with the interview.

ANS: C

Normally, interviews are carried out in the personal space (within 18 inches to 4 feet of the patient), not the intimate space (from 1 to 18 inches from the patient). The privacy curtain should be in place because others are in the room.

REF: pg. 3 OBJ: 3

25. A male therapist is discussing a treatment plan with a female patient who is sitting up in bed, dressed in a hospital gown and wearing a full head covering with only her face showing. Her husband is in the room, and from previous encounters it is clear that she defers to him. The most effective way to present this treatment plan would be for the therapist to:
- Present the patient with a written summary of the plan and ask her to look it over.
 - Ask the woman's husband to step out of the room while the plan is being discussed with the patient.
 - Explain the plan to the patient, maintaining eye contact with her at all times and encouraging her to ask any questions she might have.
 - Explain the plan to the patient and her husband, and encourage both to ask any questions they might have.

ANS: D

From the woman's dress and previous behavior, it is likely that she is Muslim, with traditional values and customs. Therefore, both she and her husband will find it inappropriate, if not offensive, that he not be included in discussions of treatment. Cultural values must be taken into account if truly effective patient treatment is to occur.

REF: pg. 5 OBJ: 4 | 7

26. The therapist enters the room of a 6-year-old victim of an automobile accident who is unconscious and receiving ventilation therapy. The therapist assesses the patient, gives a treatment, and suction the patient. The patient's mother then asks in a worried voice, "Is he going to be all right?" The appropriate response for the therapist would be:
- "I just looked at the CT scan of his brain, and I believe the swelling is going down. He should recover within the next couple of weeks."
 - "I'm unable to give you any information about your child's condition."
 - "I am just the respiratory therapist, and I really do not know anything."
 - "I'm sorry, but our policy is that only the doctor can give you information about your child's prognosis. Let me step out and find out when the doctor will be back in the unit."

ANS: D

Response "a" is inappropriate because it is not within the scope of practice of an RT to render medical opinions about a patient's condition to the family. Answer "b," while correct, is unnecessarily abrupt. Answer "c" is both abrupt and is probably not true. Answer "d" meets HIPAA and hospital policy requirements while also providing good patient care and customer service.

REF: pgs. 4-5 OBJ: 6

27. In order to deliver effective patient education for use of a particular treatment, the first step should be to:
- Describe to the patient the equipment that will be used for the treatments.
 - Describe to the patient the medications that will be used for the treatments.
 - Assess the patient's learning needs by identifying learning barriers, determining the way the patient best learns, and evaluating the patient's readiness to learn.
 - Describe to the patient the schedule for the treatments to be given.

ANS: C

Although the patient will eventually have to learn about equipment, medications, and schedules, this learning will not occur effectively until the patient's learning needs are determined.

REF: pgs. 6-7 OBJ: 9

28. One effective teaching tool is the teach-back method. This is:
- A technique where the teacher explains the procedure to the learner and has the learner repeat the information in his or her own words.
 - A technique where the teacher explains the procedure to the learner and then has the learner explain it to family members after the teacher has left the room.
 - A technique where the teacher gives the equipment to the learner and has the learner experiment with it until he or she can use it correctly.
 - None of the above.

ANS: A

The teach-back method has the learner hear the explanation and then give a "return demonstration" to the teacher to be sure that the learner has the correct information.

REF: pg. 7 OBJ: 9

29. Prior to discharge, patients should receive a written action plan that establishes treatment goals and self-care activities. The acronym SMART is helpful in establishing the action plan. The "M" in SMART stands for:
- Meaningful (the goal pertains to the action plan).
 - Mastering (the goal).
 - Modular (the goal is divided into sections).
 - Measurable (the outcome should be measurable).

ANS: D

In order for a treatment to be effective, its outcome must be measurable.

REF: pg. 7 OBJ: 10

30. Failure of care providers to collaborate with one another potentially results in:

- a. Patient safety placed at risk.
- b. Duplication of effort by different caregivers.
- c. Delivery of less-than-optimum care.
- d. All of the above.

ANS: D

In addition to “a,” “b,” and “c,” lack of collaboration also may result in an increased length of stay and wasted healthcare resources.

REF: pgs. 9-11 OBJ: 13 | 14 | 15

31. An RT enters a room for a patient’s second treatment of the day and notes that the patient is dyspneic and tachycardic and has rales that can be heard throughout all lung fields but are especially prominent in the bases. A treatment is given with little positive change. The therapist should:

- a. Note the treatment and its results in the patient chart.
- b. Note the treatment and its results in the patient chart and tell the unit clerk to have the nurse see the patient soon.
- c. Find the patient’s nurse and together determine what is needed for the patient (e.g., different drug therapy, call physician, call rapid response team). Once the patient’s condition has been adequately addressed, the therapist’s actions should be documented in the chart.
- d. Tell the patient you will check back with him in an hour to see how he is doing.

ANS: C

It is critical that results of an assessment and treatment be communicated to other members of the health team, either in the chart or verbally if the situation demands immediate action. Chart documentation should include findings of the assessment, results of any treatments delivered, and actions taken to resolve the situation.

REF: pg. 10 OBJ: 15

32. Good communication is especially critical when “handing off” a patient to another caregiver at the end of the shift. To ensure that adequate information is transmitted, the SBAR format is useful. This acronym stands for situation, background, assessment, and _____.

- a. Recommendation.
- b. Results.
- c. References.
- d. Repeat (information)

ANS: A

The fourth letter in SBAR stands for recommendation.

REF: pg. 10 OBJ: 14

33. According to the American Association for Respiratory Care (AARC), patient discharge plans should include which of the following?

- a. Transportation for the patient when the patient goes home
- b. Ascertaining that once the patient has been discharged, the patient has adequate financial resources to pay rent and utilities
- c. Notification of the patient’s family and/or other caregivers of the patient’s imminent discharge
- d. Methods for the ongoing assessment of outcomes

ANS: D

Discharge planning should focus on providing a continuum of care with transition from the hospital to the alternate site.

REF: pg. 11 OBJ: 14

34. All of the following represent good hygiene practices *except*:

- a. Gloves should be worn when touching a patient only when a caregiver is likely to come into contact with secretions or infectious materials.
- b. Hands should be washed when first encountering a patient, after leaving a patient, and before and after any sterile or clean procedure is performed on a patient.
- c. All infectious waste should be disposed of in proper waste containers.
- d. Place all needles and blades in “sharps” containers when you are finished with them.

ANS: A

Gloves should be worn whenever a patient is touched.

REF: pg. 9, Box 1-4 OBJ: 12

35. The main objective of the I Speak Up initiative from the National Institute of Health (NIH) is:
- a. Be sure that all billing for patient medical expenses occurs correctly.
 - b. Let caregivers know that the family wants to be informed at all times.
 - c. Let the hospital know when ancillary services such as food quality and parking are inadequate.
 - d. Help ensure that a patient's care is as safe and effective as possible.

ANS: D

The I Speak Up initiative is a comprehensive program focused on making sure that patient care is as safe and effective as possible. It especially emphasizes the importance of active patient and family involvement in all aspects of patient care, including enhanced patient safety and reduction in medical errors.

REF: pg. 8, Box 1-3

OBJ: 11