

PHA 510: Adult Internal Medicine APPE Pre/Post-Clerkship Self-Assessment

Student Name: _____

Date: _____

Purpose

This assessment is used primarily as a tool for the student to gage their progress during the clerkship. It will not be given a formalized grade and will not count as part of your final clerkship grade.

Instructions

The entire assessment is multiple choice or matching items. Please circle the **MOST** appropriate answer or answers. Do not use any references or notes when taking this assessment and do not take the assessment in pairs or groups. Remember, this is not graded, it does not count toward your final grade and it will allow **YOU** to gage **YOUR** progress and knowledge.

1. Some of the signs of a CHF exacerbation include:
 - a. Lower extremity edema
 - b. Wheezing
 - c. SOB
 - d. Hypertension
 - e. JVD

2. When treating an acute CHF exacerbation which diuretic would be appropriate to use?
 - a. Bumetanide
 - b. HCTZ
 - c. Furosemide
 - d. Triamterene

3. When treating an acute CHF exacerbation with diuretics what is the preferred route of diuretic administration?
 - a. Intramuscular
 - b. IV
 - c. Oral
 - d. Subcutaneous

4. Which of the following antibiotics can be used empirically to treat community acquired pneumonia?
 - a. Penicillin
 - b. Ceftriaxone
 - c. Clindamycin
 - d. Azithromycin
 - e. Levofloxacin

5. Which of the following medications can prolong the QTc interval on the ECG?

- Erythromycin
- Levofloxacin
- Aspirin
- Amitriptyline
- Amoxicillin
- Atorvastatin
- Olanzapine
- Enalapril
- Haloperidol

6. Vancomycin covers which of the following organisms?

- Pseudomonas
- Methacillin-resistant Staph. aureus
- Enterococcus
- E. coli

7. Clopidogrel should be used in which of the following situations?

- Patients who have a history of peptic ulcers
- Patients with an allergy to aspirin
- Patients who have atrial fibrillation
- Patients who have a new coronary stent

8. Which of the following medications can be used for stress ulcer prophylaxis?

- Sucralfate
- Metoclopramide
- Ranitidine
- Pantoprazole
- Calcium carbonate

9. The following should be used to prevent rebleeding of upper GI bleeds:

- IV ranitidine infusion
- Sucralfate
- Intermittent IV pantoprazole
- IV pantoprazole infusion

10. For each of the following vasopressive agents indicate if the listed physiologic responses increase (\uparrow), decrease (\downarrow) or remain the same (\leftrightarrow):

Epinephrine:	HR _____	BP _____	heart contractile force _____
Norepinephrine:	HR _____	BP _____	heart contractile force _____
Dopamine:	HR _____	BP _____	heart contractile force _____
Dobutamine:	HR _____	BP _____	heart contractile force _____
Phenylephrine:	HR _____	BP _____	heart contractile force _____
Milrinone:	HR _____	BP _____	heart contractile force _____

11. Which of the following findings in a urinalysis would indicate an infection?

- High RBC count
- Positive esterase
- Casts
- Bacteria
- High WBC count
- Positive nitrates

12. What colony count in a urine culture is indicative of infection?

- > 100
- > 1000
- > 10,000
- > 100,000

13. A sputum sample that contained which of the following would be inadequate for culture?

- WBCs
- Bacteria
- Epithelials
- RBCs

14. Which of the following organisms can be contaminants in blood cultures?

- Staph epidermidis
- Candida albicans
- Staph aureus
- Klebsiella oxytoca
- Pseudomonas auriogenosa

15. Match the following medications to their most appropriate use for patients with acute coronary syndromes:

a. aspirin	_____ pain control
b. metoprolol	_____ prevention of acute stent restenosis
c. heparin	_____ antiplatelet
d. morphine	_____ decrease acute mortality from arrhythmia
e. nitroglycerine	_____ coronary vasodilation
f. tPA	_____ stabilize plaque
g. lisinopril	_____ reduce complications of cardiac cath
h. eptifibatide	_____ prevent remodeling
i. clopidogrel	_____ dissolve clot
j. simvastatin	_____ prevent clot enlargement

16. When evaluating vancomycin dosing you should look at which of the following:

- Liver function
- Kidney function
- Vancomycin peaks and troughs
- Vancomycin troughs alone

17. Which of the following are appropriate for DVT prophylaxis?

- a. Heparin 5000 units IV Q12H
- b. Enoxaparin 40 mg Subcutaneous daily
- c. Heparin 5000 units Subcutaneous Q8H
- d. Graduated compression stockings
- e. Enoxaparin 60 mg subcutaneous Q12H
- f. Intermittent pneumatic compression (IPC) devices

18. Match the following DVT regimens to their most appropriate indications:

a. Heparin 5000 units Subcutaneous Q8H	<input type="checkbox"/> critically-ill patient
b. Enoxaparin 40 mg Subcutaneous daily	<input type="checkbox"/> intracranial hemorrhage
c. Enoxaparin 30 mg Subcutaneous Q12H	<input type="checkbox"/> dialysis patient
d. IPCs	<input type="checkbox"/> knee replacement

19. Aminoglycoside toxicity can be reduced by doing which of the following:

- a. Using “once-daily” dosing
- b. Slowing infusion time
- c. Keeping trough levels below 2 mcg/dL
- d. Using with another antibiotic

20. Which are complications of heparin therapy?

- a. Purple toe syndrome
- b. Thrombocytopenia
- c. Arrhythmia
- d. Bleeding
- e. HIT
- f. Osteoporosis