1. Medication reconciliation is a process intended to do all of the following EXCEPT:
   a. count
   b. codify
   c. simplify
d. document

2. Medication reconciliation was a National Patient Safety Goal as far back as:
   a. 2001
   b. 2003
c. 2005
d. 2009

3. It is not unusual for a clinician to have a problem with medication reconciliation when transitioning a patient from one setting to another. Clinicians encounter the following problems EXCEPT:
   a. patients who are aware of medication changes
   b. being unable to access a previous, complete list of patient medications
c. cultural and language barriers which inhibit effective communication
d. patients who are poor historians and/or who are cognitively impaired

4. Some of the people who may be responsible for medication reconciliation include all of the following EXCEPT:
   a. the nurse
   b. the doctor
c. the patient
d. the receptionist

5. There is some thinking that medication reconciliation should be the responsibility of information technology (IT). Why SHOULDN'T it be?
   a. IT experts are not clinicians
   b. every clinician has access to the information
c. patient’s former and current medications are listed in electronic format
d. computer systems can be programmed to flag entries for unusual dose orders

6. The pharmacist is a qualified member of the healthcare team to be responsible for medication reconciliation because:
   a. computers cannot spot nuances in prescriptions
   b. pharmacists do not interact with the patient face to face
c. pharmacists are the clinicians most likely to spot dangerous adverse drug events
d. other healthcare providers aren’t as uniquely trained to notice discrepancies in the patients’ prescriptions as they move through the levels of care

7. Under the healthcare system in the U.S., who generally bears the ultimate responsibility for the care delivered to the patient, including medication reconciliation?
   a. the nurse
   b. the patient
c. the physician
d. the hospital administrator

8. Nurses can better facilitate medication reconciliation in the following ways EXCEPT:
   a. educate patients regarding medical regimens
   b. establish good channels of communication with physicians
c. keep current and knowledgeable about medication
d. become experts in IT

9. Who should ideally be responsible for medication reconciliation?
   a. the nurse
   b. the physician
c. the pharmacist
d. the physician, nurse, pharmacist and the patient as a team

10. How often should medication reconciliation be done?
   a. once a year
   b. once a visit
c. every time there is a medication change
d. according to your institution’s own policies

Evaluation

1. I can define the concept of medication reconciliation.
   a. strongly agree
   b. agree
c. neutral
d. disagree
e. strongly disagree

2. I can discuss the gravity and importance of medication reconciliation and its effect on patient outcomes.
   a. strongly agree
   b. agree
c. neutral
d. disagree
e. strongly disagree

3. I can explain how nurses play a critical and “fail-safe” role in the medication reconciliation process.
   a. strongly agree
   b. agree
c. neutral
d. disagree
e. strongly disagree

4. The objectives relate to the overall goal of the article.
   a. strongly agree
   b. agree
c. neutral
d. disagree
e. strongly disagree

5. The article is well-written and logically organized, and defines terms adequately.
   a. strongly agree
   b. agree
c. neutral
d. disagree
e. strongly disagree

Medication Reconciliation

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Before November 19, 2014, print this page, complete the multiple choice questions by circling the correct answer and mail or fax to: ADVANCE for Nurses, Learning Scope, 2900 Horizon Dr., King of Prussia, PA 19406; 610-278-1426.

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☐ Gynecology
☐ Home Health
☐ ICU
☐ Infection Control
☐ IV Therapy
☐ Managed Care
☐ Managerial
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☐ Med/Surg
☐ MOOG
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