

MEDICAL OFFICE PROCEDURES (250)

REGIONAL – 2015

Objective Section:

Multiple Choice (20 @ 5 points each)	_____	(100 points)
Abbreviations (10 @ 3 points each)	_____	(30 points)
Matching (10 @ 3 points each)	_____	(30 points)
Proofreading HPIP Document (10 @ 4 points each)	_____	(40 points)

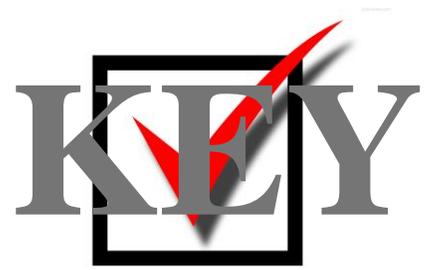
Production Portion:

Job 1: SOAP Document	_____	(100 points)
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TOTAL POINTS _____ ***(300 points)***

Judge/Graders: Please double check and verify all scores and answer keys!

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Part I—Multiple Choice: 20 @ 5 points each = 100 points

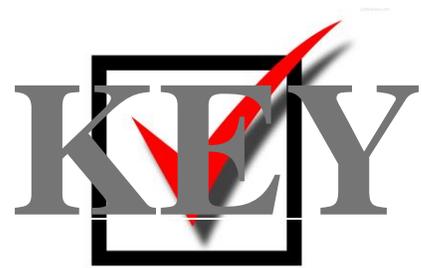
1. B
2. A
3. C
4. B
5. B
6. D
7. C
8. D
9. B
10. A
11. B
12. C
13. B
14. D
15. A
16. B
17. D
18. A
19. A
20. A

Part II—Abbreviations: 10 @ 3 points each = 30 points

1. Chief complaint
2. Electronic medical record(s)
3. gastrointestinal
4. preferred provider organization
5. weight
6. nausea and vomiting
7. last menstrual period
8. head, eyes, ears, nose and throat
9. explanation of benefits
10. coordination of benefits

Part III—Matching: 10 @ 3 points each = 30 points

- | | |
|-------|-------|
| 11. J | 16. L |
| 12. F | 17. I |
| 13. K | 18. G |
| 14. E | 19. H |
| 15. C | 20. A |



Part IV—Proofreading: 40 points possible Circle each proofreading error in the HPIP form below. (Proofreading errors 4 points each)

Patient Name: Jacob D. Tracy
Date of Birth: 2/09/1975
Date of Exam: 10/12/2013

PCP: C.K. Winston, M.D.

Sex: Male

HISTORY OF PRESENT ILLNESS: Mr. Tracy is a 40-year-old male admitted to Riverside Medical Center for treatment of deep **vain** thrombophlebitis in his lower left extremity. Mr. Tracy has always been healthy, has never been hospitalized, and has had no medical problems until **resently**. About six weeks ago, he developed a superficial thrombophlebitis of the left lower extremity. He was treated for this without incident and seemed to improve. About one week ago, he was trying to get back into shape and started to work out on a treadmill. He noted some discomfort in his left calf, which he attributed to **mussel** pain and continued his exercise. Over the past 24 hours, the left lower extremity has become more **paneful** and swollen. He was **scene** by Dr. Winston **athe** Riverside Medical Center and a Doppler ultrasound was performed demonstrating clear evidence of deep venous thrombosis. He is now admitted for treatment of that condition. He has not **hand** any undue shortness of breath nor has he had any palpitations, cough, or chest pain. He notes that he usually runs a rapid pulse in the range of 80 or 90.

PHYSICAL EXAMINATION: This is a well-developed male, who appears somewhat older **then** his stated age.

IMPRESION:

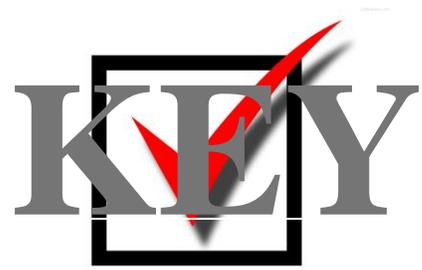
1. Deep vein thrombophlebitis, lower extremity.
2. Tachycardia.

PLAN: The patient was admitted for treatment of the condition with **a** ultrasound performed to assess further treatment.

C.K. Winston, M.D.

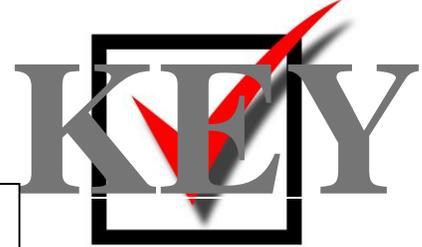
(DS)
CKW:xx

D: 03/09/2015
T: 03/09/2015



Proofreading Errors	Corrections
1. Vain	vein
2. Resently	recently
3. Mussel	muscle
4. Paneful	painful
5. Scene	seen
6. athe (spacing error)	at the
7. Hand	had
8. Then	than
9. Impression	IMPRESSION
10. a	an

4 points per error circled



Part V—SOAP Report

SOAP Medical Transcription Form
All Margins: 1”
Patient Name Line: 2.5” from top
Second Page Text begins: 1” from top

Patient Name: Kiernan Davis

PCP: Ian M. Giangobbe, M.D.

Date of Birth: 08/08/1980

Date of Exam: 01/15/2014

Sex: Male

(DS)

SUBJECTIVE: Kiernan Davis is the husband of Denise Davis. Kiernan indicates that he has difficulty walking. His left knee hurts to the point that he has to limp. He has tried taking Tylenol, but there is no relief. Over the past three months, the pain has increased.

(DS)

OBJECTIVE: He is on Coumadin 7.5 mg four days, 5 mg three days. Other medicines are Allegra, Protonix, Diovan, Vitamin Eyes with lutein, Omega, and Selenium (study for colon cancer).

(DS)

ASSESSMENT: Mr. Davis has osteoarthritis of the left knee. Today we talked about knee replacement surgery, small knee incisions, standard knee incisions, pain medicine, and modification in great detail. The intent on Mr. Davis’s part is that as I have done his wife’s surgery, he would like me to do the surgery on his knee. I explained to him that I could not guarantee that I would do a small knee approach on him. What I would be more concerned about would be to control the bleeding and to make accurate bone cuts and that we would probably use a modified standard incision unless his tissue were a lot more flexible than I thought they were. The advantages of that, of course, would be also they wouldn’t take quite as long. He feels that is the way he would want to go. In preparation for his surgery, we would certainly want Doctor Lind to participate in his perioperative care. It sounds like we would stop the Coumadin and perhaps initiate Lovenox after the Coumadin was stopped, continue Lovenox postoperatively, resume the Coumadin, and then, once his protime is back to a satisfactory level, stop the Lovenox.

(DS)

PLAN: Left knee replacement.

(QS from last line of report to signature line.)

Ian M. Giangobbe, M.D.

(DS)

IMG:(contestant’s number)

D: (Yesterday’s Date)

T: (Today’s Date)

Scoring	100 points possible
0 errors	100 points
1 error	90 points
2 errors	70 points
3 or more errors	0 points