

**Chapter 02 - Delivering Evidence-Based Respiratory Care**  
**Kacmarek et al.: Egan's Fundamentals of Respiratory Care, 11th Edition**

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**MULTIPLE CHOICE**

Quality in the practice of respiratory care encompasses which of the following?

- Personnel performing care
- Equipment used
- Method or manner in which care is provided
- Level of experience of respiratory care providers
- 1 and 2 only
- only
- 1, 3, and 4 only
- d. 1, 2, 3, and 4

ANS: D

Quality, as applied to the practice of respiratory care, is multidimensional. It encompasses the personnel who perform respiratory care, the equipment used, and the method or manner in which care is provided.

DIF: Recall      REF: p. 18      OBJ: 1

Who is professionally responsible for the clinical function of the respiratory care department?

- Shift supervisor
- Department head
- Medical director
- Clinical supervisor

ANS: C

The medical director of respiratory care is professionally responsible for the clinical function of the department and provides oversight of the clinical care that is delivered (Box 2-1).

DIF: Recall      REF: p. 19      OBJ: 1

What is the most essential aspect of providing quality respiratory care?

- Care being provided is indicated.
- Care is delivered competently and appropriately.
- Physician appropriately evaluates patient before care is initiated.
- 1 and 2 only
- 3 only
- 2 and 3 only
- 1, 2, and 3

ANS: A

The medical director of respiratory care is professionally responsible for the clinical function of the department and provides oversight of the clinical care that is delivered (Box 2-1).

DIF: Recall      REF: p. 19      OBJ: 2

The medical director of respiratory care is responsible for which of the following?

Supervision of ongoing quality assurance activities  
Supervision of respiratory therapists performing pulmonary function testing  
Participation in the selection and promotion of technical staff  
Medical direction of the in-service and educational programs

1 only

1 and 4 only

1, 2, and 3 only

d. 1, 2, 3, and 4

ANS: D

Perhaps the most essential aspect of providing quality respiratory care is to ensure that the care being provided is indicated and that it is delivered competently and appropriately.

DIF: Recall

REF: p. 19

OBJ: 1

What is the chief reason that respiratory care protocols were developed and are currently being used in hospitals throughout North America?

Enhance proper allocation of respiratory care services.

Decrease patient care costs to hospitals and insurance companies.

Expand patient care skills among respiratory care providers.

Enhance efficiency of respiratory care personnel in providing patient care.

ANS: A

Misallocation has led to the use of respiratory care protocols that are implemented by respiratory therapists (as described under “Methods for Enhancing the Quality of Respiratory Care”).

DIF: Application

REF: p. 19

OBJ: 1

Which of the following factors is important in determining the quality of care delivered by a respiratory therapist?

Education

Experience

Training

All of the above

ANS: D

The quality of respiratory therapists depends primarily on their training, education, experience, and professionalism.

DIF: Recall

REF: p. 19

OBJ: 1

Respiratory care education programs are reviewed by which committee to ensure quality?

Committee on Accreditation for Respiratory Care

American Association for Respiratory Care Education

Joint Review Committee Respiratory Care Education

Respiratory Care Education Committee

ANS: A

Respiratory care education programs are reviewed by the Committee on Accreditation for Respiratory Care (CoARC).

DIF: Recall      REF: p. 19      OBJ: 1

The word “credentialing” in general refers to what?

- Recognition of an individual in the profession
- Licensure by a state or national organization
- Successful completion of entry-level board examination
- Voluntary certification by state agency

ANS: A

“Credentialing” is a general term that refers to the recognition of individuals in particular occupations or professions.

DIF: Recall      REF: p. 20      OBJ: 1

What term is used to describe the process in which a government agency gives an individual permission to practice an occupation?

- Certification
- Licensure
- Registry
- Credentialing

ANS: B

Licensure is the process in which a government agency gives an individual permission to practice an occupation.

DIF: Recall      REF: p. 20      OBJ: 1

What agency is responsible for ensuring quality in respiratory care through voluntary certification and registration?

- JRCRTE
- CoARC
- NBRC
- AARC

ANS: C

The primary method of ensuring quality in respiratory care is voluntary certification or registration conducted by the National Board for Respiratory Care (NBRC).

DIF: Recall      REF: p. 21      OBJ: 1

What organization is responsible for credentialing respiratory therapists?

- AARC
- ATS
- NBRC
- ACCP

ANS: C

The primary method of ensuring quality in respiratory care is voluntary certification or registration conducted by the National Board for Respiratory Care (NBRC).

DIF: Recall      REF: p. 21      OBJ: 1

Which of the following are characteristics of a respiratory care professional?

- Participates in continuing education activities.
- Obtains professional credentials.
- Adheres to a code of ethics.
- Completes an accredited education program.

- a. 1, 2 and 3 only
- b. 2, 3, and 4 only
- c. 1, 2, and 4 only
- d. 1, 2, 3, and 4

ANS: D

A professional is characterized as an individual conforming to the technical and ethical standards of a profession. Respiratory therapists demonstrate their professionalism by maintaining the highest practice standards, by engaging in ongoing learning, by conducting research to advance the quality of respiratory care, and by participating in organized activities through professional societies such as the American Association for Respiratory Care and associated state societies. Box 2-3 lists the professional attributes of a respiratory therapist.

DIF: Recall      REF: p. 21      OBJ: 1

HIPAA was established in 1996 to set standards related to sharing confidential health history information about patients. What does the letter “P” stand for?

- Privacy
- Portability
- Patient
- Protection

ANS: B

HIPAA is the Health Insurance Portability and Accountability Act.

DIF: Recall      REF: p. 22      OBJ: 1

Which of the following is an essential element of a comprehensive protocol program?

- Carefully structured assessment tool and care plan form
- Active quality monitoring
- Comprehensive delineation of boundaries between respiratory care, nursing, and physician personnel
- Both b and c

ANS: A

Carefully structured assessment tool and care plan form (Figures 2-3 and 2-4) are essential elements for a comprehensive protocol program.

DIF: Recall      REF: p. 22      OBJ: 2

What voluntary accrediting agency monitors quality in respiratory care departments?

- JRCRTE
- AARC
- FDA
- The Joint Commission

ANS: D

The Joint Commission requires a hospital service to have a quality assurance plan to provide a system for controlling quality.

DIF: Recall      REF: p. 21      OBJ: 1

Current Joint Commission standards for accreditation emphasize which of the following?

- Continual quality improvement
- Therapist-driven protocols
- License and registration of health care providers
- Health, welfare, and safety of patients using respiratory care equipment

ANS: A

Current Joint Commission standards for accreditation emphasize organization-wide efforts for continuous quality improvement (CQI).

DIF: Recall      REF: p. 21      OBJ: 1

To monitor correctness of respiratory care plans, which of the following should be used?

- Nursing care plans
- Physician progress notes
- Care plan auditors and case study exercises
- Daily patient rounds with medical director

ANS: C

Specific methods to monitor the quality of respiratory care protocol programs include conducting care plan audits in real time and ensuring practitioner training by using case study exercises.

DIF: Application      REF: pp. 27-28      OBJ: 2

What is one advantage that has been shown of respiratory care protocols?

- Increase in the number of procedures performed by respiratory care providers
- Decrease in the overordering of respiratory care services
- Decrease in the cost savings to respiratory care departments
- Decrease in the cost of performing each respiratory care procedure

ANS: B

Most studies show a significant decrease in overordering respiratory care services.

DIF: Application      REF: pp. 22-23      OBJ: 2

Treatment based on careful review of available literature is known as:

- evidence-based medicine.
- protocol-based medicine.
- review-based medicine.
- team-based health care.

ANS: A

Evidence-based medicine refers to an approach to determining optimal clinical management based on several practices.

DIF: Recall      REF: p. 30      OBJ: 5

What term is used to describe the work done by a researcher who reviews numerous studies on a single topic and gives more weight to the more rigorous ones before making recommendations?

- White paper
- Meta-analysis
- Alpha review
- Apical review

ANS: B

Meta-analyses assess the quality of available evidence and give weight to better-designed, more rigorous studies.

DIF: Recall      REF: p. 32      OBJ: 5

How are competencies being used to monitor the quality of respiratory care?

- They focus on cost saving strategies.
- They are used to check the skill and knowledge of respiratory through the use of clinical simulations.
- They are used to educate therapist on new treatments and procedures.
- They are used to review protocols.

ANS: B

The purpose of competencies is to check for having suitable and sufficient skills, knowledge, and experience for specific tasks.

DIF: Recall      REF: p. 26      OBJ: 3

What is/are the essential component(s) comprise(s) disease management programs?

- An integrated health care system that can provide a full range of a patient's needs
  - A knowledge regarding prevention, diagnosis, and treatment of diseases
  - A commitment to CQI
  - A sophisticated clinical and administrative information system that helps assess patterns in the clinical practice
- and 3 only  
only  
and 4 only  
d. 1, 2, 3, and 4

ANS: D

All of the above are the essential components for a disease management team to be successful at meeting the clinical needs of the patients and hospital.

DIF: Recall      REF: pp. 31-32      OBJ: 4

What is a cohort study?

- Comparing the clinical outcomes from two different groups
- Single patient study
- A literature-based review
- Collection of patients with similar clinical situations

ANS: A

Cohort studies, which compare the clinical outcomes in two compared groups (or cohorts), generally have greater scientific rigor than case studies or case series and consist of two broad types of study designs: observational cohort studies and randomized controlled trials.

DIF: Recall      REF: pp. 31-32      OBJ: 5

What are the key outcomes that are looked at in different types of studies?

- Patient survival
- Discharge from ICU
- Organ system failure
- All of the above

ANS: D

All three are important key outcomes that are evaluated and compared when looking at study results.

DIF: Recall      REF: pp. 31-32      OBJ: 5

**Chapter 03 - Quality, Patient Safety, and Communication, and Recordkeeping**  
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**MULTIPLE CHOICE**

Which of the following is/are potential area(s) of risk to patients receiving respiratory care?

- Movement and ambulation
- Electrical shock
- Fire hazards
- 1 only
- and 3 only
- only
- 1, 2, and 3

ANS: D

The key areas of potential risk are (1) patient movement and ambulation, (2) electrical hazards, and (3) fire hazards.

DIF: Recall      REF: p. 42      OBJ: 2 | 3

Lifting heavy objects is best done with which of the following techniques?

- Straight spine, bent legs
- Straight spine, straight legs
- Bent spine, bent legs
- Bent spine, straight legs

ANS: A

Note that the correct technique calls for a straight spine and use of the leg muscles to lift the object.

DIF: Application      REF: p. 43      OBJ: 1

Which of the following factors are most critical in determining when a patient can be ambulated?

- Willingness of patient
- Stability of vital signs
- Absence of severe pain
- 2 and 3 only
- 1 and 2 only
- 1, 2, and 3
- 1 and 3 only

ANS: A

Ambulation should begin as soon as the patient is physiologically stable and free of severe pain.

DIF: Application      REF: p. 43      OBJ: 2

Which of the following statements is false about patient ambulation?

- Ambulation is necessary for normal body functioning.

Patients must be carefully monitored during ambulation.  
Chairs or emergency supports must be available during ambulation.  
Patients with intravenous (IV) lines should not be ambulated.

ANS: D

Place all equipment (e.g., intravenous [IV] equipment, nasogastric tube, surgical drainage tubes) close to the patient to prevent dislodging during ambulation.

DIF: Application REF: p. 43 OBJ: 2

Which of the following parameters should be monitored during ambulation?

- Skin color
- Breathing rate and effort
- Level of consciousness
- Urine output
- 1 and 2 only
- 3 and 4 only
- 1, 2, and 3 only
- d. 1, 2, 3, and 4

ANS: C

Skin color, breathing rate and effort, and level of consciousness provide clues to how well the patient is tolerating ambulation.

DIF: Application REF: p. 43 OBJ: 2

Which of the following terms describes the power potential behind electrical energy?

- Voltage
- Current
- Ohms
- Resistance

ANS: A

Voltage is the power potential behind the electrical energy.

DIF: Recall REF: p. 44 OBJ: 3

Which of the following is used to report electrical current?

- Ohms
- Voltage
- Amps
- Cycles

ANS: C

Current is the flow of electricity from a point of higher voltage to one of lower voltages and is reported in amperes (or amps).

DIF: Recall REF: p. 44 OBJ: 3

What is the primary factor determining the effect of an electrical shock?

- Current
- Temperature

Resistance

Voltage

ANS: A

It is important to note that current represents the greatest danger to you or your patients when electrical shorts occur.

DIF: Recall REF: p. 45 OBJ: 4

Which of the following are key factors determining the extent of harm caused by an electrical current?

Duration for which the current is applied

Path the current takes through the body

Amount of current flowing through the body

The location the current enters the body

and 4 only

and 3 only

1, 2, and 3

1, 2, and 4 only

ANS: C

The harmful effects of current depend on (1) the amount of current flowing through the body, the path it takes, and (3) the duration the current is applied.

DIF: Application REF: p. 45 OBJ: 4

If 120 V are applied to a system with 1000 Ohms of resistance, what is the current?

100 A

100 Ohms

120 mA

120 A

ANS: C

The current is now calculated as  $\text{amps} = 120 \text{ V} / 1000 \text{ Ohms} = 0.12 \text{ A}$  or 120 mA.

DIF: Application REF: p. 45 OBJ: 3

Which of the following organs is the most sensitive to the effects of electrical shock?

Liver

Heart

Kidneys

Lungs

ANS: B

Because the heart is susceptible to any current level above 100 mA, the 120 mA represents a potentially fatal shock.

DIF: Recall REF: p. 45 OBJ: 4

In which of the following clinical situations is the normally high resistance of the skin bypassed?

In patients with external pacemaker wires