



GS-C SAMPLE QUESTIONS

The correct answer, blueprint area, and rationale for each question appear at the end of the ten questions.

1. The APRN is working in the emergency department where a critically ill 86-year-old patient is being seen by a healthcare provider. The provider orders a drug that appears on the Beers List of Potentially Inappropriate Medications. The APRN should understand that the drug
 1. can only be prescribed by a licensed physician.
 2. may be acceptable in a specific situation for a short period of time.
 3. can be used safely only in younger adults.
 4. needs preauthorization by the payer before it can be prescribed.

2. A 73-year-old female presents with severe right eye pain, nausea, and decreased vision. The APRN recognizes these findings as signs of
 1. acute glaucoma.
 2. giant cell arteritis.
 3. a detached retina.
 4. an acute ischemic stroke.

3. As a primary care provider, the APRN recognizes that Medicare Advantage Plans include
 1. Medicare A, only.
 2. Medicare A and B, only.
 3. Medicare A, B, and sometimes D.
 4. Medicare A, B, sometimes D, and extra benefits (i.e., dental).

4. A 78-year-old male with a history of mild cognitive impairment comes to the office accompanied by his wife. She is concerned because he has become more forgetful and recently got lost going to a neighborhood store. To assess the patient's change in mental status, which of the following would be the *preferred* assessment tool?
1. Clock Drawing Assessment (CDA).
 2. Confusion Assessment Method (CAM).
 3. Montreal Cognitive Assessment (MoCA).
 4. Comprehensive Geriatric Assessment (CGA).

5. The APRN has been caring for a patient who was admitted to a skilled nursing facility following a hip fracture. The patient is ready for discharge with home health services. In order for Medicare home health services to be ordered, a face-to-face visit must occur no more than
 1. 7 days prior to home health or within 14 days after the start of care.
 2. 30 days prior to home health or within 7 days after the start of care.
 3. 45 days prior to home health or within 7 days after the start of care.
 4. 90 days prior to home health or within 30 days after the start of care.

Test	Result	Normal Range
Hemoglobin	10.1 g/dL	12.1 - 20.0 g/dL
Hematocrit	40.4%	37 - 47%
MCV	80 fL	78 - 98 fL
MCH	30 pg	27 - 31 pg
Serum Iron	33.8	42 - 135 mcg/dL
Transferrin Saturation	15.0%	15% - 50%
Serum Ferritin	152.1	40 - 160 ng/mL
Total Iron Binding	219 mcg/dL	250 - 350 mcg/dL

6. A 79-year-old female and recent widow presents to the primary care clinic with vague symptoms of fatigue and decreased energy. Her laboratory findings are shown above. The APRN would correctly diagnose the patient as having
1. pernicious anemia.
 2. anemia of chronic disease.
 3. folic acid deficiency anemia.
 4. iron deficiency anemia.

7. Which of the following oral antidiabetic agents is *most* likely to cause a patient to fall?
1. Sitagliptin (Januvia).
 2. Pioglitazone (Actos).
 3. Glyburide (DiaBeta).
 4. Acarbose (Precose).

8. Measurement of resident outcomes in an accredited long-term care facility has shown less than excellent results. In response to the negative report, which of the following occurrences would be *most* beneficial for the facility?
1. The evaluation report provides the catalyst to motivate the administration to institute change.
 2. The residents are empowered to expect improved staff performance.
 3. The administration discharges several problematic patients.
 4. The findings in the evaluation precipitate the resignation of poorly performing staff.

9. Which of the following types of medication is associated with urinary retention and overflow incontinence in men who have benign prostatic hyperplasia?
1. Probiotics.
 2. Proton-pump inhibitors.
 3. Cardiac glycosides.
 4. Decongestants.

10. When measuring quality in an institution, which of the following is considered a ***process measure***?
1. Use of an electronic medical record (EMR) system by providers in the healthcare organization.
 2. Proportion of patients with myocardial infarction (MI) who were prescribed beta blockers.
 3. Percentage of post-hospitalization readmissions for heart failure.
 4. Rate of hospital-acquired pressure ulcer injuries.

Answer Key

1. **Answer:** 2

Blueprint Area: III. Prescribes medications, including consideration of risks and benefits of pharmacotherapy for complex older adults.

Rationale: The Beers Criteria have not been validated for use in the emergency department. It is possible that selected medications on the Beers List would be acceptable for short-term use in a specific situation.

2. **Answer:** 1

Blueprint Area: I. Performs comprehensive assessment of the complex older adult.

Rationale: Acute angle-closure glaucoma is an ocular emergency that requires immediate attention. Its symptoms include severe eye and face pain, nausea and vomiting, and an abrupt decrease in visual acuity. Measures must be taken promptly to lower the intraocular pressure to avoid damage to the neurons of the retina or optic nerve, which can lead to a rapid and permanent loss of vision.

3. **Answer:** 4

Blueprint Area: VI. Anticipates and manages transitions of care between sites and providers.

Rationale: Medicare Advantage Plans include the following benefits:

- (1) Part A, which is hospital insurance. This pays for hospital care and treatment.
- (2) Part B, which is medical insurance. This pays for doctor/APRN visits (in some cases), for outpatient services, and doctor/APRN visit as a hospital inpatient.
- (3) Part D helps pay for prescribed medications.
- (4) Medicare Advantage and Special Needs plans, which might be available for certain plans. For example, some plans may include dental benefits and payment for fitness program memberships.

4. **Answer:** 3

Blueprint Area: I. Performs comprehensive assessment of the complex older adult.

Rationale: The Montreal Cognitive Assessment is a cognitive screening test designed to assist healthcare professionals in the detection of mild cognitive impairment and Alzheimer's disease. It is designed to assess attention and concentration, executive functions, memory, language, conceptual thinking, calculations, and orientation. It is available online and is free to use.

5. **Answer:** 4

Blueprint Area: VI. Anticipates and manages transitions of care between sites and providers.

Rationale: According to the CMS regulations (available online), in this case and in similar cases, the APRN must see the patient no more than 90 days prior to the home health start-of-care date or within 30 days after the start-of-care date.

6. **Answer:** 2
Blueprint Area: II. Performs appropriate screening, diagnostic testing, treatment, and planning of care for the complex older adult.
Rationale: Anemia of chronic disease is a normocytic, normochromic, chronic anemia due to chronic infections (e.g., tuberculosis), chronic inflammation (e.g., rheumatoid arthritis, neoplastic disease), as well as other chronic illnesses (e.g., liver disease, diabetes mellitus). Laboratory findings include low serum iron despite normal iron stores. The anemia is usually mild, progressive, and asymptomatic.
7. **Answer:** 3
Blueprint Area: III. Prescribes medications, including consideration of risks and benefits of pharmacotherapy for complex older adults.
Rationale: Glyburide is an insulin stimulator that can cause severe hypoglycemia, which causes weakness and dizziness that can lead to patient falls. Additionally, glyburide appears on Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Pioglitazone, an insulin sensitizer, has minimal hypoglycemic effects but may cause or exacerbate heart failure. Sitagliptin inhibits the enzyme GPP-4 and causes minimal hypoglycemia. Acarbose, an alpha-glucosidase inhibitor, causes flatulence and abdominal distension but minimal hypoglycemia.
8. **Answer:** 1
Blueprint Area: VII. Uses a systems-based approach to anticipate and deploy resources to optimize outcomes for older adult populations.
Rationale: Measurement of outcomes is an important way to demonstrate quality of care in long-term care facilities. A finding of less than excellent outcomes may provide the tension within the facility needed for important changes to occur.
9. **Answer:** 4
Blueprint Area: III. Prescribes medications, including consideration of risks and benefits of pharmacotherapy for complex older adults.
Rationale: Oral decongestants are α_1 -adrenergic agonists (sympathomimetic) drugs that increase alpha-adrenergic tone in the prostatic urethra and bladder neck, resulting in constriction and bladder outlet obstruction. This leads to urinary retention and overflow incontinence.
10. **Answer:** 2
Blueprint Area: VII. Uses a systems-based approach to anticipate and deploy resources to optimize outcomes for older adult populations.
Rationale: According to the Agency for Healthcare Research and Quality (AHRQ), **process measures** indicate what a provider does to maintain or improve health for a particular population, which often reflect generally accepted guidelines for clinical practice. This would include prescribing beta blockers for persons who had MIs. **Structural measures** provide information about the healthcare provider's capacity, systems, and processes to provide high-quality care, such as the use of an EMR system.

Outcome measures reflect the impact of healthcare services on the patients' health, such as the percent of post-hospitalization readmissions for heart failure or the rate of hospital-acquired infections or pressure ulcer injuries.