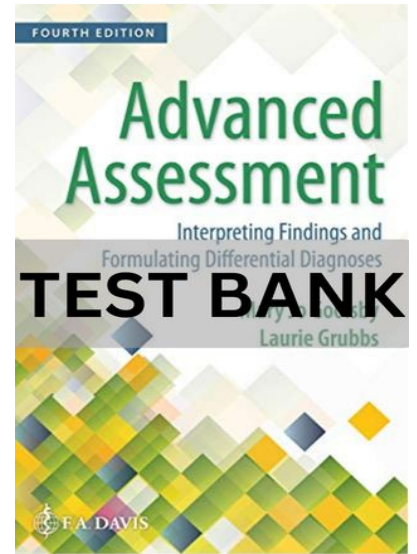


Chapter 1. Assessment and Clinical Decision Making: An Overview



MULTIPLE CHOICE

1. Which type of clinical decision making is most reliable?
 - A. Analytical I
 - B. Augenblink
 - C. Experiential
 - D. Intuitive

ANS: A

Croskerry (2009) describes two major types of clinical diagnostic decision making: intuitive and analytical. Intuitive decision making (similar to Augenblink decision making) is based on the experience and intuition of the clinician and is less reliable and paired with fairly common errors. In contrast, analytical decision making is based on careful consideration and has greater reliability with rare errors.

PTS: 1

2. You are using the PQRST approach while completing the history of present illness for a patient complaining of pain. Which of the following questions is relevant to the “P” portion of this approach?
 - A. How would you describe your pain?
 - B. Can you point to the area of most severe pain?
 - C. How has your pain changed since you first noticed it?
 - D. What makes the pain worse or better?

ANS: D

In the PQRST model, “P” refers to exploring precipitating and palliative factors. Identify factors that make the symptom worse and/or better, any previous self-treatment or prescribed treatment, and response.

PTS: 1

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3. Essential parts of a health history include all of the following except:
- A. Chief complaint
 - B. Current vital signs
 - C. History of the present illness
 - D. Review of systems

ANS: B

Vital signs are part of the physical examination portion of patient assessment, not part of the health history.

PTS: 1

4. While reading an article on hypothyroidism, you find a helpful graphic depiction of the decision-making process recommended by the authors to find a definitive diagnosis. This graphic is an example of:
- A. A clinical prediction tool
 - B. Clinical guidelines
 - C. A decision tree
 - D. A diagnostic finding guide

ANS: C

Clinical decision trees provide a graphic depiction of the decision-making process, showing the pathway based on findings at various steps in the process.

PTS: 1

5. Which of the following is the least reliable source of information for diagnostic statistics?
- A. Evidence-based investigations
 - B. Primary reports of research
 - C. Estimation based on a provider's experience
 - D. Published meta-analyses

ANS: C

Sources for diagnostic statistics include textbooks, primary reports of research, and published meta-analyses. Another source of statistics, the one that has been most widely used and available for application to the reasoning process, is the estimation based on a provider's experience, although these are rarely accurate. Over the past decade, the availability of evidence on which to base clinical reasoning is improving, and there is an increasing expectation that clinical reasoning be based on scientific evidence. Evidence-based statistics are also increasingly being used to develop resources to facilitate clinical decision making.

PTS: 1

6. Which of the following can be used to assist in sound clinical decision making?
- A. An algorithm published in a peer-reviewed journal article

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- B. Clinical practice guidelines
- C. Evidence-based research
- D. All of the above

ANS: D

To assist in clinical decision making, a number of evidence-based resources have been developed to assist the clinician. Resources, such as algorithms and clinical practice guidelines, assist in clinical reasoning when properly applied.

PTS: 1

7. If a diagnostic study has high sensitivity, this indicates:
- A. A high percentage of persons with the given condition will have an abnormal result
 - B. A high percentage of persons without the condition will have inconclusive results
 - C. A low likelihood of normal result in persons without a given condition
 - D. A low percentage of persons with the given condition will have an abnormal result

ANS: A

The sensitivity of a diagnostic study is the percentage of individuals with the target condition who show an abnormal, or positive, result. A high sensitivity indicates that a greater percentage of persons with the given condition will have an abnormal result.

PTS: 1

8. If a diagnostic study has high specificity, this indicates:
- A. A low percentage of healthy individuals will show a normal result
 - B. A high percentage of healthy individuals will show a normal result
 - C. A high percentage of individuals with a disorder will show a normal result
 - D. A low percentage of individuals with a disorder will show an abnormal result

ANS: B

The specificity of a diagnostic study is the percentage of normal, healthy individuals who have a normal result. The greater the specificity, the greater the percentage of individuals who will have negative, or normal, results if they do not have the target condition.

PTS: 1

9. A likelihood ratio above 1 indicates that a diagnostic test showing a:
- A. Positive result is strongly associated with the disease
 - B. Negative result is strongly associated with absence of the disease
 - C. Positive result is weakly associated with the disease
 - D. Negative result is weakly associated with absence of the disease

ANS: A

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The likelihood ratio is the probability that a positive test result will be associated with a person who has the target condition and a negative result will be associated with a healthy person. A likelihood ratio above 1 indicates that a positive result is associated with the disease; a likelihood ratio less than 1 indicates that a negative result is associated with an absence of the disease.

PTS: 1

10. Which of the following clinical reasoning tools is defined as an evidence-based resource based on mathematical modeling to express the likelihood of a condition in select situations, settings, and/or patients?
- A. Clinical practice guideline
 - B. Clinical decision rule
 - C. Clinical algorithm
 - D. Clinical recommendation

ANS: B

Clinical decision (or prediction) rules provide another support for clinical reasoning. Clinical decision rules are evidence-based resources that provide probabilistic statements regarding the likelihood that a condition exists if certain variables are met with regard to the prognosis of patients with specific findings. Decision rules use mathematical models and are specific to certain situations, settings, and/or patient characteristics.

PTS: 1

Chapter 2. Genomic Assessment: Interpreting Findings and Formulating Differential Diagnosis

MULTIPLE CHOICE

1. The first step in the genomic assessment of a patient is obtaining information regarding:
- A. Family history
 - B. Environmental exposures
 - C. Lifestyle and behaviors
 - D. Current medications

ANS: A

A critical first step in any health assessment is collecting and interpreting the family health history (FHH). FHH is key because it reflects shared genetic susceptibilities, shared environment, and common behaviors (Yoon, Scheuner, & Khoury, 2003).

PTS: 1

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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):
- A. Consultand
 - B. Consulband
 - C. Index patient
 - D. Proband

ANS: D

A proband is a family member who manifests symptoms of a particular condition and/or brings the family to medical attention (Bennett, 2010).

PTS: 1

3. An autosomal dominant (AD) disorder involves the:
- A. X chromosome
 - B. Y chromosome
 - C. Mitochondrial DNA
 - D. Non-sex chromosomes

ANS: D

AD inheritance is a result of a gene mutation in one of the 22 autosomes.

PTS: 1

4. To illustrate a union between two second cousin family members in a pedigree:
- A. Arrows are drawn pointing to the male and female
 - B. Brackets are drawn around the male and female
 - C. Double horizontal lines are drawn between the male and female
 - D. Circles are drawn around the male and female

ANS: C

A consanguineous family is related by descent from a common ancestry and is defined as a “union between two individuals who are related as second cousins or closer” (Hamamy, 2012). Consanguinity, if present in the family history, is portrayed using two horizontal lines to establish the relationship between the male and female partners.

PTS: 1

5. To illustrate two family members in an adoptive relationship in a pedigree:
- A. Arrows are drawn pointing to the male and female
 - B. Brackets are drawn around the male and female
 - C. Double horizontal lines are drawn between the male and female
 - D. Circles are drawn around the male and female

ANS: B

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For adopted members of the family, use brackets as the appropriate standardized pedigree symbol.

PTS: 1

6. When analyzing the pedigree for autosomal dominant (AD) disorders, it is common to see:
- A. Several generations of affected members
 - B. Many consanguineous relationships
 - C. More members of the maternal lineage affected than the paternal
 - D. More members of the paternal lineage affected than the maternal

ANS: A

Pedigrees associated with AD disorders typically reveal multiple affected family members with the disease or syndrome. When analyzing the pedigree for AD disorders or syndromes, it is common to see a vertical pattern denoting several generations of affected members.

PTS: 1

7. In autosomal recessive (AR) disorders, individuals need:
- A. Only one mutated gene on the sex chromosomes to acquire the disease
 - B. Only one mutated gene to acquire the disease
 - C. Two mutated genes to acquire the disease
 - D. Two mutated genes to become carriers

ANS: C

In AR disorders, the offspring inherits the condition by receiving one copy of the gene mutation from each of the parents. AR disorders must be inherited through both parents (Nussbaum et al., 2016). Individuals who have an AR disorder have two mutated genes, one on each locus of the chromosome. Parents of an affected person are called carriers because each carries one copy of the mutation on one chromosome and a normal gene on the other chromosome. Carriers typically are not affected by the disease.

PTS: 1

8. In autosomal recessive (AR) disorders, carriers have:
- A. Two mutated genes: one from each parent that causes disease
 - B. A mutation on a sex chromosome that causes a disease
 - C. A single gene mutation that causes the disease
 - D. One copy of a gene mutation but not the disease

ANS: D

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Individuals who have an AR disorder have two mutated genes, one on each allele of the chromosome. Parents of an affected person are called carriers because each parent carries one copy of the mutation on one chromosome and a normal gene on the other chromosome. Carriers typically are not affected by the disease. In pedigrees with an AR inheritance pattern, males and females will be equally affected because the gene mutation is on an autosome.

PTS: 1

9. With an autosomal recessive (AR) 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):
- A. 50% chance that offspring will carry the disease
 - B. 10% chance that offspring will be affected by the disease
 - C. 25% chance that offspring will carry the disease
 - D. 10% chance that offspring will be disease free

ANS: A

It is important that parents understand that if they both carry a mutation, the risk to each of their offspring (each pregnancy) is an independent event: 25% disease free, 25% affected, and 50% carrier.

PTS: 1

10. A woman with an X-linked dominant disorder will:
- A. Not be affected by the disorder herself
 - B. Transmit the disorder to 50% of her offspring (male or female)
 - C. Not transmit the disorder to her daughters
 - D. Transmit the disorder to only her daughters

ANS: B

Everyone born with an X-linked dominant disorder will be affected by the disease. Transmission of the disorder to the next generation varies by gender, however. A woman will transmit the mutation to 50% of all her offspring (male or female).

PTS: 1

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:
- A. Autosomal dominant disorder
 - B. Chromosomal disorder
 - C. Mitochondrial DNA disorder
 - D. X-linked dominant disorder

ANS: D

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A man with an X-linked dominant disorder will transmit the mutation to 100% of his daughters (they receive his X chromosome) and none of his sons (they receive his Y chromosome). The pedigree of a family with an X-linked dominant disorder would reveal all the daughters and none of the sons affected by the disorder if the father has an X-linked disorder.

PTS: 1

12. A woman affected with an X-linked recessive disorder:
- A. Has one X chromosome affected by the mutation
 - B. Will transmit the disorder to all of her children
 - C. Will transmit the disorder to all of her sons
 - D. Will not transmit the mutation to any of her daughters

ANS: C

An X-linked recessive disorder means that in a woman, both X chromosomes must have the mutation if she is to be affected. Because males have only one copy of the X chromosome, they will be affected if their X chromosome carries the mutation.

PTS: 1

13. Which of the following are found in an individual with aneuploidy?
- A. An abnormal number of chromosomes
 - B. An X-linked disorder
 - C. Select cells containing abnormal-appearing chromosomes
 - D. An autosomal recessive disorder

ANS: A

An individual with an abnormal number of chromosomes has a condition called aneuploidy, which is frequently associated with mental problems or physical problems or both (Jorde et al., 2015; Nussbaum et al., 2016).

PTS: 1

14. The pedigree of a family with a mitochondrial DNA disorder is unique in that:
- A. None of the female offspring will have the disease
 - B. All offspring from an affected female will have the disease
 - C. None of the offspring of an affected female will have the disease
 - D. All offspring from an affected male will have the disease

ANS: B

Mitochondrial DNA is inherited from the ovum and, therefore, from the mother. The pedigree of a family with a mitochondrial DNA disorder is unique in that all offspring (regardless of gender) of an affected female will have the disease, and none of the offspring from an affected male will have the disease.

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PTS: 1

15. Which population is at highest risk for the occurrence of aneuploidy in offspring?
- A. Mothers younger than age 18
 - B. Fathers younger than age 18
 - C. Mothers older than age 35
 - D. Fathers older than age 35

ANS: C

Some individuals or couples have unique identifiable risks that should be discussed prior to conception whenever possible. For example, women who will be 35 years of age or older at delivery (advanced maternal age) are at increased risk for aneuploidy.

PTS: 1

16. Approximately what percentage of cancers are due to a single-gene mutation?
- A. 50% to 70%
 - B. 30% to 40%
 - C. 20% to 25%
 - D. 5% to 10%

ANS: D

The majority of cancers are sporadic or multifactorial due to a combination of genetic and environmental factors; however, approximately 5% to 10% of all cancers are due to a single-gene mutation (Garber & Offit, 2005).

PTS: 1

17. According to the Genetic Information Nondiscrimination Act (GINA):
- A. Nurse practitioners (NPs) should keep all genetic information of patients confidential.
 - B. NPs must obtain informed consent prior to genetic testing of all patients.
 - C. Employers cannot inquire about an employee's genetic information.
 - D. All of the above

ANS: D

On May 21, 2008, President George W. Bush signed the Genetic Information Nondiscrimination Act (GINA) to protect Americans against discrimination based on their genetic information when it comes to health insurance and employment, paving the way for patient-personalized genetic medicine without fear of discrimination (National Human Genome Research Institute, 2012).

PTS: 1

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18. The leading causes of death in the United States are due to:
- A. Multifactorial inheritance
 - B. Single gene mutations
 - C. X-linked disorders
 - D. Aneuploidy

ANS: A

Most disease-causing conditions are not due to a single-gene disorder, but to multifactorial inheritance, a result of genomics and environmental or behavioral influences. In fact, the leading causes of mortality in the United States—heart disease, cerebrovascular disease, diabetes, and cancer—are all multifactorial. Most congenital malformation, hypertension, arthritis, asthma, obesity, epilepsy, Alzheimer’s disease, and mental health disorders are also multifactorial.

PTS: 1

19. Which of the following would be considered a red flag that requires more investigation in a patient assessment?
- A. Colon cancer in family member at age 70
 - B. Breast cancer in family member at age 75
 - C. Myocardial infarction in family member at age 35
 - D. All of the above

ANS: C

Early onset cancer syndromes, heart disease, or dementia are red flags that warrant further investigation regarding hereditary disorders.

PTS: 1

20. When patients express variable forms of the same hereditary disorder this is due to:
- A. Penetrance
 - B. Aneuploidy
 - C. De novo mutation
 - D. Sporadic inheritance

ANS: A

Some disorders have a range of expression from mild to severe. This variability is referred to as the penetrance of genetic disease. For example, patients with neurofibromatosis (NF1), an AD disorder of the nervous system, may manifest with many forms of the disease. For instance, some patients with NF1 may have mild symptoms, like café au lait spots or freckling on the axillary or skin, while others may have life-threatening spinal cord tumors or malignancy (Jorde et al., 2015; Nussbaum et al., 2016).

PTS: 1