

Chapter 1. Assessment and Clinical Decision-Making: Overview

Multiple Choice

Identify the choice that best completes the statement or answers the question.

____ 1. Which type of clinical decision-making is most reliable?

1. Intuitive
2. Analytical
3. Experiential
4. Augenblick

____ 2. Which of the following is false? To obtain adequate history, health-care

providers must be:

1. Methodical and systematic
2. Attentive to the patient's verbal and nonverbal language

1. Able to accurately interpret the patient's responses

1. Adept at reading into the patient's statements

____ 3. Essential parts of a health history include all of the following except:

1. Chief complaint
2. History of the present illness
3. Current vital signs
4. All of the above are essential history components

____ 4. Which of the following is false? While performing the physical examination, the examiner must be able to:

1. Differentiate between normal and abnormal findings
1. Recall knowledge of a range of conditions and their associated signs and symptoms
1. Recognize how certain conditions affect the response to other conditions
1. Foresee unpredictable findings

____ 5. The following is the least reliable source of information for diagnostic statistics:

1. Evidence-based investigations
2. Primary reports of research
3. Estimation based on a provider's experience
1. Published meta-analyses

____ 6. The following can be used to assist in sound clinical decision-making:

1. Algorithm published in a peer-reviewed journal article
1. Clinical practice guidelines
2. Evidence-based research
3. All of the above

____ 7. If a diagnostic study has high sensitivity, this indicates a:

1. High percentage of persons with the given condition will have an abnormal result
1. Low percentage of persons with the given condition will have an abnormal result
1. Low likelihood of normal result in

persons without a given condition

1. None of the above

____ 8. If a diagnostic study has high specificity, this indicates a:

1. Low percentage of healthy individuals will show a normal result

1. High percentage of healthy individuals will show a normal result

1. High percentage of individuals with a disorder will show a normal result

1. Low percentage of individuals with a disorder will show an abnormal result

____ 9. A likelihood ratio above 1 indicates that a diagnostic test showing a:

1. Positive result is strongly associated with the disease

1. Negative result is strongly associated with absence of the disease

1. Positive result is weakly associated with the disease

1. Negative result is weakly associated with absence of the disease

____ 10. Which of the following clinical reasoning tools is defined as evidencebased

resource based on mathematical modeling to express the likelihood of a condition

in select situations, settings, and/or patients?

1. Clinical practice guideline

2. Clinical decision rule

3. Clinical algorithm

4. Clinical recommendation

Chapter 2. An Overview of Genetic Assessment

Multiple Choice

Identify the choice that best completes the statement or answers the question.

____ 1. The first step in the genomic assessment of a patient is obtaining

information regarding:

1. Family history
2. Environmental exposures
3. Lifestyle and behaviors
4. Current medications

____2. An affected individual who manifests symptoms of a particular condition

through whom a family with a genetic disorder is ascertained is called a(n):

1. Consultand
2. Consulband
3. Index patient
4. Proband

____3. An autosomal dominant disorder involves the:

1. X chromosome
2. Y chromosome
3. Mitochondrial DNA
4. Non-sex chromosomes

____4. To illustrate a union between two second cousin family members in a

pedigree, draw:

1. Arrows pointing to the male and female
2. Brackets around the male and female
3. Double horizontal lines between the male and female

1. Circles around the male and female

____5. To illustrate two family members in an adoptive relationship in a pedigree:

1. Arrows are drawn pointing to the male and female

1. Brackets are drawn around the male and female

1. Double horizontal lines are drawn between the male and female

1. Circles are drawn around the male and female

____6. When analyzing the pedigree for autosomal dominant disorders, it is

common to see:

1. Several generations of affected members
2. Many consanguineous relationships
3. More members of the maternal lineage affected than paternal

1. More members of the paternal lineage affected than maternal

____7. In autosomal recessive (AR) disorders, individuals need:

1. Only one mutated gene on the sex chromosomes to acquire the disease
1. Only one mutated gene to acquire the disease
1. Two mutated genes to acquire the disease
2. Two mutated genes to become carriers

____8. In autosomal recessive disorders, carriers have:

1. Two mutated genes; one from each parent that cause disease
1. A mutation on a sex chromosome that causes a disease
1. A single gene mutation that causes the disease
1. One copy of a gene mutation but not the disease

____9. With an autosomal recessive disorder, it is important that parents

understand that if they both carry a mutation, the following are the risks to each of their offspring (each pregnancy):

1. 50% chance that offspring will carry the disease
1. 10% chance of offspring affected by disease
1. 25% chance children will carry the disease
1. 10% chance children will be disease free

____10. A woman with an X-linked dominant disorder will:

1. Not be affected by the disorder herself
2. Transmit the disorder to 50 % of her offspring (male or female)

1. Not transmit the disorder to her daughters
2. Transmit the disorder to only her daughters

____ 11. In creating your female patient's pedigree, you note that she and both of her sisters were affected by the same genetic disorder. Although neither of her parents had indications of the disorder, her paternal grandmother and her paternal grandmother's two sisters were affected by the same condition. This pattern suggests:

1. Autosomal dominant disorder
2. Chromosomal disorder
3. Mitochondrial DNA disorder
4. X-linked dominant disorder

____ 12. A woman affected with an X-linked recessive disorder:

1. Has one X chromosome affected by the mutation
1. Will transmit the disorder to all of her children
1. Will transmit the disorder to all of her sons
1. Will not transmit the mutation to any of her daughters

____ 13. Which of the following are found in an individual with aneuploidy?

1. An abnormal number of chromosomes
2. An X-linked disorder
3. Select cells containing abnormal appearing chromosomes
1. An autosomal recessive disorder

____ 14. The pedigree of a family with a mitochondrial DNA disorder is unique in that:

1. None of the female offspring will have the disease
1. All offspring from an affected female will have disease
1. None of the offspring of an affected

female will have the disease

1. All the offspring from an affected male will have disease

____ 15. Which population is at highest risk for the occurrence of aneuploidy in offspring?

1. Mothers younger than 18
2. Fathers younger than 18
3. Mothers over age 35
4. Fathers over age 35

____ 16. Approximately what percentage of cancers is due to a single-gene mutation?

1. 50% to 70%
2. 30% to 40%
3. 20% to 25%
4. 5% to 10%

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2. 30% to 40%
3. 20% to 25%
4. 5% to 10%

____ 17. According to the Genetic Information Nondiscrimination Act (GINA):

1. NPs should keep all genetic information of patients confidential

1. NPs must obtain informed consent prior to genetic testing of all patients

1. Employers cannot inquire about an employee's genetic information

1. All of the above

____ 18. The leading causes of death in the United States are due to:

1. Multifactorial inheritance
2. Single gene mutations
3. X-linked disorders
4. Aneuploidy

____ 19. Which of the following would be considered a "red flag" that requires more investigation in a patient assessment?

1. Colon cancer in family member at age 70

2. Breast cancer in family member at age 75
3. Myocardial infarction in family member at age 35

1. All of the above

____20. When patients express variable forms of the same hereditary disorder, this

is due to:

1. Penetrance
2. Aneuploidy
3. De novo mutation
4. Sporadic inheritance

____21. Your 2-year-old patient shows facial features, such as epicanthal folds, upslanted

palpebral fissures, single transverse palmar crease, and a low nasal bridge. These

are referred to as:

1. Variable expressivity related to inherited disease

1. Dysmorphic features related to genetic disease

1. De novo mutations of genetic disease

2. Different penetrant signs of genetic disease

____22. In order to provide a comprehensive genetic history of a patient, the NP

should:

1. Ask patients to complete a family history worksheet

1. Seek out pathology reports related to the patient's disorder

1. Interview family members regarding genetic disorders

1. All of the above

Chapter 3. Skin

Multiple Choice

Identify the choice that best completes the statement or answers the question.

____1. When a patient presents with a skin-related complaint, it is important to

first:

1. Fully inspect all skin lesions before asking the patient how the lesion in question

developed

1. Obtain a full history about the development of the skin lesion prior to the

physical examination

1. Complete a full physical examination of the body prior to inspecting the skin lesion

1. Examine the skin lesion without hearing a health history in order to not prejudice the

diagnosis

____ 2. Jaundice is a state of high bilirubin in the bloodstream. It is most

commonly seen first in the:

1. Sclera
2. Nailbeds
3. Palms of the hands
4. Unexposed skin areas

____ 3. Skin turgor is best assessed by pinching skin over the:

1. Forehead
2. Forearm
3. Knees
4. Dorsum of the hand

____ 4. What kind of lesions are caused by the herpes simplex virus?

1. Scales
2. Vesicles
3. Plaques
4. Urticaria

____ 5. A patient presents with vesicles on a reddened base in a symmetrical

pattern on the lower neck and upper back, stating that he had noticed discomfort prior to

the onset of the "rash." Which of the following should be considered in your differential

diagnosis?

1. Dermatitis herpetiformis

2. Herpes zoster
3. Dishydrosis
4. Contact dermatitis

1. Dermatitis herpetiformis
2. Herpes zoster
3. Dishydrosis
4. Contact dermatitis

_____ 6. Herpetic whitlow is commonly located on:

1. The eyelid
2. The scalp
3. A finger
4. Lip

_____ 7. Which type of lesion is referred to as resembling “a dew drop on a rose

petal?”

1. Varicella zoster
2. Measles
3. Rubella
4. Tinea

_____ 8. Which lesions are typically located along the distribution of dermatome?

1. Scabies
2. Herpes zoster
3. Tinea
4. Dishydrosis

_____ 9. Folliculitis is most commonly due to:

1. Contact dermatitis
2. Varicella zoster
3. Dermatophytes
4. Staphylococcal infection

_____ 10. A patient presents with polymorphous lesions consisting of small, red

papules and vesicles, with a few eroded and crusted lesions. Your differential diagnosis

should include all except which of the following?

1. Herpes simplex
2. Varicella
3. Bacterial folliculitis
4. Contact dermatitis

_____ 11. The following has been associated with cervical and anal cancer:

1. Secondary syphilis
2. Human papilloma virus
3. Herpes simplex

4. Epstein-Barr virus

____ 12. During a routine exam, you notice a 5 mm lesion on the right medial

cheek. The border is raised and pearlescent in color and the area is crusted. The patient

admits that it has been present for several months and has only recently become tender

with the development of the crusting. This is most likely:

1. Squamous cell carcinoma
2. Epidermoid cyst
3. Basal cell carcinoma
4. Actinic keratosis

1. Squamous cell carcinoma

2. Epidermoid cyst

3. Basal cell carcinoma

4. Actinic keratosis

____ 13. A patient has a tender, firm, nodular cystic lesion on his scalp that

produces cheesy discharge with foul odor. This is most likely a:

1. Bacterial folliculitis
2. Basal cell carcinoma
3. Bullous impetigo
4. Epidermoid cyst

____ 14. Which of the following is not associated with development of erythema

multiforme?

1. Herpes virus
2. Mycoplasmas
3. Medications
4. Trauma

____ 15. Your patient complains of a progressive loss of pigment in various patches

on the body. Affected skin surfaces are otherwise normal (e.g. no scaling, vesicles,

elevation, or other changes). The most likely cause is:

1. Vitiligo
2. Acanthosis nigricans
3. Psoriasis
4. Pityriasis alba

____ 16. A patient has an irregularly shaped, brown to black lesion on the upper

arm that has changed color recently. The widest diameter is 6 mm. You should:

1. Measure and record the dimensions and

schedule follow-up to repeat measurement

in 2 weeks

1. Biopsy the lesion
2. Obtain skin scraping for dermatophytes
3. All of the above

____ 17. Which of the following skin disorders is associated with diabetes?

1. Acanthosis nigricans
2. Vitiligo
3. Impetigo
4. Folliculitis

____ 18. Which of the following disorders often presents in patients with café-au-lait

spots ?

1. Diabetes
2. Malignancy
3. Neurofibromatosis
4. Autoimmune disease

1. Diabetes
2. Malignancy
3. Neurofibromatosis
4. Autoimmune disease

____ 19. Patient presents with complaint of a “swollen node” under his arm. The

area is tender and the node has progressed in size over the past few days. Which of the

following should be included in your differential diagnosis?

1. Hidradenitis suppurativa
2. Epidermoid cyst
3. Furuncle
4. Both A and C

____ 20. Which of the following skin conditions frequently heralds an anaphylactic

reaction?

1. Contact dermatitis
2. Eczema
3. Urticaria
4. Erythema multiforme

____ 21. A patient with sarcoidosis has firm, tender, reddened nodules, along the

anterior aspect of the leg. These lesions are called:

1. Erythema multiforme

2. Erythema nodosum
3. A discoid rash
4. Lichen planus

____22. A patient suffered a laceration of the shin three days ago, and today

presents with a painful, warm, red swollen region around the area. The laceration has a purulent exudate. The clinician should recognize that the infected region is called:

1. Contact dermatitis
2. Folliculitis
3. Hidradenitis suppurative
4. Cellulitis

____23. A woman complains of malaise and arthralgias. You note a butterflyshaped, macular, erythematous rash across her cheeks and nose. These conditions are common in:

1. Psoriasis
2. Lichen planus
3. Systemic lupus erythematosus
4. Erythema nodosum

____24. Which of the following characteristics is not helpful in differentiating between psoriasis and atopic dermatitis?

1. Distribution
2. Family history
3. Lesion morphology
4. Chronicity

1. Distribution
2. Family history
3. Lesion morphology
4. Chronicity

____25. A patient presents complaining of recent onset of aching and malaise

followed by the development of a generalized rash. He denies previous rash although he does admit that about a month ago he had an open sore on his right hand that was nonpainful. The exam reveals a maculopapular rash and lymphadenopathy. This presentation is most consistent with:

1. Pityriasis rosea
2. Secondary syphilis
3. Herpetic whitlow

4. Pyogenic granuloma

Chapter 4. Head, Face, and Neck

Multiple Choice

Identify the choice that best completes the statement or answers the question.

____ 1. When obtaining a health history focusing on the patient's head, face, and neck, which of the following is particularly important in regard to risk of disease?

1. Past dental work
2. Use of alcohol and tobacco
3. History of tension headaches
4. Use of aspirin

____ 2. Which of the cranial nerves should be tested if the patient complains of numbness of the cheek?

1. Cranial nerve III
2. Cranial nerve V
3. Cranial nerve VII
4. Cranial nerve X

____ 3. Which of the cranial nerves should be tested when a patient presents with right-sided facial droop and inability to close the right eye?

1. Cranial nerve III
2. Cranial nerve V
3. Cranial nerve VII
4. Cranial nerve X

____ 4. A patient complains of pain with chewing, earache, and grinding her teeth when asleep. These are symptoms of:

1. Temporomandibular joint syndrome
2. Trigeminal neuralgia
3. Facial nerve palsy
4. Angina

____ 5. Inflammation of the parotid gland can cause which of the following conditions?

1. Trigeminal neuralgia
2. Bruxism
3. Mumps
4. Temporomandibular joint syndrome

____ 6. Calcium phosphate stones can develop within the salivary gland ducts.

This can occur in the disorder called:

1. Temporomandibular joint syndrome

2. Mumps
3. Trigeminal neuralgia
4. Sialoadenitis

1. Temporomandibular joint syndrome
2. Mumps
3. Trigeminal neuralgia
4. Sialoadenitis

____ 7. Your patient presents to the ER due to a bee sting on the cheek. As you are examining the patient, you note increasing facial swelling and redness as well as swelling of the lips and eyes. This condition is due to:

1. Angioedema
2. Parotitis
3. Sinusitis
4. Sialoadenitis

____ 8. Your patient accidentally cut his cheek while shaving 3 days ago. Today, the region is warm, erythematous, swollen, and has the appearance of an orange peel.

There is a serous exudate coming from the wound. This is most likely due to:

1. Folliculitis
2. Cellulitis
3. Suppurative Parotitis
4. Sialoadenitis

____ 9. A patient with systemic lupus erythematosus has been taking a prolonged course of steroids. She complains that her face appears swollen and has experienced a 10-pound weight gain. This is often referred to as:

1. Angioedema
2. Parotitis
3. Cushingoid effect
4. Myxedema

____ 10. A patient with a positive Lyme titer presents with left-sided unilateral facial droop and inability to close the left eye. This is most likely due to:

1. Trigeminal neuralgia
2. Temporomandibular joint syndrome
3. Multiple sclerosis
4. Bell's palsy

____ 11. A solitary cold nodule on Radioactive Iodine (RAI) uptake on a thyroid scan is suspicious for:

1. Hyperthyroidism
2. Myxedema
3. Trigeminal neuralgia
4. Thyroid Cancer

____ 12. A 6-year-old patient complains of a constantly itchy scalp that developed after returning home from school today. The most common cause for this condition in a child is:

1. Seborrheic dermatitis
2. Pediculosis
3. Psoriasis
4. Basal cell carcinoma

1. Seborrheic dermatitis
2. Pediculosis
3. Psoriasis
4. Basal cell carcinoma

____ 13. One of the most common signs of Epstein-Barr viral infection (infectious mononucleosis) is:

1. Swelling of the face
2. Parotitis
3. Cervical lymphadenopathy
4. Thyroid enlargement

____ 14. A goiter is most commonly associated with:

1. Hypothyroidism
2. Hyperthyroidism
3. Euthyroid function
4. All of the above

____ 15. On physical examination, your 55-year-old female patient has an enlarged thyroid gland. She complains of feeling hot all the time, nervousness, palpitations, tremor, and recent weight loss of 10 pounds over the past 3 weeks. These signs and symptoms are commonly due to:

1. Hypothyroidism
2. Hyperthyroidism
3. Thyroid cancer
4. All of the above

____ 16. A patient complains of burning, epigastric pain, and regurgitation of food when lying flat. It is important to recognize that these symptoms are common in: