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nursing
THIRD EDITION

Active Learning
for Collaborative
Practice

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Study Guide for

Fundamentals of Nursing: Active Learning for Collaborative Practice

This is dedicated to my son, and to my husband, who will always live in my heart. For my loving in-laws who made me part of their family from the very beginning.
For my wonderful neighbors who have helped make the pandemic tolerable.
For all of my nursing, allied health, and administrative staff colleagues at Jersey College who have provided ongoing support and encouragement for all my endeavors!
For my friends and colleagues at Elsevier and from the CNEA and NLN, Union County College Practical Nursing program, and Trinitas (formerly Elizabeth General Medical Center) School of Nursing who have traveled along with me in my career and life.

Study Guide for

Fundamentals of Nursing: Active Learning for Collaborative Practice

Third Edition

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STUDY GUIDE FOR FUNDAMENTALS OF NURSING:
ACTIVE LEARNING FOR COLLABORATIVE PRACTICE,
THIRD EDITION

Notice

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Introduction and Preface

This guide is designed to correspond, chapter by chapter, to *Fundamentals of Nursing,* third edition. Each chapter in this guide contains study questions to assist in learning and applying the theoretical concepts from the text.

The chapter review sections allow you the opportunity to evaluate your own level of comprehension after reading the text. Use of the study group questions with fellow students may help in your overall understanding of the nursing content, as well as provide a way to further evaluate your familiarity with that content. There are also more short answer, priority order and multiple-response questions to promote your preparation for classroom examinations and the alternate-format items on the NCLEX® examination. In addition, there are Next-Generation NCLEX® style questions throughout the guide. Answers are available in the back of the book for all of the questions and activities contained within this study guide.

The following is a summary of some of the major concepts and terms that are found in the text. You may encounter these prior to the chapter where they are discussed in more detail. Referring to this summary before you read through the text should help you recognize the information. It is strongly recommended that you also have a medical dictionary and an anatomy and physiology text available for additional reference.

Concept/Terminology	Summary Description
Nursing	Nursing involves independent and collaborative care for individuals across the life span within families and communities, in a variety of health care settings. Nurses function in many roles each day to care for their patients. Nurses have various responsibilities within each role that relate to promotion of health, prevention of illness, and alleviation of suffering.
Caring	Caring encompasses the nurse's ability to be a good listener, nonjudgmental, compassionate, empathetic, available, and knowledgeable advocate.
Nursing process	The nursing process is a systematic and dynamic approach to patient care. It involves the continuous use of critical thinking skills to provide high-quality care. There are five stages that are part of the nursing process, including: ■ Assessment—observation and communication to collect data ■ Nursing Diagnosis—identification of the primary areas of concern ■ Planning—identifying goals/outcomes and actions to take ■ Implementation—performance of nursing interventions ■ Evaluation—determination of goal achievement
National Council of State Boards of Nursing Clinical Judgment Measurement Model (Adapted from NGN Talks: The Clinical Judgment Measurement Model and Action Model. Retrieved from https://www.ncsbn.org/NGN_Winter19.pdf.)	■ Recognize Cues—Identify relevant and important information from different sources (e.g., medical history, vital signs). ■ Analyze Cues—Organize and link the recognized cues to the client's clinical presentation. ■ Prioritize Hypotheses—Evaluate and rank hypotheses according to priority (urgency, likelihood, risk, difficulty, time, etc.). ■ Generate Solutions—Identify expected outcomes and use hypotheses to define a set of interventions for the expected outcomes. ■ Take Actions—Implement the solution(s) that addresses the highest priorities. ■ Evaluate Outcomes—Compare observed outcomes against expected outcomes.
Evidence-based practice	Nursing practice supported by research incorporates the clinical expertise of health care professionals, patient needs, and high-quality, cost-effective care.
Delegation	Delegation is the assignment of responsibility or authority to another person while still maintaining the ultimate accountability for the task.

Concept/Terminology	Summary Description
Communication	All interactions with patients are a combination of verbal and nonverbal communication. How a nurse responds and reacts, in words and action, sets the tone for the entire professional relationship. Professional communication is at a different level than that between family members and friends.
Standards of care	Standards of care are the minimum requirements for providing safe nursing care. Federal and state laws, rules and regulations, accreditation standards, and institutional policies and procedures are used to formulate nursing standards of care. Institutional policies and procedures must be consistent with state laws, rules, and regulations, which in turn must comply with federal law. Accountability may be defined as the concept of being answerable for one's actions.
Ethical practice	Maintaining a standard of moral conduct within the profession is accomplished through honesty, respect, integrity, unbiased caring, and advocacy.
Patient teaching	Providing necessary information to patients and families helps prevent illness, avoid complications, and achieve an optimum level of health.
Vital signs	Vital signs a nurse must be able to accurately assess include temperature, pulse, respirations, blood pressure, pulse oximetry, and pain.
Physical assessment skills	Key assessment skills include: ■ Inspection—the use of vision and smell to assess physical characteristics. ■ Palpation—the use of touch to assess body organs and skin texture, temperature, moisture, turgor (tension due to fluid content), tenderness, and thickness. ■ Percussion—tapping on the skin to determine the character of the sound and the density of the underlying area. ■ Auscultation—listening to sounds made by body organs or systems such as the heart, blood vessels, lungs, and abdominal cavity, with and without the assistance of a stethoscope.
Six Rights	The Six Rights for medication administration are: ■ Right Drug ■ Right Dose ■ Right Time ■ Right Route ■ Right Patient (always use at least two identifiers!) ■ Right Documentation
QSEN competencies	Quality and Safety Education for Nurses (QSEN) competencies for nursing include: ■ Patient-Centered Care ■ Teamwork and Collaboration ■ Evidence-Based Practice ■ Quality Improvement ■ Safety ■ Informatics
National Patient Safety Goals	The Joint Commission National Patient Safety Goals 2021 include: ■ Identify patients correctly ■ Improve staff communication ■ Use medicines safely ■ Use alarms safely ■ Prevent infection ■ Identify patient safety risks ■ Prevent mistakes in surgery
Informatics	Informatics deal with the resources, devices, and methods required for the acquisition, storage, retrieval, and use of information in health and biomedicine. In addition to computers, informatics tools in health care include clinical guidelines, formal medical terminologies, and information and communication systems.

Concept/Terminology	Summary Description
Safety	Common sense guidelines to improve safety include: ■ Always listen to and observe the patient carefully ■ Never force anything into or onto the patient ■ WASH YOUR HANDS! ■ Get help when you need it ■ Ask questions ■ Remember the "triple check" ■ Never stop reading about quality care measures ■ If it does not seem right—DO NOT DO IT!
Reporting	Be factual, concise, honest, and accurate. Use SBAR for hand-off communication: ■ Situation ■ Background ■ Assessment ■ Recommendation Never record what you have not yet done!

General Study Tips

While Reading

- Read before the scheduled class: Highlight key points or outline content in the text that will be covered in the classroom. Do not highlight everything! Clarify with your instructor(s) what the expected readings are for your class. Tables and boxes in the text can help summarize critical information.
- Look up definitions: Find the meanings of words you do not recognize while you are going through the text. It helps to have a medical dictionary and a regular dictionary handy!
- Make notes: Write down a list of topics that you do not understand while you are reading so that you may clarify them with the instructor.
- Compare notes: Use notes taken from the book and in class to create a complete picture of the content.
- Use study/comparison charts: Put facts and ideas in an organized form so that you can refer to them easily at a later point, such as when studying for an examination.
- Use references: Go back to texts and notes used in other courses (such as anatomy and physiology) to help in understanding new material.

In the Classroom

- Take notes: Do not try to write everything down. Note the essential information from the class. Use the margins of notebook paper or type in your mobile device any questions that you may have as you go along so that you remember to ask them at some point. Before the end of the class, note any areas that you need to clarify with the instructor.
- Ask questions: Remember to take advantage of the expertise of the instructor. Do not go away from the class without trying to clear up areas of confusion!
- Digital recordings: Make recordings of classroom discussions, only with instructor permission, if:
  1. There is time to listen to them at some point (such as in the car).
  2. There are positive results from this process, with better understanding of the material and improved examination grades.

On Your Own

- Use available resources: Take advantage of all of the resources at the school, such as the library, computer laboratory, and skill laboratory. Make time to practice nursing techniques, watch online videos, and complete computer learning programs.
- Join/create a study group: Get together with other students in your class to review material. Study groups offer an opportunity to share information, challenge one another, and provide mutual support.

- Use time management techniques: Use available time as efficiently as possible. For example, the time that is spent waiting for an appointment or riding on public transportation may be used to read over materials or complete assignments.

Before an Examination

- Try to remain calm: Easy to recommend but hard to do! Learn and use relaxation skills. Do not jump immediately into the examination. Relax and get focused first, then start the test.
- Be prepared: Check with the instructor to be sure you have covered the content that will be on the examination. Bring the right materials: Computer passwords, pencils, pens, erasers, IDs, etc. Leave enough time to get to the examination area so that there is no last-minute "rushing in."

During the Examination

- Read the questions carefully: Determine what the question is asking. Stay focused on the actual question without reading into the situations. If allowed:
  - highlight or underline words in the question with the computer's mouse, touch pad, or touchscreen
  - mark on the examination paper, underline key words, or cross out unnecessary in formation.
- Do not keep changing your answers: Most of the time, the first answer selected is correct. Do not change an answer unless you have remembered the correct response.
- Stay focused: Take brief moments during the examination, if necessary, to stop and use relaxation techniques to compose yourself.
- For multiple response (Select All That Apply), approach each answer as being True or False in relation to the question.
- For fill-ins, make sure that the response makes sense in the statement.
- When doing math of pharmacology, think about the answer that you obtain to see if it makes sense. How often would you give 10 tablets or 10 mL IM? If the answer does not seem realistic, recalculate!

General Suggestions for Classroom-Based and Online Courses

- Review the syllabus in advance to identify the course requirements and expectations.
- Make a calendar or input information into your mobile device to keep track of dates for examinations, quizzes, and assignments. Electronic reminders can provide helpful advance notice that something is due or coming up!

- Schedule time to study or complete assignments, especially if you are working.
- Connect with other students in the course electronically, by telephone, or in person.
- Take advantage of all of the available resources, such as online or on-campus tutorial programs.
- If your study habits are leading to positive results in the class, then do not make major changes. If, however, you are finding that you are not passing or just getting by in the course, you should talk with an instructor about how to change your approach in order to be more successful. Do not wait until it is too late to make a difference in your grade!
- Keep in contact with the instructor! Do not forget to ask questions.
- Maintain professional behavior with your instructors and classmates.

Contents

1 | Nursing, Theory, and Professional Practice

CHAPTER REVIEW

Match the description/definition in Column A with the correct term in Column B.

Column A	Column B
_____ 1. Standards of right and wrong behavior	a. Delegation
_____ 2. Treating the patient's physical, mental, emotional, spiritual, and social self	b. Profession
_____ 3. Learning the theory and skills for the nursing role	c. Standards of practice
_____ 4. An occupation that requires a specialized body of knowledge and training	d. Ethics
_____ 5. Process of entrusting or transferring the responsibility for certain tasks to other personnel	e. Holistic
_____ 6. Statement about the beliefs and values of nursing in relation to a specific phenomenon, such as health	f. Socialization
	g. Philosophy
_____ 7. An overarching set of concepts that provide the broad conceptual boundaries of a discipline	h. Metaparadigm
_____ 8. Minimum set of criteria to deliver quality care	

Complete the following:

9. Identify at least three common concepts from the definitions of nursing from the American Nurses Association, International Council of Nurses, and Virginia Henderson.

10. Students are reviewing the different nursing roles. Select the one nursing role in the table below that is primarily indicated with each of the following situations. Each row has *one* response.

	Leader	Collaborator	Researcher	Educator
a. Patients need to be informed about their medications, procedures, and health promotion measures.	○	○	○	○
b. Nurses provide direction and purpose to others, build a sense of commitment toward common goals, communicate effectively, and assist with addressing challenges.	○	○	○	○
c. RNs, UAPs, LPNs, primary care providers, social workers, clergy, and therapists all interact productively to provide quality patient care.	○	○	○	○
d. Nurses determine care concerns and ask questions about nursing practices.	○	○	○	○

11. Identify the following nurses:
    a. Founder of modern nursing _____
    b. Head of the U.S. Sanitary Commission _____
    c. Practiced nursing in the Civil War and established the American Red Cross _____
    d. America's first trained nurse _____

12. Identify the general concepts that are addressed in a conceptual model for nursing.

13. What is the difference between a conceptual model and a theory?

14. Identify at least one concept included in the theories from each of the following nurse theorists:

Nurse Theorist	Theoretic Concept(s)
a. Nightingale	
b. Roy	
c. Rogers	
d. Orem	
e. Watson	

15. Indicate the levels in Maslow's hierarchy of needs pyramid.
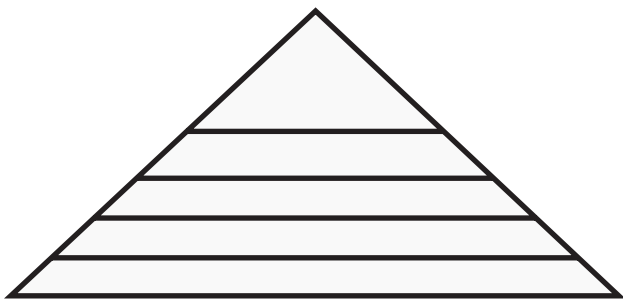
16. Identify at least three of the criteria that identify a profession.

17. Indicate the standard of care being demonstrated in practice or performance for each of the following:
    a. The RN admits the patient to the unit and collects comprehensive data on his health status.
    b. The nurse attends a conference and attends workshops on new techniques for patients with cardiac pathological conditions.
    c. The primary nurse discusses the goals of treatment with the patient, family, and respiratory therapist.

    d. The RN documents the care provided to the patient and gives a report to the nurse on the next shift.
    e. Care is taken by the nurse to open and use only the supplies necessary for the dressing change.

18. Which of the following are core beliefs of individuals' perceptions in Rosenstock's Health Belief Model? *Select all that apply.*
    a. Perceived susceptibility of their risk of getting the condition. _____
    b. Perceived anxiety over the treatment plan. _____
    c. Perceived severity of the seriousness of the condition. _____
    d. Perceived conflict with the health care providers. _____
    e. Perceived benefits of the positive consequences of adopting the behavior. _____

19. What is the primary purpose of a state's nurse practice act?

20. Identify two differences between the licensed practical nurse and the registered nurse.

21. How does certification differ from licensure?

22. Which of the following are being observed in society? *Select all that apply.*
    a. A majority of countries indicate that they are experiencing a nursing and midwifery shortage. _____
    b. The 65-year-old and older population is rapidly increasing. _____
    c. Developing countries are seeing the largest population growth. _____
    d. People worldwide are living healthier lives. _____
    e. Health care requirements of the world population are decreasing. _____

23. For the specified National Patient Safety Goals, indicate an example of how nurses can achieve each goal.
    a. Identify patients correctly.
    b. Prevent infection.
    c. Improve the safety of using medications.

24. What are the characteristics of collaboration among health care professionals?

Select the best answer for each of the following questions:

25. The nurse is acting in the role of patient advocate. This role specifically includes
    a. motivating others toward common goals.
    b. incorporating research into their practice.
    c. communicating the patient's wishes to other health care providers.
    d. bringing about change in the legislation on health policy issues.

26. According to the Agency for Health care Research and Quality, low health literacy is associated with which of the following?
    a. Increased hospitalizations
    b. Reduced emergency care use
    c. Greater use of diagnostic procedures, such as mammography
    d. Less hesitancy to receive vaccines

27. Which of the following actions indicates the act of refreezing in Lewin's change theory?
    a. A patient overcomes inertia and changes her mind set.
    b. There is a time of transition and confusion when change takes place.
    c. Change is completed, reinforced, and accepted.
    d. The right environment is created for change.

28. Florence Nightingale's theory focuses on which of the following?
    a. Environmental adaptation
    b. Interpersonal processes
    c. Energy fields
    d. Levels of systems

29. In reviewing the history of nursing, advances in health care and the role of nurses have been associated with which of the following?
    a. Weather disasters
    b. Military conflicts
    c. Women's rights movements
    d. Economic growth periods

Practice situation

Your neighbor asks you what kind of education is necessary to become a registered nurse. He says that the nurse in the clinic does much of what the doctor used to do for him, including writing his prescription.
a. What is your response regarding the education needed for registered nursing?

b. What educational preparation does the nurse in the clinic appear to possess?

REVIEW QUESTIONS

- How is nursing defined, and what are the commonalities in its definitions?
- What are the functions and roles of the nurse?
- Who are some of the major nursing theorists and what are the key components of their theories?
- What non-nursing theories influence nursing practice?
- What are the criteria for a profession, and how are they demonstrated in nursing?
- How are practice standards incorporated into the nursing profession?
- How does a state's nurse practice act influence care?
- How do nurses become socialized into the profession and nursing role?
- How can an individual become a nurse, and what are the role distinctions between the educational levels?
- Which nursing organizations exist, and what are their primary purposes?
- How can a nurse become certified?
- What are the current and future trends in society and health care?

2 Values, Beliefs, and Caring

CHAPTER REVIEW

Match the description/definition in Column A with the correct term in Column B.

	Column A	Column B
_____ 1.	Enduring ideas about what an individual considers is good, best, and the right thing to do	a. Beliefs
_____ 2.	Belief about an individual, a group, or an event that is thought to be typical of all others in that category	b. Generalization
_____ 3.	Force that impels and empowers one to recognize, acknowledge, and act to alleviate human suffering	c. Paradigm
_____ 4.	A way that the nurse views the world	d. Values
_____ 5.	A mental representation of reality or an individual's perceptions about what is right, true, or real, or what the individual expects to happen in a given situation	e. Caring
_____ 6.	Broad statement or idea about people or things	f. Stereotype
_____ 7.	Having concern or regard for that which affects the welfare of another	g. Compassion

Complete the following:

8. Provide an example of a value conflict that a nurse may have in caring for a patient.

9. Identify the appropriate interventions for the nurse who is assisting a patient through values clarification. *Select all that apply.*
   a. Being aware of the potential influence of the professional role. _____
   b. Identifying the nurse's values in the situation. _____
   c. Providing advice in difficult circumstances. _____

d. Sharing information to assist in decision-making. _____
e. Avoiding direct confrontation and serious conflict. _____
f. Using a very stern and serious approach to identify consequences. _____

10. Identify the main concept for each of the following theorists in the table below on caring and a real-life example of how the concept may be implemented by the nurse:

Theorist	Concept	Practice Example
a. Madeleine Leininger		
b. Jean Watson		
c. Boykin and Schoenhofer		
d. Kristen Swanson		

11. Which of the following nursing behaviors were found to be most important among critically ill intubated patients and their families and thought to contribute to recovery? *Select all that apply.*
    a. Provision of information and reassurance. _____
    b. Speed at completing skills. _____
    c. Leaving them alone. _____
    d. Offering guidance. _____
    e. Use of soothing tone of voice. _____

12. Identify an example for each of the following caring behaviors:
    a. Presence
    b. Touch

13. Identify at least two of the factors associated with compassion.

14. Provide examples for diversity considerations for the following areas:
    a. Life span _____
    b. Culture, ethnicity, and religion _____
    c. Disability _____
    d. Morphology _____

15. First-order beliefs are derived from _____ _____.

Select the best answer for each of the following questions:

16. A subdimension of Swanson's process of caring, Knowing, involves which of the following?
    a. Sharing feelings with the patient
    b. Performing thorough assessments
    c. Focusing on the patient's experiences
    d. Offering realistic optimism

17. A patient expresses to the nurse that she is fearful of the upcoming surgery. Which caring behavior is being used by the nurse at this time?
    a. Listening
    b. Touch
    c. Predictability
    d. Consistency

18. The nurse has delegated the hygienic care of a patient to the nursing assistant. It is important to the nurse that the assistant treats the patient in a caring manner. Additional instruction is required if the nurse observes the nursing assistant doing which of the following?
    a. Asking the patient what preferences he has for personal care
    b. Having the patient assist with parts of the bath as able
    c. Leaving the patient uncovered while the bathwater is discarded
    d. Telling the patient that she will return shortly with new linens

Practice Situation

You have been assigned to the same patient each day you have worked during the past week. You have developed a good relationship with the patient. When you walk into the room to tell the patient that you will once again be caring for her during this shift, the patient does not seem to be her normal self. You ask the patient if she is okay.
a. Highlight in the above situation the relevant caring behavior that is being demonstrated.

b. What will you do next in this situation?

REVIEW QUESTIONS

- What are the differences between beliefs and values, and how do they develop?
- How is the values clarification process used to deal with a values conflict?
- How do the beliefs of nurses and patients influence health care?
- What are the major concepts of four nursing theories of caring?
- How do nurses develop into caring professionals?
- What behaviors demonstrate caring?

3 Communication

Match the description/definition in Column A with the correct term in Column B.

Column A

_____ 1. The method of communication

_____ 2. An event or thought initiating the communication

_____ 3. Translate their thoughts and feelings into communication with a receiver

_____ 4. To sort out the meaning of what is being communicated

_____ 5. The person who initiates and encodes the communication

_____ 6. The study of the spatial requirements of humans and animals

_____ 7. The response of the receiver

_____ 8. The person who receives and decodes, or interprets the communication

_____ 9. The information that is transmitted during communication

_____10. The ability to express ideas and concerns clearly while respecting the thoughts of others

Column B

a. Message

b. Assertiveness

c. Sender

d. Proxemics

e. Encode

f. Receiver

g. Channel

h. Decode

i. Feedback

j. Referent

Complete the following:

11. Interpretation of nonverbal communication may require further validation with the patient. Which of the following should prompt further physical assessment or discussion? The patient:*Select all that apply.*
    a. grimaces. _____
    b. ambulates independently and purposely. _____
    c. pulls away when touched. _____
    d. responds incongruently to questions asked. _____
    e. sits with the head down and shoulders slumped. _____
    f. maintains eye contact and nods during instruction. _____

12. Identify what emotions can be conveyed by patients through inflection.

13. Provide an example of how the nurse can use positive self-talk for a patient.

14. Per Quality and Safety Education for Nurses (QSEN), effective interdisciplinary communication is critical. Which communication and collaborative strategies can be implemented to promote patient safety?

15. The supervisor is evaluating the nurses who are working on the medical unit. Indicate for each of the following actions in the table below whether it falls within accepted ethical guidelines or unethical behavior? Each row has only *one* response.

Nursing Action	Ethical	Outside of Ethical Guidelines
a. Sharing the nurse's personal information with the patient	○	○
b. Posting photos of the patient on a social media site	○	○
c. Refusing to provide health information on a patient to a caller from a newspaper	○	○
d. Meeting with the patient for a social event after his or her hospitalization	○	○
e. Speaking with other members of the health care team about the patient's status	○	○
f. Telling the patient's roommate about the outcome of the patient's surgical procedure	○	○

16. What are the essential components of professional nursing communication?

17. What happens at each point of the helping relationship?
    a. Orientation phase

    b. Working phase

    c. Termination phase

18. Identify how each of the following factors can influence communication with patients and how the nurse can eliminate or reduce each one.
    a. Location

    b. Pain

19. Identify an example of how each of the following statements made by the nurse can become therapeutic communication.
    a. "I don't know why you don't take your medication, Mrs. Jones."

    b. "Try not to forget to use the call button if you need me."

    c. "Don't be concerned. I'm sure that the test results will be fine."

    d. "Honey, it's time for your bath."

20. For the acronym SOLER, identify what actions or skills are used.
    S—
    O—
    L—
    E—
    R—

21. How would you describe the location of the food on this plate to a visually impaired patient?
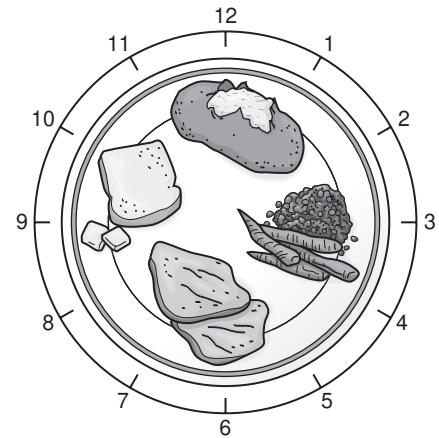
22. Identify communication strategies that may be used for a patient with expressive aphasia.

23. For the widely accepted method of hand-off communication, SBAR, identify what the acronym means.
    S—
    B—
    A—
    R—

24. Provide examples of nonverbal communication.

25. In evaluating the following communication, the nurse determines that there are therapeutic and non-therapeutic statements. Evaluate the following statements in the table below that are overheard by the nurse. Each row has only *one* response.

Nursing Statement	Therapeutic	Non-therapeutic
a. "Everything will be okay."	○	○
b. "I don't agree with what you want to do."	○	○
c. "It's for your own good."	○	○
d. "Have you made a decision about accepting the treatment?"	○	○
e. "You seem happy about being discharged today."	○	○
f. "So, there are two areas that you want more information about—your medications and diet."	○	○

26. Miscommunication among health care team members contributes to approximately 82% of sentinel events or near misses and is the cause of 60% of adverse patient events.

    True _____ False _____

27. Identify a diversity consideration for communication based on the patient's culture or ethnicity.

28. Explain the difference between assertive and aggressive communication.

29. Why is patient advocacy so important in the perioperative setting?

30. The nurse is working with a patient who does not speak English. An interpreter is contacted and brought to the unit to relay information. Which of the following are correct when an interpreter is used for patient communication? *Select all that apply.*
    a. An interpreter should be obtained as soon as the need is identified. _____
    b. Interpreters for the deaf are not legally required under Title VI. _____
    c. Nurses need to follow hospital policy and procedures regarding interpreter use in patient care. _____
    d. Interpretation can never be provided by phone or video. _____
    e. Use short sentences and stop often to allow time for the interpreter to translate. _____
    f. Family members should always be used to interpret medical information. _____

31. What are the components of the CUS tool?
    C _____
    U _____
    S _____

Select the best answer for each of the following questions:

32. The nurse tells the patient that he will stay until the physician comes back with the results of the diagnostic tests. This is an example of which communication technique?
    a. Using focused comments
    b. Providing general leads
    c. Validating
    d. Offering self

33. Which of the following statements is an example of reflecting?
    a. "Tell me more about how you feel."
    b. "What is your biggest concern?"
    c. "Your surgery is scheduled for 10 a.m. tomorrow morning."
    d. "You feel like the world is closing in on you and making it hard to breathe?"

34. During the storming phase of small group development, the group leader
    a. determines ground rules.
    b. works with members to resolve conflicts.
    c. encourages participation by all members.
    d. identifies the achievement of goals.

35. Which of the following behaviors is associated with the defense mechanism of displacement?
    a. After having a hard time at work, an individual comes home and yells at the spouse.
    b. The patient refuses to speak about the problem with the nurse.
    c. The individual takes on more responsibility at home.
    d. The patient does not believe that he has an addiction.

36. In the working phase of the helping relationship, the nurse expects to
    a. observe and assess the patient.
    b. establish professional role boundaries.
    c. implement the care plan or contract.
    d. evaluate the outcomes achieved.

37. Conveying acceptance may be indicated by the nurse responding with
    a. "Go on."
    b. "What is your greatest concern?"
    c. "You appear tired."
    d. "I follow what you are saying."

38. Which of the following actions are appropriate to use during communication with a patient who is hearing impaired?
    a. Facing the patient
    b. Standing over the patient
    c. Turning 3/4 away from the patient
    d. Raising the voice significantly

Practice Situation

You observe the new staff nurse and see that her uniform is wrinkled and soiled, her hair is unkempt, and she is wearing a lot of makeup and perfume.
a. How may this nurse's appearance influence communication with her patients?

b. What communication strategy would you use in this situation?

REVIEW QUESTIONS

- What are the key components of the communication process?
- What are examples of verbal and nonverbal modes of communication?
- How can the nurse interact with the patient without verbally communicating?
- How is the nursing process implemented within the nurse–patient helping relationship?
- Which factors affect the timing of patient communication?
- How are respect, assertiveness, collaboration, delegation, and advocacy incorporated in professional nursing communication?
- What are examples of social, therapeutic, and nontherapeutic communication techniques?
- What defense mechanisms may be used by patients while communicating, and how can they be recognized by the nurse?
- How can communication methods be adapted for patients with special needs?

4   Clinical Judgment in Nursing

CHAPTER REVIEW

Match the description/definition in Column A with the correct term in Column B.

Column A

_____ 1. The observed outcome of critical thinking and decision-making

_____ 2. Integrate data

_____ 3. Indicators that support or contraindicate a particular condition

_____ 4. Prioritizing and making sense of data

_____ 5. The ability to focus and filter clinical data in order to recognize what is most and least important, so the nurse can identify if an actual problem is present

_____ 6. Contemplating or considering

Column B

a. Clinical reasoning

b. Reflection

c. Synthesize

d. Cues

e. Interpreting

f. Clinical judgment

Complete the following:

7. Identify at least four personal critical thinking attributes.

8. How does the nurse use information gathering in the critical thinking process?

9. How can interruptions be reduced while preparing medications?

10. What are the six steps in the NCSBN Clinical Judgment Measurement Model (NCSBN-CJMM)?

11. Alfaro-LeFevre (2020) stresses three cognitive activities important to critical thinking including: *thinking ahead, thinking-in-action, and thinking back.* For each cognitive activity listed in the table below, select and highlight *one* example from the related list.

Cognitive Activity	Examples of Nursing Actions
thinking ahead	Completing the new patient admission
	Researching evidence-based care strategies
	Assessing the status of the patient in the ER
thinking-in-action	Determining how care could have been improved
	Considering health care team members with whom to collaborate
	Implementing options to promote patient safety during a transfer
thinking back	Reviewing which actions worked best to relieve patient discomfort
	Identifying the risks for a patient newly admitted with an infection
	Reading about new medications being developed

12. How can culture have an impact on clinical judgment?

13. How are clinical decision-making abilities improved in the following areas?
    a. Simulation

    b. Concept maps

14. In which ways does the nurse use clinical judgment within the following two steps of the nursing process?
    a. Assessment

    b. Implementation

Select the best answer for each of the following questions:

15. Which assessment question should the nurse use to clarify patient information that has been obtained?
    a. "What are the most important things you need to know about your diet?"
    b. "Am I correct that you take two medications at home for your blood pressure?"
    c. "Have we talked about all of the issues that you have with wound care?"
    d. "Can you talk about your discomfort?"

16. Which essential critical thinking indicator is the nurse using when she tries out a new way to apply a dressing?
    a. Curiosity
    b. Discipline
    c. Creativity
    d. Persistance

17. The nurse on the surgical unit has a multiple-patient assignment. On beginning the shift, the nurse determines that the first patient to see in the morning is the individual who:
    a. has a blood pressure of 80/50 mm Hg.
    b. requires instruction for wound care.
    c. needs to be transferred from the bed to the chair.
    d. received pain medication 5 minutes ago.

18. For the process of reflection, the nurse asks him- or herself which of the following?
    a. "How should I report the increased blood pressure reading?"
    b. "Why is the patient having pain now?"
    c. "Did the patient's respiratory status just change?"
    d. "How should I have taught the patient to do self-injection more efficiently?"

19. The nurse is using the personal critical thinking indicator of honesty when he or she does which of the following?
    a. Feels certain about being able to perform the skill
    b. Provides factual and true information to the patient
    c. Considers all of the information before moving forward with the plan of care
    d. Follows an orderly approach to completing the required interventions

20. The nurse keeps working with the patient to help him ambulate, motivating him to reach his goal of being independent. The nurse is demonstrating which critical thinking trait?
    a. Confidence
    b. Humility
    c. Persistance
    d. Fairness

21. On entering the room, the experienced nurse has a sense that the patient's status has changed. The nurse is using which attribute of clinical judgment?
    a. Intuition
    b. Validation
    c. Inference
    d. Inductive reasoning

22. According to the NCSBN-CJMM, in order to form hypotheses, the nurse needs to
    a. analyze cues
    b. generate solutions
    c. take action
    d. evaluate outcomes

23. In comparing the nursing process to the NCSBN Clinical Judgment Model, planning is associated with which of the following?
    a. Analyzing cues
    b. Generating solutions
    c. Taking Action
    d. Evaluating outcomes

Practice Situation

You have just come onto the unit and been given a multiple-patient assignment. Many medications and treatments have been ordered.
a. How can you apply clinical reasoning and critical thinking to this assignment?

b. What specific actions will you take to maintain patient safety?

REVIEW QUESTIONS

- What is the relationship between critical thinking, clinical reasoning, and clinical judgment?
- What are the different models of clinical judgment in nursing?
- How do models of clinical judgment apply to professional nursing practice?
- What are the skills required for clinical judgment?
- What are the personal critical thinking indicatorss?
- How can clinical reasoning and critical thinking be applied in nursing practice?
- How can clinical reasoning and critical thinking be applied to provide safe patient care and avoid errors?
- What methods can be used to improve clinical reasoning and judgment in nursing?

5 | Introduction to the Nursing Process

CHAPTER REVIEW

Match the description/definition in Column A with the correct term in Column B.

Column A	Column B
_____ 1. Includes initiating specific nursing interventions and treatments	a. Assessment
_____ 2. Determination of whether the patient's goals are met and examination of the effectiveness of interventions	b. Nursing diagnosis
	c. Outcome identification
_____ 3. Patient care data are gathered through observation and interviews	
_____ 4. A listing of behaviors or observable items that indicate attainment of a goal	d. Implementation
_____ 5. Data are analyzed, validated, and clustered to identify patient problems	e. Evaluation

Complete the following:

6. How is the nursing process defined?

7. What are the characteristics of the nursing process?

8. Who is the primary source of data?

9. For the following, indicate which are examples of objective data. *Select all that apply*.
   a. Patient tells the nurse, "I feel hungry." _____
   b. Blood pressure 140/90 mm Hg. _____
   c. Rash noted on lower right abdomen. _____
   d. Patient informs the nurse that she did not eat breakfast. _____
   e. Uneven gait on ambulation. _____
   f. Potassium level noted in electronic medical record as 4.3. _____

10. What is the difference between the nursing diagnosis and medical diagnosis?

11. Who may be involved in collaborative care for a patient?

12. Identify the essential qualities of patient goals.

13. What are clinical pathways, protocols, and standing orders, and how are they used by the nurse?

14. For the following patient assessments, identify possible nursing diagnoses:
    a. The patient is not drinking enough fluids and has dry mucous membranes and poor skin turgor.

    b. The patient has difficulty emptying the bladder after lower abdominal surgery.

    c. With an inner ear problem, the patient has been experiencing some dizziness during ambulation.

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15. Revise the following to meet the criteria for patient goals:
    a. The patient will report feeling more comfort.

    b. Urinary output will be satisfactory.

16. What would be an outcome identification for the following goal?
    The pressure ulcer will be free of infection during the healing and treatment.

17. How would you evaluate the patient's achievement of the goal on the basis of the observations noted?
    Goal—Patient will report a pain level of 2 to 3 out of 10 during morning care within 24 hours.

    During morning care, the patient indicated that the pain level was about 5 on a scale of 10. It was noted that the patient was protecting the surgical site and his apical pulse was 108 bpm.

Select the best answer for each of the following questions:

18. The patient tells the nurse that she is not confident with self-injection of insulin. The nurse should use which of the following to validate this information from the patient?
    a. Ask the family how the patient performed the self-injection.
    b. Confer with the other staff members to see how the technique was taught to the patient.
    c. Determine what insulin was prescribed by the provider.
    d. Observe the patient giving the insulin injection.

19. For a patient who has chronic obstructive pulmonary disease with an excess of secretions in the bronchioles, which nursing diagnosis is most appropriate?
    a. Incomplete airway clearance
    b. Ineffective respiratory pattern
    c. Potential for asphyxia
    d. Difficulty maintaining spontaneous ventilation

20. Which of the following nursing interventions is most clearly stated and will assist other staff members to provide safe care?
    a. Provide extra fluids.
    b. Increase ambulation in hallway.
    c. Reinforce use of incentive spirometer tid.
    d. Complete assessment with patient in the a.m.

21. The nurse is working with a patient who has the following signs and symptoms: weight gain, edema to the lower extremities, increased blood pressure, and abdominal distention. On the basis of this information, which of the following is the most appropriate nursing diagnosis?
    a. Inadequate nutritional intake
    b. Increased fluid volume
    c. Urinary retention
    d. Potential for trauma

22. In planning for the patient assignment, the nurse prioritizes a schedule on the basis of the patient's needs and conditions. In reviewing the nursing diagnoses, which of the following patients should be seen first in the morning?
    a. Altered urinary elimination
    b. Change in sleep pattern
    c. Reduced cardiac output
    d. Inability to perform self-care—grooming

23. Which of the following is the best example of a measurable patient goal? The patient will
    a. ambulate independently at least 20 feet in the hallway by the end of the week.
    b. be seen by the nurse for regular monitoring of blood pressure.
    c. increase intake of potassium-rich foods.
    d. have less pain and anxiety.

24. For the patient with a nursing diagnosis of *potential for aspiration*, the nurse anticipates that there will be goals and interventions related to safety observations during
    a. eating.
    b. bathing.
    c. ambulating.
    d. transferring.

25. Which of the following is the best example of a measurable patient goal? The patient will
    a. sit out of bed in the chair.
    b. eat low-sodium foods.
    c. verbalize feelings about surgery at some point.
    d. identify the five major drug side effects before discharge tomorrow.

Practice Situation

Your patient has been recently diagnosed with diabetes mellitus type 2. With no history of diabetes in the family, the patient is unfamiliar with the diet and treatments. The patient will require an oral hypoglycemic medication, as well as information about the prescribed diet.
a. What other information may be important to assess for this patient?

b. Which of the following outcome indicators should be included in this patient's care map?

Outcome Indicators	Relevant	Not relevant
Will describe the specific dietary intake and restrictions before discharge	○	○
Will demonstrate the correct insulin injection technique within 48 hours	○	○
Will be able to discuss the diagnosis, precautions, and treatments before discharge	○	○

REVIEW QUESTIONS

- How is the *nursing process* defined?
- What is the historical development and significance of the nursing process?
- What are the characteristics of the nursing process?
- What are the steps in the nursing process?
- How is the nursing process cyclic and dynamic in nature?
- How are nursing diagnoses, goals/outcomes, and nursing interventions decided on and written?
- What is the purpose of a care plan or care map?

6 Assessment

CHAPTER REVIEW

Match the description/definition in Column A with the correct term in Column B.

Column A

_____ 1. The use of touch to assess body organs and skin texture and thickness

_____ 2. A subjective indication of a disease or a change in condition as perceived by the patient

_____ 3. Information shared by family members, friends, or other members of the health care team

_____ 4. The use of vision, hearing, and smell to closely scrutinize physical characteristics of a whole person and individual body systems

_____ 5. Conclusions

_____ 6. Includes all pertinent information that can guide the development of a patient-centered plan of care

_____ 7. A technique of listening, with the assistance of a stethoscope, to sounds made by organs or systems such as the heart, blood vessels, lungs, and abdominal cavity

_____ 8. Tapping the patient's skin with short, sharp strokes that cause a vibration to travel through the skin and to the upper layers of the underlying structures

Column B

a. Symptom

b. Percussion

c. Inferences

d. Health history

e. Palpation

f. Inspection

g. Secondary data

h. Auscultation

Complete the following:

9. The nurse is going to assess the patient. Identify in the table below which one of the following methods is best to obtain the information that is needed. Each row has only *one* response.

Patient Information Needed	Interview	Obervation	Physical Assessment
Heart sounds	○	○	○
Patient's ability to do AM care	○	○	○
Prior surgical history	○	○	○
Skin temperature	○	○	○
Medications taken at home	○	○	○
Blood pressure	○	○	○
Transfer from bed to chair	○	○	○

10. For each of the senses, identify two examples of information the nurse can gather.
    a. Sight

    b. Hearing

    c. Touch

    d. Smell

11. How can the nurse arrange the environment so that a patient interview will be most effective?

12. What are the usual components of a health history?

13. The nurse wants to know if there is fluid in the abdominal cavity. What physical assessment technique(s) should be used?

14. What should the nurse do to prepare the patient and environment for the physical assessment?

15. In an emergency assessment, what will the nurse pay particular attention to?

16. The patient is unconscious after a motor vehicle accident. How does the nurse obtain information on this patient?

17. During an assessment, along with physical data, what will the nurse will collect information from the patient about?

18. Which of the following are included in the orientation/introductory phase of the patient interview? *Select all that apply.*
    a. Establishing the name by which the patient prefers to be called _____
    b. Providing personal information to the patient _____
    c. Using all open-ended questions _____
    d. Being seated at eye level with the patient _____
    e. Asking all of the family members to remain _____

19. Provide an example of a question that could be used during a review of systems.

20. How does the nurse prepare for a physical assessment?

21. What are the three kinds of physical assessments that can be used by the nurse, and when are they usually conducted?

22. Determination of a patient's ability to swallow is commonly delegated to which member of the health care team?

23. The patient tells the nurse that she feels lightheaded when she goes from lying down to sitting up. What further information will the nurse want to obtain to validate this finding?

24. In a body systems model for data organization, identify how the following signs and symptoms should be organized:
    a. Episodes of chest pain

    b. Decreased range of motion to the left knee

    c. Periodic epigastric distress after eating

25. The nurse observes that the patient is unable to independently move to the examination table. What action should be taken by the nurse?

26. Provide at least two examples of cultural, ethnicity, and religious diversity considerations for a patient assessment.

27. Provide an example of a question that a nurse can ask to determine the patient's level of knowledge about the medical diagnosis.

28. Which of the following are demographic data? *Select all that apply.*
    a. Gender _____
    b. Medications _____
    c. Educational level _____
    d. Spiritual preferences _____
    e. Date of last tuberculosis test _____
    f. Use of tobacco and alcohol _____

Select the best answer for each of the following questions:

29. Which of the following information is classified by the nurse as subjective data from the patient?
    a. "I feel dizzy."
    b. There is a red area on the abdomen.
    c. An oral temperature reading is 99°F.
    d. The hematocrit is less than the expected level.

30. The new nursing staff member is observed by the unit manager during a patient interview. Which of the following behaviors should the manager identify to the new nurse to avoid in the future?
    a. Using a moderate tone of voice
    b. Sitting close and leaning toward the patient
    c. Asking open-ended questions
    d. Tapping her pen on the bedside table

31. During the termination phase of the patient interview, the nurse does which of the following?
    a. Prepares the environment
    b. Performs the physical examination
    c. Sets goals with the patient for care
    d. Summarizes and validates information from the patient

32. For Baby Boomers, which of the following is a generational factor that may influence behavior?
    a. Being slow to warm up
    b. Expecting detailed information
    c. Being very technologically literate
    d. Having very short attention spans

33. Which of the following actions can be safely delegated to unlicensed assistive personnel?
    a. Assessment of a patient who has just had surgery
    b. Determination of the patient's level of stability when using crutches
    c. Measurement of vital signs on a stable patient
    d. Provision of analgesic medications

34. Which of the following physical assessment technique is used to determine skin moisture?
    a. Inspection
    b. Palpation
    c. Percussion
    d. Auscultation

35. In a five-tier triage system, what finding is designated as level 2—emergent?
    a. Cardiac arrest
    b. Possible stroke
    c. Dehydration
    d. Abrasion

36. Which of the following questions will elicit the most information from the patient during an interview?
    a. "Are you taking your medications?"
    b. "Have you been following the therapeutic diet?"
    c. "How are you managing your leg pain?"
    d. "Did you go to the bathroom this morning?"

Practice Situation

You have performed an assessment on the patient and found the following:

The patient has an active social life, spending time with friends after work. The daily caloric intake is appropriate for the patient's size. There is no difficulty with breathing and no cardiovascular symptoms. Vision and hearing are acute.

- Organize the data according to functional health patterns.

REVIEW QUESTIONS

- What are the methods used during the assessment phase of the nursing process?
- What techniques are used by the nurse during a physical assessment?
- What are the three types of physical assessment?
- Which types of data are collected during the assessment process?
- How does the nurse validate patient assessment data?
- How can data be organized according to established frameworks, such as Gordon's Functional Health Patterns?

7 Nursing Diagnosis

Match the description/definition in Column A with the correct term in Column B.

	Column A	Column B
_____ 1.	The identification of actual or potential health problems/life processes and responses to a problem	a. Clustering
_____ 2.	Consideration of the ethical and legal consequences for failure to identify areas of concern requiring treatment	b. Defining characteristics
_____ 3.	A unified language classification system	c. American Nurses Association's *Nursing: Scope and Standards of Practice*
_____ 4.	Organized supporting data	d. Nursing diagnosis
_____ 5.	Organizing patient assessment data into groupings with similar etiologies	e. Taxonomy

Complete the following:

6. What are the three types of nursing diagnoses?

7. How does a nursing diagnosis differ from a medical diagnosis?

8. What are the roles of NANDA-I and the International Classification for Nursing Practice (ICNP)?

9. For the following patient information, identify how it all may be clustered into a diagnostic label:
   - States, "I am very thirsty"
   - Reports weight loss of 5 lb over the past 3 days
   - Complains of feeling tired
   - Has increased hematocrit and creatinine
   - Has decreased blood pressure with a slight increase in body temperature

10. Identify the errors that the nurse should avoid when identifying nursing diagnoses.

11. For the diagnostic label of Insufficient Gas Exchange, indicate which defining characteristics are most appropriate to include in the diagnostic statement. *Select all that apply*.
   a. Emphysema _____
   b. Diminished lung sounds to R lower lung base _____
   c. Pulse oximetry of 89% _____
   d. Weight gain—5% in 2 weeks _____
   e. Pain in lower R leg on ambulation _____
   f. Crackles heard on auscultation _____

Select the best answer for each of the following questions:

12. Nursing diagnoses are primarily used to do which of the following?
   a. Make all the patient's problems easier to solve
   b. Assist the medical provider to determine care
   c. Meet accreditation requirements
   d. Facilitate clear communication of patient need

13. Which of the following problem-focused nursing diagnoses best meets the criteria for a diagnostic statement?
   a. Impaired active range of motion associated with knee and ankle discomfort observed in hesitant, unsteady gait
   b. Increased fluid volume associated with a loss of body weight
   c. Potential for constipation associated with fluid intake and movement
   d. Readiness for learning associated with a lack of knowledge

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14. The nurse is concerned that the patient has developed atelectasis after surgery. Which of the following is an appropriate diagnostic label for this problem?
    a. Insufficient airway clearance
    b. Ineffective gas exchange
    c. Diminished cardiac output
    d. Lack of spontaneous ventilation

15. For the nursing diagnosis *Altered speech associated with recent neurological disturbances as observed by an inability to speak coherently*, the etiology is which of the following?
    a. Altered speech
    b. As observed
    c. Recent neurological disturbances
    d. Inability to speak coherently

16. Which of the following nursing diagnoses best meets the criteria for a diagnostic statement?
    a. Potential for diarrhea associated with the possible side effect of antibiotic therapy
    b. Potential for heart disease with the risk factor of smoking
    c. Potential for urinary retention
    d. Potential for pneumonia

17. For the health promotion nursing diagnosis *Ability to comprehend the need for enhanced nutrition*, which of the following is the most likely and appropriate patient characteristic?
    a. Inability to feed self
    b. Diminished oral intake
    c. Reduction in body mass and strength
    d. Identification of healthy food choices

18. For the patient with the nursing diagnosis *Activity intolerance*, the nurse expects that the patient will specifically demonstrate:
    a. elevated body temperature.
    b. disinterest in diversional activities.
    c. dyspnea on exertion.
    d. erythema.

Practice Situation

Your patient has been recently diagnosed with diabetes mellitus type 2. With no history in the family, the patient is unfamiliar with the diet and treatments. The patient will require an oral hypoglycemic medication, as well as information about the prescribed diet. The patient tells you, "I don't have any idea of what I will have to do."
a. Highlight the key pieces of data in this patient's assessment.

b. Identify at least one nursing diagnosis for this patient.

REVIEW QUESTIONS

- What are the steps in the formulation of nursing diagnoses?
- How were nursing diagnoses and the nursing taxonomy developed?
- What are the differences among the three types of nursing diagnostic statements?
- How are problem-focused, risk, and health promotion nursing diagnoses accurately written?
- How can the nurse avoid common problems associated with the diagnostic process?
- How does the nursing diagnosis contribute to the individualized care of patients?

8 Planning

CHAPTER REVIEW

Complete the following:

1. What is the first step in the planning phase of the nursing process?

2. Identify the difference between long- and short-term goals.

3. How does involving the patient and/or family in planning help improve goal attainment?

4. Place the following examples of patient needs in priority order (first to fifth), according to Maslow's hierarchy of needs pyramid:
   a. Autonomy _____
   b. Compassion of care provider _____
   c. Oxygen level _____
   d. Ability to perform role functions _____
   e. Physical safety _____

5. What are the ABCs of life support?

6. What should happen in goal setting for an alert, involved patient when there is no life-threatening concern present?

7. Provide an example of how the nurse and patient may have conflicting priorities for care.

8. Describe the characteristics that make goals most effective.

9. Revise the following goal statements to make them more precise, time oriented, and measurable.
   a. Temperature will be normal.

   b. The patient will walk more.

   c. The diet will be understood.

   d. Ankle wound will heal.

10. For the revised goal statements in the previous question, identify the International Classification for Nursing Practice (ICNP) outcome indicators.

ICNP Measurable Goal Data	Outcome Indicator

11. What are the five key elements that are considered for nursing interventions?

12. Indicate the type of nursing intervention for each of the examples indicated in the table below. Each row has *one* response.

Nursing Intervention	Independent	Dependent	Collaborative
Ordering a foam mattress for the patient	○	○	○
Taking vital signs	○	○	○
Administering medications	○	○	○
Applying oxygen equipment	○	○	○
Discussing care with the physical therapist	○	○	○
Teaching the patient about the diagnosis	○	○	○
Reviewing the therapeutic diet with the dietician	○	○	○

13. When should discharge planning begin for the patient in acute care?

14. What effect could a patient's disability have in determining goals?

15. In writing goal statements, it is important to use measurable verbs. Identify the verbs that are best to use in developing measurable and patient-oriented goal statements. *Select all that apply*.
    a. Understand _____
    b. Verbalize _____
    c. Know _____
    d. Perform _____
    e. Think _____
    f. List _____

16. What is one of the major challenges that nurses face in providing health information to patients?

17. On the basis of the following nursing diagnoses, identify a goal and outcome indicator(s) for each.
    a. Nutritional intake greater than body requirements

    b. Discomfort related to surgical incision

Select the best answer for each of the following questions:

18. Which one of the following is associated with specifically meeting the Quality and Safety Education for Nurses (QSEN) Teamwork and Collaboration competencies?
    a. Providing the patient with the schedule for diagnostic testing
    b. Assessing the patient's level of pain
    c. Engaging the patient in conversation
    d. Working with the patient and nutritionist

19. The nurse receives the patient assignment in the morning. Which one of the patients should be seen first? The patient who
    a. takes a hypnotic medication at bedtime.
    b. has fluctuations in blood sugar readings.
    c. needs assistance with morning care.
    d. has an order for a daily dressing change.

20. The patient works in a tailor shop and is having surgery to correct bilateral cataracts. If all of the following are realistic, what is the long-term goal for this patient?
    a. Return to his occupation
    b. Prevention of ocular infection
    c. Independent performance of hygienic care
    d. Self-administration of eye drops postoperatively

21. A goal for a patient who is hypertensive is a return to expected vital sign limits. Which one of the following outcome indicators is most appropriate?
    a. Patient expresses decreased discomfort q3h.
    b. Patient identifies two things that reduce stress.
    c. Patient will not experience headaches.
    d. Patient's blood pressure is between 120/80 mm Hg and 130/90 mm Hg.

22. Which one of the following interventions is considered independent or nurse-initiated?
    a. Teaching the patient about the therapeutic diet
    b. Giving an enema in preparation for radiological testing
    c. Providing analgesics for postoperative discomfort
    d. Administering wound care

23. Which one of the following best meets the criteria for a goal statement?
    a. Respiratory rate will remain within 20 to 24 breaths per minute through discharge.
    b. Patient will ambulate in the hallway frequently.
    c. Treatment regimen will be understood.
    d. Patient will describe activity restrictions.

Practice Situation

Your patient has been recently diagnosed with diabetes mellitus type 2. With no history in the family, the patient is unfamiliar with the diet and treatments. The patient will require an oral hypoglycemic medication, as well as information about the prescribed diet. The patient expresses to you concern about how to manage the diabetes.

a. On the basis of these data, identify a nursing diagnosis. You may use the one that you formulated for Chapter 7.

b. Specify at least one short-term goal for the nursing diagnosis selected.

REVIEW QUESTIONS

- What nursing actions occur during the planning process?
- How does the nurse prioritize patient care?
- What is included in the development of goals/outcomes?
- How are outcome identification and goal attainment related?
- What are the different formats in which patient-centered plans of care can be developed?
- What are the three different types of nursing interventions?
- How is planning an important process throughout all of patient care?

9 Implementation and Evaluation

CHAPTER REVIEW

Complete the following:

1. What actions are involved in implementing the nursing process?

2. Provide examples of direct and indirect nursing care.

3. Safe practice requires that the nurse check the patient's identity. What two methods are commonly used to identify patients?

4. What is the purpose of continual patient reassessment?

5. Identify the tasks that are included in activities of daily living (ADLs).

6. Provide at least three examples of what a nurse may teach a patient and/or family.

7. What circumstances can lead the nurse to refer a patient to a specialized service?

8. What resources are available to nurses to obtain evidence-based practice information?

9. How can the nurse be a patient advocate?

10. What are the five rights of delegation?

11. Provide examples of prevention-oriented nursing interventions.

12. Which of the following are independent nursing interventions? *Select all that apply*.
    a. Administering an IV antibiotic _____
    b. Cleaning a wound and applying a dressing _____
    c. Providing emotional support _____
    d. Administering oxygen _____
    e. Performing oral care _____
    f. Repositioning the patient in bed _____

13. Carrying out standing orders limits the responsibility of the nurse.
    True _____   False _____

14. For the goals identified below, which examples indicate that the goal was achieved? *Select all that apply*.

Goals	Related Patient Data
a. Pain level less than 5 on a 0–10 scale	An expression of pain of 6 out of 10
b. Urinary output of 100 mL/hour	Output of 600 mL in 8-hour shift
c. Reduction in pressure ulcer to 3–5 cm	Pressure ulcer 4.2 cm
d. Ambulate independently tid	Ambulated without assistance at 11 a.m., 3 p.m., and 8 p.m.
e. Demonstrate colostomy care technique	Able to identify necessary supplies, unable to prepare the skin and apply the bag
f. Anxiety level of less than 2+ preoperatively	1+ anxiety noted

15. If a patient achieves the identified goals, the nurse should continue to address them in the care plan.
    True _____   False _____

16. How do the following influence patient care?
    a. Life span

    b. Gender

    c. Culture

17. What is an advantage of the electronic health record (EHR) in planning and implementing care?

18. The Joint Commission requires that the patient care plan be evaluated on a continual basis.
    True _____   False _____

19. What considerations should be made before implementing any patient's care?

Select the best answer for each of the following questions:

20. Which of the following actions is considered direct patient care?
    a. Providing assistance with ambulation
    b. Giving a patient update to the health care provider
    c. Making a change-of-shift report
    d. Asking the pharmacist about the prescribed medications

21. For a patient with a nursing diagnosis of *Restricted physical mobility associated with bilateral arm casts*, the nurse should select which of the following direct care interventions?
    a. Counseling
    b. Teaching
    c. Reassessment
    d. Assisting with ADLs

22. The patient is seen in the clinic for her first prenatal visit. It is determined that, by the next visit, the patient should be able to identify five symptoms that indicate a possible problem with the pregnancy. On her return to the clinic, the patient can state three symptoms. The evaluation for this patient goal is which of the following?
    a. Goal met; patient able to state sufficient symptoms
    b. Goal partially met; patient able to state three of five symptoms
    c. Goal not met; patient unable to state all five symptoms
    d. Goal not met; patient identifies three of the symptoms

23. The nurse is working with a postoperative patient on the surgical unit. Which aspect of care demonstrates a manipulation of the patient's environment?
    a. Providing wound care
    b. Administering analgesic medication
    c. Making sure that the room is warm enough
    d. Measuring the patient's vital signs

24. An antibiotic medication is administered to the patient. Shortly afterward, the patient develops itching and redness of the skin. If an antihistamine is given to the patient to counteract the antibiotic's effect, then the nurse is doing which of the following?
    a. Compensating for adverse reactions
    b. Preparing for a special procedure
    c. Assisting with ADLs
    d. Using preventive measures

25. Which of the following nursing actions is identified as indirect nursing care?
    a. Changing the wound dressing
    b. Teaching the patient about coronary rehabilitation
    c. Administering tube feedings
    d. Delegating AM care to the unlicensed personnel

Practice Situations

1. Your patient has been recently diagnosed with diabetes mellitus type 2. With no history in his family, he is unfamiliar with the diet and treatments. He will require an oral hypoglycemic medication, as well as information about the prescribed diet.
   a. On the basis of these data, identify a nursing diagnosis. You may use the one that you formulated for Chapter 7 or 8.

   b. Specify at least one short-term goal for the nursing diagnosis selected.

   c. Indicate which intervention(s) you will implement to meet the goal.

2. Another nurse does not accurately document that the patient is allergic to a medication.
   a. What is a possible consequence of this omission?

   b. What should have been done and when?

REVIEW QUESTIONS

- What is the significance of implementation and evaluation in the nursing process?
- What are the different types of direct-care interventions?
- What are various forms of indirect-care interventions?
- What are examples of independent nursing interventions?
- How are dependent nursing interventions different from independent interventions?
- What is the significance of documentation within the implementation step?
- How are evaluation principles applied within the nursing process?
- How do standing orders, protocols, and clinical pathways influence nursing care?
- What is the relationship between care plan modification and quality improvement?

10 Documentation, Electronic Health Records, and Reporting

CHAPTER REVIEW

Complete the following:

1. Identify the meaning of each of the following acronyms.
   a. APIE
   b. MAR
   c. EHR
   d. SBAR
   e. HIPAA
   f. BCMA
   g. POMR
   h. ISBAR

2. What is the purpose of documentation?

3. Identify the guidelines for documenting.

4. Describe the advantages and disadvantages of paper and electronic health records.

5. What are the major components of the electronic health record?

6. Indicate the ways in which patient data can be put into the electronic health record.

7. Select an appropriate Quality and Safety Education for Nurses competency and describe the relationship of documentation and reporting to the competency/focus.

8. What is meant by point-of-care documentation?

9. How does the nurse maintain confidentiality of electronic health records?

10. Do-not-use abbreviations can be a threat to patient safety. The nurse is reviewing patients' records and sees the following abbreviations. Which of these should not be used? For the abbreviations that *should not be used*, identify what should be written.

Abbreviations	Appropriate to Use	Do Not Use	Terminology to Use
QOD	○	○	
tid	○	○	
IU	○	○	
mL	○	○	
MS	○	○	
hs	○	○	

11. Explain charting by exception.

12. How can the following notations be corrected or improved?
    a. The patient ate well.

    b. The patient's mood was poor.

    c. VS were normal.

13. What information is usually included in an admission and discharge note?

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14. Documenting within a legal and ethical framework is critical. Identify which of the following actions are within the guidelines for documentation. *Select all that apply*.
    a. Completely erasing or deleting any errors ———
    b. Charting as soon as care is completed ———
    c. Documenting personal opinions about the patient ———
    d. Making sure that the patient is unable to see the record ———
    e. Dating and signing each written entry ———
    f. Allowing a coworker to use your electronic health record password ———

15. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), what are the only uses for protected health information?

16. What are the different types of hand-off reports, and what is their purpose?

17. Provide an example of a sentinel event.

18. If it is necessary, what are the guidelines for taking telephone and verbal orders?

19. When is an incident report completed?

20. If the nurse alters a patient's electronic medical information, there is no record of the change.
    True ———   False ———

Select the best answer for each of the following questions:

21. Which of the following is the best information to put in a flow sheet format?
    a. Admission note
    b. Diagnostic test results
    c. Provider's orders
    d. Vital sign measurements

22. It is the current belief that patient hand-offs can be improved with which of the following actions?
    a. Use of standardized bedside shift reports
    b. Recorded messages left for oncoming staff
    c. Application of DAR recording
    d. Sharing written documents

23. The use of telephone and verbal orders has been reduced as a result of which of the following?
    a. More standing orders for patients in acute care environments
    b. The use of computerized order entry for the electronic health record
    c. The requirement for all orders to be in writing
    d. Staffing issues

24. For a patient-related incident report, which of the following is correct?
    a. The report is included in the patient's record.
    b. Only subjective information from the patient is included.
    c. Possible causes of the incident are identified.
    d. The nurse includes how the patient was found.

25. Which one of the following is the most correct notation for the nurse to make in the record?
    a. "Dr. Green made an error in the amount of medication to administer, so recalculation was done."
    b. "Verbalized sharp pain to lower right side of the abdomen."
    c. "Nurse Barber spoke with the patient about the diet."
    d. "The patient was upset with the respiratory therapist."

Practice Situations

The patient has just been diagnosed with hypertension. The patient was anxious about learning how to manage the blood pressure medications and new diet restrictions. The patient told you that he has never had to take medications regularly and does not really understand the diet. You discuss the patient's treatment regimen with him and his spouse. A referral is made to the nutritionist. At the next clinic visit, the patient can accurately discuss his diet and medications.
a. Highlight the relevant patient cues

b. Document the patient situation using a problem, intervention, and evaluation and/or data, action, and response format.

At the end of your shift, you have identified a nursing diagnosis of *Increased fluid volume*. The patient is on fluid restrictions and a reduced-sodium diet and takes a diuretic.
a. On the basis of the information provided, what information will you need to include in a hand-off report?

b. In the SBAR hand-off format, what would have been included as the R component?

REVIEW QUESTIONS

- What are the standards for effective documentation by nurses?
- What are the functions of the medical record/electronic health record?
- How should nursing documentation be completed in the electronic and medical records?
- How do *privacy* and *confidentiality* relate to information in a medical record?
- Which standardized formats are used for hand-offs and change-of-shift reports?
- How does the nurse accept and confirm verbal and telephone orders, when necessary?
- What is the proper use and documentation of incident reports?

11 Ethical and Legal Considerations

Match the description/definition in Column A with the correct term in Column B.

Column A	Column B
_____ 1. Creating a risk of harm to others by failing to do something that a "reasonable person" would ordinarily do or doing something that a "reasonable person" would ordinarily not do	a. Civil law
_____ 2. Actual physical harm caused to another person	b. Assault
_____ 3. Wrongs committed against another person that do not involve a contract	c. Slander
_____ 4. A threat of bodily harm or violence	d. Felony
_____ 5. The concept of being answerable for one's actions	e. Malpractice
_____ 6. Governs unjust acts against individuals, rather than federal or state crimes	f. Accountability
_____ 7. Written forms of defamation of character	g. Tort
_____ 8. Negligence committed by a person functioning within a professional role	h. Libel
_____ 9. A more serious crime that results in the perpetrator being imprisoned in a state or federal facility for more than 1 year	i. Battery
_____ 10. Oral defamation of character	j. Negligence

Complete the following:

11. What are ethics, and how are they developed?

12. Identify a major concept of the following ethical theories:
    a. Deontology _____
    b. Utilitarianism _____

13. For the following ethical concepts, provide an example of how each one has an impact on nursing care:
    a. Advocacy _____
    b. Autonomy _____
    c. Beneficence _____
    d. Confidentiality _____
    e. Veracity _____
    f. Justice _____

14. A nurse who makes a medication error demonstrates accountability when he/she does what?

15. Identify examples of situations where the concept of nonmaleficence may be in direct conflict with health care practice.

16. A student finds out that a peer in the class has plagiarized a large part of her research paper. What should the student do?

17. What are the roles of an ethics committee?

18. What are key concepts of civility?

19. Identify and define the four major sources of law that have an impact on professional nursing.

20. What are some general expectations for nurses based on the professional Code of Ethics?

21. What are some specific ethical considerations for nursing students?

22. Identify at least two bioethical challenges in health care today.

23. Provide examples of felonies that are specific to nursing.

24. What are the four components ("four Ds") of negligence?

25. Indicate at least two ways that nurses avoid charges of malpractice.

26. What does the patient need to know to give informed consent? What does it mean when a nurse witnesses a patient's informed consent?

27. Students are automatically covered by a school's malpractice insurance.
    True ———   False ———

28. Which of the following are professional boundary violations? *Select all that apply.*
    a. Documenting punctually ———
    b. Being involved in personal patient relationships ———
    c. Following legal guidelines ———
    d. Keeping secrets with a patient ———
    e. Spending excessive time with one patient ———
    f. Maintaining confidentiality ———
    g. Posting a photo of the patient's leg wound ———

29. What are other examples of nursing practice misconduct?

30. Which of the following patients are *not* able to give consent? *Select all that apply.*
    a. An adult patient who has received preoperative medications ———
    b. The legal guardian ———
    c. A mentally competent adult ———
    d. A married 16-year-old ———
    e. An intoxicated adult ———
    f. The health care proxy ———

31. Indicate at least two documentation errors that can be legal violations.

32. What are some legal considerations for organ donation?

33. Identify some of the general patient expectations in the Patient's Bill of Rights.

34. What are the three documents that are part of advance directives?

35. Health Insurance Portability and Accountability Act (HIPAA) seeks to limit access of protected health information (PHI). What is PHI?

36. Answer the following questions regarding standards of care:
    a. What are they?

    b. How are they developed?

    c. Which organization identifies them for nursing?

37. What is the difference between licensure and certification?

38. Part of HIPAA is the Privacy Rule; what is its purpose?

39. Identify which of the following are accurate in regard to Good Samaritan Acts. *Select all that apply*.
    a. All 50 states have enacted these laws. _____
    b. Protection is provided if a fee is charged for services. _____
    c. Care given needs to be within the scope of knowledge of the provider. _____
    d. Permission for treatment may be necessary before providing care. _____
    e. Health care professionals in some states are required to provide assistance. _____
    f. Negligence is overlooked in emergency situations. _____

40. What are the two criteria for establishing a patient's death?

41. How do Natural Death Acts differ from assisted suicide or euthanasia?

42. Individuals who are protected under the Americans with Disabilities Act (ADA) include:

43. Provide an example of moral distress for nurses that was created by the Covid-19 pandemic.

44. The nurse goes to apply a restraint to a patient. What does the nurse need to do to be in line with legal guidelines?

45. Student nurses are held to the same ethical standards as professional nurses.
    True _____   False _____

46. Which of the following are principles from HIPAA? *Select all that apply*.
    a. Patients must be offered a notice of their rights under this act. _____
    b. Provisions are made only for electronic health records. _____
    c. Patient names cannot be posted or released. _____
    d. Discussions cannot be held about patients. _____
    e. Individual facilities must have specific policies and procedures in place. _____
    f. Access passwords can be shared among unit staff. _____

47. It   is   suspected   that   the   nurse   is
    _____**a**_____ based upon he/she has
    _____**b**_____, and _____ **b**_____.

Select responses from the following lists which best complete the above sentence. Select *one* response from column "a" and two from column "b."

Options for "a"	Options for "b"
having hypertensive episodes	improved job performance
diverting drugs	better relationships with friends and coworkers
managing diabetes mellitus	volunteered to medicate the patients of colleagues for pain
experiencing early-onset dementia	inaccurate narcotic counts

Select the best answer for each of the following questions:

48. Which one of the following actions specifically demonstrates that the nurse is practicing the ethical principle of fidelity?
    a. Calling the patient in for the clinic appointment at the arranged time
    b. Telling the patient about the complications of the surgical procedure
    c. Learning about the technique for an unfamiliar patient care skill
    d. Reporting on the patient's concerns regarding a medication

49. The nurse goes into the room to give the patient an intramuscular medication. The patient refuses, but the nurse proceeds with the injection. The nurse is committing which of the following?
    a. Assault
    b. Defamation
    c. Battery
    d. Invasion of privacy

50. A competent adult patient wants to leave the medical center, but the nurses believe that would be detrimental to the patient's health. If the patient still wants to leave, what should the nurse do?
    a. Restrain the patient
    b. Call for a security officer
    c. Contact the agency's legal representative
    d. Have the patient sign an against-medical-advice form

51. A nurse goes to another unit to see a friend who has been admitted. The nurse goes to look at her friend's medical record. This is an example of which of the following?
    a. Invasion of privacy
    b. Malpractice
    c. Incivility
    d. Liability

52. The nurse enters a patient's room to obtain the informed consent and discovers that the patient has no idea about the possible complications of the surgery. What action should the nurse take?
    a. Continue having the patient sign the consent form
    b. Explain the possible complications of the surgery
    c. Request that the surgeon come and speak to the patient
    d. Document the information in the patient's record

53. A living will serves to do which of the following?
    a. Identify a patient's wishes for distribution of property after death
    b. Specify desires for end-of-life care
    c. Designate a person to have decision-making authority
    d. Limit medical care that will be provided

54. A patient has been diagnosed with cancer, but the primary care provider is hesitant to share the information with her. The nurse encourages the provider to tell the patient so that she can make decisions about her care. Which ethical principle is the nurse using in this situation?
    a. Justice
    b. Fidelity
    c. Veracity
    d. Nonmaleficence

55. Patient advocacy is best demonstrated by the nurse in which of the following actions?
    a. Learning how to do a new procedure safely
    b. Returning to speak with the patient at an agreed-on time
    c. Preparing the patient's room for comfort and privacy
    d. Supporting the patient's right to refuse treatment

56. Which one of the following statements is accurate in regard to end-of-life issues?
    a. A competent adult may refuse treatment.
    b. Assisted suicide is a constitutional right.
    c. Passive euthanasia is illegal throughout the United States.
    d. Organ donation must be attempted if it is a lifesaving act.

57. A patient was in an accident, is unconscious, and needs emergency surgery. His wife speaks a different language and there is no interpreter readily available to explain the surgery. Which of the following is the best action in this situation?
    a. Wait for an interpreter to arrive before moving the patient to surgery.
    b. Explain as much as possible and proceed with the surgery.
    c. Look for a friend of the family to give consent.
    d. Have two licensed health professionals sign the consent on behalf of the patient.

58. There is a long waiting time in the emergency department, and a patient believes that she has been left longer because she does not have insurance. Which is the ethical principle involved in this situation?
    a. Justice
    b. Autonomy
    c. Beneficence
    d. Accountability

59. Nurses may be held liable for actions that are considered unintentional torts. Which one of the following actions is an example of this type of tort?
    a. Restraining a patient who refuses care and wants to leave the hospital
    b. Taking photos of a patient's surgical wound to post on a website
    c. Leaving the side rails down, leading to the patient falling and becoming injured
    d. Discussing the patient's sexually transmitted disease while riding in the elevator with visitors

Practice Situations

1. The patient has been diagnosed with a malignant form of cancer that has been unresponsive to treatment. The provider has started a new type of treatment that is making the patient very ill and keeping him bedridden. In discussion with the oncologist, you discover that there is very little hope for this treatment to work.
   a. Identify the ethical principle(s) involved in this situation.

   b. How can this be an ethical dilemma for you?

   c. What should you do in this situation?

2. You have been asked by the primary care provider to administer a medication to the patient, but the dosage ordered is twice the normal amount. The provider tells you that this is the amount that the patient should receive.
   a. How should you proceed?

   b. Who is liable in this situation?

REVIEW QUESTIONS

- What are the key ethical theories that have an impact on nursing practice?
- How are ethical concepts applied to professional nursing practice?
- How does the American Nurses Association Code of Ethics for Nurses apply to nursing education and practice?
- How are ethics involved in genetic, biomedical, and end-of-life health care decision-making?
- What are the legal implications of nursing practice?

- How do constitutional, statutory, regulatory, and case law differ in their relationship to professional nursing practice?
- What are the various types of statutory law, including intentional and unintentional torts, and their potential impact on nurses providing patient care?
- Which liability issues, such as professional boundaries, delegation, and documentation, are pertinent to nursing practice?
- What are the legal issues that guide patient care?
- Which specific federal and state laws have an impact on nursing practice?

12 Leadership and Management

CHAPTER REVIEW

Match the description/definition in Column A with the correct term in Column B.

Column A

————1. Employs methods that inspire people to follow their lead

————2. Believes that employees are motivated by internal means and want to participate in decision-making

————3. Uses reward and punishment to gain the cooperation of followers

————4. Exercises strong control over subordinates

————5. Provides little or no direction to followers

Column B

a. Autocratic leader

b. Democratic leader

c. Laissez-faire leader

d. Transactional leader

e. Transformational leader

Complete the following:

6. What is the difference between leadership and management?

7. For the following leadership theories, identify the major concept:
   a. Trait theory ———

   b. Behavioral theory ———

   c. Situational theory ———

8. How would individuals with the following leadership styles do patient assignments on a unit?
   a. Autocratic ———

   b. Democratic ———

   c. Laissez-faire ———

9. Provide an example of how the nurse can exhibit each of the following leadership qualities:
   a. Integrity ———

   b. Dedication ———

   c. Magnanimity ———

   d. Humility ———

   e. Openness ———

   f. Creativity ———

10. What is the difference between formal and informal leadership?

11. Select which function of management is demonstrated for each of the following actions below. Each row has *one* response.

35

Nursing Action	Planning	Organizing	Directing	Controlling
a. Communicating to the staff about admissions, discharges, and patient assignments	○	○	○	○
b. Establishing goals for the department	○	○	○	○
c. Measuring the patient's progress on the basis of goals set in the nursing care plan	○	○	○	○
d. Delegating care to other health care team members	○	○	○	○

12. In Mintzberg's contemporary management model, there are different levels. For the People Level, which actions does the manager focus on? *Select all that apply.*
    a. Communicating _____
    b. Linking _____
    c. Controlling _____
    d. Doing tasks _____
    e. Obtaining resources _____
    f. Motivating _____

13. Identify at least three skills or competencies of effective managers.

14. McGregor (1960) identified that managers have either Theory X or Theory Y characteristics. Which of these styles is more conducive to productivity and why?

15. Describe the following nursing leadership roles:
    a. Patient advocate _____

    b. Case manager _____

16. How does the nurse manager use business skills?

17. In regard to delegation:
    a. Where can the nurse find resources about delegation?

    b. What are the primary principles of delegation?

18. What are some of the benefits of becoming a Magnet institution?

19. Match the leadership role to the abilities.

Leadership Role	Leadership Ability
a. _____Patient Care Provider	1. The nurse works as an interprofessional team member with physicians and allied health colleagues for the benefit of the patient.
b. _____Patient Advocate	2. The nurse aids in moving the patient through the health care system, such as beginning discharge planning on admission.
c. _____Clinical Nurse Leader	3. The nurse, having a master's degree and certification, oversees patient care or provides direct patient care using evidence-based practice (EBP), evaluates patient outcomes, and updates care plans.
d. _____Nurse Educator	4. With the wise use of supplies, the nurse contains costs and manages charges for the patient.
e. _____Case Manager	5. The nurse, with unique knowledge and relationship with the patient, imparts the responsibility for speaking on the patient's behalf.
f. _____ Financial Resource Manager	6. The nurse oversees patient care provided by the student and acts as a role model for students, as well as staff.
g. _____ Collaborative Team Member	7. The nurse plans, organizes, delivers, and evaluates nursing care for patients.

Select the best answer for each of the following questions:

20. An emergency situation has occurred on the medical unit. Which is the best leadership style to employ in this circumstance?
    a. Laissez-faire
    b. Democratic
    c. Bureaucratic
    d. Autocratic

21. Which of the following is an example of the management function of directing?
    a. The charge nurse coordinates patient admissions.
    b. The nurse works with the family on discharge plans.
    c. The RN delegates care to the LPNs and unlicensed staff members.
    d. The case manager evaluates the patient's progress toward his or her goals.

22. A bureaucratic leader is more likely to exhibit which of the following with the staff?
    a. Allow autonomy over their own work
    b. Foster communication and develop relationships
    c. Exercise power based on established policies and procedures
    d. Demand respect and obedience from employees

23. The new nurse manager is delegating tasks to the staff. What is a requirement for the nurse manager in the delegation process?
    a. Working alongside the staff to observe and evaluate their care

    b. Communicating the work assignment in understandable terms
    c. Acquiring the employees' voluntary acceptance of the assignment
    d. Releasing personal accountability for the tasks

Practice Situation

You are the staff nurse working with an unlicensed assistive personnel (UAP) to provide patient care. In reviewing the assignment, you identify the following:
- The UAP is new to the unit and you have not worked with her before.
- The assignment includes some patients who have experienced fluctuations in their vital signs, with one patient who has a changing level of consciousness.
- A new admission is coming to the unit.
    a. With this information in mind, indicate how you will apply the five rights of safe delegation.

REVIEW QUESTIONS

- What are the differences between leadership and management?
- What are the styles of leadership and qualities of effective leaders?
- How are management theories applied?
- What are the qualities of effective managers?
- How is leadership demonstrated in nursing and the health care delivery system?
- What are the underlying principles of delegation in health care?

13 Evidence-Based Practice and Nursing Research

CHAPTER REVIEW

Match the description/definition in Column A with the correct term in Column B.

Column A

_____ 1. Identifies data and characteristics about the population or phenomenon

_____ 2. Used to explore a relationship between two variables

_____ 3. Deriving a theory from the data collected in the research

_____ 4. Examines a causal relationship between variables but may not meet strict guidelines

_____ 5. Studies documents to determine an accurate picture of a past event or time period

_____ 6. Examines a specific causal relationship between variables

_____ 7. Testing the application of theories in different situations with different populations

_____ 8. Used when testing theories about the effectiveness of interventions

_____ 9. Conducted to generate theories

_____ 10. Exploring the lived experiences of a specific group of people experiencing a similar event in their lives

Column B

a. Applied research

b. Basic research

c. Clinical research

d. Correlational research

e. Descriptive research

f. Experimental research

g. Grounded theory research

h. Historical research

i. Phenomenological research

j. Quasi-experimental research

Complete the following:

11. What is evidence-based practice?

12. How is research different from evidence-based practice?

13. What is the difference between quantitative and qualitative research?

14. Put the following components of the research process in the usual order of completion.

   a. Data collection _____

   b. Dissemination of outcomes _____

   c. Literature review _____

   d. Data analysis _____

   e. Identification of the problem _____

   f. Application to practice _____

15. What is a hypothesis?

16. What are the expectations of nurses for participating in research?

17. On the basis of the following information, identify the independent variable, dependent variable, and control group. The nurse is participating in a research study about the effect of a new medication to reduce skin itching from dryness or rashes. Group A will receive the medication, but Group B will only receive a placebo.

18. What are the ethical principles that need to be included in research?

19. In a research project that involves human subjects, how does the nurse protect the participants?

20. The nurse has conducted a research study that resulted in findings that could be used in clinical practice. How can the nurse share (disseminate) this information?

21. What is the primary role of an institutional review board (IRB)?

22. How does the nurse usually perform data analysis for quantitative and qualitative research studies?

23. a. Filtered resources include:

    b. Unfiltered resources include:

24. The nurse is reviewing studies and wants to identify a study with internal validity. Which findings indicate that the study has internal validity? *Select all that apply.*
    a. The study addresses a clearly focused issue. _____
    b. Participants were hand-selected to the control group on the basis of their ethnicity and finances. _____
    c. Measures used were objective. _____
    d. Data collection methods were not clear. _____
    e. Participants were aware of who had been assigned to the control group. _____
    f. Subjects were provided with an explanation of the study, and informed consent was obtained. _____

25. Identify at least one of the criteria for Magnet designation.

26. a. _____ reasoning formulates a specific conclusion from a large amount of data.
    b. _____ reasoning generalizes from specific facts.

27. Which of the following individuals are considered as vulnerable subjects and may not be able to participate in a research study? *Select all that apply.*
    a. Children _____
    b. Experiencing an emergency _____
    c. Mentally disabled person _____
    d. Competent adult _____
    e. Incarcerated adult _____
    f. Literate individual _____

28. How is evidence-based practice incorporated into delegation?

29. Provide an example of an instrument that may be used for data collection.

30. a. Florence Nightingale initiated the basis of evidence-based practice by monitoring the effectiveness of interventions and treatments.
    True _____   False _____
    b. Clinical research is implemented into practice rapidly, usually within a year of completion.
    True _____   False _____

Select the best answer for each of the following questions:

31. A study that can be applied to other settings has
    a. deductive reasoning.
    b. experimental findings.
    c. external validity.
    d. stakeholder approval.

32. The Health Information Portability and Privacy Act (HIPAA) influences nursing research primarily in the area of
    a. the cost of the study.
    b. how the data will be protected.
    c. what type of research method can be used.
    d. where the study may be published.

33. The nurse researcher distributed an explanatory brochure to participants in the study. Which of the following principles is the researcher using?
    a. Informed consent
    b. Freedom from harm
    c. Confidentiality of data
    d. Selection of the control group

34. After identifying the problem to be investigated for the research project, the next step is to do which of the following?
    a. Obtain review board approval
    b. Identify the data collection instrument
    c. Select the population to participate
    d. Complete a literature review

35. A nurse on an orthopedic unit reads a case study about the potential positive effects of a new type of exercise to promote ambulation. Which of the following should be a priority consideration before the research results are used by the nurse?
    a. Similarity of the case study patients to those on the unit
    b. Integration of ethical principles in the study
    c. Publication of the case study in other journals
    d. Cost of the case study

Practice Situation

You are working in a clinic and notice that some adult patients with diabetes mellitus are not able to follow their diabetic diets, whereas others have less difficulty. You want to conduct evidence-based research to see if there is a difference in the way in which the patients are taught about the diet.

Using the evidence-based research model, identify how you would set up the study, including the formulation of the research question.

REVIEW QUESTIONS

- What are the various types of nursing research?
- How do quantitative and qualitative research methods differ?
- What are the steps involved in the research process?
- How is research related to evidence-based practice?
- What are the steps required in conducting evidence-based research?
- What are the considerations for implementing research in nursing practice?
- How is hospital Magnet status related to nursing research and practice?

14 Health Literacy and Patient Education

CHAPTER REVIEW

Complete the following:

1. a. What is health literacy?
   b. According to *Healthy People 2030*, what is the difference between personal and organizational health literacy?

   c. The patient needs to understand how to calculate and measure the dose of medication that is ordered. This is identified as a ——————————— skill.

2. Identify the components and purposes of patient education.

3. Provide at least two examples of how the gap between the health care information provided and the health literacy of the patient and caregiver can adversely influence patient safety.

4. What are some of the expected competencies for patients and health literacy?

5. What is the difference between teaching and learning?

6. Identify the three domains of learning and give an example of each domain.

7. Indicate ways in which the following factors influence patient education.
   a. Age

   b. Environment

   c. Timing

8. What are some indications that the patient may have inadequate health literacy?

9. Write a nursing diagnosis/hypothesis, goal/outcome, and nursing intervention/take action for a patient who needs to learn how to perform wound care.

10. Provide examples of possible teaching strategies to use for patient education.

11. Indicate how the Quality and Safety Education for Nurses (QSEN) competency of teamwork and collaboration are related to patient education.

12. After teaching the patient, what needs to be documented by the nurse?

13. The nurse is planning to do patient teaching. Select *four* of the following actions that represent accurate teaching principles.
    a. Teaching multiple concepts at once ——————
    b. Keeping sessions short ——————
    c. Continuing if the patient becomes fatigued ——————
    d. Providing positive feedback to the patient ——————
    e. Starting with familiar material and progressing to new information ——————
    f. Reviewing key points at the end of the session ——————

14. How do learning styles influence patient teaching?

15. Research has shown that health care instructions are frequently misunderstood, sometimes resulting in serious errors.
    True —————— False ——————

16. The health care provider tells the patient the following: "This medication should be administered topically bid." How can the nurse adapt this instruction to make it more understandable for the patient?

17. For the use of computer technology in patient education, identify two examples of advantages and disadvantages.

Advantages	Disadvantages

18. The patient's health care literacy is being evaluated. Indicate for each example below whether the patient is demonstrating literacy or requires additional knowledge.

Patient Observations	Literacy Demonstrated	Needs Additional Knowledge
a. Makes an appointment to have an annual flu vaccination	○	○
b. Takes the medication in the amount and frequency prescribed	○	○
c. Unaware of the connection between smoking and lung disease	○	○
d. Cannot provide health history with primary care provider	○	○
e. Fills out complex health insurance forms	○	○

19. What are the steps that the nurse should take in the teach-back process?

20. Indicate specific teaching methods that can be used for the following patients:
    a. Patient with vision loss —

    b. Patient with hearing loss —

Select the best answer for each of the following questions:

21. An occupational health nurse is going to provide a workshop to employees on basic body mechanics. In planning the presentation and preparing the materials, what information would be most helpful for the nurse to obtain in advance of the presentation?
    a. Specific ages of all the employees
    b. Names of the employees
    c. Names of the managers
    d. Number of participants

22. Which of the following strategies is the most appropriate for teaching a toddler about a hospital procedure?
    a. Discussion
    b. Pictures
    c. Role playing
    d. Independent learning

23. The nurse assesses the patient's readiness to learn wound care. What is the most important factor for the nurse to determine first?
    a. Intelligence level of the patient
    b. Willingness to learn the technique
    c. Financial resources available to the patient
    d. Support from the patient's family

24. Which one of the following examples is an evaluation of a psychomotor skill?
    a. Patient is able to discuss side effects of medications
    b. Patient maintains eye contact with nurse
    c. Patient has planned menu within therapeutic diet
    d. Patient uses walker correctly

25. When teaching an older adult patient, the nurse should incorporate which teaching strategy into the plan?
    a. Keep the teaching sessions short.
    b. Teach in the later evening.
    c. Include as many concepts as possible.
    d. Focus on teaching the family members.

26. Which of the following statements by the patient indicates that he may not be ready to learn at this time?
    a. "I'll call and make an appointment with the physical therapist for follow-up on the exercises."
    b. "I want to know more about the side effects of the medications."
    c. "There's no sense in talking about this now. I don't feel very well."
    d. "Let me know if I am doing this dressing the right way."

27. Which one of the following examples is an evaluation of a patient's cognitive learning?
    a. Explaining the use of the incentive spirometer
    b. Looking at the site of the amputation
    c. Using the crutches to go up and down the stairs
    d. Completing hygienic care independently

28. In the affective domain of learning, the patient exhibits the ability to do which of the following?
    a. Perform self-catheterization
    b. Provide information on dialysis
    c. Return-demonstrate blood pressure measurement
    d. Verbalize feelings about how to manage arthritis pain

29. To promote a patient's cognitive learning, the nurse decides to use which teaching strategy?
    a. Demonstrating a procedure
    b. Modeling appropriate ways to interact
    c. Showing a DVD about the disease process
    d. Discussing personal thoughts about surgery

30. The nurse uses the VARK tool to determine the patient's learning style. Which learning activity is being assessed by the "R" component?
    a. Ability to speak about the information
    b. Use of reading and writing
    c. Movement and skill performance
    d. Perception based on hearing the material

31. Which of the following is an example of formal education?
    a. The patient is curious about what is involved in the MRI
    b. A goal-directed program is presented by the nurse to a community group
    c. The patient asks a question about his/her medication
    d. A patient wants to know where to obtain dressing supplies

Practice Situation

You are working with a patient who has a new colostomy and needs to learn how to manage the care. You suspect that the patient does not understand English well. There are members of the family who are more fluent in English and visit frequently.
a. What questions can you ask to determine the patient's comfort with English?

b. What adaptations will you need to make to ensure that the patient understands how to perform the colostomy care?

c. How will you evaluate the patient's knowledge about and ability to perform the colostomy care?

REVIEW QUESTIONS

- What is *health literacy?*
- What are the patient health literacy goals for *Healthy People 2030?*
- What is the role of health literacy in nursing and patient education?
- What strategies can the nurse use to provide patient education?
- Where can patient education occur?
- What are the differences between the three domains of learning?
- How do learning styles affect patient teaching?
- What are the factors that affect health literacy and patient teaching?
- How can you assess the patient's health literacy, learning style(s), and education needs?
- Which nursing diagnoses are appropriate for use with patient education?
- Which goals and outcome criteria are applicable to patient education?
- How can you implement teaching plans and evaluate their effectiveness?

15 Nursing Informatics

Complete the following:

1. What are informatics and nursing informatics?

2. How can nursing informatics enhance patient care?

3. Identify the technological advances and tools being used for health and patient data collection and sharing.

4. What is *telehealth* nursing?

5. Indicate specific patient safety benefits from the use of computerized resources.

6. What is the difference between an electronic medical record (EMR) and an electronic health record (EHR)?

7. Identify the specific advantages of computerized provider order entry (CPOE)**.**

8. The nurse at the beginner level of informatics competencies specifically exhibits which of the following abilities? *Select all that apply.*
   a. Identify and collect relevant data. _____
   b. Develop new software. _____
   c. Suggest system improvement. _____
   d. Conduct research and generate theories. _____
   e. Use keyboarding skills. _____
   f. Make judgments on trends and data patterns. _____

9. How does information literacy differ from computer literacy?

10. What is the purpose of standardizing nursing terminology?

11. How can networks and social media be used effectively by nurses?

12. Identify at least four of the Ten Commandments of Computer Ethics.

13. Indicate a question that the nurse should have for each area when evaluating websites.

Criterion	Evaluation Questions
Purpose	
Currency	
Objectivity	
Accuracy	
Verification	

14. The nurse is seeking information on vaccines. Indicate in the table below the professional reliability of the following sources.

Information Sources	Reliable	Not Professionally Reliable
a. Facebook information	○	○
b. American Nurses Association website	○	○
c. Twitter posts	○	○
d. Blogs	○	○
e. National Council of State Boards of Nursing website	○	○
f. Instagram	○	○