

# MEDICAL OFFICE PROCEDURES (28)

## Regional – 2010

Objective Portion (15 @ 10 points each)	_____	(150 pts.)
Abbreviations (15 @ 15 points each)	_____	(225 pts.)
Medical Transcriptions	_____	(350 pts.)
Proofreading (10 @ 10 points each)	_____	(100 pts.)

**TOTAL POINTS** \_\_\_\_\_ **(825)**

***Failure to adhere to any of the following rules will result in disqualification:***

- 1. Contestant must hand in this test booklet and all printouts. Failure to do so will result in disqualification.***
- 2. No equipment, supplies, or materials other than those specified for this event are allowed in the testing area. No previous BPA tests and/or sample tests or facsimile (handwritten, photocopied, or keyed) are allowed in the testing area.***
- 3. Electronic devices will be monitored according to ACT standards.***

No more than ten (10) minutes orientation  
No more than 60 minutes actual testing time  
No more than ten (10) minutes wrap-up

Property of Business Professionals of America.  
May be reproduced only for use in the Business Professionals of America  
*Workplace Skills Assessment Program* competition.

**MEDICAL OFFICE PROCEDURES  
REGIONAL 2010  
PAGE 2 of 7**

**PART I: Multiple Choice Questions (Record answers on Scantron sheet)**

1. Endocrinology refers to the study of:
  - a. Heart and circulation
  - b. Lungs
  - c. Glands and hormones
  - d. Lymphatic system
  
2. When one sees this term *penia* as a word part, they should immediately think of:
  - a. Decrease
  - b. Increase
  - c. Cancer
  - d. Male reproductive organs
  
3. The abbreviation HTN, is also known as:
  - a. Hypertrophic Testicular Neurons
  - b. Hypertension
  - c. Hypotension
  - d. Hypothyroidism
  
4. Surgery that is not immediately necessary is referred to as:
  - a. Minor surgery
  - b. Major surgery
  - c. Elective surgery
  - d. Emergency surgery
  
5. If an Electroencephalogram (EEG) is ordered, one should suspect that the physician wants to rule out or is concerned about a \_\_\_\_\_ disorder.
  - a. Cardiac
  - b. Neurological
  - c. Gastrointestinal
  - d. Muscular

**MEDICAL OFFICE PROCEDURES**  
**REGIONAL 2010**  
**PAGE 3 of 7**

6. A patient is unable to be seen by their usual physician, they explain that they have been very sick for a few days, the best response is:
  - a. Tell them when their preferred physician will be available
  - b. Encourage them to see another physician on staff
  - c. Send them to the emergency room
  - d. Either b or c would be appropriate
  
7. HIPAA is extremely important in a medical office and is an acronym for:
  - a. Health Insurance Plan Accountability Association
  - b. Healthy Increases Produce Accurate Assessments
  - c. Health Insurance Portability and Accountability Act
  - d. None of the above
  
8. The protection of PHI is extremely important in a medical office, PHI is also known as:
  - a. Protected Health Information
  - b. Patient Health Information
  - c. Patient Health Insurance
  - d. Pandemic Health Investigation(s)
  
9. In an office setting, problem solving is extremely important; if an employee is having difficulty with another employee, the best thing to do is:
  - a. Consult with the physician in charge
  - b. Notify the hiring manager immediately
  - c. Approach the person with whom you are having difficulty
  - d. Give two weeks notice, if you are having difficulty now, it will only get worse
  
10. HIPAA Privacy Rules pertain to which of the following:
  - a. Administrative safeguards
  - b. Physical safeguards
  - c. Technical safeguards
  - d. All of the above
  
11. The primary difference between a psychologist and a psychiatrist is:
  - a. A psychologist has more education
  - b. A psychiatrist works in schools
  - c. Both are necessary for the treatment of mental illness
  - d. A psychiatrist has been through medical school

**MEDICAL OFFICE PROCEDURES  
REGIONAL 2010  
PAGE 4 of 7**

12. The treatment of otitis media would typically be done by a:
- a. Gastroenterologist
  - b. Neurologist
  - c. EENT
  - d. None of the above
13. Over the course of the next five years, the federal government wants to ensure that each and every patient have their own:
- a. Electronic health record
  - b. Electronic filing system
  - c. Personal health identification card
  - d. Dental coverage
14. Medical offices typically utilize medical assistants rather than Registered Nurses or Licensed Practical /Vocational Nurses because:
- a. They can be trained in a shorter amount of time
  - b. They are typically less expensive in terms of their wages
  - c. There is no state requirement that they are licensed
  - d. All of the above are true
15. Filing, within the medical office, can be done in the following ways:
- a. Alphabetical
  - b. Color coding
  - c. Family name
  - d. Any of the above are correct

**MEDICAL OFFICE PROCEDURES  
REGIONAL 2010  
PAGE 5 of 7**

**Part II: Abbreviations**

**(Attach to Score Sheet)**

Complete the table by writing the meaning of each of the following medical abbreviations or word parts.

<b>WORD PART</b>	<b>MEANING</b>
NPO	
CVA	
ABG	
Gtt	
a.c.	
C/O	
HX	
FX	
RX	
BS	
R/O	
Sub	
Inter	
Intra	
- scopy	

**MEDICAL OFFICE PROCEDURES  
REGIONAL 2010  
PAGE 6 of 7**

**Part III: Medical Office Transcription**

Dr. John Smith has no transcriptionist, you will need to read the following notes and place them into proper S.O.A.P. format prior to the next business day. Identify at **least** ten (10) items for Dr. Smith.

December 10, 2009

June Smith is a single, Caucasian female born on January 2, 1963. She arrived in the clinic complaining of discomfort in chest accompanied by a dry hacking cough. She stated that she had been sick for approximately one week. Her provider is Blue Cross Blue Shield.

On arrival, her TPR was 99.3 (o)- 68-20 and her B/P was 144/82. Her respirations were regular; throat was slightly red on inspection.

NEURO: WNL, Alert & oriented X 3

HEART: RRR, no murmurs, clicks, or rubs

RESPIRATORY: Slight wheeze noted on inspiration, nothing on expiration

GI: WNL, BS X 4 auscultated

GU: WNL

Started on Albuterol prn QID for chest discomfort, recommended Tylenol 250 mg ii q 4 h for discomfort and Robutussin DM one to two tsp q 4 – 6 h prn for cough. Patient was instructed to return for follow up visit within one week or if symptoms worsen.

Dr. Smith

**MEDICAL OFFICE PROCEDURES  
REGIONAL 2010  
PAGE 7 of 7**

**Part IV: Medical Office Proofreading**

Circle the ten (10) errors located within the discharge summary.

**PATIENT NAME:** Luis Lopez

**HOSPITAL IDENTIFICATION:** 137685- B

**ADMITTED:** 04/06/2009

**DISCHARGED:** 04/09/2009

**CONSULTATIONS:** Greg Moore, M.D.

**PROCEDURES:** Cystourethroscopy and transurethral resection of prostate.

**COMPLICATIONS:** None.

**ADMITTING DIAGNOSIS:** Difficulty voiding.

**HISTORY:** This 67-year old Hispanic male patient was admitting because of enlarged prostate and symptoms of bladder neck obstruction. Physical examination revealed normal heart and lungs. Abdomen was negative for abnormal findings.

**LABORATORY DATA:** BUN 19 and creatinine 1.1. Blood group was A, Rh positive, Hemoglobin 13, Hematocrit 32.1, Prothrombin time 12.6 seconds, PTT 37.1. Discharge hemoglobin 11.4, and hematocrit 33.3. Chest x-ray calcified old granulomatous disease, otherwise normal. EKG was normal.

**COURSE IN THE HOSPITAL:** The patient had a cysto and TUR of the prostate. Postoperative course was uncomplicated. The pathology report is pending at the time of dictation. He is being discharged in satisfactory condition with a good urinary stream, minimal hematuria, and on Bactrim DS one a day for ten days with a standard postprostatic surgery instruction sheet.

**DISCHARGE DIAGNOSIS:** Enlarged prostate with benign bladder neck obstruction.

To be followed in my office in one week and by Dr. Gwen Skilling next available as an outpatient.

Mary Waterhouse, M.D.



# MEDICAL OFFICE PROCEDURES (28)

## KEY

### Regional – 2010

Objective Portion (15 @ 10 points each)	_____	(150 pts.)
Abbreviations (15 @ 10 points each)	_____	(225 pts.)
Medical Transcriptions	_____	(350 pts.)
Proofreading (10 @ 10 points each)	_____	(100 pts.)

**TOTAL POINTS** \_\_\_\_\_ **(825)**

***Failure to adhere to any of the following rules will result in disqualification:***

- 1. Contestant must hand in this test booklet and all printouts. Failure to do so will result in disqualification.***
- 2. No equipment, supplies, or materials other than those specified for this event are allowed in the testing area. No previous BPA tests and/or sample tests or facsimile (handwritten, photocopied, or keyed) are allowed in the testing area.***
- 3. Electronic devices will be monitored according to ACT standards.***

No more than ten (10) minutes orientation  
No more than 60 minutes actual testing time  
No more than ten (10) minutes wrap-up

Property of Business Professionals of America.  
May be reproduced only for use in the Business Professionals of America  
*Workplace Skills Assessment Program* competition.



**PART I: Multiple Choice Questions  
10 points each**

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



**Part II: Abbreviations**  
**15 points each**

(Attach to Score Sheet)

Complete the table by writing the meaning of each of the following medical abbreviations or word parts.

WORD PART	MEANING
NPO	Nothing by mouth
CVA	Cerebrovascular accident Cardiovascular accident
ABG	Arterial blood gases
Gtt	Drop
a.c.	Before meals
C/O	Complains of
HX	History
FX	Fracture
RX	Prescription
BS	Bowel sounds
R/O	Rule out
Sub	Below, under
Inter	Between
Intra	Inside, within
- scopy	View (usually with a small camera)

Note to Grader:

The medical words listed above could have more than one meaning. All definitions have been listed for each word. A student does not need to get both meanings to get the points for each abbreviation.



**Part III: Medical Office Transcription**

**5 points for each item indicated (maximum 50 points)**

**300 points – 0 errors**

**270 points – 1 error**

**210 points – 2 errors**

**0 points – 3 or more errors**

Patient Name: June Smith

PCP: Blue Cross Blue Shield

Date of Birth: 01/02/1962

Date of Exam: 12/10/2009

Sex: F

**SUBJECTIVE:** The patient is a 47-year-old single, Caucasian female who arrived in the clinic complaining of discomfort in chest accompanied by a dry hacking cough. She stated that she had been sick for approximately one week.

**OBJECTIVE:** Blood pressure 144/82. Her TPR was 99.3 (o)- 68-20. Her respirations were regular; throat was slightly red on inspection.

**ASSESSMENT:** 1. Probable Upper Respiratory Infection (URI)

**PLAN:** Started on Albuterol prn QID for chest discomfort, recommended Tylenol 250mg ii q 4 h for discomfort and Robitussin DM one to two tsp q 4 – 6 h prn for cough. Patient was instructed to return for follow-up visit within one week or if symptoms worsen.

---

John Smith, M.D.

JS:xx

D: mm/dd/yyyy (key date of dictation)

T: mm/dd/yyyy (key date of recorded transcription)



**Part IV: Medical Office Proofreading**  
**10 points for each item**

Circle the ten (10) errors located within the discharge summary.

**PATIENT NAME:** Luis Lopez

**HOSPITAL IDENTIFICATION:** 137685- B

**ADMITTED:** 04/06/2009

**DISCHARGED:** 04/09/2009

**CONSULTATIONS:** Greg Moore, M.D.

**PROCEDURES:** Cystourethroscopy and transurethral resection of prostate.

**COMPLICATIONS:** None.

**ADMITTING DIAGNOSIS:** Difficulty voiding.

**HISTORY:** This 67-year old Hispanic male patient was **admitting** because of enlarged prostate and **symptoms** of bladder neck obstruction. Physical examination **reveled** normal heart and lungs. Abdomen was negative for abnormal findings.

**LABORATORY DATA:** BUN 19 and creatinine 1.1. Blood group was A, Rh positive, Hemoglobin 13, Hematocrit 32.1, Prothrombin time 12.6 seconds, PTT 37.1. Discharge hemoglobin 11.4, and hematocrit 33.3. Chest x-ray calcified old granulomatous disease, otherwise normal. EKG was **norml.**

**COURSE IN THE HOSPITAL:** The patient had a cysto and TUR of the prostate. Postoperative **coarse** was uncomplicated. The pathology report is pending at the time of dictation. He is being discharged in satisfactory condition with a good urinary **stroom**, **minmal** hematuria, and on Bactrim DS one a day for ten days **wit** a standard postprostatic surgery instruction sheet.

**DISCHARGE DIAGNOSIS:** Enlarged **prostrate** with benign bladder neck obstruction.

To be followed in my office in one week and by Dr. Gwen Skilling at next available as an outpatient.

Mary Waterhouse, M.D.