

NR 509 APEA 3P EXAM WEEK 4 2024 UPDATE

QUESTIONS AND VERIFIED ANSWERS WITH

RATIONALES ALREADY GRADED A+

A 59-year-old unemployed man complains of almost always feeling tired and hungry, despite getting sufficient rest and having a good appetite and access to sufficient food. The patient is obese and, despite the warm weather outside, wearing thermal socks with his sandals. He says this is because his feet are always cold and "feel funny." With which body system should the clinician begin the examination?

- **b. Head and neck**
- **Rationale: The physical examination should proceed "head to toe" to optimize patient comfort; minimize the number of changes in patient position; and, because it is always done in the same way, to ensure that nothing is missed. Even though symptoms are reported in the lower extremities, the examination will attend to this region at the appropriate time. The same argument applies to the posterior thorax, abdomen, and nervous system.**

A 65-year-old retired pilot visits the clinic because of recurrent headache. The patient reports dizziness of recent onset (previous 2 weeks) and occasional numbness on the left side. Which of the following systems or regions should be examined in the clinician's focused assessment?

- ✓ **Nervous**
- ✓ **Rationale: The nervous system examination covers mental status, cranial nerves, motor and sensory systems, and reflexes. The presence of headache, dizziness, and numbness suggest nervous system involvement. Symptoms of cardiovascular involvement include palpitations, chest pain, edema, or heart murmurs, none of which are noted in the case description. Musculoskeletal problems are usually associated with muscle or joint pain or stiffness. The respiratory system should be examined when patients have a cough, difficulty breathing, or hemoptysis. The gastrointestinal system should be examined when patients complain of heartburn, irregular or bloody stools, or food intolerance (among other symptoms).**

A 54-year-old diplomat working at the United Nations reports occasional chest pain and a sense of tightness in his chest when particularly stressed over work deadlines. The patient is 6 feet 4 inches tall. He has a temperature of 98.6°F and blood pressure of 140/78. He has a cut over one eye that he says is "from shaving." Which of the following represents subjective information about this patient?

- ✓ **d. Cut over eye from shaving**

- ✓ **Rationale: Subjective information is any information that the patient reports but that is not directly observable or measurable. In this case, the cut is observable but the manner in which the cut was sustained is not. Shaving injuries are not usually seen above an eye, so this part of the patient's report could be explored further. Temperature, blood pressure, and height are incorrect because these were measured by the clinician. Employment at the United Nations is incorrect because, although this was not measured by the clinician, it is a fact that can be verified objectively.**

A 32-year-old office worker reports excessive stress at work and pain in the right lower quadrant. She states that last night she vomited twice. Her blood pressure is 120/75, heart rate 93 bpm. The patient looks pale and is sweating lightly. Which of the following is an objective finding?

- ✓ **e. Accelerated heart rate**
- ✓ **Rationale: Objective findings are those detected on physical examination by the clinician. A resting heart rate of 93 bpm is higher than normal. Pain in the right lower quadrant, history of vomiting, and the patient's high stress level are all subjective findings because they rely on the patient's report. A pale appearance is not necessarily an objective finding, because what appears pale to one clinician might not appear pale to another.**

A 29-year-old electrician complains of persistent cough and wheezing, particularly when he exercises. He says he smokes "occasionally" but rarely so much that he needs to purchase cigarettes: "Mostly, I bum them," he says, chuckling. Upon hearing this information, what is the best next step on the part of the clinician?

- ✓ **b. Determine the number of pack-years the patient smokes.**
- ✓ **Rationale: An accurate determination of a patient's tobacco use is important for assessing the overall health risk due to smoking. Although the patient minimizes his smoking, it is possible that the number of cigarettes smoked per day and the length of time he has smoked would result in a high pack-year value. Although determining the patient's exercise regimen could be of value later on, it is not necessarily relevant to his presenting problem, which is coughing. Exercise simply precipitates this symptom. There are no signs such as memory loss or anxiety suggesting that a mental status examination would be helpful. At some point, it may become important to explain the relationship between smoking and cancer, but this would not be the best "next step" in fact-finding. Similarly, determining a patient's immunization history is important for health maintenance, but is not necessary for the initial diagnosis of the causes of his problem.**

A 47-year-old fitness trainer visits the physician assistant (PA) because of skin dryness, night sweats, and irregular menstrual periods. It is the PA's first contact with this patient. The patient notes that "My sex life has really gone downhill lately" and says that she is considering divorcing her husband of 20 years, stating that "He's not a bad guy. I just think that I can do better." In which of the following ways should the clinician proceed?

- ✓ **Obtain a menstrual history for the previous 6 months.**
- ✓ **Rationale: It is important to review the seven attributes of a patient's principal symptom(s), which in this case are skin dryness, night sweats, reduced interest in sex, and irregular menstrual periods. Helping the patient review the pros and cons of divorce would not address her physical symptoms. Informing the patient that menopause is a normal part of aging, although perhaps appropriate in the longer term, is premature since it has not been determined that she is perimenopausal. There are no symptoms that would prompt the clinician to conduct a breast examination. Symptoms that might lead one to determine the patient's out-of-country travel history include a rash, fever, or other signs of infection, which are absent here.**

A 26-year-old homeless male presents for a new-patient evaluation at a community health center. He has a history of intravenous drug use, from which he contracted hepatitis C. He also suffers from uncontrolled asthma that he has had since childhood, with treatment including frequent doses of oral steroids when he cannot keep inhalers in his possession. Two years ago, he was diagnosed with bipolar disorder. On today's visit, his main concern is a small abscess in his right antecubital fossa at a heroin injection site. Which of the following is the best approach to the health history for this patient at his first visit?

Good!

- ✓ **e. A comprehensive health history**
- ✓ **Rationale: Almost all new patients should undergo a comprehensive health history including the history of present illness (HPI), past medical history, family history, personal and social history, and ROS. This patient, in particular, has a complex past with a number of current issues; becoming acquainted with the whole picture of his health and health care at the first visit can make future visits more streamlined and fruitful. In this patient's case, he has one very acute issue that must be addressed that day (the abscess), but his other chronic conditions can wait until future visits for more thorough treatment. A clinician-centered health history is incorrect because it is structured toward discrete data items desired by the clinician, such as ticking boxes for billing reasons. This approach may not best serve the needs of a patient with such a complex medical and social history. A health history with only yes-no options is incorrect because this may be helpful in the ROS portion of a history, such an approach is unlikely to elicit this patient's full range of conditions and needs. An ROS only is incorrect because it is a very limited portion of the examination that often covers areas not mentioned in the HPI. Performing this portion alone is inadequate for any patient or conditions. A problem-focused health history is incorrect because this patient's abscess may**

require a brief problem-focused assessment (when did it start? how painful it is? any associated symptoms?), his overall care demands a more thorough subjective history to establish appropriate care.

A 39-year-old nurse who is a well-established patient complains of irregular menstrual periods and pelvic pain. She says that she is having trouble sleeping and asks whether she could be given a "sleeping pill." The patient also says she is thinking of leaving her job. What is the best "next step" in caring for this patient?

- ✓ **c. Obtain a more complete description of problems.**
- ✓ **Rationale: It is critical to thoroughly understand the patient's problem in order to narrow the focus of the examination. This is particularly true when symptoms are reported in multiple body systems, as in this case. To the extent possible, the seven attributes of each symptom should be explored. Although it may be necessary to perform a pelvic examination, the exam will yield more information if the clinician has determined, for example, the patient's pregnancy history. The clinician may need to obtain a urine sample for testing later but should have a possible diagnosis in mind when doing so. A similar argument applies regarding obtaining blood for testing—testing for what? Recent travel destinations should be elicited if there is a suspicion that an infectious agent was acquired somewhere else, but more information is needed to determine whether this would be a realistic suspicion.**

A 29-year-old female professional athlete presents to a new primary care provider with chronic menstrual complaints. She remarks to the nursing staff that, in the past, she has experienced a dismissal of her complaints because of her high level of physical fitness and conditioning. She is seeking a care provider who will explore the issue in more detail and work with her particular concerns. Which of the following is the description of the patient-centered care this individual seeks?

- ✓ **b. Validating and empathetic with open-ended questions**
- ✓ **Rationale: Patient-centered care is loosely structured, supportive, aimed at meeting the patient where they are in their disease process, and characterized by open-ended questions. Structured and clinician-centered with open-ended questions is incorrect because open-ended questions are consistent with patient-centered care, and the description specifically endorses clinician-centered care. Dismissive and concrete with open-ended questions is incorrect because open-ended questions are consistent with patient-centered care, whereas concrete questions are left out in favor of unstructured discussion. A dismissive attitude is never appropriate in patient care. Affirming and reassuring with close-ended questions is incorrect because it is consistent with patient-centered care, whereas close-ended questions are best left to structured visits around singular and concrete conditions, such as an acute urinary tract infection. Factual and structured with active listening is incorrect because active listening is**