

Tietze: Clinical Skills for Pharmacists, 3rd Edition

Chapter 01: Introduction: The Practice of Clinical Pharmacy

Testbank in Examview

MULTIPLE CHOICE

1. Which one of the following is **not** an outcome that improves a patient's quality of life?
 - a. Cure of disease
 - b. Elimination or reduction of symptoms
 - c. Arrest or slowing of a disease process
 - d. Augmentation of disease or symptoms

ANS: D

According to Hepler and Strand, the four objectives to improve a patient's quality of life are: (1) cure of disease, (2) elimination or reduction of symptoms, (3) arrest or slowing of a disease process, and (4) prevention of disease or symptoms. Augmentation of disease would not improve a patient's quality of life.

2. *Medication therapy management* is defined as a distinct service or group of services that:
 - a. Optimize therapeutic outcomes for individual patients.
 - b. Reimburse pharmacists for processing prescriptions.
 - c. Provide therapeutic outcomes at the least expensive cost.
 - d. Optimize therapeutic outcomes for physicians and nurses.

ANS: A

The definition of medication therapy management is "a distinct service or group of services that optimize therapeutic outcomes for individual patients."

3. What are the three goals of medication therapy management (MTM) services?
 - a. Improved medication understanding, nonadherence, and detection of medication-related problems
 - b. Improved cost awareness, adherence, and detection of medication-related problems
 - c. Improved medication understanding, adherence, and detection of medication-related problems
 - d. Improved medication understanding, adherence, and cost awareness

ANS: C

The goals of MTM services include improved medication understanding, adherence, and detection of medication-related problems, including adverse drug reactions.

4. What practice areas are unique to pharmacy?
 - a. Critical care and infectious disease
 - b. Drug information and pharmacokinetics
 - c. Nutrition and drug information
 - d. Pediatrics and cardiology

ANS: B

Drug information and pharmacokinetics are unique pharmacy specialty practice areas. Critical care, nutrition, pediatrics, and cardiology can include other health care professionals specializing in the area.

5. What requirement is mandatory in **all** states to obtain pharmacy licensure?
- Passage of the examination provided by the Foreign Pharmacy Graduate Examination Committee
 - Successful passage of the Multistate Pharmacy Jurisprudence Examination (MPJE)
 - Successful completion of a laboratory (wet laboratory) examination
 - Completion of a specified number of internship hours

ANS: D

All states require the completion of internship hours and passing the North American Pharmacist Licensure Examination (NAPLEX). Only graduates of foreign pharmacy schools are eligible for licensure if they have passed the examination provided by the Foreign Pharmacy Graduate Examination Committee. The MPJE is required in most states but not all, and wet laboratory examinations are required in some states but not all.

6. Which one of these specialty areas is **not** recognized by the Board of Specialty Pharmacies (BPS)?
- Nuclear pharmacy
 - Pharmacotherapy and nutrition support therapy
 - Psychiatric therapy and oncology pharmacy
 - Drug information

ANS: D

The BPS recognizes nuclear pharmacy, pharmacotherapy, nutrition support therapy, psychiatric therapy, and oncology pharmacy as specialty areas for pharmacy.

7. Which pharmacy association provides a searchable on-line directory of community pharmacy residency programs?
- American Pharmacists Association (APhA)
 - American College of Clinical Pharmacy (ACCP)
 - American Society of Health-System Pharmacist (ASHP)
 - National Community Pharmacists Association (NCPA)

ANS: A

ACCP publishes a directory of residency and fellowship programs offered by members of ACCP, and ASHP publishes a directory of ASHP-accredited residency programs, primarily health system-based programs. APhA provides a directory for community residency programs.

8. What agency or association accredits residency programs?
- APhA
 - ACCP
 - ASHP
 - NCPA

ANS: C

ASHP accredits residency programs, but many nonaccredited residency programs also exist.

9. What agency or pharmacy association conducts a voluntary peer-review of fellowship programs?
- APhA
 - ACCP
 - ASHP
 - NCPA

ANS: B

Currently no mechanism for accreditation of fellowship programs is available. However, the ACCP Fellowship Review Committee conducts a voluntary peer-review of fellowship programs.

10. What is a characteristic of a fee-for-service health care plan?
- Patients are restricted to in-network physicians.
 - Referrals are made through the primary care provider (PCP).
 - Permission is not required to see in-network specialists, and some coverage is provided for out-of-network specialists.
 - Patients may select any physician, hospital, or laboratory without obtaining permission from a PCP.

ANS: D

Patients with coverage through a health maintenance organization (HMO) are restricted to in-network physicians and must seek referrals through a PCP. In a preferred provider organization (PPO), permission is not required to see in-network specialists and some coverage is provided for out-of-network practitioners.

11. What types of hospitals are recognized for their highly specialized services such as oncology and cardiology and large referral patient populations?
- Teaching hospitals
 - Community hospitals
 - Federal hospitals
 - Tertiary hospitals

ANS: D

Teaching hospitals provide training sites for physicians and other health care professionals. Community hospitals are community-based, nonteaching hospitals. Tertiary hospitals are recognized for their highly specialized services and large referral patient population.

12. Which one of the following statements is **true** concerning nurse practitioners?
- Nurse practitioners typically have unlimited prescriptive authority.
 - Education for the nurse practitioner is shifting from a bachelor degree to a master degree and post-master certificates.
 - Nurses are regulated by State Boards of Physicians.
 - The American Academy of Physician Assistants (AAPA) is the leading association for nurse practitioners.

ANS: A

Nurse practitioners typically have unlimited prescriptive authority. Education is shifting from a master degree and/or post-master certificate to a doctorate of nursing practice (DNP), regulated by State Boards of Nursing. The American Academy of Nurse Practitioners (AANP) is the leading association.

13. To become licensed, a physician must take the United States Medical Licensing Examination (USMLE). Starting from medical school, how many examinations make up the USMLE?
- Two
 - Three
 - Four
 - Five

ANS: C

The USMLE consists of four examinations taken sequentially starting during medical school and finishing on completion of the medical degree.

14. What is the order of seniority of the physician team members on a medical team, starting with the most senior member?
- Medical students, residents, fellows, and attending physician
 - Attending physician, fellows, residents, and medical students
 - Attending physician, residents, fellows, and medical students
 - Fellows, attending physician, residents, and medical students

ANS: B

The medical team is the focus for group teaching and decision-making discussions. Physician team members in order of seniority include the attending physician, fellows, residents, and medical students.

15. Which one of the following statements is **true** regarding medical residents?
- First-year residents typically spend 3-month periods gaining experience in a variety of internal medical services.
 - First-year residents set the daily team rounding schedule, prioritize the work schedule, coordinate the team work, and supervise the interns.
 - Third-year internal medical residents are also known as junior admitting residents.
 - The chief medical resident is a senior medical resident who has administrative responsibility for various aspects of the residency program in addition to the usual resident responsibilities.

ANS: D

First-year residents typically spend 1-month periods gaining experience. Third-year residents set the daily team rounding schedule. Second-year internal medical residents are known as junior admitting residents.

16. During which period is the most in-depth teaching discussions taking place?
- Work rounds
 - Nursing rounds

- c. Pharmacy rounds
- d. Attending rounds

ANS: D

The resident, intern, or medical student responsible for the patient briefly review the patient's progress during work rounds, and these rounds allow all team members to catch up on the status of each patient. Attending rounds, led by the attending physician, generally occur after work rounds. Although some teaching takes place during work rounds, the most in-depth teaching discussions take place during attending rounds.

17. Who is responsible for coordinating the processing of paperwork on a hospital unit as it applies to medical records?
- a. Ward secretaries
 - b. Admitting physicians
 - c. Nurses
 - d. Pharmacists

ANS: A

A ward secretary, also known as a *ward clerk*, coordinates the processing of paperwork on a hospital unit or part of a hospital unit. Some large units have two or more ward secretaries.

18. Excluding initial patient evaluations, complex patients, and outpatient procedures, how long does the health care professional–patient interaction generally last?
- a. 1 to 2 minutes
 - b. 4 to 8 minutes
 - c. 10 to 12 minutes
 - d. 15 minutes

ANS: C

The health care professional–patient interaction is generally short, approximately 10 to 12 minutes, except for the initial patient evaluations, more complex patients, and outpatient procedures.

19. Which one of the following years correlates with the changes in the health care system and the development of public health policy?
- a. 1980s and 1990s—Support for research, facilities, and training
 - b. 2000s—Health care reform
 - c. 1960s—Limited support for special patient populations
 - d. 1930s and 1940s—Cost, quality, and outcomes

ANS: B

In the 1930s and 1940s, limited support was available for special patient populations. In the 1960s, health care coverage broadened. In the 1980s and 1990s, the focus was on cost, quality, and outcomes. In the 2000s, health care reform has been the focus.

20. In 2008, approximately what percentage of the U.S. population did not have health insurance coverage?
- a. 2.6%

- b. 5.4%
- c. 10.3%
- d. 15.4%

ANS: D

Many health care issues remain unresolved. The most pressing of these is how to decrease costs while maintaining high-quality health care. Inequities in the health care system are significant; approximately 15.4% of the U.S. population did not have health insurance coverage in 2008.