

## **Chapter 01: The Patient Interview**

### **Des Jardins: Clinical Manifestations and Assessment of Respiratory Disease, 8th Edition**

#### **MULTIPLE CHOICE**

1. The respiratory care practitioner is conducting a patient interview. The main purpose of this interview is to:
  - a. review data with the patient.
  - b. gather subjective data from the patient.
  - c. gather objective data from the patient.
  - d. fill out the history form or checklist.

**ANS: B**

The interview is a meeting between the respiratory care practitioner and the patient. It allows the collection of subjective data about the patient's feelings regarding his/her condition. The history should be done before the interview. Although data can be reviewed, that is not the primary purpose of the interview.

2. For there to be a successful interview, the respiratory therapist must:
  - a. provide leading questions to guide the patient.
  - b. reassure the patient.
  - c. be an active listener.
  - d. use medical terminology to show knowledge of the subject matter.

**ANS: C**

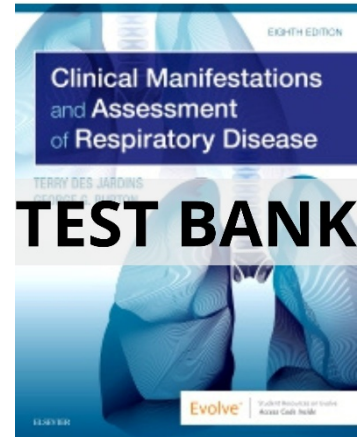
The personal qualities that a respiratory therapist must have to conduct a successful interview include being an active listener, having a genuine concern for the patient, and having empathy. Leading questions must be avoided. Reassurance may provide a false sense of comfort to the patient. Medical jargon can sound exclusionary and paternalistic to a patient.

3. Which of the following would be found on a history form?
  1. Age
  2. Chief complaint
  3. Present health
  4. Family history
  5. Health insurance provider
  - a. 1, 4
  - b. 2, 3
  - c. 3, 4, 5
  - d. 1, 2, 3, 4

**ANS: D**

Age, chief complaint, present health, and family history are typically found on a health history form because each can impact the patient's health. Health insurance provider information, while needed for billing purposes, would not be found on the history form.

4. External factors the respiratory care practitioner should make efforts to provide during an interview include which of the following?



1. Minimize or prevent interruptions.
2. Ensure privacy during discussions.
3. Interviewer is the same sex as the patient to prevent bias.
4. Be comfortable for the patient and interviewer.
  - a. 1, 4
  - b. 2, 3
  - c. 1, 2, 4
  - d. 2, 3, 4

ANS: C

External factors, such as a good physical setting, enhance the interviewing process.

Regardless of the interview setting (the patient's bedside, a crowded emergency room, an office in the hospital or clinic, or the patient's home), efforts should be made to (1) ensure privacy, (2) prevent interruptions, and (3) secure a comfortable physical environment (e.g., comfortable room temperature, sufficient lighting, absence of noise). An interviewer of either gender, who acts professionally, should be able to interview a patient of either gender.

5. The respiratory therapist is conducting a patient interview. The therapist chooses to use open-ended questions. Open-ended questions allow the therapist to do which of the following?
  1. Gather information when a patient introduces a new topic.
  2. Introduce a new subject area.
  3. Begin the interview process.
  4. Gather specific information.
    - a. 4
    - b. 1, 3
    - c. 1, 2, 3
    - d. 2, 3, 4

ANS: C

An open-ended question should be used to start the interview, introduce a new section of questions, and gather more information from a patient's topic. Closed or direct questions are used to gather specific information.

6. The direct question interview format is used to:
  1. speed up the interview.
  2. let the patient fully explain his/her situation.
  3. help the respiratory therapist show empathy.
  4. gather specific information.
    - a. 1, 4
    - b. 2, 3
    - c. 3, 4
    - d. 1, 2, 3

ANS: A

Direct or closed questions are best to gather specific information and speed up the interview. Open-ended questions are best suited to let the patient fully explain his/her situation and possibly help the respiratory therapist show empathy.

7. During the interview the patient states, "Every time I climb the stairs I have to stop to catch my breath." Hearing this, the respiratory therapist replies, "So, it sounds like you get short of breath climbing stairs." This interviewing technique is called:

- a. clarification.
- b. modeling.
- c. empathy.
- d. reflection.

ANS: D

With reflection, part of the patient's statement is repeated. This lets the patient know that what he/she said was heard. It also encourages the patient to elaborate on the topic. Clarification, modeling, and empathy are other communication techniques.

8. The respiratory therapist may choose to use the patient interview technique of silence in which of the following situations?
- a. To prompt the patient to ask a question
  - b. After a direct question
  - c. After an open-ended question
  - d. To allow the patient to review his/her history

ANS: C

After a patient has answered an open-ended question, the respiratory therapist should pause (use silence) before asking the next question. This pause allows the patient to add something else before moving on. The patient may also choose to ask a question.

9. To have the most productive interviewing session, which of the following types of responses to assist in the interview should the respiratory therapist avoid?
- a. Confrontation
  - b. Reflection
  - c. Facilitation
  - d. Distancing

ANS: D

With confrontation, the respiratory therapist focuses the patient's attention on an action, feeling, or statement made by the patient. This may prompt a further discussion. Reflection helps the patient focus on specific areas and continues in his/her own way. Facilitation encourages patients to say more, to continue with the story. The respiratory therapist should avoid giving advice, using avoidance language, and using distancing language.

10. When closing the interview, the respiratory therapist should do which of the following?
- 1. Recheck the patient's vital signs.
  - 2. Thank the patient.
  - 3. Ask if the patient has any questions.
  - 4. Close the door behind himself/herself for patient privacy.
- a. 2
  - b. 2, 3
  - c. 1, 3, 4
  - d. 1, 2, 4

ANS: B

To end the interview on a positive note, the respiratory therapist should thank the patient and ask if the patient has any questions. If there is no need for the vital signs to be checked, they should not be. The door may be left open or closed, depending on the situation.

11. The respiratory therapist should be aware of a patient's culture and religious beliefs for which of the following reasons?
- To be able to engage in a meaningful conversation
  - To change any misguided notions the patient has that may impact his/her health
  - To explain to the patient how these beliefs will lead to discrimination and stereotyping
  - To better understand how the patient's beliefs may impact how the patient thinks and behaves

ANS: D

Culture and religious beliefs may have a profound effect on how patients think and behave, and this may impact their health or health care decisions. The role of the respiratory therapist is not to change the patient's beliefs, engage in sensitive conversations, or discuss discrimination. Rather, the respiratory therapist needs to understand how these beliefs may impact the patient's health care decisions.

12. Which of the following are the most important components of a successful interview?
- Communication and understanding
  - Authority and the use of medical terminology
  - Providing assurance and giving advice
  - Asking leading questions and anticipating patient responses to questions

ANS: A

Communication and understanding are the basis for a good patient interview. Authority, the use of medical jargon, providing assurance, giving advice, asking leading questions, and anticipating are all types of nonproductive communication forms and create barriers to patient communication.

13. The respiratory therapist is conducting a patient interview and recording responses in the patient's electronic health record. The respiratory therapist should take which of the following into account regarding the use of the computer to record responses?
- The therapist's attention may be shifted from the patient to the computer.
  - The patient will feel more important than if the information is recorded on paper.
  - The therapist will be less likely to make spelling errors if using a spell-check program.
  - The environment will be more professional and the patient will be more likely to open up if the interview is conducted with paper.

ANS: A

The therapist's use of the computer can be threatening and may, in some cases, be a potential hazard to good patient communication. The patient can be intimidated to the point of "shutting down." In addition, the therapist who has to shift focus from the patient to the computer can miss important verbal and nonverbal messages.

## **Chapter 02: The Physical Examination**

### **Des Jardins: Clinical Manifestations and Assessment of Respiratory Disease, 8th Edition**

#### **MULTIPLE CHOICE**

1. When would induced hypothermia be indicated?
- During brain surgery

- b. During bowel surgery
- c. To break a fever
- d. To treat carbon monoxide poisoning

ANS: A

Induced hypothermia may involve only a portion of the body or the whole body. Induced hypothermia is often indicated before certain surgeries, such as heart or brain surgery, or after return of spontaneous circulation after a cardiac arrest.

2. A 50-year-old patient has a heart rate by palpation of 120 bpm. How should this be interpreted?
- a. Within the normal range for an adult
  - b. An error since a stethoscope was not used
  - c. Bradycardia
  - d. Tachycardia

ANS: D

In an adult, a heart rate of greater than 100/minute is considered to be tachycardia. A heart rate of less than 60/minute in an adult is considered to be bradycardia. Palpation and auscultation are both acceptable to check heart rate.

3. Tachypnea may be the result of:
- 1. hypoxemia.
  - 2. hypothermia.
  - 3. fever.
  - 4. sedation.
- a. 2, 4
  - b. 1, 3
  - c. 2, 3, 4
  - d. 1, 2, 3

ANS: B

Tachypnea may be the result of hypoxemia, fever, and other causes. Hypothermia and sedation will usually result in bradycardia.

4. A 50-year-old patient would be said to have hypotension when her:
- a. blood pressure is 130/90 mm Hg.
  - b. blood pressure is 85/55 mm Hg.
  - c. heart rate is 55 bpm.
  - d. pulse pressure is 40 mm Hg.

ANS: B

Hypotension is said to be present when the patient's blood pressure falls below 90/60 mm Hg. A heart rate of 55 bpm would be bradycardia. Pulse pressure is normally about 40 mm Hg.

5. A dull percussion note would be heard in which of the following situations?
- 1. Atelectasis
  - 2. Pleural thickening
  - 3. Chronic obstructive pulmonary disease (COPD)
  - 4. Consolidation
- a. 1, 2
  - b. 3, 4

- c. 2, 3, 4
- d. 1, 2, 4

ANS: D

Because of hyperinflation, a patient with COPD would have a hyperresonant percussion note. All of the other listed options would result in a dull percussion note.

6. Coarse crackles are associated with:
- 1. inspiration typically.
  - 2. air passing through an airway intermittently occluded by mucus.
  - 3. bronchial asthma.
  - 4. expiration typically.
- a. 2, 4
  - b. 3, 4
  - c. 2, 3, 4
  - d. 1, 2, 3

ANS: A

Coarse crackles are associated with air passing through an airway intermittently occluded by mucus; they are more typically heard during inspiration, not expiration. Wheezes are an expiratory sound associated with bronchial asthma.

7. While assessing an unconscious patient, the respiratory therapist observes that the patient's breathing becomes progressively faster and deeper and then progressively becomes slower and shallower. After that, there is a period of apnea before the cycle begins again. This breathing pattern would be identified as:
- a. Cheyne-Stokes.
  - b. Tachypnea.
  - c. Kussmaul.
  - d. Hyperventilation.

ANS: A

The abnormal breathing pattern called *Cheyne-Stokes* is identified by progressively faster and deeper breathing that then progressively becomes slower and shallower. After that there is a period of apnea before the cycle begins again. Tachypnea is rapid breathing. Kussmaul breathing is consistently fast and deep breathing. Hyperventilation is confirmed by a low carbon dioxide level.

8. Benefits of pursed-lip breathing include that it:
- 1. stabilizes airways.
  - 2. offsets air trapping on exhalation.
  - 3. generates a better gas mixing breathing pattern.
  - 4. increases the respiratory rate.
- a. 1
  - b. 2, 3
  - c. 1, 2, 3
  - d. 2, 3, 4

ANS: C

All of the listed options are benefits of pursed-lip breathing in a patient with an airway obstruction problem such as asthma or COPD.