

PCOM MEDNET Family Medicine Residency Programs--- TEST
Intensive Family Medicine Board Review – PCOM Philadelphia Campus, Evans Hall
Saturday, February 20, 2016

1) 4-day-old 39 wks. 7lbs 2oz newborn. NSVD without complications. Breastfeeding every 2 hours. Discharged from nursery day 2. (TcB=8.6 at that time). Follow up in office at 4 days of life, appears jaundiced

What would be the best next step?

- a) Stop breastfeeding and give formula
- b) Admit to hospital for photo therapy
- c) Observe bilirubin was normal at 48 hours. No further evaluation needed
- d) Venous bilirubin measurement ASAP.

2) 5 day old brought by mother because concerned about rash. States that she noticed on 3rd day of life. Looks like chicken pox on face and chest. Baby had normal pregnancy and nursery stay. Breastfeeding well and had regained birth weight. No sick contacts.



What is the rash on this newborn?

- a) Erythma toxicum neonatorum
- b) Transient neonatal pustular Melanosis
- c) Acne neonatorum
- d) Seborrheic Dermatitis
- e) Milia

3) 5 day old brought by mother because concerned about rash. After diagnosing the rash you do a physical exam and notice a clunk when pressing upwards and abducting the left hip. What is the next step?

- a) ultrasound of hip
- b) x ray of hips
- c) Referral for Palvik harness
- d) Observe repeat exam in 2 weeks.

4) 12 month old male for routine visit. Mother concerned about development. What expected at this visit?(choose all that apply)

- a) Lead screening and hematocrit
- b) blood pressure measurement
- c) developmental screening for speech skills, asking if putting 2 words together
- d) Anticipatory guidance, recommendation for child remain in backwards facing car seat

5) 4 year old female for routine visit. Patient was up to date at last visit. Mother concerned about safety of multiple vaccines at one visit.

What vaccines are due at this visit?

- a) MMR and Varicella
- b) DTap and IPV
- c) DTap, IPV, Influenza, MMR and Varicella
- d) Influenza only

6) 11 year old male for routine visit. Parents concerned with decreasing grades and lack of energy. What should be covered in this visit?

- a) School and friends
- b) Smoking and drugs
- c) ADHD questionnaire
- d) Vaccines
- e) All of the above

7) 11 year old healthy male for routine check up. Which of the following are true regarding scoliosis screening?

- a) USPTF does not recommend routine screening for scoliosis
- b) screening is indicated if tanner stage is 3 or higher
- c) screening is indicated if history of trauma
- d) screening is best done after child has had a rapid increase in height

8) Which answer is not true concerning OSHA requirements for protection against blood borne and respiratory pathogens?

- a) You should perform FIT testing after major facial surgery.
- b) N-95 respirator masks can function as both a surgical mask and respirator.
- c) You can write your name on the front of your N-95 respirator mask.
- d) You must use safer devices on the market to prevent needle sticks.
- e) People with severe cardiopulmonary disease may not be able to wear a respirator.

9) You have an open position for a medical assistant in your primary care office. Which topics are not acceptable to ask during the interview process?

- a) General knowledge
- b) Problem solving strategies
- c) Work ethic
- d) Number of children

e) Computer skills

10) What does the positive predictive value determine?

- a) The percentage of healthy people that are correctly identified.
- b) The percentage of sick people that are correctly identified as having the disease.
- c) The probability that the patient does have a disease given a positive testing result.
- d) The probability that the patient does not have a disease given a negative testing result.

11) A patient presents for an initial Medicare annual wellness visit. What is your billing CPT code?

- a) 99214
- b) 99386
- c) G0438
- d) 99387
- e) G0439

12) A patient present for a sinus infection. You evaluate the patient and decide to prescribe oral amoxicillin/clavulanate and perform OMT to the head and cervical spine. What are your billing CPT codes?

- a) 99213 – modifier 25, 98925
- b) 99213 – modifier 51, 98925
- c) 99213 – modifier 25, 98927
- d) 99213 – modifier 51, 98927
- e) 99213 – modifier 25, 98928

13) Which action does not comply with HIPPA regulations?

- a) Posting a Notice of Privacy Practices in a visible location.
- b) Fax a patient's personal health information without a coversheet.
- c) Change EHR passwords often
- d) Send emails with personal health information using a secure, encrypted, platform

14) 14 yo female with clear/ white vaginal discharge. Recently became sexually active. Pelvic exam reveals: pH<4.5, many WBCs on wet mount, no other pertinent findings. The most likely cause is

- a) Bacterial Vaginosis
- b) Trichomoniasis
- c) Chlamydia
- d) Candida
- e) Physiologic Discharge

This Q and A relates to Slide # ____ 14 ____

15) 28 yo female with Left Lower quadrant pelvic pain. Pain had a very acute onset. She has associated Nausea and vomiting. Scant thin vaginal discharge. She is sexually active. She believes she has had a similar pain in the past that was self resolving. Pelvic exam reveals left adnexal tenderness. T= 99.0, BP 135/90, HR 90, RR14. The next best step would be:

- a) Ultrasound
- b) Ultrasound with Doppler flow
- c) IM ceftriaxone and oral doxycycline
- d) CT with contrast
- e) CT without contrast

This Q and A relates to Slide # ___21___

16) 40 yo female with Left adnexal and suprapubic pain. The pain is worsened during intercourse. No abnormal vaginal discharge but does complain of several years of menorrhagia. Pelvic exam reveals mild uterine tenderness and an enlarged uterus. T= 99.0, BP 135/90, HR 90, RR14. The next best step would be:

- a) Ultrasound
- b) Ultrasound with Doppler flow
- c) IM ceftriaxone and oral doxycycline
- d) CT with contrast
- e) CT without contrast

This Q and A relates to Slide # _____24___

17) Risk Factors for ovarian cancer include:

- a) Multiparity
- b) Unopposed progestin
- c) Endometriosis
- d) HPV
- e) Alcohol use

This Q and A relates to Slide # ___31___

18) A 58 yo female presents complaining of “hot flashes” for several months. During the same period, her menstruation has become more sporadic. She states that her cousin had her “hormones fixed” which helped her symptoms and she wants to know if she can have “hormones” as well. Which of the follow is true about Hormone replacement therapy?

- a) Increased risk of Coronary Artery Disease
- b) Increased risk of fracture
- c) Estrogen alone should be given to all patients to reduce the risk of endometrial cancer
- d) Decreased risk of Breast Cancer
- e) Black cohosh has been proven to be as effective for vasomotor complaints as hormone replacement

This Q and A relates to Slide # __54___

19. The sympathetic innervations of the heart arise from:
- a) L1-L2
 - b) T5-T9 L
 - c) C2-C7
 - d) T1-T6
 - e) T5-T9 R
20. EKG findings that are most commonly associated with acute pulmonary embolism include all of the following except:
- a) RV strain pattern
 - b) RVH
 - c) S1Q3T3 pattern
 - d) Sinus tachycardia
 - e) Second degree AV block – Mobitz Type I
21. All of the following leads localize to an acute lateral myocardial infarction except:
- a) aVL
 - b) I
 - c) aVF
 - d) V5
 - e) V6