

Specialized Topics in Areas of Radiologic Sciences
P.O. Box 2931 Toledo, Ohio 43606 419-471-1973
E-mail: info@xrayhomestudies.com
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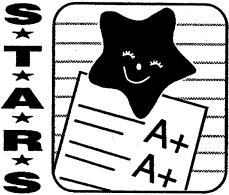
Patient Care & Education

Unit

Prepared by:

Carolyn J. Frigmanski, M.A., B.S.R.T. ®
Founder

**Ohio Department of Health Approval for 4
continuing education hours.**



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Dear S.T.A.R.S. participant,

Welcome to your educational unit on Patient Care & Education that has been approved by the Ohio Department of Health. **To receive full credit, you must return the completed post test in this unit for evaluation by a S.T.A.R.S. official.**

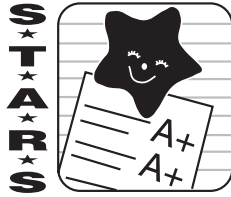
You will receive a signed original certificate of completion with accreditation numbers printed on it for verification of a passing score of 75% or higher on the contents of the entire unit. If you do not send in all the post test or receive less than a 75%, a S.T.A.R.S. official will send the contents back to you for re-evaluation and return. There will be no charge for this service.

If you have any questions, feel free to contact the S.T.A.R.S. office for information.

I hope you enjoy this self-learning product and refer others to our educational services.

Sincerely,

Carolyn J. Frigmanski, M.A., B.S.R.T. ®
Founder



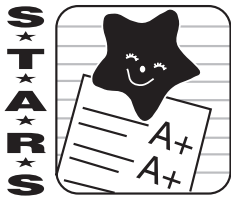
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- ❖ Please do **NOT** return the entire product! It's yours to keep except for the post test pages! I hope it will be a useful resource for you and others in your practice.
- ❖ You only need to fill out the information re: your name as you want it to appear on your certificate, your desired number i.e. social security number, last 4 digits of s.s. number or your license number; your address, etc. if the product you selected has multiple pages. You can initial the other pages and secure the group of pages with a staple so they don't become separated.
- ❖ Please use the correct postage when you return your post tests so delays are not incurred from insufficient postage.
- ❖ You can do the selected product only **ONCE**. Make other choices in the future.
- ❖ Others can share your media by ordering additional post tests at a reduced price. Group discounts are available too. Go to the **GXMO Order Form** tab for details.
- ❖ Don't forget to use the **GXMO Order Form** tab to select your next self/distance learning product for your license renewal in the future.



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Dear GXMO/LSO/LSR participant,

Welcome to your selected S.T.A.R.S. developed continuing education home study!

In the spring of 2013, The Ohio Department of Health (ODH) approved ALL of them for GXMO license renewal. Please check with your state licensing agency if you are not a licensed GXMO in Ohio to be sure your state accepts these ce credits for your state license renewal requirement.

This product consists of a text on a desired topic and multiple question, short answer post test(s) pages. The number of Ohio Department of Health approved continuing education (ce) credits is listed on our order form. This home study product was originally developed for radiographers across the country who were registered with the American Registry of Radiologic Technologists (ARRT) and approved by the American Society of Radiologic Technologists (ASRT). Please disregard any reference to the ASRT/ARRT within this product, if any.

You must complete the reading and questions with a **75% or higher score** on the post test(s) to get your approved CE credit!

Please return all the post test pages to the **S.T.A.R.S.** address listed on our letterhead **BEFORE** your license expires. We will forward your certificate of completion on the same day your post test(s) were evaluated (except for holidays and Sundays). If you did NOT receive a 75%, we will send the pages back with the questions needing a new answer selection. Send them back for a **FREE** re-evaluation. No refund will be provided for unsatisfactory personal performance on any ce product.

Plan the return of your post test(s) pages in a timely manner. I cannot accept emailed or faxed copies since I need to retain my **ORIGINAL** records for the ODH for 3 years in case you may be audited.

Remember to get your envelope weighed at the post office whenever submitting more than 4 pages. The post office will return it to you if you have insufficient postage, thereby delaying it for my evaluation and your certificate of completion.

Feel free to contact me by email: info@xrayhomestudies.com or telephone: **419 471-1973** if you have any questions. Please share with others in the future.

Thank you for selecting **S.T.A.R.S.** to meet your continuing education needs!

Sincerely,

Carolyn J. Frigmanski, M.A.,B.S.R.T. ®, Founder

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How to renew your GXMO license in Ohio:

The Ohio Dept. of Health (ODH) requires a **minimum of 12 continuing education credits (ceus) to be completed every 2 years (your biennium) BEFORE your license expires.** You may do more than 12 ceus, but not less than 12 ceus, if you so choose. Ceus in excess of 12 cannot be carried over to the next biennium.

You will receive a hard copy renewal notice by mail from the ODH 60 days **BEFORE** your license expires. **It is your responsibility to amend your personal information to the ODH whenever you change your name, address or place of employment as soon as possible by using the ODH website or contacting the ODH by telephone at 614 752-4319 for assistance. Failure to receive an ODH notice is not an acceptable reason for failing to renew on time.** You can add completion of clinical modules to your GXMO license on the ODH web site.

Your ODH notice informs you that you may renew online or request a hard copy form from them. **You must have your S.T.A.R.S. certificate(s) of completion immediately available when you renew since your course title(s), number of ceus, and ODH accreditation number(s) and date(s) of completion are printed on it.**

You can renew immediately when you receive your notice or you have 30 days to complete the renewal process and payment to the ODH after your license expires. Online renewal requires your credit card for payment. If you chose hard copy renewal, you may submit a check or money order.

You and/or your employer can view and/or print your renewed license on line upon completion of the process. Problems that exist with renewal should be addressed to the ODH by calling for assistance.

S.T.A.R.S. personnel are NOT responsible for your renewal. Please direct any questions or needed assistance with renewal to the ODH personnel.

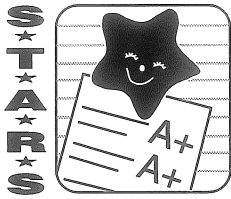
GXMOs must notify the ODH in writing within 30 days of any changes in the physician providing direct supervision. If your scope of practice changes (e.g. chiropractic to podiatric), a competency form must be completed and submitted to the ODH.

You may also want to check the ODH web site periodically for changes that may have occurred during your biennium and to share this information with your co-workers and/or administrative staff members.

The ODH website is: <http://www.odh.ohio.gov/odhPrograms/rp/rlic/ristatus.aspx>

Email is: BRadiation@odh.ohio.gov

Thank you very much.



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Instructions for Mailing your Continuing Education Post Tests

Complete ALL hard copy unit post tests for the products you purchased in legible printing BEFORE your license expires. Mail is processed the same day it is received.

You may want to copy them BEFORE you mail them to the S.T.A.R.S. office to minimize mail delivery complications. They will NOT be returned to you unless you get a 75% or less. If you do NOT get a 75% or better after evaluation, the post tests will be sent back to you with the questions needing a new answer selection. After completing the questions, send them ALL back to the S.T.A.R.S. office for re-evaluation.

Be sure to use the CORRECT postage by having it weighed at the post office if it consists of more than 5 pages. Envelopes with INSUFFICIENT POSTAGE will be sent back to the participant and delay your post test evaluation and certificate creation.

I do NOT accept faxes since faxes fade over time and I need to keep my records for 3 years in case you would get audited by the Ohio Dept. of Health for some reason.

I do NOT accept scanned pages because I do NOT want you putting your private, personal information on the internet. I do NOT open attachments due to the threat of virus contamination that may jeopardize my web site and computerized databases.

Do NOT send your study media i.e. CD, DVD, booklets and/or books back to me.

United States Postal Service (USPS):

If you are using USPS for priority or express mailing, please keep your receipt with the tracking number in case of a problem with the delivery. Please mark the section for NO SIGNATURE REQUIRED for express mail and send it to my home address: Carolyn J. Frigmanski, MA, BSRT (R) 3134 Aldringham Road Toledo, Ohio 43606. The USPS does NOT deliver to my P.O. Box address. Please call to let me know I should be expecting it at 419 471-1973.

FedEx or United Parcel Service UPS:

If you are using these delivery services, please keep your receipts with the tracking number in case of a problem with the delivery. Please mark the section for NO SIGNATURE REQUIRED for express mail and send it to my home address: Carolyn J. Frigmanski, MA, BSRT(R) 3134 Aldringham Road Toledo, Ohio 43606. Please call to let me know I should be expecting it at 419 471-1973.

Thank you very much.



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Section 1: Ethics & Legal Aspects

Match the term in Column A with the definition in Column B.

Column A

- ____ 1. Felony
- ____ 2. Misdemeanor
- ____ 3. Plaintiff/petitioner
- ____ 4. Tort
- ____ 5. Negligence
- ____ 6. Malpractice
- ____ 7. Intentional tort
- ____ 8. Assault
- ____ 9. Slander
- ____ 10. Law

Column B

- a. minimum standard for societal morality; "shall nots"
- b. omission of reasonable care based on a prudent person
- c. failure to do what a reasonable person would do
- d. serious criminal offenses punished by incarceration or fines
- e. fear of being touched in an offensive, injurious nature
- f. individual filing suit
- g. non-felonious crimes more commonly in healthcare settings
- h. wrongful act committed against a person or property
- i. spoken derogatory remarks about a person
- j. caused by the defendant's willful action

Multiple Choice: Select the correct answer for the questions listed below.

- 11. "Let the master answer" is the principle or doctrine known as
 - a. captain of the ship
 - b. respondeat superior
 - c. reasonable prudent man
 - d. borrowed servant
- 12. The fundamental rule or doctrine that holds each person responsible for their own actions is
 - a. captain of the ship
 - b. borrowed servant
 - c. reasonable prudent man
 - d. personal liability

13. Malpractice prevention includes

- a. competence
- b. carefulness
- c. confidentiality
- d. all of the above

14. Emergency situations when a patient cannot consent and uses a reasonable person concept is

- a. implied
- b. simple
- c. express
- d. inadequate

15. An advance medical directive charted as an order to not use life-prolonging treatment is

- a. a living will
- b. natural-death act statutes
- c. do-not-resuscitate (DNR)
- d. durable power of attorney

16. A federal law requiring that hospitals and healthcare facilities must use in providing confidentiality of a patient's individual, financial and medical information is called

- a. Occupational & Safety Act
- b. Health Insurance Portability & Accountability Act
- c. Medicare/Medicaid
- d. Universal Health Care

Short Answer Fill ins:

Identify 4 aspects of the Patient Bill of Rights below:

- 17. _____
- 18. _____
- 19. _____
- 20. _____

Identify 4 contents for medical image records below:

- 21. _____
- 22. _____
- 23. _____
- 24. _____

Identify 4 critical areas of medical image records documentation below:

- 25. _____
- 26. _____
- 27. _____
- 28. _____

Identify 4 contents necessary for incident report documentation below:

- 29. _____
- 30. _____
- 31. _____
- 32. _____

Section II: Interpersonal Communication

Short Answer Fill ins – PLEASE PRINT YOUR RESPONSES LEGIBLY:

Identify 4 challenges in communication based on the patient's characteristics below:

- 33. _____
- 34. _____
- 35. _____
- 36. _____

Identify 4 strategies to improve the patient's understanding below:

- 37. _____
- 38. _____
- 39. _____
- 40. _____

Section III: Infection Control/Asepsis & Sterile Technique

Match the term in Column A with the description in Column B.

Column A

- ____ 41. Pathogen
- ____ 42. Reservoir of infection
- ____ 43. Susceptible host
- ____ 44. Fomite
- ____ 45. Nosocomial

Column B

- a. a patient's diminished natural resistance to disease
- b. infection acquired in the health care environment
- c. contaminated object touches a susceptible host
- d. infectious organisms causing infection
- e. the most common source is the human body

Short Answer Fill ins – PLEASE PRINT YOUR RESPONSES LEGIBLY:

Identify 3 body fluids that require standard precautions or body substance precautions below:

- 46. _____
- 47. _____
- 48. _____

Identify 3 barriers in the prevention of disease transmission below:

- 49. _____
- 50. _____
- 51. _____

Match the term in Column A with the body system in Column B.

Column A

- ____ 52. Mumps virus
- ____ 53. Poliomyelitis virus
- ____ 54. Escherichia coli
- ____ 55. Herpes simplex, type 1
- ____ 56. Salmonella typhi

Column B

- a. genitourinary tract
- b. skin
- c. respiratory tract
- d. gastrointestinal tract
- e. blood

Short Answer Fill ins – PLEASE PRINT YOUR RESPONSES LEGIBLY:

Identify 3 standard precautions for ALL PATIENT CARE below:

57. _____
58. _____
59. _____

Section IV: Physical Assistance & Transfer

60. The principles of body alignment, movement and balance are referred to as

- | | |
|------------------------|-----------------------|
| a. patient transfer | c. body mechanics |
| b. physical assistance | d. physical mechanics |

61. The point around which the body weight is balanced is called

- | | |
|----------------------|----------------------|
| a. base of support | c. line of gravity |
| b. center of gravity | d. center of balance |

Short Answer Fill ins – PLEASE PRINT YOUR RESPONSES LEGIBLY:

Identify 3 standard rules of body mechanics below:

62. _____
63. _____
64. _____

Identify 4 assessments that can be utilized to evaluate the patient's condition below:

65. _____
66. _____
67. _____
68. _____

69. Average range for oral body temperature in Fahrenheit is _____ degrees.

- | | | | |
|------------|------------|------------|-------------|
| a. 95 – 96 | b. 96 – 97 | c. 98 – 99 | d. 99 - 100 |
|------------|------------|------------|-------------|

70. Average range for adult pulse rates is _____ beats per minute.

- a. 60–100 b. 70–100 c. 80–100 d. 90–110

71. Average range for adult respiration rates is _____ breaths per minute.

- a. 10–15 b. 12–20 c. 15–25 d. 20–30

72. The pumping phase of the heart is called _____

- a. diastole
b. ventricular relaxation
c. ventricular expansion
d. systole

73. A physical symptom or sign to be monitored on all patients is

- a. motor control c. severity of injury
b. level of consciousness d. all of the above

Section V: Medical Emergencies

Match the term in Column A with the description in Column B.

Column A

Column B

- | | |
|--|---------------------------|
| _____ 74. Respiratory arrest | a. 15:2 |
| _____ 75. One rescuer adult compression rate | b. 1 – 1 ½” |
| _____ 76. Two rescuers infant CPR | c. cessation of breathing |
| _____ 77. Adult oxygen flow rate | d. 100 per minute |
| _____ 78. Child compression depth | e. 3 – 5 liters |

79. General symptoms of shock include

- a. restlessness
b. cool, clammy skin
c. accelerated pulse
d. all of the above

80. A large loss of blood or plasma may cause _____ shock.

- a. septic b. neurogenic c. hypovolemic

Short Answer Fill ins – PLEASE PRINT YOUR RESPONSES LEGIBLY:

Identify 3 early symptoms of anaphylactic/allergic reactions below:

81. _____
82. _____
83. _____

Identify 3 later symptoms of anaphylactic/allergic reactions below:

84. _____
85. _____
86. _____

87. Patients who have increased thirst, breathing and urinary output may be experiencing

- | | |
|-------------------------|-----------------------|
| a. a diabetic reaction | c. a seizure disorder |
| b. respiratory distress | d. shock |

88. Your first duty/responsibility to a patient experiencing a seizure is to

- | | |
|--------------------------------------|---|
| a. go get a physician | c. keep the patient as safe as possible |
| b. put a tongue blade in their mouth | d. restrain their body convulsions |

Match the term in Column A with the description in Column B.

Column A

- ____ 89. Tachycardia
- ____ 90. Nasogastric tube
- ____ 91. Urinary (Foley) catheter
- ____ 92. I Vs
- ____ 93. Parenteral
- ____ 94. Venous catheter
- ____ 95. Topical

Column B

- a. applied to the skin
- b. hang 18- 24" above a vein
- c. injected into the body
- d. decompression of bowel obstruction
- e. retrograde flow can cause infection
- f. rapid heart beat
- g. CVP and PICC lines

Short Answer Fill ins – PLEASE PRINT YOUR RESPONSES LEGIBLY:

Identify the 5 rights of drug administration below:

96. _____
97. _____
98. _____
99. _____
100. _____

Fill in the following information so that you can receive a signed certificate of completion from an official from S.T.A.R.S. when all the sections of the unit are completed.

Name _____

Address _____

Social Security Number (optional) _____ - _____ - _____ Date _____