

Origin: Chapter 1- Public Health Nursing, 1

1. A nurse is striving to practice patient-centered care at a hospital. Which action best exemplifies providing patient-centered care?
 - A) Having a client complete a self-reported functional status indicator and then reviewing it with the client
 - B) Explaining to a client the benefits of computer-assisted robotic surgical techniques, which the hospital recently implemented
 - C) Recording a client's signs and symptoms in an electronic health record
 - D) Performing continuous glucose monitoring of a client while the client is in the hospital

Ans: A

Feedback:

Patient-centered care considers cultural traditions, personal preferences, values, families, and lifestyles. Clients become active participants in their own care, and monitoring health becomes the client's responsibility. To help clients and their healthcare providers make better decisions, the Agency for Healthcare Research and Quality (AHRQ) has developed a series of tools that empower clients and assist providers in achieving desired outcomes, including client-reported functional status indicators. Computer-assisted robotic surgical techniques, electronic health records, and continuous glucose monitoring in the hospital are all technological advances in healthcare, but they do not help the client become a more active participant in his or her care, and thus are not good examples of patient-centered care.

Origin: Chapter 1- Public Health Nursing, 2

2. A nurse is caring for an older client who is struggling to manage her type 2 diabetes mellitus. The nurse should recognize which social determinants of this client's health? (Select all that apply.)
 - A) Household income of \$23,000 per year
 - B) Reading level of a third grader
 - C) Medication ineffective due to error in prescription
 - D) Originally from Sudan
 - E) No family in the area

Ans: A, B, D, E

Feedback:

The social conditions in which people live, their income, social status, education, literacy, home and work environment, support networks, gender, culture, and availability of health services are the social determinants of health. These conditions have an impact on the extent to which a person or community possesses the physical, social, and personal resources necessary to attain and maintain health. A medical error on the part of the client's primary care provider or nurse would not constitute a social determinant of the client's health.

Origin: Chapter 1- Public Health Nursing, 3

3. A nurse successfully persuades an obese client to perform a weekly weigh-in at home using a digital scale and record the weight in a log. This strategy is an example of:
- A) Telehealth
 - B) Health information technology
 - C) Personal responsibility for health
 - D) Evidence-based nursing

Ans: C

Feedback:

Personal responsibility for health involves active participation in one's own health through education and lifestyle changes. In this case, the client makes a positive change in lifestyle by monitoring body weight weekly. Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical healthcare, client and professional health-related education, public health, and health administration. Health information technology (HIT) is defined as the comprehensive management of health information and its exchange between consumers, providers, government, and insurers in a secure manner. Evidence-based nursing is the integration of the best evidence available with clinical expertise and the values of the client to increase the quality of care.

* Origin: Chapter 1- Public Health Nursing, 4

A nurse performs a variety of tasks as part of the nurse's position at a hospital. Which task best exemplifies public health?

- A) Reading current nursing journals and integrating the latest research into daily practice
- B) Instructing a client on how to best care for a suture site at home
- C) Participating in a videoconference call with a client who lives in a remote area
- D) Facilitating a community-wide smoking cessation program one month out of the year

Ans: D

Feedback:

Public health is what society does collectively to ensure the conditions exist in which people can be healthy. A community-wide smoking cessation program is a great example of a public health intervention, in that it involves the collective effort of society to improve the health of its members. Reading and applying the latest nursing research is an example of evidence-based nursing. Instructing a client on how to best care for a suture site at home is an example of personal responsibility for health, but it is not focused on the health of the greater community. Participating in a videoconference call with a client who lives in a remote area is an example of patient-centered care and of an effective implementation of technology, but it is not particularly related to public health.

-  Origin: Chapter 1- Public Health Nursing, 5
6. Public health nursing is distinguished from other specialties by adherence to eight principles. Which is one of the eight domains of public health nursing practice?
- A) Analytic assessment skills
 - B) Investigation of disease
 - C) Referral and follow-up
 - D) Case management

Ans: A

Feedback:

The eight domains of public health nursing practice are as follows: Analytic assessment skills, policy development and program planning skills, communication skills, cultural competency skills, community dimensions of practice skills, public health science skills, financial planning and management skills, and leadership and systems thinking skills. Investigation of disease, referral and follow-up, and case management are all public health nursing interventions but are not domains of public health nursing practice.

- Origin: Chapter 1- Public Health Nursing, 6
6. Public health nursing is distinguished from other specialties by adherence to eight principles. Which is one of the eight domains of public health nursing practice?
- A) Policy development and individual planning skills
 - B) Individual dimensions of practice skills
 - C) Financial planning and management skills
 - D) Leadership and individual critical thinking skills

Ans: C

Feedback:

The eight domains of public health nursing practice are as follows: Analytic assessment skills, policy development and program planning skills, communication skills, cultural competency skills, community dimensions of practice skills, public health science skills, financial planning and management skills, and leadership and systems thinking skills.

Origin: Chapter 1- Public Health Nursing, 7

7. Public health nursing is distinguished from other specialties by adherence to eight principles. Which are domains of public health nursing practice? (Select all that apply.)
- A) Intuitive assessment skills
 - B) Community organization skills
 - C) Communication skills
 - D) Cultural competency skills
 - E) Product marketing skills

Ans: C, D

Feedback:

The eight domains of public health nursing practice are as follows: Analytic assessment skills, policy development and program planning skills, communication skills, cultural competency skills, community dimensions of practice skills, public health science skills, financial planning and management skills, and leadership and systems thinking skills.

Origin: Chapter 1- Public Health Nursing, 8

8. Which was a duty performed by district nurses in Liverpool, England, in 1865?
- A) Use epidemiologic knowledge and methods
 - B) Encourage community organization
 - C) Report facts to and ask questions of physicians
 - D) Assist physicians with surgery in the newly constructed hospitals

Ans: C

Feedback:

Duties of district nurses in Liverpool, England, in 1865 included the following:
Investigate new referrals as soon as possible; report to the superintendent situations in which additional food or relief would improve recovery; report neglect of clients by family or friends to the superintendent; assist physicians with surgery in the home; maintain a clean, uncluttered home environment and tend fires for heat; teach the client and family about cleanliness, ventilation, giving of food and medications, and obedience to the physician's orders; set an example for "neatness, order, sobriety, and obedience"; hold family matters in confidence; avoid interference with the religious opinions and beliefs of clients and others; report facts to and ask questions of physicians; and refer the acutely ill to hospitals and the chronically ill, poor without family to infirmaries.
Using epidemiologic knowledge and methods and encouraging community organization are principles of public health today, not duties of district nurses in England in 1865.
Nurses at that time assisted physicians with surgery in the home, not in newly constructed hospitals.

Origin: Chapter 1- Public Health Nursing, 9

Which is a *Healthy People 2020* goal?

- A) Decrease the incidence of preventable disease, disability, injury, and premature death
- B) Reduce health inequity, decrease disparities, and improve the health of certain groups
- C) Create social and physical environments that promote good health for all
- D) Promote healthy development and healthy behaviors for the geriatric stage of life

Ans: C

Feedback:

The *Healthy People 2020* goals are as follows: attain high-quality, longer lives free of preventable disease, disability, injury, and premature death (not just to decrease the incidence of these); achieve health equity, eliminate disparities, and improve the health of all groups; create social and physical environments that promote good health for all; and promote healthy development and healthy behaviors across every stage of life, not just older adults.

Origin: Chapter 1- Public Health Nursing, 10

A nurse is coordinating a plan to bring vaccinations in a cost-effective way to a rural community that currently lacks access to them. This is an example of which public health intervention?

- A) Surveillance
- B) Outreach
- C) Screening
- D) Case management

Ans: D

Feedback:

In the intervention of case management, the nurse coordinates a plan or process to bring health services and the self-care capabilities of the client together as a common whole in a cost-effective way. In the intervention of surveillance, the nurse monitors health events through ongoing, systematic collection, analysis, and interpretation of health data for planning, implementing, and evaluating public health interventions. In the intervention of outreach, the nurse locates populations at risk, provides information, identifies possible actions, and identifies access to services. In the intervention of screening, the nurse identifies individuals with unrecognized risk factors or asymptomatic conditions.

Origin: Chapter 1- Public Health Nursing, 11

11. The nurse is locating populations in her region who are exposed to lead-based paint and providing them with information regarding the dangers of lead poisoning. This is an example of which public health intervention?
- A) Surveillance
 - B) Outreach
 - C) Screening
 - D) Case management

Ans: B

Feedback:

In the intervention of outreach, the nurse locates populations at risk, provides information, identifies possible actions, and identifies access to services, which is what the nurse is doing in this situation. In the intervention of surveillance, the nurse monitors health events through ongoing, systematic collection, analysis, and interpretation of health data for planning, implementing, and evaluating public health interventions. In the intervention of screening, the nurse identifies individuals with unrecognized risk factors or asymptomatic conditions. In the intervention of case management, the nurse coordinates a plan or process to bring health services and the self-care capabilities of the client together as a common whole in a cost-effective way.

Origin: Chapter 1- Public Health Nursing, 12

12. Select the great public health achievements in the United States in the 20th century.
(Select all that apply.)
- A) Elimination of common infectious diseases
 - B) Recognition of tobacco as a health hazard
 - C) Fluoridation of drinking water
 - D) Healthier mothers and babies
 - E) Decline in the percentage of obese and overweight people

Ans: B, C, D

Feedback:

Great public health achievements in the United States in the 20th century include the following: control (not elimination) of common infectious diseases; recognition of tobacco as a health hazard; fluoridation of drinking water; and healthier mothers and babies. The percentage of overweight and obese people increased over the course of the 20th century and continues to increase today.

Origin: Chapter 1- Public Health Nursing, 13

13. Demographic characteristics indicate that people in developed countries are living longer, healthier lives, yet tremendous health and social disparities exist. Which describes social determinants of health?
- A) What society does collectively to ensure the conditions exist in which people can be healthy
 - B) Social conditions in which people live and work
 - C) Context of preventing disease and disability and promoting and protecting the health of the entire community
 - D) Comprehensive management of health information and its secure exchange between consumers, providers, government and quality entities, and insurers

Ans: B

Feedback:

Social determinants of health are the social conditions in which people live and work. Health information technology is the comprehensive management of health information and its secure exchange between consumers, providers, government and quality entities, and insurers. Public health is what society does collectively to ensure the conditions exist in which people can be healthy. Public health nursing is a population-based practice, defined as a synthesis of nursing and public health within the context of preventing disease and disability and promoting and protecting the health of the entire community.

Origin: Chapter 1- Public Health Nursing, 14

14. Why is there an increasing use of home monitoring devices? (Select all that apply.)
- A) Rising number of people with acute conditions
 - B) Increased need to deliver healthcare to medically underserved populations
 - C) Advances in technology to assess clients' conditions in their home
 - D) Performing assessments in real time using Internet video systems
 - E) Decline in the number of older adults

Ans: B, C, D

Feedback:

Home monitoring devices are becoming necessities, due in part to the aging population, the rising number of people with chronic (not acute) conditions, and the need to increase healthcare delivery to medically underserved populations. Advances in technology, specifically medical devices, sensors, and high-speed telecommunication networks, have made it possible to assess clients' conditions remotely in their homes, either by storing information for later access or by performing assessments in real time using Internet video systems. The number of older adults in the United States is increasing, not declining.

Origin: Chapter 1- Public Health Nursing, 15

15. Personal responsibility for health involves active participation in one's own health through education and lifestyle changes. Which exemplify personal responsibility? (Select all that apply.)
- A) Reviewing one's own medical records
 - B) Monitoring the positive and negative effects of prescription and over-the-counter medications
 - C) Avoiding tobacco and recreational drug use
 - D) Showing up for scheduled tests and procedures
 - E) Eating the types of foods one most enjoys

Ans: A, B, C, D

Feedback:

Personal responsibility for health involves active participation in one's own health through education and lifestyle changes. It includes responsibility for reviewing one's own medical records and monitoring both the positive and negative effects of prescription and over-the-counter medications. It means showing up for scheduled tests and procedures and avoiding tobacco and recreational drug use. Eating the types of foods one most enjoys is not necessarily responsible, if one most enjoys foods that do not meet dietary recommendations.

Origin: Chapter 1- Public Health Nursing, 16

16. Why has there been an increase in the number of acute and chronically ill people residing in the community who need professional nursing care?

- A) Shorter length of stay in long-term care facilities
- B) Increase in ambulatory surgery
- C) Decrease in the use of outpatient clinics
- D) Increase in length of stay in emergency departments

Ans: B

Feedback:

The shorter length of stay in acute care (not long-term care) facilities, as well as the increase in ambulatory surgery and outpatient clinics, has resulted in more acute and chronically ill people residing in the community who need professional nursing care.

Origin: Chapter 1- Public Health Nursing, 17

17. Which organization publishes and articulates the essentials of public health nursing, including the activities and accountabilities that are characteristics of practice at all levels and settings?
- A) Association of Community Health Nurse Educators (ACHNE)
 - B) American Nurses Association (ANA)
 - C) American Public Health Association (APHA)
 - D) Association of State and Territorial Directors of Nursing (ASTDN)

Ans: B

Feedback:

The American Nurses Association (ANA) sets the scope and standards for all professional practice. The publication *Public Health Nursing: Scope and Standards of Practice* articulates the essentials of public health nursing, including the activities and accountabilities that are characteristic of practice at all levels and settings. The Quad Council of Public Health Nursing Organizations is an alliance of four national nursing organizations that addresses public health nursing issues in the United States, composed of the following: Association of Community Health Nurse Educators (ACHNE), ANA's Congress on Nursing Practice and Economics (CNPE), American Public Health Association (APHA)-Public Health Nursing Section, and Association of State and Territorial Directors of Nursing (ASTDN).

Origin: Chapter 1- Public Health Nursing, 18

18. A high school graduate has decided to pursue a career in public health nursing. Which represents the minimum educational credential that this student will need to obtain entry into public health nursing practice?
- A) Associate's
 - B) Baccalaureate
 - C) Master's
 - D) Doctorate

Ans: B

Feedback:

The baccalaureate degree in nursing is the educational credential required for entry into public health nursing practice. Master's level education, with specific expertise in population-focused care, is required for advanced practice or specialist practice. Registered nurses and licensed practical nurses with a diploma or associate's degree may appropriately practice in community settings where care is directed toward the health or illness of individual clients or families rather than populations. A doctorate degree in nursing may be required for academic and research positions associated with public health nursing.

Origin: Chapter 1- Public Health Nursing, 19

* Who prepared a report for the Massachusetts Sanitary Commission that pointed out that much of the ill health and disability in American cities in 1850 could be traced to unsanitary conditions?

- A) Clara Barton
- B) Dorothea Dix
- C) Lemuel Shattuck
- D) Lillian Wald

Ans: C

Feedback:

Lemuel Shattuck prepared a report for the Massachusetts Sanitary Commission that pointed out that much of the ill health and disability in American cities in 1850 could be traced to unsanitary conditions. Clara Barton achieved widespread recognition during the Civil War, distributing supplies to wounded soldiers and caring for the casualties with the help of her team of nurses. Dorothea Dix was also an American political activist in the 19th century who became aware of the dreadful conditions in prisons and mental hospitals, and she vigorously lobbied state and federal officials to remedy the situation. Lillian Wald was the founder of public health nursing.

Origin: Chapter 1- Public Health Nursing, 20

* Who achieved widespread recognition during the Civil War, distributing supplies to wounded soldiers and caring for the casualties with the help of a team of nurses?

- A) Clara Barton
- B) Dorothea Dix
- C) Lemuel Shattuck
- D) Lillian Wald

Ans: A

Feedback:

Clara Barton achieved widespread recognition during the Civil War, distributing supplies to wounded soldiers and caring for the casualties with the help of her team of nurses. Dorothea Dix was also an American political activist in the 19th century who became aware of the dreadful conditions in prisons and mental hospitals, and she vigorously lobbied state and federal officials to remedy the situation. Lemuel Shattuck prepared a report for the Massachusetts Sanitary Commission that pointed out that much of the ill health and disability in American cities in 1850 could be traced to unsanitary conditions. Lillian Wald was the founder of public health nursing.

Origin: Chapter 1- Public Health Nursing, 21

21. Which core functions of the government address the health of its citizens? (Select all that apply.)
- A) Providing healthcare directly to its citizens
 - B) Assessing healthcare problems
 - C) Developing healthcare policy that provides access to services
 - D) Building state-of-the-art hospitals
 - E) Ensuring delivery of healthcare services and achievement of desired outcomes

Ans: B, C, E

Feedback:

A government has three core functions in addressing the health of its citizens: (1) it assesses healthcare problems, (2) intervenes by developing relevant healthcare policy that provides access to services, and (3) ensures that services are delivered and outcomes achieved. Although some government agencies, such as the U.S. Department of Veterans Affairs, do provide healthcare directly to citizens, this is not a core function of the government. Building state-of-the-art hospitals is not a core function of government, either.

* Origin: Chapter 2- Public Health Systems, 1

Which characterizes physicians in France?

- A) Physicians are evenly distributed between rural and urban areas
- B) About 40% of physicians are women
- C) Physician visits can take 15 to 30 minutes
- D) Physicians see about 15 clients a day

Ans: C

Feedback:

Characteristics of physicians in France include that physicians are unevenly distributed between rural and urban areas; about 50% of physicians are women; physician visits can take 15 to 30 minutes; and physicians see about 10 clients per day.

* Origin: Chapter 2- Public Health Systems, 2

* A nurse is interested in exploring initiatives related to health, poverty, and development in Africa. Which organization would most likely be involved in such an initiative?

- A) Bill and Melinda Gates Foundation
- B) Living Proof Project
- C) International Committee of the Red Cross
- D) Oxfam International

Ans: A

Feedback:

Philanthropies are organizations that are similar to NGOs but they receive funding through personal endowments. For example, the Bill and Melinda Gates Foundation focuses on health, poverty, and development in Africa, South America, Asia, and Australia. The Living Proof Project supports vaccine and nutrition programs, as well as decreasing the incidence of diseases such as polio, HIV/AIDS, and tropical illnesses. Nongovernmental organizations are private agencies that voluntarily use their resources to address a variety of healthcare initiatives in the United States. The International Committee of the Red Cross is known most for its role in disaster relief. Oxfam International focuses specifically on issues related to hunger and nutritional health.

Origin: Chapter 2- Public Health Systems, 3

*** Which best describes a nongovernmental organization?**

- A) Agency that is based in only one country but provides services to many other countries
- B) Agency that acquires resources to help others from private rather than public sources
- C) A group that collects data related to healthcare use across a variety of professional and service parameters
- D) An organization that uses endowed funds or private fundraising to address the needs of individuals, families, and populations

Ans: B

Feedback:

A nongovernmental organization is an agency that acquires resources to help others from private rather than public sources. A bilateral agency is one that is based in only one country but provides services to many other countries. Organization for Economic Cooperation and Development is a group that collects data related to healthcare use across a variety of professional and service parameters. A philanthropic organization is one that uses endowed funds or private fundraising to address the needs of individuals, families, and populations.

Origin: Chapter 2- Public Health Systems, 4

4. Which best exemplifies a bilateral agency?

- A) The United Nations
- B) The World Health Organization (WHO)
- C) The World Bank
- D) The U.S. Agency for International Development (USAID)

Ans: D

Feedback:

Bilateral agencies and organizations conduct their services within one specific country. USAID is a good example in the United States. It is a committed initiative that works with developing countries to enhance systems to fortify the health and welfare of international populations. Multilateral agencies and organizations receive funding from both governmental and nongovernmental sources. Examples of multilateral agencies include the United Nations and the WHO. The World Bank is another multilateral organization. Its major goal is to lend money to countries in need of developing their infrastructure on a variety of fronts.

X Origin: Chapter 2- Public Health Systems, 5
Which public health entities are often regulated by the U.S. federal government? (Select all that apply.)

- A) Food
- B) Medications
- C) School health
- D) Devices
- E) Environment

Ans: A, B, D, E

Feedback:

The federal government plays an important role in the regulation of public health. Public health entities of regulation are often related to (1) food, (2) drugs, (3) devices, (4) occupation health, and (5) the environment through the Department of Health and Human Services. School health is typically regulated by state and local governments, not the federal government.

- Origin: Chapter 2- Public Health Systems, 6
6. A nurse is coordinating an initiative in the community to make sure that the healthcare needs of local refugees and asylees are recognized and addressed. Which federal agency should this nurse contact, as it is directly involved with the health and healthcare of refugees and asylees in the United States?
- A) United States Department of Health and Human Services
 - B) National Institutes of Health
 - C) Agency for Healthcare Research and Quality
 - D) Centers for Disease Control and Prevention

Ans: A

Feedback:

The United States Department of Health and Human Services is the federal agency that is directly involved with the health and healthcare of U.S. citizens or refugees/asylees. The National Institutes of Health, Agency for Healthcare Research and Quality, and Centers for Disease Control and Prevention are three important organizations in which research is undertaken and used effectively to address key healthcare concerns such as HIV screening and care, address adverse events in hospital settings, and promote measures to decrease the rates of emerging infectious diseases.

Origin: Chapter 2- Public Health Systems, 7

7. Which best exemplifies a public health goal in the United States?
- A) To restore the ability of an 80-year-old to perform activities of daily living after a stroke
 - B) To lobby for legislation that ensures the accessibility to health insurance on the basis of one's health
 - C) To develop treatments to address symptoms related to chemotherapy
 - D) To establish a free exercise program at a community center to promote fitness in a low-income neighborhood with high obesity rates

Ans: D

Feedback:

It is important to review several key components of the function public health serves through key initiatives, including a national consensus on goals, provision of systems of health insurance based on risk, not necessarily health, and the role of nongovernmental disease prevention and health promotion. In the United States, public healthcare includes disease prevention and health promotion based on science and cultural relevance. It is not focused on the health of the individual person but of the larger population. The goal of public healthcare is to keep populations healthy through a larger “reach” than connection at the individual level.

 Origin: Chapter 2- Public Health Systems, 8

- In the United States, the system of healthcare has historically given and continues to give stronger support to which types of care?
- A) Individual care with a focus on cure
 - B) Community care with a focus on cure
 - C) Individual care with a focus on prevention
 - D) Community care with a focus on prevention

Ans: A

Feedback:

The United States and its system of healthcare have historically given and continue to give stronger support to individual rather than community care and cure rather than prevention.

Origin: Chapter 2- Public Health Systems, 9

9. A nurse works predominantly with clients who are active military personnel. Which publically funded program provides health benefits to this population?
- A) Medicare
 - B) Medicaid
 - C) TRICARE
 - D) CHIP

Ans: C

Feedback:

Funding for the healthcare system in the United States comes primarily from privately owned health insurance companies. Exceptions include programs that are publically funded, such as Medicare, Medicaid, TRICARE (civilian health benefits for military personnel, retirees, and dependents), Children's Health and Insurance Program (CHIP), and Veterans Health Administration.

Origin: Chapter 2- Public Health Systems, 10

10. Which best describes a philanthropic organization?
- A) Agency that is based in only one country but provides services to many other countries
 - B) Agency that acquires resources to help others from private rather than public sources
 - C) A group that collects data related to healthcare use across a variety of professional and service parameters
 - D) An organization that uses endowed funds or private fundraising to address the needs of individuals, families, and populations

Ans: D

Feedback:

A philanthropic organization is one that uses endowed funds or private fundraising to address the needs of individuals, families, and populations. A bilateral agency is one that is based in only one country but provides services to many other countries. A nongovernmental organization is one that acquires resources to help others from private rather than public sources. Organization for Economic Cooperation and Development is a group that collects data related to healthcare use across a variety of professional and service parameters.

Origin: Chapter 2- Public Health Systems, 11

11. Which country spends the most on healthcare?

- A) Canada
- B) England
- C) Japan
- D) United States

Ans: D

Feedback:

The United States spends more on healthcare than does any other industrialized country.

Origin: Chapter 2- Public Health Systems, 12

12. Which is the fastest growing healthcare expenditure in the United States?

- A) Healthcare technology
- B) Hospital care
- C) Outpatient treatment and surgery
- D) Prescription medications

Ans: D

Feedback:

Although hospital care accounts for the largest share of healthcare spending, prescription drugs are the fastest growing healthcare expenditure.

 Origin: Chapter 2- Public Health Systems, 13
13. National Health Expenditure Accounts are a measure of expenditures on healthcare goods and services in the United States. In the most recent set of estimates, expenditures totaled what percentage of U.S. health spending?

- A) 2
- B) 3
- C) 4
- D) 5

Ans: B

Feedback:

Government public health activity constitutes an important service category. In the most recent set of estimates, expenditures totaled \$56.1 billion in 2004, or 3% of total U.S. health spending (National Health Expenditures, 2013).



Origin: Chapter 2- Public Health Systems, 14

14. The client is a single mother of two who earns minimum wage at a part-time job and never graduated from high school. Which healthcare-related outcomes is the client at increased risk for, based on her circumstances? (Select all that apply.)
- A) Morbidity
 - B) Mortality
 - C) Genetic disorder
 - D) Difficulty accessing care
 - E) Negative outcomes when receiving care

Ans: A, B, D, E

Feedback:

Marginalization often occurs in people who live below the poverty level in the United States, and these people frequently are poorly educated. In the chapters that follow, higher rates of morbidity, mortality, difficulty in accessing care, and negative outcomes when receiving care, will be seen as key issues in such populations. This client's circumstances would not increase her risk of experiencing a genetic disorder.



Origin: Chapter 2- Public Health Systems, 15

15. The Department of Health and Human Services has identified several areas for which health disparities exist among various demographic groups and need to be addressed. Which are included among these areas? (Select all that apply.)
- A) Infant mortality
 - B) Cancer screening
 - C) Cardiovascular disease
 - D) Diabetes
 - E) End-stage renal disease

Ans: A, B, C, D

Feedback:

The Department of Health and Human Services has identified six areas for which it has oversight and that require effort to reduce disparities. These areas are (1) infant mortality, (2) cancer screening, (3) cardiovascular disease, (4) diabetes, (5) HIV/AIDS, and (6) immunizations. End-stage renal disease is not an area of focus.

Origin: Chapter 2- Public Health Systems, 16

16. A nurse in the Canadian healthcare system is concerned because a client has been denied a surgical procedure that the nurse believes is essential to the client's recovery. Who should the nurse expect will have the most power to reverse this decision?
- A) Nurse practitioner
 - B) Physicians
 - C) Private insurance company
 - D) Health administrator

Ans: D

Feedback:

The most powerful individuals in the Canadian healthcare system are not physicians but health administrators, who put an emphasis on cost efficiency and social responsibility. Private insurance exists to cover services not covered under Medicare, such as vision needs, dental services, and pharmaceuticals for nonelderly people. This type of private insurance is acquired through employment contributions and represents a small portion of total health expenditures (15%). Nurses and nurse practitioners are important to the care of individuals and communities but play a lesser role in the administration of public healthcare.

~~**Origin:** Chapter 2- Public Health Systems, 17~~

~~Which is characteristic of the German healthcare system?~~

- A) Health insurance payments based on risk, not income
- B) Ambulatory care provided by centralized nonprofit hospitals
- C) An average hospital stay of 9 days
- D) Nurse practitioners operating independently

Ans: C

Feedback:

The average length of hospital stay in Germany has decreased in recent years from 14 to 9 days, still considerably longer than the 5- to 6-day average in the United States. Health insurance coverage is maintained by all citizens sharing in the effort to have an insurance pool, and payment is based on income, not risk. Currently, physicians in private practice provide ambulatory care, and centralized nonprofit hospitals offer the majority of inpatient care. Nurses in the German healthcare system, called sisters, are mostly diploma-educated individuals working with a physician.

~~18.~~ Origin: Chapter 2- Public Health Systems, 18

18. Which type of payment system does the Netherlands have?

- A) Universal long-term payment system
- B) Dual-level payment system
- C) Private health insurance linked to employment
- D) Free health insurance paid by the government

Ans: B

Feedback:

The Netherlands has a dual-level healthcare payment system. All primary and acute care is financed from private mandatory insurance. Long-term care for the elderly, the dying, long-term mentally ill, and so on, is covered by money acquired from taxation and is considered a “social insurance.”

Origin: Chapter 2- Public Health Systems, 19

19. Which best describes a multilateral agency?

- A) Is based in only one country but provides services to many other countries
- B) Is responsible for the health and welfare of citizens nationally
- C) Receives funding from both governmental and nongovernmental sources
- D) Acquires resources to help others from private rather than public sources

Ans: C

Feedback:

A multilateral agency is one that receives funding from both governmental and nongovernmental sources. A bilateral agency is one that is based in only one country but provides services to many other countries. The Department of Health and Human Services is a U.S. agency responsible for the health and welfare of citizens nationally. A nongovernmental organization (NGO) is an agency that acquires resources to help others from private rather than public sources.

~~19.~~ Origin: Chapter 2- Public Health Systems, 20

The International Council of Nurses (ICN) is a federation of more than 130 national nurses associations, representing more than 13 million nurses worldwide. In which area is the International Council of Nurses particularly active?

- A) Basic nursing practice
- B) Secondary healthcare
- C) Women's health
- D) Safe immunization programs

Ans: C

Feedback:

ICN is particularly active in international classification of nursing practice; advanced (not basic) nursing practice; entrepreneurship; HIV/AIDS, tuberculosis, and malaria; women's health; primary (not secondary) healthcare; family health; and safe water (not safe immunization programs).

Origin: Chapter 2- Public Health Systems, 21

21. A hurricane recently struck a nurse's hometown, and the nurse on behalf of the hospital is coordinating local relief efforts with nongovernmental organizations (NGOs). Which organization should this nurse most expect to work with in this situation?
- A) Bill and Melinda Gates Foundation
 - B) Living Proof Project
 - C) International Committee of the Red Cross
 - D) Oxfam International

Ans: C

Feedback:

Nongovernmental organizations are private agencies that voluntarily use their resources to address a variety of healthcare initiatives in the United States. The International Committee of the Red Cross is known most for its role in disaster relief. Oxfam International focuses specifically on issues related to hunger and nutritional health. Philanthropies are organizations that are similar to NGOs but receive funding through personal endowments. For example, the Bill and Melinda Gates Foundation focuses on health, poverty, and development in Africa, South America, Asia, and Australia. The Living Proof Project supports vaccine and nutrition programs, as well as decreasing the incidence of diseases such as polio, HIV/AIDS, and tropical illnesses.

Origin: Chapter 3- Health Policy, Politics, and Reform, 1

1. The nurse is passionate about research for a cure for pediatric leukemia and has written the state representatives in Congress to urge them to expand federal funding for this research. This behavior is an example of involvement in:
 - A) Policy
 - B) Politics
 - C) Public health
 - D) Equity

Ans: B

Feedback:

Politics is the process of influencing the allocation of scarce resources, including financial resources, human resources, and time. A policy is a guideline that directs individuals' behavior toward a specific goal or a deliberate course of action chosen by an individual or group to deal with a problem. Public health is what society does collectively to ensure that conditions exist in which people can be healthy. Equity in healthcare refers to care that does not vary in quality because of gender, race, ethnicity, geographic location, or socioeconomic status.

Origin: Chapter 3- Health Policy, Politics, and Reform, 2

2. Which statements regarding the relationship between politics and healthcare are true? (Select all that apply.)
 - A) Politics has a limited effect on healthcare.
 - B) The government should be interested in health matters when a problem affects a specific group or a whole population.
 - C) Politics has only negative effects on healthcare.
 - D) Republicans and Democrats generally agree on healthcare policies.
 - E) Political solutions can be achieved at both the federal and state levels.

Ans: B, E

Feedback:

Politics interferes with every aspect of healthcare in the United States. In reference to a political issue, the government should be interested in problems that affect a specific group or a whole population. There are many examples of the positive role that governments play through policies and legislations, including providing equal opportunity through universal provision of education, healthcare, and often housing and nutrition programs. There is little agreement between the two major U.S. political parties (Democrats and Republicans) when it comes to whom, how, what, and when healthcare should be provided and who should pay for it. Solutions can be achieved by working at either the federal or the state level.

Origin: Chapter 3- Health Policy, Politics, and Reform, 3

3. The nurse is interested in taking on a role in the state's political decision-making process. Which political skills will the nurse need to be effective in this role? (Select all that apply.)
- A) Ability to understand others' behaviors
 - B) Social skills
 - C) Diagnostic skills
 - D) Ability to network
 - E) Ability to lie convincingly

Ans: A, B, D

Feedback:

Healthcare professionals have political skills and active roles in healthcare leadership. These skills include the following: social skills and the ability to understand, interpret, and represent one's own and others' behaviors; the ability, qualifications, and power to influence others and make changes; the ability to develop, connect, and use different social networks; and having a high level of integrity, sincerity, and genuineness.

Origin: Chapter 3- Health Policy, Politics, and Reform, 4

4. Which represents the correct order of events in the policy-making process?
- A) 1) Policy formulation, 2) policy assessment, 3) policy adoption, 4) policy implementation, 5) policy modification, 6) setting an agenda
 - B) 1) Setting an agenda, 2) policy formulation, 3) policy assessment, 4) policy modification, 5) policy adoption, 6) policy implementation
 - C) 1) Policy formulation, 2) setting an agenda, 3) policy implementation, 4) policy modification, 5) policy assessment, 6) policy adoption
 - D) 1) Setting an agenda, 2) policy formulation, 3) policy adoption, 4) policy implementation, 5) policy assessment, 6) policy modification

Ans: D

Feedback:

The correct order of events in the policy-making process is as follows: 1) setting an agenda, 2) policy formulation, 3) policy adoption, 4) policy implementation, 5) policy assessment, 6) policy modification. An agenda must be set before a policy is formulated; this phase involves considering the significance of the problem, the political support for addressing the problem, and the ability to perceive the viability of proposed alternative solutions for the problem. After the agenda is set, the policy can be formulated. Once formulated, the policy must be adopted or agreed upon before it can be implemented. Only after being implemented can the policy be assessed or evaluated in terms of its effectiveness. The final step is modifying the policy on the basis of the results of the assessment.

Origin: Chapter 3- Health Policy, Politics, and Reform, 5

5. The nurse meets with a group of fellow nurses. They discuss the number of children who have died in hot cars and how likely they are to gain support from their state legislators to address the problem. The nurses are currently in which step of the policy-making process?
- A) Policy formulation
 - B) Policy adoption
 - C) Setting an agenda
 - D) Policy assessment

Ans: C

Feedback:

Setting an agenda, the first step in the policy-making process, involves considering the significance of the problem, the political support for addressing the problem, and the ability to perceive the viability of proposed alternative solutions for the problem. After the agenda is set, the policy can be formulated. Once formulated, the policy must be adopted or agreed upon before it can be implemented. Only after being implemented can the policy be assessed or evaluated in terms of its effectiveness. The final step is modifying the policy on the basis of the results of the assessment.

* Origin: Chapter 3- Health Policy, Politics, and Reform, 6

6. The hospital board is in the process of developing a policy regarding the use of cell phones within the hospital. At the current meeting, the board has decided to allow use of cell phones only within certain waiting areas within the hospital, and nowhere else. Which stage of policy-making does this action represent?
- A) Policy formulation
 - B) Policy adoption
 - C) Policy implementation
 - D) Policy assessment

Ans: B

Feedback:

Policy adoption is the process of selecting the policy that will be implemented. Policy formulation is the stage in which various policy options are identified and explored. Policy implementation is the stage in which the selected policy is carried out by using human and financial resources. Policy assessment is the stage in which the implemented policy is evaluated in terms of its compliance with statutory requirements and effectiveness.

Origin: Chapter 3- Health Policy, Politics, and Reform, 7

7. The hospital board is in the process of developing a policy regarding the use of cell phones within the hospital. After 6 months of a policy being in place and weeks of ongoing evaluation of the policy by individual board members, the board decided to expand the areas where cell phone use is permitted to include all waiting rooms and some client rooms. Which stage of policy-making does this action represent?
- A) Policy modification
 - B) Policy adoption
 - C) Policy implementation
 - D) Policy assessment

Ans: A

Feedback:

Policy modification is the step in which a policy that has already been implemented is maintained, changed, or eliminated on the basis of results of policy assessment. Policy adoption is the process of selecting the policy that will be implemented. Policy implementation is the stage in which the selected policy is carried out by using human and financial resources. Policy assessment is the stage in which the implemented policy is evaluated in terms of its compliance with statutory requirements and effectiveness.

4. Origin: Chapter 3- Health Policy, Politics, and Reform, 8

8. The nurse applies a cost–benefit analysis to the healthcare model. Which costs are the primary concerns of the client? (Select all that apply.)
- A) Total payment for the service
 - B) Out-of-pocket payment
 - C) Suffering and pain
 - D) Actual and direct cost of providing a service
 - E) Psychological costs

Ans: B, C, E

Feedback:

Clients are interested in their own out-of-pocket payment, as well as the psychological costs, suffering, and pain, which are difficult to quantify yet have long-lasting negative effects. The total payment for the service is usually what matters to the payer. The providers are usually concerned with the actual and direct cost of providing a service.

 Origin: Chapter 3- Health Policy, Politics, and Reform, 9

9. A client visits the office of an independent nurse practitioner to have routine blood work done. The client returns 1 week later for a follow-up visit to discuss the results and formulate a new treatment plan. On the basis of the client's insurance plan, the client is only obligated to pay \$15 copay for this service. The total payment that the client's insurance company provides the practitioner is \$180, which covers the \$80 fee for a 15-minute visit and the \$100 cost of laboratory services. On the basis of the nurse's current client load, \$40 of the \$80 fee for the visit covers overhead and the remaining \$40 is profit. In terms of cost–benefit analysis, which is the actual financial cost to the nurse for providing this service?
- A) \$100
 - B) \$15
 - C) \$180
 - D) \$140

Ans: D

Feedback:

Using cost–benefit analysis, the cost to the provider is the actual and direct cost of providing a service, which in this case would be \$100 for the laboratory services plus \$40 for office overhead, which equals \$140. Clients are interested in their own out-of-pocket payment, which in this case would be \$15. The actual total payment for the service is usually what matters to the payer or insurance company, which in this case is \$180.

Origin: Chapter 3- Health Policy, Politics, and Reform, 10

10. A family member receives Medicaid. Which is most likely to limit access of this person to healthcare?
- A) Inability to find a provider who accepts Medicaid
 - B) Pre-existing conditions
 - C) Lack of insurance
 - D) Large insurance premiums

Ans: A

Feedback:

Those covered by Medicaid have insurance but may experience problems accessing primary care due to their inability to find a private physician who accepts Medicaid clients. Out-of-pocket expenses may also be a factor in inability to access care.

Preexisting conditions limited access to private insurance before the passage of the Patient Protection and Affordable Care Act of 2010 but should not limit access to healthcare in a client covered by Medicaid. Large insurance premiums would not pertain to Medicaid.

~~X~~ Origin: Chapter 3- Health Policy, Politics, and Reform, 11

1. A client receives Medicare, has limited income, and lives in a large city. Which factors are likely to limit the client's ability to access healthcare? (Select all that apply.)
- A) Inability to afford supplemental insurance
 - B) Living in an urban environment
 - C) High out-of-pocket expenses
 - D) Preexisting conditions
 - E) Lack of in-network providers in her region

Ans: A, C

Feedback:

The underinsured include older individuals who receive Medicare but cannot afford supplemental insurance or the out-of-pocket expenses associated with Medicare. Those living in a rural area, not an urban area, would be likely to have difficulty finding available healthcare providers. In-network providers would apply to private insurance, not to Medicare.

Origin: Chapter 3- Health Policy, Politics, and Reform, 12

12. Which most accurately defines quality of care?
- A) Degree to which health services increase the likelihood of desired outcomes and are consistent with current knowledge
 - B) Improvement of what is wrong or unsatisfactory
 - C) Economic approach or analysis tool used to evaluate the effectiveness of a treatment or intervention
 - D) Presence of a variety of ethnic, racial, and cultural backgrounds of the workers in a specific area such as the health sector

Ans: A

Feedback:

Quality of care is defined by the Institute of Medicine as the degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current knowledge. Reform is the improvement of what is wrong or unsatisfactory. Cost-benefit is an economic approach or analysis tool used to evaluate the effectiveness of a treatment or intervention. Workforce diversity is the presence of a variety of ethnic, racial, and cultural backgrounds of the workers in a specific area such as the health sector.

X Origin: Chapter 3- Health Policy, Politics, and Reform, 13

3. A nurse has just finished providing teaching and care to a child with type 1 diabetes. On the basis of the five dimensions of healthcare identified by the Institute of Medicine, indicators of quality care include that the child: (Select all that apply.)
- A) Safely self-injected insulin in the office
 - B) Has maintained an appropriate blood glucose level consistently for 6 months
 - C) Was seen by the nurse 2 hours after arriving for a scheduled appointment
 - D) Received care that was identical to that provided to six other clients of various racial backgrounds
 - E) Received instructions directly from the nurse in the office, not via a parent

Ans: A, B, D, E

Feedback:

The Institute of Medicine lists the following dimensions of healthcare systems that should be considered when quality, cost, and access are examined: 1) safety: avoiding injury and harm from care that is meant to aid clients; 2) effectiveness: assuring that “evidence-based” care is actually delivered, by avoiding overuse of medically unproven care and underuse of medically sound care; 3) client-centeredness: involving clients thoroughly in the decision-making process about their care, thereby respecting their culture, social circumstances, and needs; 4) timeliness: avoiding unwanted delays in treatment; and 5) equality: closing racial, ethnic, gender, and socioeconomic gaps in care and outcomes.

X Origin: Chapter 3- Health Policy, Politics, and Reform, 14

4. Nurses are effective and influential shapers of healthcare policy because of their expertise in: (Select all that apply.)
- A) Clinical practice
 - B) Administration
 - C) Education
 - D) Political science
 - E) Research

Ans: A, B, C, E

Feedback:

Nurses' expertise as clinicians, educators, researchers, and administrators lends them much power in public policy. Nurses, as a whole, do not typically have expertise in political science.

~~X~~ Origin: Chapter 3- Health Policy, Politics, and Reform, 15

Which represent ways nurses can actively engage in policy making? (Select all that apply.)

- A) Testify at congressional hearings
- B) Disseminate information on health issues in the media
- C) Serve as members of governing boards
- D) Document client symptoms following a physical examination
- E) Review articles in recent nursing journals

Ans: A, B, C

Feedback:

In terms of policy making, nurses can 1) provide vital evidence that either supports or opposes a policy, 2) be members of an organization or a group that introduces a specific problem into the national agenda and identifies the goals and tools needed to implement it, and 3) advocate for and disseminate information on health issues through the media. Nurses may also advocate for their clients by testifying at congressional hearings, healthcare summits, and regional forums regarding the need to eliminate disparities in healthcare access among various client demographics. The American Nurses Association works with coalitions and advocates for nurses to serve as members of governing boards in each state, to advance the role and recognition of nurses, to prevent potential declines in quality, and to communicate with the Congress in the prevention of harmful changes in Medicare. Documenting client symptoms and reviewing articles in nursing journals are tasks commonly performed by nurses but are not directly related to policy making.

~~X~~ Origin: Chapter 3- Health Policy, Politics, and Reform, 16

16 Which is the primary way that U.S. federal government has encouraged improved information management in the healthcare system?

- A) Publishing of guidelines for increased efficiency in filing client records
- B) Tax deductions for the installation of new telephone systems
- C) Reimbursement and bonuses for physicians and hospitals for adopting electronic health records
- D) Grants for hiring office managers trained in health information technology

Ans: C

Feedback:

As established in the American Recovery and Reinvestment Act, physicians who adopt and use electronic health records (EHRs) meaningfully can be reimbursed for their services up to \$44,000 over 5 years. Similarly, hospitals that effectively utilize EHRs earn an incentive of \$2 million through a one-time bonus. The other answers are not true.

Origin: Chapter 3- Health Policy, Politics, and Reform, 17

17. Which programs are funded by the Community Transformation Grant program? (Select all that apply.)
- A) Tobacco-free living
 - B) Physical activity
 - C) Autism awareness
 - D) Healthy eating
 - E) Managing attention-deficit disorder

Ans: A, B, D

Feedback:

The Community Transformation Grant program funds programs that promote tobacco-free living, physical activity, healthy eating, services to prevent and control high blood pressure and high cholesterol, social and emotional wellness, and healthy and safe environments. It does not specifically provide funds for autism awareness or managing attention-deficit disorder.

Origin: Chapter 3- Health Policy, Politics, and Reform, 18

18. The nurse is working through an ethical dilemma using a decision-making process developed by the Ohio Nurses Association. After identifying the existence of the ethical dilemma, the next step in this process is to:
- A) Clarify personal values and moral position
 - B) Determine options on the basis of consideration of benefits and risks
 - C) Make a responsible decision about actions or recommendations
 - D) Gather and analyze relevant information

Ans: D

Feedback:

The Ohio Nurses Association (2006) developed a process to guide nurses in working through ethical dilemmas. This process includes the following steps, in order: 1) Identifying the existence of the ethical dilemma (conflict in values); 2) gathering and analyzing relevant information—including identification of stakeholders, interdisciplinary team members, and other sources of relevant information; 3) clarifying personal values and moral position, including the moral perspectives of other “players” in the scenario; 4) determining options on the basis of careful consideration of alternatives' benefits and risks; 5) making responsible decisions about actions or recommendations, in collaboration with other interested parties; and 6) evaluating the impact of the action and outcomes.

Origin: Chapter 3- Health Policy, Politics, and Reform, 19

19. Select the nursing ethical principles established by the American Nurses Association's (ANA) Code of Ethics for Nurses? (Select all that apply.)
- A) Compassion and respect for the dignity, worth, and uniqueness of every individual
 - B) Primary commitment to the physician
 - C) Promotion and advocacy to protect the client's health, safety, and rights
 - D) Participation in establishing, maintaining, and improving healthcare environments and conditions
 - E) Self-sufficiency and lack of dependence on other healthcare professionals in caring for the client

Ans: A, C, D

Feedback:

Nursing ethical principles established by the ANA's Code of Ethics for Nurses include the following: 1) compassion and respect for the dignity, worth, and uniqueness of every individual; 2) primary commitment to the client (individual, family, group, or community), not to the physician; 3) promotion and advocacy to protect the client's health, safety, and rights; 4) responsibility and accountability for individual nursing practice by appropriate delegation of tasks to provide optimum care; 5) responsibility to preserve integrity and safety, maintain competence, and continue personal/professional growth; 6) participation in establishing, maintaining, and improving healthcare environments and conditions; 7) participation in the advancement of the profession through contributions to practice, education, administration, and research; 8) collaboration with other healthcare professionals and the public in promoting community, national, and international efforts to meet health needs; and 9) responsibility for articulating values, maintaining integrity, and shaping social policy.

Origin: Chapter 3- Health Policy, Politics, and Reform, 20

20. Which goals are part of the Patient Protection and Affordable Care Act (ACA), which was passed in 2010? (Select all that apply.)
- A) Shifting the focus of the healthcare delivery system from prevention to treatment
 - B) Reducing the costs and improving the efficiency of healthcare
 - C) Allowing insurers to deny healthcare coverage on the basis of preexisting conditions
 - D) Expanding health insurance coverage
 - E) Expanding healthcare access to children

Ans: B, D, E

Feedback:

Through the Patient Protection and Affordable Care Act (ACA), the Obama administration's goals in improving the overall healthcare system and the quality of care include but are not limited to the following: 1) expanding health insurance coverage, 2) shifting the focus of the healthcare delivery system from treatment to prevention (not from prevention to treatment), and 3) reducing the costs and improving the efficiency of healthcare. Additionally, the ACA expanded healthcare access to children. Through the ACA, youth are allowed to remain on their parents' healthcare plan to the age of 26, insurers are no longer allowed to exclude children from coverage because of preexisting conditions, and access has been expanded through state-based health insurance exchanges for uninsured families.

 Origin: Chapter 3- Health Policy, Politics, and Reform, 21

21. Which steps must take place to improve the U.S. healthcare system, according to Porter? (Select all that apply.)
- A) Measurement and dissemination of health outcomes must be shared.
 - B) The existing system of delivery of prevention, wellness, screening, and routine health maintenance services must be preserved.
 - C) Care delivery must be reorganized around the availability of physicians.
 - D) Providers must compete for nurses on the basis of the quality of the care provided.
 - E) Clients' involvement in their health must improve and incentives for client involvement should be considered.

Ans: A, E

Feedback:

Porter lists the following steps that must take place to improve the U.S. healthcare system: 1) measurement and dissemination of health outcomes must be shared; 2) the delivery of prevention, wellness, screening, and routine health maintenance services must be fundamentally restructured (not preserved); 3) care delivery must be reorganized around medical conditions (not around the availability of physicians); 4) a reimbursement program for healthcare professionals as incentives to achieve better outcomes for clients must be established; 5) providers must compete for clients (not nurses) on the basis of the quality of the care provided; 6) all providers must establish electronic medical records; and 7) clients' involvement in their health must improve and incentives for client involvement should be considered.

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Origin: Chapter 4- Health and the Global Environment, 1

1. Which example best illustrates the World Health Organization's definition of health?
 - A) 72-year-old woman with well-managed diabetes who walks 2 miles every day and takes classes at the local community college
 - B) 20-year-old man with no significant history of disease who smokes, works a stressful job, and is sedentary
 - C) 50-year-old woman with no health complaints who is alcoholic, lives alone with little social contact, and is obese
 - D) 98-year-old man with dementia who resides in an assisted living facility

Ans: A

Feedback:

The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Although the 72-year-old woman has diabetes, she is managing it well, is physically active, and is effectively developing her mental and social well-being. The 20-year-old man and 50-year-old woman, although they have no known health concerns, do not have healthy lifestyles. The 98-year-old man has a mental condition and there are no indicators of physical or social well-being.

Origin: Chapter 4- Health and the Global Environment, 2

2. ~~The nurse~~ collects specific data related to risk factors, health indicators, and health outcomes that determine the burden of disease. Which data would the measure known as HALE yield about health indicators and outcomes?

- A) Average number of years a newborn is expected to live if current mortality rates continue to apply
- B) Average number of years that a person can expect to live in “full health” by taking into account years lived in less than full health due to disease and/or injury
- C) Quantifying the burden of disease to a healthy life on the basis of the loss of years related to the burden of disease. The gap in years reflects the current state of health compared with an optimum state of health of a nation.
- D) Quantifying the burden of acute illness to a healthy life on the basis of the loss of years related to the burden of acute illness. The gap in years reflects the current state of health compared with an optimum state of health of a nation.

Ans: B

Feedback:

Health-adjusted life expectancy at birth (HALE) is the average number of years that a person can expect to live in “full health” by taking into account years lived in less than full health due to disease and/or injury. Life expectancy at birth is the average number of years a newborn is expected to live if current mortality rates continue to apply.

Disability-adjusted life years (DALY) is a measure that quantifies the burden of disease to a healthy life on the basis of the loss of years related to the burden of disease. The gap in years reflects the current state of health compared with an optimum state of health of a nation. Acute illness is not a factor in determining health indicators.

~~X~~ Origin: Chapter 4- Health and the Global Environment, 3

3. The nurse prepares a presentation about the World Health Organization's World Health Statistics Report for 2013. Which trend is mentioned in this report?

- A) Children in low-income countries are 2 times more likely to die before reaching the age of 5 years than children in high-income countries.
- B) Every day 800 women die due to complications of pregnancy and childbirth.
- C) Zimbabwe now has a higher life expectancy than 7 out of 10 countries in Eastern Europe.
- D) Almost 5% of the world's adult population has diabetes.

Ans: B

Feedback:

The report includes the following statistics. Every day, about 800 women die due to complications of pregnancy and childbirth. Children in low-income countries are 16 times more likely (not 2 times more likely) to die before reaching the age of 5 years than children in high-income countries. China, not Zimbabwe, now has a higher life expectancy at birth than 7 out of 10 countries in Eastern Europe. Almost 10%, not 5%, of the world's adult population has diabetes, measured by elevated fasting blood glucose (≥ 126 mg/dL).

~~X~~ Origin: Chapter 4- Health and the Global Environment, 4

4. Which risk factor for poor health is associated with low- and middle-income countries? (Select all that apply.)

- A) Burning of wood and dung for cooking and heat
- B) Low status of women
- C) Sedentary lifestyle
- D) Not wrapping an infant immediately after birth
- E) Overconsumption of fatty foods

Ans: A, B, D

Feedback:

Low- and middle-income countries have an increased burden of the risk factor of poverty. Extreme poverty—the inability to meet the basic needs of adequate nutrition, safe drinking water, basic education, and primary health services and the lack of a livelihood that can generate the means to secure these basic needs—is the driving force behind increased mortality. The continuous smoke from the burning of air-polluting solid fuels affects the population's health and in turn affects economic prospects. The continued low status of women, despite years of policy development, increases the risk of disease and disability. Interventions to improve neonatal care at birth in lower-income countries include drying the infant off and wrapping immediately after birth. A sedentary lifestyle and overconsumption of fatty foods are not risk factors associated with low- and middle-income countries but with higher-income countries.

***** Origin: Chapter 4- Health and the Global Environment, 5
The nurse is assigned to prepare the yearly goals for the community health agency in a developing nation. Which goals, on the basis of the United Nations' Millennium Development Goals for improving global health, should the nurse include? (Select all that apply.)

- A) Initiate an afterschool sports program at every school in the nation to increase physical activity among children.
- B) Distribute a mosquito bed net to every home in the nation.
- C) Provide 1 million free allergy shots to people at highest risk.
- D) Increase the number of girls who attend primary schools by 100%.
- E) Provide training on prevention of postpartum hemorrhage to all healthcare workers.

Ans: B, D, E

Feedback:

The United Nations Millennium Development Goals and Targets include the following: eradicate extreme hunger and poverty; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; halt and reverse the spread of HIV/AIDS, malaria, and other diseases; ensure environmental sustainability; and develop a global partnership for development.

Increasing physical activity among children and allergy prevention are not among the United Nations' Millennium Development Goals for improving global health.

Origin: Chapter 4- Health and the Global Environment, 6

6. The community health nurse works in a low-income country. The nurse's primary concern is to decrease the incidence of malaria. Which intervention should the nurse pursue?
- A) Fuel alternatives to burning wood and dung
 - B) Sanitized drinking water
 - C) Education regarding contraception use
 - D) Distribution of and education on the daily use of insecticide-treated bed nets

Ans: D

Feedback:

Educating families on the daily use of insecticide-treated bed nets in regions where malaria is highly endemic would be the appropriate intervention, as malaria is spread predominantly by mosquitoes. Malaria is not related to burning wood or dung, water quality, or sexual intercourse.

- X** Origin: Chapter 4- Health and the Global Environment, 7
7. Which key factors contribute to the rise of noncommunicable diseases in low- and middle-income countries? (Select all that apply.)
- A) Tobacco use
 - B) Insufficient physical activity
 - C) Unclean water
 - D) High blood pressure
 - E) Lack of contraceptive use
- Ans: A, B, D

Feedback:

Key factors in the rise of noncommunicable diseases include the following: tobacco use, insufficient physical activity, harmful use of alcohol, unhealthy diet, high blood pressure, overweight and obesity, high cholesterol, and cancer-associated infections. Unclean water and lack of contraceptive use are risk factors for communicable diseases, such as Legionnaires' disease and HIV, respectively.

- Origin: Chapter 4- Health and the Global Environment, 8
8. The parish community health nurse is assigned to prepare the goals for a 6-month mission trip to a developing nation. Which challenge to the Millennium Development Goals should the nurse consider?
- A) Child mortality has increased 21% since 1990.
 - B) The percentage of people living on less than \$0.25 a day rose from 22% in 1990 to 47% in 2010.
 - C) The number of children out of school worldwide increased from 57 million to 102 million.
 - D) 870 million people still do not consume enough food to meet their nutritional energy requirements.

Ans: D

Feedback:

870 million people still do not consume enough food to meet their nutritional energy requirements. Child mortality has dropped 41% since 1990, not increased 21%. Extreme poverty is falling in every region. The percentage of people living on less than \$.25 a day fell from 47% in 1990 to 22% in 2010. The number of children out of school worldwide decreased from 102 million to 57 million.

Origin: Chapter 4- Health and the Global Environment, 9

9. Which is the focus of Smith's eudaimonistic model?

- A) Elimination of disease or symptoms
- B) A fit between people and social roles
- C) Adaptation to the environment
- D) Actualization or realization of human potential

Ans: D

Feedback:

The focus of the eudaimonistic model is the actualization or realization of human potential. The focus of the clinical model is elimination of disease or symptoms. The focus of the role performance model is a fit between people and social roles. The focus of the adaptive model is adaptation to the environment.

Origin: Chapter 4- Health and the Global Environment, 10

10. Which exemplify determinants of health? (Select all that apply.)

- A) Living in a community with clean, fluoridated water
- B) Having a death rate of 500 per 100,000 population
- C) Living in neighborhood with a high crime rate
- D) Smoking two packs of cigarettes per day
- E) Having an infant mortality rate of 95 deaths per 1,000 live births

Ans: A, C, D

Feedback:

Determinants of health are factors that affect outcomes of health status, such as physical environment (living in a community with clean, fluoridated water), social environment (living in a neighborhood with a high crime rate), health behaviors (smoking two packs of cigarettes per day), and individual health, as well as broader factors such as access to health services and overall health policies and interventions. Mortality rates are indicators of health, not determinants of health.

Origin: Chapter 4- Health and the Global Environment, 11

11. The nurse works to identify epidemiologic transitions in the community. Which exemplifies an epidemiologic transition?
- A) High fertility and high mortality, resulting in slow population growth
 - B) Improvement in hygiene and nutrition, leading to a decreased burden of infectious disease
 - C) High and fluctuating mortality, due to poor health, epidemics, and famine
 - D) Mortality declines and, later, fertility declines

Ans: C

Feedback:

An example of an epidemiologic transition is high and fluctuating mortality, due to poor health, epidemics, and famine. Demographic transitions may progress from low to high levels and include the following: high fertility and high mortality, resulting in slow population growth; improvement in hygiene and nutrition, leading to a decreased burden of infectious disease; mortality declines and, later, fertility declines.

Origin: Chapter 4- Health and the Global Environment, 12

12. Which risk factor is associated with overall health?
- A) Allergy
 - B) Traumatic injury
 - C) Air pollution
 - D) Down syndrome

Ans: C

Feedback:

Risk factor categories found to be associated with overall health include childhood and maternal undernutrition; other nutrition-related risk factors and inactivity; additive substances; sexual and reproductive health; and environmental risks (such as air pollution). Allergy, traumatic injury, and Down syndrome are not risk factors for overall health.



Origin: Chapter 4- Health and the Global Environment, 13

3. The nurse recently learned that more than 100 infants and children in the community have received vaccinations at the health clinic in the past month. These data are an example of which health indicator?
- A) Morbidity and mortality
 - B) Risk factors
 - C) Health service coverage
 - D) Health system resources

Ans: C

Feedback:

According to the World Health Organization statistical information system, health indicators may be placed into four categories: morbidity and mortality, risk factors, health service coverage, and health system resources. Health service coverage data identify uptake of specific services known to improve or promote health and well-being, such as reproductive health services, infant and child health and immunization, HIV, and tuberculosis care. Morbidity and mortality are measured by life expectancy at birth and health-adjusted life expectancy at birth. Risk factors focus on nutrition and health behaviors and environmental factors such as clean drinking water and burning of solid fuels. Health system resources focus on the capacity and supply of healthcare providers.



Origin: Chapter 4- Health and the Global Environment, 14

4. A community health nurse visits a village in Chad. The nurse has just finished assessing a 10-year-old girl who reports always being hungry. She lives in a home with her mother and father, who both work. She says she's never been to a healthcare provider before. Which level of poverty should the nurse most suspect in this girl and her family?
- A) Middle
 - B) Moderate
 - C) Relative
 - D) Extreme

Ans: D

Feedback:

Unlike the moderately and relatively poor, the extremely poor cannot access healthcare and are chronically hungry. “Middle” is not a level of poverty.

Origin: Chapter 4- Health and the Global Environment, 15

15. The community health nurse manager works to identify how to manage the local health workforce shortage effectively. Using knowledge of the World Health Organization's (WHO) recommendations, which suggestion should the nurse manager give to the agency?
- A) Increase the agency's investment in the education and training of new healthcare workers
 - B) Offer incentives to attract workers to thriving urban areas
 - C) Attract men to the health professions
 - D) Provide cures for common health problems to reduce demand for health services

Ans: A

Feedback:

WHO considers the following as important requirements for the effective management of health workforce shortages: increased investment in education and training; career incentives to attract health workers to rural and disadvantaged areas; attracting women to health professions and addressing retirement; and health promotion and prevention strategies to reduce demand for health services.

* Origin: Chapter 4- Health and the Global Environment, 16

- The nurse manager at a healthcare facility in a developing nation regularly loses nurses to positions in developed nations. According to the World Health Organization, which action would be appropriate for the nurse manager to take to address this problem?
- A) Lobby for local legislation that prevents migration of healthcare workers.
 - B) Encourage the facility to build workforce capacity within the country.
 - C) Institute HIV prevention measures and treatment for health workers.
 - D) Treat expatriate workers with the same dignity and respect as all healthcare workers.

Ans: C

Feedback:

HIV protection and treatment, as well as plans for emergency preparedness, are paramount if workers are to feel safe in their environments. Migration is a human right, so lobbying for antimigration legislation would not be appropriate. Because the facility is losing its native healthcare workers, not gaining expatriate workers from other nations, encouraging the facility to build workforce capacity in the nurse's own country, and treating expatriate workers with dignity would not address the problem.

Origin: Chapter 4- Health and the Global Environment, 17

17. In a healthcare facility, a client is regarded as being healthy if he or she has no diagnosed diseases and is free of any symptoms. Which model of health is in place at this facility?
- A) Clinical model
 - B) Role performance model
 - C) Adaptive model
 - D) Eudaimonistic model

Ans: A

Feedback:

The clinical model of health focuses on the elimination of disease or symptoms. For example, some people feel that they are well when they have no symptoms or diagnosed diseases and would not classify themselves as sick otherwise. The role performance model holds that health involves a fit between people and social roles. In the adaptive model, health involves adaptation to the environment. The eudaimonistic model of health holds that health is the actualization or realization of human potential.

Origin: Chapter 4- Health and the Global Environment, 18

18. A client reluctantly came to the clinic only after his daughter insisted that he do so. The nurse finds that he has type 2 diabetes. When the nurse explains that he has a serious condition, the client brushes it off and says, "I can still work and provide for my family. I'm not sick." Which model of health has this client adopted?
- A) Clinical model
 - B) Role performance model
 - C) Adaptive model
 - D) Eudaimonistic model

Ans: B

Feedback:

The role performance model holds that health involves a fit between people and social roles. For example, some people, even if they have symptoms of disease, would classify themselves as unhealthy only if they could not fulfill their roles in life, such as mother or worker. The clinical model of health focuses on the elimination of disease or symptoms. In the adaptive model, health involves adaptation to the environment. The eudaimonistic model of health holds that health is the actualization or realization of human potential.



Origin: Chapter 4- Health and the Global Environment, 19

18. The nurse works to identify epidemiologic transitions in the community. Which is an example of a demographic transition?

- A) High fertility and high mortality, resulting in slow population growth
- B) Progressive declines in mortality, as epidemics become less frequent
- C) High and fluctuating mortality, due to poor health, epidemics, and famine
- D) Further declines in mortality, increasing life expectancy, and predominance of noncommunicable diseases

Ans: A

Feedback:

Demographic transitions may progress from low to high levels and include the following: high fertility and high mortality, resulting in slow population growth; improvement in hygiene and nutrition, leading to a decreased burden of infectious disease; declines in mortality and, later, declines in fertility. Epidemiologic transitions include the following: high and fluctuating mortality, due to poor health, epidemics, and famine; progressive declines in mortality, as epidemics become less frequent; and further declines in mortality, increasing life expectancy, and predominance of noncommunicable diseases.

Origin: Chapter 4- Health and the Global Environment, 20

20. The nurse is migrating from a developing nation to a developed nation. This migration ultimately benefits the nurse's home country if the nurse: (Select all that apply.)

- A) Returns to the home country with advanced practice skills
- B) Returns to the home country and teach others what was learned
- C) Shares with the new coworkers nursing practices unique to the nurse's home country
- D) Earn more money in the position in the new country
- E) Is safer from exposure to HIV in the new country

Ans: A, B

Feedback:

Workers who migrate gain new skills in the receiving countries and can return to their native countries revitalized with education and new outlooks on solving the problems—in other words, “brain gain.” Those who leave may also come back with the skills to educate other workers. For example, nurses may return with advanced practice nursing skills and become educators in their respective countries. Sharing nursing practices with coworkers in the new job might benefit them and their clients but would not benefit the home country. Earning more money and being safer from exposure to HIV would benefit the nurse, but not the nurse's home country.

Origin: Chapter 4- Health and the Global Environment, 21

21. The community health nurse in a low-income country is working to decrease the incidence of diarrheal illnesses. Which intervention would most likely best address this problem?
- A) Providing fuel alternatives to burning wood and dung
 - B) Providing sanitized drinking water
 - C) Education regarding contraception use
 - D) Distribution of and education on the daily use of insecticide-treated bed nets

Ans: B

Feedback:

Unclean water remains a major problem in reducing diarrheal illness and waterborne and water-related illnesses and their health consequences. Educating families on the daily use of insecticide-treated bed nets would address malaria, as malaria is spread predominantly by mosquitoes, but there is no indication that malaria is the culprit here. Diarrheal illnesses are not directly related to burning wood or dung or to sexual intercourse.

Origin: Chapter 5- Frameworks for Health Promotion, 1

Health People 2020 (HP 2020) is a guidepost for nurses and interdisciplinary teams in community and public health. New focal areas for HP 2020 include: (Select all that apply.)

- A) Adolescent health
- B) Diabetes
- C) Genomics
- D) Nutrition and weight status
- E) Social determinants of health

Ans: A, C, E

Feedback:

Ten new focal areas were added to HP 2020, beyond those included in HP 2010. These include the following: adolescent health; blood disorders and blood safety; dementias, including Alzheimer disease; early and middle childhood; genomics; global health; healthcare-associated infections; health-related quality of life and well-being; lesbian, gay, bisexual, and transgender health; older adults; preparedness; sleep health; and social determinants of health. Diabetes and nutrition and weight status were focal areas that were already included in HP 2010.

Origin: Chapter 5- Frameworks for Health Promotion, 2

The nurse identifies the specific indicators and focal areas needed to establish immunization and well-child clinics in a low-income neighborhood. What actions are needed to meet the health outcomes of the project?

- A) Identify the need in the community for the clinic on the basis of subjective data.
- B) Develop a plan to meet the costs and promote the benefits of the project.
- C) Consider the identified neighborhood's need for healthcare compared with that of other low-income neighborhoods by interviewing the members of the neighborhood.
- D) Assume that the neighborhood will welcome the institution of a well-child and immunization clinic.

Ans: B

Feedback:

Knowing how to address the need for change and the actual change at a personal, family, and community level must be based on science—evidence based on rigorous understanding of a problem. Specific actions that can best achieve positive health outcomes can then be determined. Consideration must be given to realistic viability of solutions, costs and benefits, and the degree to which individual people will accept these approaches. Developing a plan to meet the costs and promote the benefits of the project meets these criteria. The other answers are not evidence based.

Origin: Chapter 5- Frameworks for Health Promotion, 3

3. Absenteeism due to illness has increased recently in the local middle school. The increase is noted to be related to exacerbation of asthma symptoms in the student population. Which would be the most effective approach in decreasing absenteeism among this population?
- A) Develop an asthma education and surveillance program that addresses students, families, and faculty members.
 - B) Develop a policy to exclude students with a diagnosis of asthma from admission to the school.
 - C) Create an asthma prevention plan within the school environment, based in the school nurse's office.
 - D) Create an education program for faculty related to the prevention of exacerbation of asthma systems.

Ans: A

Feedback:

Community health nurses are focused specifically on modifiable risks of acquiring disease. This requires nurses to analyze trends in risk surveillance data and consider the physical, emotional, and psychosocial challenges people face when confronting disease, physical stressors, and the possibility of premature death. Public health science uses in-depth processes of data collection across the natural history of disease to define trends, and in this way assists nurses and other public health officials in prioritizing the steps needed to minimize risk and improve the quality of care in populations. Only the development of a program that addresses students, families, and faculty members and that takes into account surveillance data is in-depth enough to be effective. The other options do not reflect public health science or approach the problem in a holistic manner.

Origin: Chapter 5- Frameworks for Health Promotion, 4

4. Multiple family units in an underserved neighborhood have children who have not been vaccinated per health guidelines. The nurse researches the problem and establishes a well-child clinic within walking distance to the neighborhood. The clinic is poorly attended. Which would be the nurse's best action to revise the program and improve attendance to the clinic?
- A) Determine whether the location of the clinic is not conducive to attendance.
 - B) Discuss the problem of attendance at the next community council meeting.
 - C) Interview members of the neighborhood to determine why they do not use the clinic.
 - D) Discuss the problem with the local minister and request him to discuss the clinic at the next prayer service.

Ans: C

Feedback:

Although the morbidity and mortality data reports are quantitative, it is important to understand that in most cases, perceptions of health or well-being on the part of individuals, families, and communities are subjective. The science of diagnosis and healthcare follow-up may be present, but it is the subjective perceptions of others that often determine a person's willingness to participate in health promotion initiatives. Interviewing members of the neighborhood to determine why they do not use the clinic is the only option that recognizes the need to perceive the subjective perceptions of the neighborhood.

Origin: Chapter 5- Frameworks for Health Promotion, 5

5. The local clinic is dedicated to the well adult and child. It has evening hours and offers varied programs for the community. The programs include immunizations and classes on fire safety, health education, and car safety, to name a few. How would the nurse explain the level of prevention used in this setting to your colleagues?
- A) Primary
 - B) Secondary
 - C) Tertiary
 - D) Quaternary

Ans: A

Feedback:

When an individual person or a group is considered in good health and shows no signs or symptoms of disease or physical challenges, nurses in interdisciplinary teams and community partnerships are involved in primary prevention. Secondary prevention is a planned effort to minimize the impact of disease and injury once it is realized. Tertiary prevention is the long-term management and treatment of clients with chronic conditions. Quaternary prevention is fabricated.

Origin: Chapter 5- Frameworks for Health Promotion, 6

6. Using the tenets of secondary prevention, the committee seeks to establish an HIV/AIDS clinic. The nurse states that it is important for the location of the clinic to be associated with the local hospital. The committee states that the cost of the clinic associated with the hospital is higher than one that is free standing. Which presents the best rationale for the nurse's suggestion?
- A) Third-party insurance will reimburse the clinic visits only if the clinic is attached to the hospital.
 - B) The hospital can more easily implement programs of care for the clients.
 - C) The hospital will cover the clients only if the clinic is approved by the hospital governance board.
 - D) The hospital will have a vested interest in the success of the clinic.

Ans: B

Feedback:

Clients diagnosed with HIV/AIDS need secondary prevention services. To screen effectively for the presence of this condition, a test should be backed by a healthcare infrastructure that can implement programs of care for people who have a verified risk of the disease or physical challenge. The other rationales for placement of the clinic are not based on the tenets of secondary prevention.

Origin: Chapter 5- Frameworks for Health Promotion, 7

7. The nurse works in a facility that provides hospice care for clients with cancer diagnoses. The nurse recognizes that the care provided in this facility is tertiary in nature. The nurse develops a plan for the clients that would include the tenets of tertiary prevention. The plan would include: (Select all that apply.)
- A) Palliative care
 - B) Pain control
 - C) Isolation
 - D) Supportive spiritual development
 - E) Diminished involvement of significant others

Ans: A, B, D

Feedback:

Tertiary prevention includes rehabilitation and palliative care. Nurses providing this level of care assess disease progression, watch for opportunistic infections, and control pain or other side effects of treatment. Care also includes supporting life choices that bring emotional comfort to clients such as family involvement, decreased isolation, supportive spiritual development, and organized help from communities. Isolation and diminished involvement of significant others do not enhance the client's health and well-being and are not examples of tertiary prevention.

Origin: Chapter 5- Frameworks for Health Promotion, 8

8. An immigrant from Guatemala, age 47, is admitted to the coronary care unit with congestive heart failure. This is the fourth admission for this client, and the physician believes that the client's inability to adhere to his diet and medication regimen is the reason for his frequent admissions. The physician refers the client to the local community health nurse, on discharge from the hospital. Which would be most appropriate for the nurse to include in this client's plan of care?
- A) Insisting that the client adhere to his diet
 - B) Developing culturally relevant and gender-sensitive interventions
 - C) Teaching the family to adapt their cultural dietary plans to the client's diagnosis
 - D) Assessing the client's financial needs and obtaining financial assistance as needed

Ans: B

Feedback:

The development of culturally relevant and gender-sensitive interventions that demonstrate positive outcomes in health and well-being is the focus of prevention efforts. Approaching individuals and groups about behavior change must incorporate knowledge of diverse client perspectives and include the use of counseling skills and motivational interviewing. To address behavior change using motivational interviewing, the motivation comes from the client and is not imposed by a clinician. The client needs to resolve ambivalence to change a behavior with autonomy. Persuasion on the part of the clinician only intensifies resistance. Thus, the nurse should not insist that the client adhere to his diet, which does not reflect the client's cultural needs as a Hispanic male. Teaching the family to adapt their cultural dietary plans to the client's diagnosis addresses only one of the client's needs. Assessing the client's financial needs and obtaining financial assistance is the role of the social worker, not the nurse.

Origin: Chapter 5- Frameworks for Health Promotion, 9

9. The nurse conducts a class on the basics of nutrition to a group of obese adults. The nurse counsels the audience, telling them that they need to change their behaviors. By the end of the class, the nurse has lost the audience. To enhance audience participation and learning in the next class, the nurse should:
- A) Use consistent methods of persuasion
 - B) Offer advice while the participants are passive
 - C) Encourage the group to participate in the decision making
 - D) Encourage the group to continue ambivalent behaviors

Ans: C

Feedback:

Motivational interviewing, which was developed by Rollnick and Miller (1995), is defined as a “directive, client-centered communication style for eliciting behavior change by helping clients/[groups] to explore and resolve ambivalence.” To address behavior change using this method, the motivation comes from the client and is not imposed by a clinician. The client needs to resolve ambivalence to change a behavior with autonomy. Persuasion on the part of the clinician only intensifies resistance. The communication style is therefore one of directing the client to examine and resolve ambivalence. This method does not (1) argue with a group or community by insisting it has a problem that needs to change, (2) offer advice without actively encouraging group-identified choices, (3) give advice while the group is put in a passive role, (4) impose diagnostic labels, or (5) use coercive tactics.

Origin: Chapter 5- Frameworks for Health Promotion, 10

10. The nurse decided to use a learning model based on Skinner with a client with diabetes to improve compliance with dietary and blood glucose assessment requirements. Which would be the best way to implement this program?
- A) Give rewards for a lower blood sugar level and a food diary that reflects moderate dietary compliance.
 - B) Eliminate the reward and punish the client when she fails to comply with dietary guidelines.
 - C) Demonstrate positive reinforcement by decreasing dietary guidelines and blood sugar parameters.
 - D) Institute a strict timeline to accomplish goals.

Ans: A

Feedback:

According to Skinner (1953), health behaviors are seen as incremental steps toward a final goal. In the learning model, the nurse establishes and reinforces a goal and rewards the client for partial accomplishment, if necessary. Incremental increases are then made as the pattern of behavior is shaped toward a specific goal. Reinforcement is used to motivate the client to either continue or discontinue a behavior. Giving rewards for a lower blood sugar level and a food diary that reflects moderate dietary compliance is the best example of implementing a learning model of behavior change. Punishment and enforcing a strict timeline do not provide positive reinforcement and thus are not good examples of the learning model. Lowering the requirements of the goal is also not a good example of this model, as the goal should not change.

~~K~~ Origin: Chapter 5- Frameworks for Health Promotion, 11

1. The nurse decides to use the health belief model for a wellness walking program for older adults. The walk is to begin each day at 8 PM. Each day a different participant is to start a chain of phone calls to other participants to remind all to attend. The nurse informs the clients in the clinic that walking will improve their overall health and well-being. Two older adults show up the first night and none the second. Which information should the nurse gather to explain the failure of the program? (Select all that apply.)

- A) The severity of the physical challenge related to the client population
- B) What stands in the way of taking action toward the goal of health promotion
- C) The presence or absence of cues needed for the program to achieve success
- D) The presence or absence of a strong team leader among the participants
- E) The need to increase persuasion when implementing the program

Ans: A, B, C

Feedback:

The health belief model, developed by Hochbaum (1956) and Rosenstock (1974), specifies that individual, family, or community health-related behavior depends on (1) the severity of the potential illness or physical challenge, (2) the level of conceivable susceptibility, (3) the benefits of taking preventive action, and (4) what stands in the way of taking action toward the goal of health promotion. This model uses cues as an important way to remind people of healthy behaviors and to promote these actions. A strong team leader and persuasion are not integral parts of the health belief model.

Origin: Chapter 5- Frameworks for Health Promotion, 12

12. The committee has established the need for a sick child clinic in an impoverished neighborhood. The demographic data have been collected, and the committee is ready to meet with a group of local businesspeople who are willing to support the project financially. The plan is for the committee and group to combine to facilitate the establishment of the clinic. Using a transtheoretical model, which level of readiness has the committee achieved?
- A) Contemplation
 - B) Preparation
 - C) Action
 - D) Relapse

Ans: B

Feedback:

The stages in a transtheoretical model are as follows: precontemplation (no screening programs scheduled and no intention to schedule screening); contemplation (no screening programs scheduled but intent to start a program soon); preparation (no definite screening program but have taken steps to develop a program); action (developed a screening program and intent to sustain the program); maintenance (have had the program for some time and intend to continue); relapse (had a program, do not have a program currently, but intend to have one soon). The committees in this case are in the preparation stage, as they have taken steps to start the clinic but have not actually started it yet.

Origin: Chapter 5- Frameworks for Health Promotion, 13

13. A 34-year-old client is recovering from a below-the-knee amputation secondary to a motor vehicle accident. The nurse meets with the client to update his care plan, and client states that he knows that he will walk again. He asks for physical therapy schedules and timelines for prosthetics on the basis of his healing process. On the basis of knowledge of the theory of reasoned action, the client's behavior reflects:
- A) An enhanced ability to meet his goals on the basis of his intention and behaviors
 - B) Goal setting that is unrealistic and irrational based on the client's diagnosis and behaviors
 - C) A depression that will complicate the healing process
 - D) Denial of the injury and part of the healing process

Ans: A

Feedback:

The theory of reasoned action states that a person's given behavior is primarily determined by his or her intention to perform that behavior (Fishbein & Ajzen, 1975). This intention is determined by the person's attitude toward the behavior (beliefs about the outcomes of the behavior and the value of these outcomes) and the influence of the person's societal environment or subjective norm (beliefs about what others think the person should do). The ability to perform the behavior (a belief that it can be done) is the critical aspect of the change process. The other answers do not reflect the theory of reasoned action.

~~14~~ Origin: Chapter 5- Frameworks for Health Promotion, 14
A 47-year-old client and three members of his neighborhood have had their homes robbed and belongings scattered. The client contacts the police and, with their assistance, develops a neighborhood watch. The watch is organized and 24 families have been recruited to participate. The watch will be active throughout vacation months and as needed. This organization is representative of:

- A) Transtheoretical model
- B) Theory of reasoned action
- C) Social learning
- D) Relapse prevention model

Ans: D

Feedback:

The relapse prevention model has been used specifically with issues that relate to adherence. For example, communities interested in crime prevention may be aware that in certain months of the year there is an increase in violent crime. They would then create a community campaign to promote nonviolence by increasing law enforcement presence and improving faith-based support. Social learning/social cognitive theory is a behavior change approach affected by environmental influences, personal factors, and attributes of the behavior itself. The theory of reasoned action states that a person's given behavior is primarily determined by his or her intention to perform that behavior (Fishbein & Ajzen, 1975). The transtheoretical model, developed by Prochaska and DiClemente (1983), is a sequential approach to behavior change that involves timely readiness of the learner.

Origin: Chapter 5- Frameworks for Health Promotion, 15

15. A 27-year-old client comes from a background of physical and sexual abuse. Violence victimization continued with her partners until recently. She is currently in a support group for victims of abuse. The client's social background places her at risk for: (Select all that apply.)

- A) Increased safe sex behaviors
- B) Decreased safe sex behaviors
- C) Decreased risk for HIV/AIDS
- D) Increased risk for HIV/AIDS
- E) Increased risk of depression

Ans: B, D, E

Feedback:

Trauma such as child sexual abuse, intimate partner violence, adult sexual abuse, and victimization from exposure to violent environments contribute to behaviors associated with increased HIV risk and disease sequelae. Violence victimization increases depressive symptoms, decreases safe sex behaviors, increases the chance of becoming HIV seropositive, and increases the chances of acquiring and being treated for a sexually transmitted infection (STI) within a year's time (Laughon et al., 2007).

Origin: Chapter 5- Frameworks for Health Promotion, 16

16. A 19-year-old client is diagnosed as HIV positive. Which behaviors might be indicators of noncompliance with her drug regimen and require further assessment? (Select all that apply.)
- A) Depression
 - B) Indifference to self-advocacy in sexual relationships
 - C) Goal-oriented attitude toward treatment plan
 - D) Client's expression of concern for the health and well-being of her children
 - E) Client's expression of concern regarding the ability to pay for her medications

Ans: A, B, E

Feedback:

In women, there is a relationship between poor self-image, depression, and lack of self-advocacy in sexual relationships (DeMarco, Johnsen, Fukuda, & Deffenbaugh, 2001). From a treatment perspective, depressive symptoms are underdiagnosed and are associated with lower medication adherence, risky behaviors, and poor health outcomes (Sanzero et al., 2005). Goal orientation toward the treatment plan and expressions of concern for her children would tend to indicate compliance, not noncompliance, with her drug regimen.

Origin: Chapter 5- Frameworks for Health Promotion, 17

17. A 32-year-old African-American client is diagnosed with HIV. She is at her 6-month appointment following diagnosis and treatment. The client states that she has not revealed her diagnosis to her boyfriend because she is afraid that he will leave. She expresses feelings of anger because she must put her feelings and illness aside or be abandoned. The client's behaviors reflect:

- A) Denial of her disease process
- B) Noncompliance with her drug regimen
- C) Inability to advocate for herself
- D) Fear of financial insolvency

Ans: C

Feedback:

The concept of “silencing the self” has been used to explain how gender roles negatively influence self-advocacy behaviors in women. Women tend to silence their voice in relationships to maintain connections with others, even if that means they will subsequently suffer physically, psychologically, or socially. According to Jack (1991), women are reinforced culturally to (1) care for others' needs before their own, (2) abide by designated societal rules of behavior, (3) refrain from directly expressing their feelings and needs, and (4) outwardly maintain compliance, while feeling hostility inwardly, because of their silencing behaviors. Silencing the self is relevant to the proposed study because it is a concept that is identified and understood in the context of relationships with others, that is, a relational concept. There is no evidence that Carlene is denying her disease process, not complying with her drug regimen, or is fearful of financial insolvency.

Origin: Chapter 5- Frameworks for Health Promotion, 18

18. A woman arrives at the clinic for a routine appointment. She has been HIV positive for 3 years and states she is doing well. She currently is involved in a relationship with a man who is HIV positive. She states that she is not consistent with safe sex practices due to her significant other's preferences and feels uncomfortable asking him to wear a condom. Which is the nurse's best response to promote the client's health?
- A) "You won't become pregnant as long as you are taking your drug cocktail."
 - B) "You will not be protected against other strains of HIV or sexually transmitted infections (STIs)."
 - C) "You will both be safe because you both already have HIV."
 - D) "Let's have you both tested for STIs."

Ans: B

Feedback:

Although both the woman and her partner are already HIV positive, they can still transmit different strains of HIV to each other, as well as other STIs and can then go on to infect others. Thus, they are not "safe" and the woman should be encouraged to advocate for herself by insisting that her partner wear a condom. The client's drug cocktail will not prevent her from becoming pregnant from unprotected sex. Testing for STIs for the woman and her partner may be appropriate, but not until the client is made to understand the importance of protected sex.

Origin: Chapter 5- Frameworks for Health Promotion, 19

19. Secondary HIV prevention or positive prevention is used when caring for African-American women living with HIV by addressing which behavioral risks? (Select all that apply.)
- A) Interpersonal mistrust
 - B) Alcoholism
 - C) Poor adherence to treatment
 - D) Smoking
 - E) Compromised self-advocacy in sexual relationships

Ans: A, C, E

Feedback:

Advancing the scientific understanding of secondary HIV prevention (what is called positive prevention) in African-American women by exploring ways to address behavioral risk reduction prevents further transmission of HIV and the serious negative psychological consequences of living with HIV disease. African-American women experience disproportionate levels of (1) interpersonal mistrust and fear of disclosure related to perceived stigma, (2) poor adherence to treatment and other health promotion and disease prevention efforts, (3) delay in seeking care related to mental health comorbidities and addiction recovery issues, and (4) compromised self-advocacy in sexual relationships. Alcoholism and smoking are not behavioral risks associated with African-American women living with HIV.

Origin: Chapter 5- Frameworks for Health Promotion, 20

20. A 43-year-old African-American client is HIV positive. She has a personal history of abuse, which ended when her husband died 2 years ago. When counseling the client about adherence to her treatment plan, the nurse finds her intelligent and goal oriented. In addition to her need for education and follow-up regarding her HIV diagnosis and treatment, which associated condition should the nurse most consider when caring for this client?
- A) Cardiac tamponade
 - B) Chronic obstructive pulmonary disease
 - C) Posttraumatic stress disorder
 - D) Cirrhosis of the liver

Ans: C

Feedback:

When providing physical care to clients with HIV and working to decrease communicability using the ecological model, consider the client's mental health symptoms, severity/frequency of the effects from significant trauma, such as posttraumatic stress disorder, substance use and abuse, and addiction. Cardiac tamponade, chronic obstructive pulmonary disease, and cirrhosis of the liver are not typically associated with either HIV or a history of abuse.

Origin: Chapter 5- Frameworks for Health Promotion, 21

21. The nurse works at community clinic that provides various types of health screenings for members of the community. One day, the nurse provides tuberculin tests for a group of new hospital employees. Which type of screening procedure is this?
- A) Mass screening
 - B) Selective screening
 - C) Multiphasic screening
 - D) Case finding

Ans: B

Feedback:

Selective screening is performed for specific high-risk populations, such as tuberculin tests for hospital employees. Mass screening is performed on an entire population, such as blood lead level screening, Papanicolaou (Pap) smears, and phenylketonuria of newborns. Multiphasic screening involves a variety of screening tests applied to the same population on the same occasion, such as a series of tests performed on a single blood sample, periodic surveillance of drug therapy, and monitoring the stage of an illness. Case finding is a type of screening ordered by a clinician when searching for illness as part of a client's periodic health examination.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 1

1. Which was the leading cause of death in the United States in 1900?
 - A) Major cardiovascular-renal disease
 - B) Influenza and pneumonia
 - C) Tuberculosis
 - D) Gastritis, duodenitis, enteritis, and colitis

Ans: A

Feedback:

The leading cause of death in 1900 was major cardiovascular-renal disease followed by influenza and pneumonia; tuberculosis; and gastritis, duodenitis, enteritis, and colitis.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 2

2. Who first described pulmonary tuberculosis in detail?
 - A) Hippocrates of Cos
 - B) Aretaeus the Cappadocian
 - C) Claudius Galen
 - D) Susruta

Ans: B

Feedback:

Aretaeus the Cappadocian described pulmonary tuberculosis in detail. Hippocrates of Cos was the first to record the relationship of the external environment to the health of individuals. Claudius Galen described the four humors, introduced many drugs derived from plants, and was the first to describe smallpox. Susruta was a Brahmin physician who associated malaria with the mosquito.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 3

3. Who is considered the first epidemiologist?
 - A) Hippocrates of Cos
 - B) Aretaeus the Cappadocian
 - C) Claudius Galen
 - D) Susruta

Ans: A

Feedback:

Hippocrates of Cos was the first to record the relationship of the external environment to the health of individuals and is considered the first epidemiologist. Aretaeus the Cappadocian described pulmonary tuberculosis in detail. Claudius Galen described the four humors, introduced many drugs derived from plants, and was the first to describe smallpox. Susruta was a Brahmin physician who associated malaria with the mosquito.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 4

4. Which occurs in the epidemiologic process that is similar to the diagnosis phase of the nursing process?
 - A) Data are gathered from reliable sources
 - B) Healthcare needs and assets are identified
 - C) Goals and objectives for care are established
 - D) A tentative hypothesis is formulated

Ans: D

Feedback:

During the diagnosis phase of the epidemiologic process, a tentative hypothesis is formulated. During the assessment phase of the epidemiologic process, data are gathered from reliable sources. During the diagnosis phase of the nursing process, healthcare needs and assets are identified and goals and objectives for care are established.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 5

5. Who in the history of epidemiology developed mortality surveillance systems, addressed basic epidemiologic concepts, and is considered the founder of modern statistics?
 - A) William Farr
 - B) John Graunt
 - C) Florence Nightingale
 - D) John Snow

Ans: A

Feedback:

William Farr is considered the father of modern statistics. John Graunt analyzed weekly reports of births and deaths. Florence Nightingale used statistics to improve public health in England. John Snow performed epidemiologic research on transmission of cholera using natural experiments, mapping, and rates.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 6

6. Which most accurately describes how disease patterns have changed from 1900 to the present?
- A) Morbidity and mortality from infectious diseases have increased.
 - B) Morbidity and mortality from unintentional injuries have decreased.
 - C) Morbidity and mortality from chronic degenerative conditions have decreased.
 - D) Morbidity and mortality from noninfectious diseases have increased.

Ans: D

Feedback:

Primarily as a result of improved public health practices in the early 20th century, life expectancy in the United States, the United Kingdom, and European countries, as well as in other developed countries, rose. With it, a change in the patterns of disease occurred. No longer are infectious diseases the leading causes of death; the morbidity and mortality from noninfectious diseases and chronic degenerative conditions have increased.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 7

7. The community health nurse knows that early attempts to understand illness and disease focused on the study of the experiences of individual people. Using this knowledge, how would the nurse define epidemiology to a group of nursing students?
- A) An outbreak that occurs when there is an increased incidence of a disease beyond that which is normally found in the population
 - B) Model based on the belief that health status is determined by the interaction of the characteristics of the host, agent, and environment
 - C) Study of the distribution and determinants of states of health and illness in human populations
 - D) Epidemiologic model that strongly emphasizes the concept of multiple causation while de-emphasizing the role of agents in explaining illness

Ans: C

Feedback:

Epidemiology is the study of the distribution and determinants of states of health and illness in human populations. An epidemic is an outbreak that occurs when there is an increased incidence of a disease beyond that which is normally found in the population. The epidemiologic triad is a model based on the belief that health status is determined by the interaction of the characteristics of the host, agent, and environment. The web of causation is an epidemiologic model that strongly emphasizes the concept of multiple causation while de-emphasizing the role of agents in explaining illness.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 8

8. Which most accurately defines “rate”?
 - A) Course of a disease or condition from the onset to resolution
 - B) Primary measurement used to describe either the occurrence or the existence of a specific state of health or illness
 - C) Probability or likelihood that a disease or illness will occur in a group of people who presently do not have the problem
 - D) Characteristic or event that has been shown to increase the probability that a specific disease or illness will develop

Ans: B

Feedback:

Rate is the primary measurement used to describe either the occurrence or the existence of a specific state of health or illness. Natural history is the course of a disease or condition from the onset to resolution. Risk is the probability or likelihood that a disease or illness will occur in a group of people who presently do not have the problem. A risk factor is a characteristic or event that has been shown to increase the probability that a specific disease or illness will develop.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 9

9. Who was one of the first people to study patterns of disease in populations and analyzed the weekly reports of births and deaths in London, the results of these analyses becoming the precursor of modern vital statistics?
 - A) William Farr
 - B) John Graunt
 - C) Florence Nightingale
 - D) John Snow

Ans: B

Feedback:

John Graunt analyzed weekly reports of births and deaths. William Farr is considered the father of modern statistics. Florence Nightingale used statistics to improve public health in England. John Snow performed epidemiologic research on transmission of cholera using natural experiments, mapping, and rates.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 10

10. Who was the best known epidemiologist of the 19th century and used population data and personal observations to investigate the epidemic of cholera that occurred from 1848 through 1854?
- A) William Farr
 - B) John Graunt
 - C) Florence Nightingale
 - D) John Snow

Ans: D

Feedback:

John Snow performed epidemiologic research on transmission of cholera using natural experiments, mapping, and rates. William Farr is considered the father of modern statistics. John Graunt analyzed weekly reports of births and deaths. Florence Nightingale used statistics to improve public health in England.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 11

11. In researching cases of West Nile virus in the community, the nurse explores how the interactions among people infected with this virus, mosquitoes, and the environment they share contribute to outbreaks of this disease. Which epidemiologic model is used in this case?
- A) Epidemiologic triad
 - B) Wheel of causation
 - C) Web of causation
 - D) Natural history

Ans: A

Feedback:

The epidemiologic triad is the classic model based on the belief that health status is determined by the interaction of the characteristics of the host, agent, and environment, not by any single factor. The wheel of causation de-emphasizes the agent as the sole cause of disease while emphasizing the interplay of physical, biological, and social environments. The web of causation is an epidemiologic model that strongly emphasizes the concept of multiple causation while de-emphasizing the role of agents in explaining illness. Natural history is the course of a disease or condition from the onset to resolution.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 12

12. The nurse explores all of the possible factors that contribute to coronary artery disease in the community as links in multiple interrelated chains. Which epidemiologic models is the nurse using?
- A) Epidemiologic triad
 - B) Wheel of causation
 - C) Web of causation
 - D) Natural history

Ans: C

Feedback:

The web of causation is an epidemiologic model that strongly emphasizes the concept of multiple causation while de-emphasizing the role of agents in explaining illness. The epidemiologic triad is the classic model based on the belief that health status is determined by the interaction of the characteristics of the host, agent, and environment, not by any single factor. The wheel of causation de-emphasizes the agent as the sole cause of disease while emphasizing the interplay of physical, biological, and social environments. Natural history is the course of a disease or condition from the onset to resolution.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 13

13. The community health nurse addresses an outbreak of viral spinal meningitis in the community. Referring to Leavell and Clark's natural history of disease model, which example of tertiary prevention might the nurse consider in this situation?
- A) Initiate vaccinations for all people who have not yet been infected.
 - B) Familiarize yourself with the signs and symptoms of the disease so that you can provide early diagnosis and treatment of it.
 - C) Encourage any who think they might have symptoms of the disease to come to the community health clinic to be assessed as soon as possible, to prevent associated disabilities.
 - D) Refer clients who have experienced neurological deficits because of the disease to a neurologist to begin rehabilitation.

Ans: D

Feedback:

Primary prevention measures specific to the disease can be implemented at this stage to prevent the onset in a population of well people. The period of pathogenesis begins when there are biological, psychological, or other responses within the host. Secondary prevention measures that focus on early diagnosis and prompt treatment, limiting resulting disabilities, are implemented during the early stages of the disease. Tertiary prevention follows with rehabilitation measures that enable the individual to function at his or her maximum capability.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 14

14. Which occurs in the epidemiologic process that is similar to the implementation phase of the nursing process?
- A) Data are gathered from reliable sources
 - B) Actions are initiated to carry out the plan
 - C) Actions are evaluated and report prepared
 - D) Further research is conducted if necessary

Ans: B

Feedback:

During the implementation phase of the epidemiologic process, actions are initiated to implement the plan. During the assessment phase of the epidemiologic process, data are gathered from reliable sources. During the evaluation phase of the epidemiologic process, actions are evaluated, a report is prepared, and further research is conducted if necessary.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 15

15. Which best describes a risk factor?
- A) Course of a disease or condition from the onset to resolution
 - B) Primary measurement used to describe either the occurrence or the existence of a specific state of health or illness
 - C) Probability or likelihood that a disease or illness will occur in a group of people who presently do not have the problem
 - D) Characteristic or event that has been shown to increase the probability that a specific disease or illness will develop

Ans: D

Feedback:

A risk factor is a characteristic or event that has been shown to increase the probability that a specific disease or illness will develop. An outbreak is a course of a disease or condition from the onset to resolution. Rate is a primary measurement used to describe either the occurrence or the existence of a specific state of health or illness. Risk is the probability or likelihood that a disease or illness will occur in a group of people who presently do not have the problem.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 16

16. Which represents the correct order of the three stages of the natural history of disease?

- A) Pathological onset, manifestation of clinical disease, presymptomatic
- B) Presymptomatic, pathological onset, manifestation of clinical disease
- C) Pathological onset, presymptomatic, manifestation of clinical disease
- D) Manifestation of clinical disease, presymptomatic, pathological onset

Ans: C

Feedback:

Epidemiologic research has established the natural history of most illnesses. This refers to the course of a disease or condition from the onset to resolution. It includes (1) the pathological onset stage, (2) the presymptomatic stage, and (3) the manifestation of clinical disease.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 17

17. The nurse has been requested to investigate the outbreak of H1N1 in the community. In documenting the outbreak, which should be included in its description? Select all that apply.

- A) The names of all people who have been infected by the virus
- B) The geographical area within which the outbreak has occurred
- C) A brief history of all of the other viral outbreaks that have occurred in the community in recent years
- D) The time of onset and duration of the outbreak
- E) The anticipated economic impact of the outbreak on the community

Ans: A, B, D

Feedback:

The nurse should describe the outbreak according to person, place, and time. A history of other viral outbreaks and the economic impact of the outbreak are not necessary for the nurse to document.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 18

18. In researching an outbreak of malaria in the developing nation where the nurse currently works, the nurse decides to not focus on the role of mosquitoes in transmitting the disease but on how the physical environment of the community, biological aspects of the community, and social customs interact to affect the prevalence of this disease. Which epidemiological model is the nurse using?
- A) Epidemiologic triad
 - B) Wheel of causation
 - C) Web of causation
 - D) Natural history

Ans: B

Feedback:

The wheel of causation de-emphasizes the agent as the sole cause of disease while emphasizing the interplay of physical, biological, and social environments. The epidemiologic triad is the classic model based on the belief that health status is determined by the interaction of the characteristics of the host, agent, and environment, not by any single factor. The web of causation is an epidemiologic model that strongly emphasizes the concept of multiple causation while de-emphasizing the role of agents in explaining illness. Natural history is the course of a disease or condition from the onset to resolution.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 19

19. The nurse is in charge of the flu vaccination program in the community. Which actions should the nurse take when planning and evaluating this program? Select all that apply.
- A) Measure epidemiologic statistics before and after administering the flu shots.
 - B) Plan and evaluate influenza vaccinations regularly.
 - C) Interview clients regarding their perception of the effectiveness of the vaccinations and use these data in planning future vaccinations.
 - D) As new data regarding influenza vaccinations become available, modify the intervention accordingly.
 - E) Evaluate the success of your program by comparing its results with those in other communities.

Ans: A, B, D

Feedback:

The primary way to demonstrate prevention or control of a health problem is to compare epidemiologic statistics before and after the implementation of the health service. Planning and evaluation are continuous processes. As new data become available, modification in health services may be necessary, and those modifications require evaluation. Evaluation of the program and planning of future interventions should not be based on the clients' perception of its effectiveness, which is likely to not be accurate. Because factors may vary significantly from community to community, it would be more appropriate to compare before and after statistics in your own community rather than statistics with other communities.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 20

20. Who used statistics to improve public health in England?

- A) William Farr
- B) John Graunt
- C) Florence Nightingale
- D) John Snow

Ans: C

Feedback:

Florence Nightingale used statistics to improve public health in England. William Farr is considered the father of modern statistics. John Graunt analyzed weekly reports of births and deaths. John Snow performed epidemiologic research on transmission of cholera using natural experiments, mapping, and rates.

Origin: Chapter 6- Epidemiology- The Science of Prevention, 21

21. You have heard rumors in the hospital where you work of an Ebola outbreak in your community and you would like to investigate it further. Which of the following should be your first step in the investigation?

- A) Identify the names of the people infected by the virus
- B) Formulate and test hypotheses as to the most probable causative factors
- C) Implement a plan for control of the outbreak
- D) Establish the existence of the outbreak

Ans: D

Feedback:

Because you have only heard rumors, you should first establish the existence of the outbreak before identifying those infected, formulating and testing hypotheses, and implementing a plan for control of the outbreak.

Origin: Chapter 7- Describing Health Conditions, 1

1. Which is the primary method used to measure the existence of states of health or illness in a population during a given time period?
 - A) Rate
 - B) Ratio
 - C) Relative risk ratio
 - D) Sensitivity

Ans: A

Feedback:

Rate is the primary measurement used to describe the occurrence (quantity) of a state of health in a specific group of people in a given time period. Ratio is a fraction that represents the relationship between two numbers. Relative risk ratio is the ratio of the incidence rate in the exposed group to the incidence rate in the nonexposed group. Sensitivity is the ability of a test to correctly identify people who have a health problem or the probability of testing positive if the health problem is truly present.

Origin: Chapter 7- Describing Health Conditions, 2

2. Which formula should be used to calculate a rate?

- A)
$$\frac{\text{Number of true positives}}{\text{Number of true positives} + \text{Number of false negatives}}$$
- B)
$$\frac{\text{Number of true negatives}}{\text{Number of true negatives} + \text{Number of false positives}}$$
- C)
$$\frac{\text{Number of conditions or events within a designated period of time}}{\text{Population at risk during the same period of time}} \times \text{Base multiple}$$
- D)
$$\frac{\text{Number of deaths from a specific disease}}{\text{Number of cases of the same disease}} \times 100$$

Ans: C

Feedback:

Below are the equations for various measures.

$$\text{Rate} = \frac{\text{Number of conditions or events within a designated period of time}}{\text{Population at risk during the same period of time}} \times \text{Base multiple}$$

$$\text{Sensitivity} = \frac{\text{Number of true positives}}{\text{Number of true positives} + \text{Number of false negatives}}$$

$$\text{Specificity} = \frac{\text{Number of true negatives}}{\text{Number of true negatives} + \text{Number of false positives}}$$

$$\text{Case fatality rate} = \frac{\text{Number of deaths from a specific disease}}{\text{Number of cases of the same disease}} \times 100$$

Origin: Chapter 7- Describing Health Conditions, 3

3. Which formula should be used to calculate the infant mortality rate?

- A) $\frac{\text{Number of deaths of children } < 1 \text{ year of age in one year}}{\text{Number of live births in the same year}} \times 1,000$
- B) $\frac{\text{Number of fetal deaths plus infant deaths } < 7 \text{ days of age in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$
- C) $\frac{\text{Number of deaths of children } < 28 \text{ days of age in one year}}{\text{Number of live births in the same year}} \times 1,000$
- D) $\frac{\text{Number of fetal deaths in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$

Ans: A

Feedback:

Below are the equations for various measures.

$$\text{Infant mortality rate} = \frac{\text{Number of deaths of children } < 1 \text{ year of age in one year}}{\text{Number of live births in the same year}} \times 1,000$$

Perinatal mortality rate =

$$\frac{\text{Number of fetal deaths plus infant deaths } < 7 \text{ days of age in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$$

Neonatal mortality rate =

$$\frac{\text{Number of deaths of children } < 28 \text{ days of age in one year}}{\text{Number of live births in the same year}} \times 1,000$$

$$\text{Fetal mortality rate} = \frac{\text{Number of fetal deaths in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$$

Origin: Chapter 7- Describing Health Conditions, 4

4. Which correctly defines an adjusted rate?
 - A) Statistical procedure that removes the effects of differences in the composition of a population, such as age, when comparing one with another
 - B) Measure of the probability that people without a certain condition will develop that condition over a period of time
 - C) Measure of the number of people in a given population who have an existing condition at a given point in time
 - D) Detailed rates that are calculated using the number of people in the smaller subgroups of the population in the denominator

Ans: A

Feedback:

Adjusted rate is the statistical procedure that removes the effects of differences in the composition of a population, such as age, when comparing one with another. Incidence rate is the measure of the probability that people without a certain condition will develop that condition over a period of time. Prevalence rate is the measure of the number of people in a given population who have an existing condition at a given point in time. Specific rates are detailed rates that are calculated using the number of people in the smaller subgroups of the population in the denominator. Often people are divided into subgroups by age and sex, although any characteristic can be used.

Origin: Chapter 7- Describing Health Conditions, 5

5. Which rate measures the number of people in a given population who have influenza at a given point in time?
 - A) Adjusted
 - B) Incidence
 - C) Prevalence
 - D) Specific

Ans: C

Feedback:

Prevalence rate is the measure of the number of people in a given population who have an existing condition at a given point in time. Adjusted rate is the statistical procedure that removes the effects of differences in the composition of a population, such as age, when comparing one with another. Incidence rate is the measure of the probability that people without a certain condition will develop that condition over a period of time. Specific rates are detailed rates that are calculated using the number of people in the smaller subgroups of the population in the denominator. Often people are divided into subgroups by age and sex, although any characteristic can be used.

Origin: Chapter 7- Describing Health Conditions, 6

6. The nurse is measuring the occurrence of chronic obstructive pulmonary disease being investigated in the entire population. Which rate does this represent?
- A) Adjusted
 - B) Attack
 - C) Crude
 - D) Incidence

Ans: C

Feedback:

Crude rate is the measurement of the occurrence of the health problem or condition being investigated in the entire population. Adjusted rate is the statistical procedure that removes the effects of differences in the composition of a population, such as age, when comparing one with another. Attack rate is the incidence or occurrence rate. Incidence rate is the measure of the probability that people without a certain condition will develop that condition over a period of time.

Origin: Chapter 7- Describing Health Conditions, 7

7. The nurse wishes to compare the number of persons aged 40 to 49 years who die each year with the midyear population of persons in this age range, per 100,000 population. Which type of rate is the nurse attempting to calculate?
- A) Adjusted
 - B) Incidence
 - C) Prevalence
 - D) Specific

Ans: D

Feedback:

Specific rates are detailed rates that are calculated using the number of people in the smaller subgroups of the population in the denominator. Often people are divided into subgroups by age and sex, although any characteristic can be used. Adjusted rate is the statistical procedure that removes the effects of differences in the composition of a population, such as age, when comparing one with another. Incidence rate is the measure of the probability that people without a certain condition will develop that condition over a period of time. Prevalence rate is the measure of the number of people in a given population who have an existing condition at a given point in time.

Origin: Chapter 7- Describing Health Conditions, 8

8. The nurse wishes to determine how many people in the city die from heart attacks each year per 100,000 population. Which type of rate is the nurse attempting to calculate?
- A) Age-specific mortality rate
 - B) Cause-specific mortality rate
 - C) Case fatality rate
 - D) Crude mortality rate

Ans: B

Feedback:

Cause-specific mortality rates indicate the probability of death from a specific cause; the number of deaths from a specific disease is divided by the number of people in the population at midyear and multiplied by 100,000. Age-specific mortality rates indicate the probability of death among those of a specific age group; the number of deaths in the age group is divided by the number of people in that age group in the population at midyear and multiplied by 100,000. In calculating the case fatality rate, the number of people with a specific disease such as lung cancer becomes the subgroup being studied out of the entire population in a designated geographic area. Crude mortality rate is simply the number of deaths occurring in 1 year divided by the midyear population and multiplied by 100,000.

Origin: Chapter 7- Describing Health Conditions, 9

9. Which correctly defines sensitivity?
- A) The ratio of the incidence rate in the exposed group to the incidence rate in the nonexposed group
 - B) Ability of a test to correctly identify people who have a health problem or the probability of testing positive if the health problem is truly present
 - C) Variations measured in hours, days, weeks, or months and commonly used to quantify outbreaks of infectious disease
 - D) Ability of a test to correctly identify people who do not have a health problem or the probability of testing negative if the health problem is truly absent

Ans: B

Feedback:

Sensitivity is the ability of a test to correctly identify people who have a health problem or the probability of testing positive if the health problem is truly present. Relative risk ratio is the ratio of the incidence rate in the exposed group to the incidence rate in the nonexposed group. Short-term changes are variations measured in hours, days, weeks, or months and are commonly used to quantify outbreaks of infectious disease.

Specificity is the ability of a test to correctly identify people who do not have a health problem or the probability of testing negative if the health problem is truly absent.

Origin: Chapter 7- Describing Health Conditions, 10

10. Which formula should be used to calculate sensitivity?

- A)
$$\frac{\text{Number of true positives}}{\text{Number of true positives} + \text{Number of false negatives}}$$
- B)
$$\frac{\text{Number of true negatives}}{\text{Number of true negatives} + \text{Number of false positives}}$$
- C)
$$\frac{\text{Number of conditions or events within a designated period of time}}{\text{Population at risk during the same period of time}} \times \text{Base multiple}$$
- D)
$$\frac{\text{Number of deaths from a specific disease}}{\text{Number of cases of the same disease}} \times 100$$

Ans: A

Feedback:

Below are the equations for various measures.

$$\text{Sensitivity} = \frac{\text{Number of true positives}}{\text{Number of true positives} + \text{Number of false negatives}}$$
$$\text{Rate} = \frac{\text{Number of conditions or events within a designated period of time}}{\text{Population at risk during the same period of time}} \times \text{Base multip[}$$

$$\text{Specificity} = \frac{\text{Number of true negatives}}{\text{Number of true negatives} + \text{Number of false positives}}$$
$$\text{Case fatality rate} = \frac{\text{Number of deaths from a specific disease}}{\text{Number of cases of the same disease}} \times 100$$

Origin: Chapter 7- Describing Health Conditions, 11

11. The nurse wishes to measure the number of cases of staph infections that occur in a hospital over the course of 1 year per total client-days during that year. Which measure should the nurse use?

- A) Incidence density
B) Prevalence rate
C) Relative risk ratio
D) Specific rate

Ans: A

Feedback:

Incidence density is the use of a person-time denominator in the calculation of rates. A person-day reflects one person at risk for 1 day, and a person-year represents one person at risk for 1 year. Prevalence rate is the measure of the number of people in a given population who have an existing condition at a given point in time. Relative risk ratio is the ratio of the incidence rate in the exposed group to the incidence rate in the nonexposed group. Specific rates are detailed rates that are calculated using the number of people in the smaller subgroups of the population in the denominator.

Origin: Chapter 7- Describing Health Conditions, 12

12. Incidence rates for groups exposed to a secondhand smoke are compared with the incidence rates for people who are not exposed to secondhand smoke. This will measure the:
- A) Incidence density
 - B) Prevalence rate
 - C) Relative risk ratio
 - D) Specific rate

Ans: C

Feedback:

Relative risk ratio is the ratio of the incidence rate in the exposed group to the incidence rate in the nonexposed group. Incidence density is the use of a person-time denominator in the calculation of rates. A person-day reflects one person at risk for 1 day, and a person-year represents one person at risk for 1 year. Prevalence rate is the measure of the number of people in a given population who have an existing condition at a given point in time. Specific rates are detailed rates that are calculated using the number of people in the smaller subgroups of the population in the denominator.

Origin: Chapter 7- Describing Health Conditions, 13

13. The nurse wishes to calculate the probability of persons in your county developing chronic obstructive pulmonary disease over the course of a year. Which measure should the nurse use?
- A) Incidence density
 - B) Incidence rate
 - C) Relative risk ratio
 - D) Specific rate

Ans: B

Feedback:

Incidence rate is the measure of the probability that people without a certain condition will develop that condition over a period of time. Incidence density is the use of a person-time denominator in the calculation of rates. A person-day reflects one person at risk for 1 day, and a person-year represents one person at risk for 1 year. Relative risk ratio is the ratio of the incidence rate in the exposed group to the incidence rate in the nonexposed group. Specific rates are detailed rates that are calculated using the number of people in the smaller subgroups of the population in the denominator.

Origin: Chapter 7- Describing Health Conditions, 14

14. Which formula should be used to calculate the fetal mortality rate?

A)
$$\frac{\text{Number of deaths of children } < 1 \text{ year of age in one year}}{\text{Number of live births in the same year}} \times 1,000$$

B)
$$\frac{\text{Number of fetal deaths plus infant deaths } < 7 \text{ days of age in one year}}{\text{Number of live births plus fetal deaths in same year}} \times 1,000$$

C)
$$\frac{\text{Number of deaths of children } < 28 \text{ days of age in one year}}{\text{Number of live births in the same year}} \times 1,000$$

D)
$$\frac{\text{Number of fetal deaths in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$$

Ans: D

Feedback:

Below are the equations for various measures:

$$\text{Fetal mortality rate} = \frac{\text{Number of fetal deaths in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$$

$$\text{Infant mortality rate} = \frac{\text{Number of deaths of children } < 1 \text{ year of age in one year}}{\text{Number of live births in the same year}} \times 1,000$$

Perinatal mortality rate =

$$\frac{\text{Number of fetal deaths plus infant deaths } < 7 \text{ days of age in one year}}{\text{Number of live births plus fetal deaths in same year}} \times 1,000$$

Neonatal mortality rate =

$$\frac{\text{Number of deaths of children } < 28 \text{ days of age in one year}}{\text{Number of live births in the same year}} \times 1,000$$

Origin: Chapter 7- Describing Health Conditions, 15

15. Which formula should be used to calculate perinatal mortality rate?

- A) $\frac{\text{Number of deaths of children } < 1 \text{ year of age in one year}}{\text{Number of live births in the same year}} \times 1,000$
- B) $\frac{\text{Number of fetal deaths plus infant deaths } < 7 \text{ days of age in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$
- C) $\frac{\text{Number of deaths of children } < 28 \text{ days of age in one year}}{\text{Number of live births in the same year}} \times 1,000$
- D) $\frac{\text{Number of fetal deaths in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$

Ans: B

Feedback:

Below are the equations for various measures:

Perinatal mortality rate =

$$\frac{\text{Number of fetal deaths plus infant deaths } < 7 \text{ days of age in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$$

$$\text{Infant mortality rate} = \frac{\text{Number of deaths of children } < 1 \text{ year of age in one year}}{\text{Number of live births in the same year}} \times 1,000$$

Neonatal mortality rate =

$$\frac{\text{Number of deaths of children } < 28 \text{ days of age in one year}}{\text{Number of live births in the same year}} \times 1,000$$

$$\text{Fetal mortality rate} = \frac{\text{Number of fetal deaths in one year}}{\text{Number of live births plus fetal deaths in the same year}} \times 1,000$$

Origin: Chapter 7- Describing Health Conditions, 16

16. Over the course of a year, there were 42 cases of institution-associated pneumonia at a hospital. During that time, 3,102 clients were at risk for acquiring this infection, with 20,411 client-days. Which is the crude incidence rate of institution-associated pneumonia at this hospital?

- A) 0.21%
B) 1.35%
C) 1.52%
D) 15.20%

Ans: B

Feedback:

Crude incidence rate is calculated by dividing the number of occurrences or cases of a health problem by the number of people in the population who are at risk for the health problem. In this case, the following equation would result: $42/3,102 = 0.0135 = 1.35\%$.

Origin: Chapter 7- Describing Health Conditions, 17

17. Over the course of a year, there were 42 cases of institution-associated pneumonia at a hospital. During that time, 3,102 clients were at risk for acquiring this infection, covering a total of 20,411 client-days. Which is the client density in terms of number of cases per 1,000 client-days at this hospital during this time?
- A) 2.1
 - B) 13.5
 - C) 15.2
 - D) 152

Ans: A

Feedback:

Incidence density is calculated by dividing the number of new cases occurring during the study period by the person-time units accumulated by subjects during the study period and multiplying the result by the base multiple of 10. In this case, the following equation would result: $42/20,411 = 0.0021 \times 1,000 = 2.1$ cases per 1,000 client-days.

Origin: Chapter 7- Describing Health Conditions, 18

18. In reviewing a study that considered the sensitivity of a particular screening test for HIV, the nurse found 21 true positives, 853 true negatives, 3 false positives, and 5 false negatives. What is the sensitivity of this test?
- A) 80.8%
 - B) 87.5%
 - C) 93.7%
 - D) 99.6%

Ans: A

Feedback:

Sensitivity is calculated by dividing the number of true positives by the sum of the number of true positives and false negatives. In this case, the sensitivity would be calculated as follows: $21/21 + 5 = 21/26 = 0.808 = 80.8\%$.

Origin: Chapter 7- Describing Health Conditions, 19

19. City A has a population of people who are exposed to HIV, whereas City B has a population of people who are considered nonexposed to HIV. There were 3,267 new HIV cases in a given year for City A, with a population (exposed) of 10,000,000. There were only 5 new HIV cases in the same year for City B, with a population (nonexposed) of 150,000. Which is the attributable risk of HIV occurring in City A in terms of cases per 100,000 population?
- A) 3.33
 - B) 13.55
 - C) 29.34
 - D) 32.67

Ans: C

Feedback:

Attributable risk is calculated by subtracting the incidence rate in a nonexposed population from the incidence rate in an exposed population. In this case, we first need to calculate the individual incidence rates for City A and City B and then subtract to find the attributable risk for City A. The incidence rate for City A is calculated as follows: $3,267/10,000,000 = 0.0003267 \times 100,000 = 32.67$ cases per 100,000 population. The incidence rate for City B is calculated as follows: $5/150,000 = 0.0000333 \times 100,000 = 3.33$ cases per 100,000 population. The attributable risk for HIV occurring in City A, then, is calculated as follows: $32.67 - 3.33 = 29.34$ cases per 100,000 population.

Origin: Chapter 7- Describing Health Conditions, 20

20. The nurse graphs the distribution of influenza cases by the time of onset of influenza. Which would be the result of this work?
- A) Epidemic curve
 - B) Epidemiologic descriptive study
 - C) Incidence density
 - D) Incidence rate

Ans: A

Feedback:

An epidemic curve is a graph that plots the distribution of cases by the time of onset of the disease. Epidemiologic descriptive studies are research studies designed to acquire more information about the occurrence and distribution of states of health, such as characteristics of person, place, and time. Incidence density is the use of a person-time denominator in the calculation of rates. A person-day reflects one person at risk for 1 day, and a person-year represents one person at risk for 1 year. Incidence rate is the measure of the probability that people without a certain condition will develop that condition over a period of time.

Origin: Chapter 7- Describing Health Conditions, 21

21. The nurse is conducting research on the relative risk of acquiring lung cancer as a result of being exposed to secondhand smoke. The nurse is studying two different groups. Group A includes 400 adults who do not smoke but are exposed to secondhand smoke in their home on a daily basis. Group B includes 400 adults who do not smoke and are not exposed to secondhand smoke in their home. Over the course of 10 years, 20 subjects in Group A are diagnosed with lung cancer, whereas only 2 subjects in Group B are diagnosed with lung cancer. Which is the relative risk ratio that would result from this study?
- A) 0.5
 - B) 1
 - C) 5
 - D) 10

Ans: D

Feedback:

Relative risk ratio compares the incidence rate of a group exposed to a certain risk factor with the incidence rate of a group not exposed to the risk factor. It is calculated by dividing the incidence rate in the exposed group by the incidence rate in the nonexposed group. In this case, we need to first calculate the separate incidence rates for Group A and Group B and then divide to find the relative risk ratio. The incidence rate for Group A is calculated as follows: $20/400 = 0.05 \times 1,000 = 50$ cases per 1,000 population. The incidence rate for Group B is calculated as follows: $2/400 = 0.005 \times 1,000 = 5$ cases per 1,000 population. The relative risk ratio, then, is calculated as follows: $50/5 = 10$.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 1

1. The nurse is preparing a research study on the number of heart attacks in the community and the number of individuals who are actively involved in exercise programs following a heart attack. Using knowledge of research study design, which gold standard for a research design should be considered?
 - A) Randomized, control group
 - B) Quasi-experimental
 - C) Experimental
 - D) Descriptive epidemiologic

Ans: A

Feedback:

The “gold standard” for experimental studies is the prospective, double-blind, placebo-control group design, also referred to as clinical trials or therapeutic trials. In double-blind experimental studies, neither the researchers nor the subjects are aware to which group they are randomly assigned. Quasi-experimental and experimental designs are used to examine causality. Many studies, although experimental in design, are not able to either randomize selection of subjects or exert the same degree of control of the study variables that would be found in true experimental studies. Descriptive epidemiologic studies, which are frequently used in public health, are designed to acquire more information about characteristics of health (or disease) as they pertain to person, place, and time. Findings from descriptive epidemiologic studies lead to hypotheses for future research.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 2

2. The nurse is preparing to do a research study on the effects of tight insulin control for diabetes. Using the knowledge that epidemiologic research can be descriptive or analytical, which would be the *strongest* study design to consider?
 - A) Retrospective
 - B) Quasi-experimental
 - C) Experimental
 - D) Randomized, control group

Ans: D

Feedback:

Analytical research study designs are on a continuum, ranging from strongest to weakest designs. The research continuum indicates that experimental study designs are the strongest because they control for all factors except that which is under study, with the “gold standard” for research design being the randomized, control group design. Two analytical designs, the prospective correlational design and the retrospective correlational design, are “weaker” designs on the continuum. Quasi-experimental study designs are stronger than retrospective studies but weaker than experimental because assignment of subjects into groups is not randomized or the researcher is unable to manipulate the variable under study.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 3

3. The nurse reads a research article that reviews causality. Using knowledge of research designs, which types of design examine causality? (Select all that apply.)
- A) Retrospective
 - B) Quasi-experimental
 - C) Experimental
 - D) Randomized, control group
 - E) Case-controlled

Ans: B, C, D

Feedback:

Quasi-experimental and experimental designs are used to examine causality. The “gold standard” for research design is the randomized, control group design, which is a type of experimental design. Retrospective, or case-controlled, studies do not examine causality.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 4

4. The nurse conducts a study that will follow a group of subjects for two decades. It involves one group of subjects who have a risk factor for developing diabetes and another group who do not have a risk factor. The goal is to establish a cause-and-effect relationship between the existence of the risk factor and the occurrence of diabetes. Which study design would be most appropriate?
- A) Cohort
 - B) Case-control
 - C) Preventive
 - D) Therapeutic

Ans: A

Feedback:

Cohort studies, sometimes referred to as longitudinal studies, are prospective studies that monitor subjects over time to find associations between risk factors and health outcomes. In their simplest form, a sample (cohort) of subjects who are exposed to the risk factor(s) is matched with a sample of subjects not exposed to the risk factor. Cohort studies attempt to find cause-and-effect relationships. Case-control studies, also known as retrospective studies, work backward from the effect to the suspected cause. Subjects are selected on the basis of the presence or absence of the disease or outcome in question: one group of people (case-subjects) with the health problem and another group without the health problem (controls). The two groups are then compared to determine the presence of specific exposures or risk factors. A preventive study is focused on preventing the occurrence of disease in subjects. Therapeutic trials are based on secondary prevention, which focuses on limiting the spread of disease, and where the treatment (independent variable) is manipulated by the researcher.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 5

5. The nurse is participating in study that considers the effect that use of netting around beds has on the incidence of malaria in a community of subjects in Africa. Which type of study would be best for this purpose?
- A) Cohort
 - B) Case-control
 - C) Preventive
 - D) Therapeutic

Ans: C

Feedback:

A preventive study is focused on the effect of measures to prevent the occurrence of disease in subjects. Cohort studies, sometimes referred to as longitudinal studies, are prospective studies that monitor subjects over time to find associations between risk factors and health outcomes. In their simplest form, a sample (cohort) of subjects who are exposed to the risk factor(s) is matched with a sample of subjects not exposed to the risk factor. Cohort studies attempt to find cause-and-effect relationships. Case-control studies, also known as retrospective studies, work backward from the effect to the suspected cause. Subjects are selected on the basis of the presence or absence of the disease or outcome in question: one group of people (case-subjects) with the health problem and another group without the health problem (controls). The two groups are then compared to determine the presence of specific exposures or risk factors.

Therapeutic trials are based on secondary prevention, which focuses on limiting the spread of disease, and where the treatment (independent variable) is manipulated by the researcher.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 6

6. The nurse is conducting a study on heart clients who are actively involved in exercise programs following a heart attack. The nurse should consider which as a threat to internal validity?
- A) Some subjects run faster on the treadmill when a researcher walks through the room.
 - B) Including an exciting new cross-fit training program as one of the exercise options that can accommodate a few of the study subjects
 - C) Your fervent belief from personal experience that intense cardiovascular exercise can speed recovery and prevent further heart attacks
 - D) Using a variety of stationary bicycles for stress testing

Ans: D

Feedback:

A threat to internal validity is instrumentation, which refers to changes in the measurement instrument used in the study and which results in inconsistent data collection. Threats to external validity include reactivity, novelty, and experimenter/participant effect.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 7

7. The nurse is conducting a study that will consider how heart clients respond to various interventions following a heart attack. The nurse is concerned about the threat that testing could pose to the internal validity of the study. How might testing affect the study?
- A) The long commute that a subject must take to a testing center as part of the study might change the subject's response to an intervention.
 - B) One subject develops an unrelated anemia, which causes fatigue, which in turn affects the outcome of the study.
 - C) Multiple measurements of participants' cortisol levels could cause stress in the participants and thus influence their cortisol levels, thereby altering the outcome of the study.
 - D) Mistakes are made when a number of subjects who should have been assigned to one intervention group are assigned to another, which may affect the outcome of the study.

Ans: C

Feedback:

Testing is the effect of multiple measurements of participants' responses that could influence the participants' responses, thereby altering the outcome of the study. History is events that are occurring during the study, which could influence participants' responses to the intervention. Maturation is unplanned and unrecognized changes in the participants that could affect the findings of the study, such as fatigue, hunger, or increased knowledge. Selection is the process by which participants are selected and grouped for a study. This threat is more likely to occur when randomization is not possible.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 8

8. The nurse reviews published research studies on the number of heart clients who are actively involved in exercise programs following a heart attack in preparation of conducting similar research. Using knowledge of research validity, which threat to external validity must be considered?
- A) Loss of a subject due to a second heart attack
 - B) Selection of a subject who does not meet the eligibility criteria for the study
 - C) A subject pedaling faster on the stationary bicycle whenever an examiner walks in the room
 - D) An unexpected increase in a subject's appetite that could affect the study

Ans: C

Feedback:

A threat to external validity is reactivity, also known as the “Hawthorne effect,” which occurs when participants behave in a certain way because they know they are being studied, affecting the generalizability of the findings. Threats to internal validity include mortality (the loss of subjects from the study), selection (the process by which participants are selected and grouped for a study), and maturation (the unplanned and unrecognized changes in the participants that could affect the findings of the study, such as fatigue, hunger, or increased knowledge).

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 9

9. The nurse is conducting a study on how regular physical activity affects the risk for developing lung cancer among smokers. One group leads a sedentary lifestyle whereas the other has agreed to undergo regular supervised exercise in the gym of a local hospital. During the study, the sole treadmill in the gym broke down and was unable to be used for the last half of the study. Several study participants who preferred the treadmill to other machines did not exercise as long or as intensely as they might otherwise have. Which threat to the external validity of the study does this represent?
- A) Interaction of history and intervention
 - B) Interaction of selection and intervention
 - C) Experimenter/participant effect
 - D) Novelty

Ans: A

Feedback:

Interaction of history and intervention occurs when the circumstances of the study influence the results of the study, decreasing the generalizability of the findings. Such is the case with the broken treadmill that potentially decreased the participant's overall exercise volume. Interaction of selection and intervention occurs when subjects willing to participate in the study are not representative of the target population, thus limiting the generalizability of the results. Experimenter/participant effect occurs when the researcher has preconceived expectations of the intervention, resulting in bias and affecting the generalizability of the findings. Novelty occurs when a new intervention affects the outcome of the study because of either enthusiasm or skepticism by the researchers or the participants.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 10

10. The nurse wishes to conduct a study on the effectiveness of animal-assisted therapy in alleviating symptoms of depression. One group of subjects would attend regular counseling sessions in the company of a dog, whereas the other group would attend regular counseling sessions without a dog present. In this study, the dogs would represent:
- A) Control group
 - B) Treatment group
 - C) Intervention
 - D) Placebo

Ans: C

Feedback:

The hallmark of the experimental study is random assignment of subjects to treatment (intervention) and control groups, which controls for potential unknown confounding variables. In this case, the dogs are the intervention or treatment, the group of subjects who are exposed to them during counseling sessions are the treatment group, and the group of subjects who are not exposed to them are the control group. Placebo refers to the control group.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 11

11. Which best describes a prospective study?
- A) Descriptive study in which participants are enrolled before the health outcome of interest has occurred
 - B) Analytic study in which participants are enrolled before the health outcome of interest has occurred
 - C) Descriptive study in which participants are enrolled after the health outcome of interest has occurred
 - D) Analytic study in which participants are enrolled after the health outcome of interest has occurred

Ans: B

Feedback:

A prospective study is an analytic study in which participants are enrolled before the health outcome of interest has occurred. A retrospective study is an analytic study in which participants are enrolled after the health outcome of interest has occurred.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 12

12. The nurse reviews a published analytical research study that compares one group of clients who developed diabetes mellitus before the start of the study with a group of clients without diabetes mellitus. Which type of study design was used in this study?
- A) Case control
 - B) Case
 - C) Clinical trial
 - D) Cohort

Ans: A

Feedback:

A case-control study is an observational analytic study that enrolls one group of persons with a certain health problem (case-clients) and a group of persons without the health problem (control subjects). It compares differences in exposures, behaviors, and other characteristics to identify and quantify associations, test hypotheses, and identify causes. A case study is a research method that involves an in-depth analysis of an individual, group, or institution. A clinical trial is an experimental study in which the investigator specifies the type of exposure for each study participant and then follows each person's health status to determine the effects of the exposure. A cohort study is an observational analytic study in which enrollment is based on the status of exposure to a certain factor or membership in a certain group.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 13

13. The nurse researches the relationship between frequent ingestion of fast foods and obesity. The nurse finds that in a population that eats at least five fast food meals per week on average, the incidence rate of people who are obese is 735/1,000 population. In the population that eats only one fast food meal per week on average, the incidence rate of people who are obese is 245/1,000 population. Based on these findings, what is the relative risk of developing obesity in those who eat at least five fast food meals per week?

- A) 0.3
- B) 0.7
- C) 1
- D) 3

Ans: D

Feedback:

Relative risk (RR) is defined as the ratio of disease incidence (or death) in an exposed population to that in an unexposed population. The assumption is that the underlying risk without the exposure is the same in both groups. Relative risk is a ratio ranging from 0 to infinity that indicates the strength of the association between the risk factor and the outcome. It is calculated by dividing the risk in the group exposed to a risk factor by the risk in the unexposed group. In this case, we perform the following calculation: $735/245 = 3$. An RR significantly greater than 1 (statistically) indicates that the exposure is associated with increased risk of disease. An RR significantly less than 1 (statistically) indicates that the exposure is associated with decreased risk of disease; that is, the exposure is protective. An RR not significantly different from 1 (statistically) indicates that there is no association between the exposure and the risk of disease.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 14

14. Advantages of a case-control study include: (Select all that apply).
- A) Allows for the examination of multiple exposures for a single outcome
 - B) Allows for the direct measure of the incidence of a disease
 - C) Is generally quicker and less expensive to conduct than cohort studies
 - D) Appropriate for studying rare exposures
 - E) Requires fewer case-subjects

Ans: A, C, E

Feedback:

Case-control studies have several advantages: they allow for the examination of multiple exposures for a single outcome, are suitable for studying rare diseases and those with long latency periods, require fewer case-subjects, and generally are quicker and less expensive to conduct than cohort studies, making them well suited for an outbreak investigation. They have several disadvantages: they are not appropriate for studying rare exposures, they are subject to bias because of the method used to select controls, and they do not allow the direct measure of the incidence of disease.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 15

15. Clients in the nurse's caseload have been requested to participate in a therapeutic trial about H1N1 influenza. Using knowledge of trials, the nurse tells the clients that the trial:
- A) Is based on primary prevention of H1N1 influenza
 - B) Is dependent variable manipulated by the researcher
 - C) Focuses on limiting the spread of H1N1 influenza
 - D) Focuses on reducing the incidence of H1N1 influenza

Ans: C

Feedback:

Therapeutic trials are based on secondary prevention, which focuses on limiting the spread of disease and where the treatment (independent variable) is manipulated by the researcher. Preventive trials focus on primary prevention to reduce the incidence of disease.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 16

16. Which ensures that a study's results are not due to chance alone?
- A) Rejecting the null hypothesis
 - B) Setting the p value to .05
 - C) Calculating the risk ratio
 - D) Using a preventive study design

Ans: B

Feedback:

The researcher should set the expected statistical p value, generally at .05, to ensure that the study results are not due to chance alone. Rejecting the null hypothesis when it is true is known as a type I error and does not ensure that a study's results are not due to chance alone. Relative risk is a ratio ranging from 0 to infinity that indicates the strength of the association between the risk factor and the outcome. However, calculating it does not ensure that a study's results are not due to chance alone. Using a preventive study design does not ensure that a study's results are not due to chance alone.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 17

17. The best description of a type II error is that it occurs when:
- A) The null hypothesis is rejected when it is true.
 - B) One rejects the alternative hypothesis when it is false.
 - C) The null hypothesis is accepted when it is false.
 - D) One accepts the alternative hypothesis when it is true.

Ans: C

Feedback:

A type II error occurs when one accepts the null hypothesis when it is false. A type I error occurs when the null hypothesis is rejected when it is true.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 18

18. The nurse studies the association of lead poisoning with residence in a home that was built before 1970. Which needs to be established to show an association between these two variables?
- A) A statistical relationship between lead poisoning and residence in a home built before 1970
 - B) That the presence or absence of residence in a home built before 1970 determines the presence or absence, respectively, of lead poisoning
 - C) A relative risk of 1
 - D) A p value > 0.1

Ans: A

Feedback:

An association is a statistical relationship between two or more events, characteristics, or other variables. Causality is the relationship between two variables in which the presence or absence of one variable (the “cause”) determines the presence or absence of the other (the “effect”). A relative risk not significantly different from 1 (statistically) indicates that there is no association between the exposure and the risk of disease. A p value > 0.1 indicates a lack of statistical relationship.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 19

19. The nurse wishes to conduct research on the number of cancer clients who are actively involved in exercise programs following chemotherapy. To prepare, the nurse reviews similar, published research studies. The nurse knows that maturation can be a threat to internal validity of the research study. Which is an example of maturation?
- A) A heat wave occurred during the study and clients who normally exercised outside were unable to do so.
 - B) A client developed fatigue and was unable to complete the exercise program.
 - C) Repeated stress tests on stationary bicycles demotivated clients from participating.
 - D) Inclusion of a former Olympic athlete in the study skewed the results.

Ans: B

Feedback:

Maturation is unplanned and unrecognized changes in the participants that could affect the findings of the study, such as fatigue, hunger, or increased knowledge. History is events that are occurring during the study, which could influence participants' responses to the intervention. Testing is effect of multiple measurements of participants' responses that could influence the participants' responses, thereby altering the outcome of the study. Selection is the process by which participants are selected and grouped for a study. This threat is more likely to occur when randomization is not possible.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 20

20. The nurse reviews published research studies on clients with developmental disabilities who receive music therapy once a week. Using knowledge of research studies, what type of research study would entail an in-depth analysis of one group of developmentally disabled individuals and the effects of music therapy?
- A) Case control
 - B) Case
 - C) Clinical trial
 - D) Cohort

Ans: B

Feedback:

A case study is a research method that involves an in-depth analysis of an individual, group, or institution. A case-control study is an observational analytic study that enrolls one group of persons with a certain health problem (case-clients) and a group of persons without the health problem (control subjects). It compares differences in exposures, behaviors, and other characteristics to identify and quantify associations, test hypotheses, and identify causes. A clinical trial is an experimental study in which the investigator specifies the type of exposure for each study participant and then follows each person's health status to determine the effects of the exposure. A cohort study is an observational analytic study in which enrollment is based on the status of exposure to a certain factor or membership in a certain group.

Origin: Chapter 8- Gathering Evidence for Public Health Practice, 21

21. The nurse is conducting a cross-sectional study of people who are HIV positive and their exposure to certain risk factors. Given the nature of this type of study, which would be true? (Select all that apply.)
- A) Respondents are a sample that represents the entire population.
 - B) The results of the study will allow determination of cause and effect.
 - C) Data represent a point in time.
 - D) Data are gathered via a questionnaire or interview.
 - E) Subjects are randomly assigned to treatment and control groups.

Ans: A, C, D

Feedback:

Cross-sectional studies (prevalence studies) are an example of public health survey research. Survey research focuses on the collection of information regarding the status quo of some situation(s) by questionnaire or by interviews with a sample of respondents. The main principle of survey research is that the sample of respondents must represent the population from which it was drawn. In this type of study, the population to be studied is defined, and data are collected from members of the group about their disease and exposure status. The data represent a point in time; therefore, they provide a “snapshot” of the population. Cross-sectional studies are good for examining the relationship between a variable and a disease/condition but not for determining cause and effect, which requires the collection of data over time. Subjects are randomly assigned to treatment and control groups in randomized, control group intervention studies, not in cross-sectional studies.

Origin: Chapter 9- Planning for Community Change, 1

1. Which are recommendations made by the World Health Organization's Commission on Social Determinants of Health (CSDH)? (Select all that apply.)
 - A) Improve conditions under which all people are born, grow, live, work, and age
 - B) Provide increased funding for research of genetic disorders
 - C) Ensure more equitable distribution of power, money, and resources
 - D) Instill a sense of personal responsibility for one's health in each person
 - E) Expand knowledge of the social determinants of health

Ans: A, C, E

Feedback:

The three overall recommendations of the CSDH are to: (1) improve the conditions under which all people are born, grow, live, work, and age to minimum standards; (2) ensure more equitable distribution of power, money, and resources; and (3) expand knowledge of the social determinants of health and establish a system to measure and monitor health inequity. Recommendations did not include providing increased funding for research of genetic disorders or instilling a sense of personal responsibility for one's health in each person.

Origin: Chapter 9- Planning for Community Change, 2

2. The nurse is in charge of a local community program that uses a logic model as a planning and communication tool. Which key components are included in this model? (Select all that apply.)
 - A) Milestones for completing a community health clinic
 - B) Plan to conduct cholesterol screenings
 - C) Need for a nurse practitioner to manage the clinic
 - D) Malaria prevention programs for developing nations
 - E) Possible locations for the health clinic

Ans: A, B, C, E

Feedback:

A logic model for a community health program is a visual representation of the logic behind the operation of the program—*who* will receive services (target population), *what* will be done (activities), *when* it will happen (timeline), *where*, and *why* (program theory). The logic model is a tool for both planning and communication. It helps the community health nurse identify available and needed resources, plan the sequence and timeframe for program implementation, develop a budget, and identify how results will be measured. The logic model also functions to communicate to community leaders and program staff how the program will operate and to demonstrate to key stakeholders and decision makers who will approve or fund it how the program will achieve the desired results. Malaria prevention programs for developing nations would not be included in a local community program.

Origin: Chapter 9- Planning for Community Change, 3

3. Which characterize health inequities? (Select all that apply.)

- A) Necessary
- B) Unfair
- C) Resulting from social injustices
- D) Avoidable
- E) Natural

Ans: B, C, D

Feedback:

According to Falk-Rafael and Betker (2012), “Health disparities become health inequities when they are unnecessary, unfair, and preventable resulting from social injustices that become engrained in the fabric of society through its social, economic, and political structures, laws, policies, and culture so as to become largely invisible.” Health inequities are *avoidable* inequalities in health between groups of people within countries and between countries and are not in any sense a natural phenomenon.

Origin: Chapter 9- Planning for Community Change, 4

4. Which changes in the environment (second level from the bottom of the health impact pyramid) make the choice for a healthy behavior the default or easy choice? (Select all that apply.)

- A) Iodization of salt
- B) Restrictions on smoking in public places
- C) Community immunization programs
- D) Changing food manufacturing to eliminate trans fats
- E) Treatment of hypertension

Ans: A, B, D

Feedback:

At the second level from the bottom of the health impact pyramid are interventions that change the environment or options available so that making the choice for a healthy behavior is the “default” or easy choice whereas choosing a less healthy option would require a person to spend more time, effort, or money. Examples include food and drug safety, iodization of salt, elimination of trans fats in food, and restrictions on smoking in public places and work sites. Changing food manufacturing to eliminate trans fats, for example, will have a positive impact on the health of the entire population without people having to change their buying or eating habits and would be sustained over time. At the middle of the pyramid are community health interventions such as immunizations that have a long-term protective effect as well as periodic screenings such as colonoscopy. At the level just above the middle of the pyramid are clinical interventions such as treatment of hypertension, hyperlipidemia, and diabetes.

Origin: Chapter 9- Planning for Community Change, 5

5. Which exemplify clinical interventions (the level just above the middle of the health impact pyramid)? (Select all that apply.)
- A) Administration of insulin injections for diabetes
 - B) Restrictions on smoking in public places
 - C) Community immunization programs
 - D) Instruction provided by a nurse regarding proper nutrition
 - E) Treatment of hypertension

Ans: A, E

Feedback:

At the level just above the middle of the pyramid are clinical interventions such as treatment of hypertension, hyperlipidemia, and diabetes. At the second level from the bottom of the health impact pyramid are interventions that change the environment or options available so that making the choice for a healthy behavior is the “default” or easy choice whereas choosing a less healthy option would require a person to spend more time, effort, or money. Examples include food and drug safety, iodization of salt, elimination of trans fats in food, and restrictions on smoking in public places and work sites. Changing food manufacturing to eliminate trans fats, for example, will have a positive impact on the health of the entire population without people having to change their buying or eating habits and would be sustained over time. At the middle of the pyramid are community health interventions such as immunizations that have a long-term protective effect as well as periodic screenings such as colonoscopy. At the top of the pyramid are counseling and health education.

Origin: Chapter 9- Planning for Community Change, 6

6. The nurse prepares community program objectives that are specific, measurable, achievable, relevant, and time bound (SMART) to help in planning interventions and establishing measurement systems to evaluate programs and outcomes. Which is a measurable objective?
 - A) Program will reduce teenage obesity.
 - B) Fewer teens will start smoking.
 - C) Blood pressure for children aged 12 to 18 years in Marks School will be reduced by 5% after petting the dog for 1 day in March 2019.
 - D) Number of older minority residents in Legacy Independent facility receiving a flu shot will triple.

Ans: C

Feedback:

Blood pressure for children aged 12 to 18 years in Marks School will be reduced by 5% after petting the dog for 1 day in March 2019 is an example of a measurable objective. The other objectives listed are not SMART objectives because the results are not measurable. The objective on teenage obesity should specify by what percentage or in how many teenagers obesity will be reduced and the minimum acceptable amount it will be reduced to, as well as from which population. The objective on teen smoking should specify how many fewer teens will start smoking and from which population. The objective on flu shots should define “older” and “minority” so that the exact population intended can be accurately identified and thus it can be determined at what point the number has “tripled.”

Origin: Chapter 9- Planning for Community Change, 7

7. Which aspects of Lewin's change theory will help people visualize and create needed change? (Select all that apply.)
 - A) Unfreezing the status quo
 - B) Changing or moving to a new state
 - C) Enforcing the status quo
 - D) Refreezing to sustain the change or changes made
 - E) Increasing restraining forces

Ans: A, B, D

Feedback:

In Lewin's model of change, the change process can be visualized as three steps: unfreezing the status quo, changing or moving to a new state, and refreezing to sustain the change or changes made. Force field analysis is a tool used to *identify* forces that enforce the status quo, not to actually enforce the status quo. The purpose of using levers of change is to increase driving forces and/or to decrease restraining forces—leverage points identified in the force field analysis.

Origin: Chapter 9- Planning for Community Change, 8

8. Which most accurately describes the purpose of force field analysis?
 - A) Unfreezing the status quo
 - B) Changing or moving to a new state
 - C) Identifying the forces driving the change and those resisting it
 - D) Refreezing to sustain the change or changes made

Ans: C

Feedback:

Force field analysis involves identifying factors within a community or organization that are driving or reinforcing change in the desired direction, as well as those that are restraining or resisting change. The change process in Lewin's model of change can be visualized as three steps of unfreezing the status quo, changing or moving to a new state, and refreezing to sustain the change or changes made.

Origin: Chapter 9- Planning for Community Change, 9

9. The nurse researches whether the community would benefit from monthly blood pressure clinics. Which system level would such an intervention address?
 - A) Upstream
 - B) Mainstream
 - C) Sidestream
 - D) Downstream

Ans: D

Feedback:

Mainstream interventions effect change at the population or community level, as in this scenario. Upstream interventions effect change at the societal, environmental, or policy level. Downstream interventions effect change at the individual level. There is no “sidestream” system level.

Origin: Chapter 9- Planning for Community Change, 10

10. As an advocate for leukemia research, the nurse along with many others succeeded in urging the U.S. Congress to debate and vote on a bill that significantly increases federal funding for this research. Which system level would such an intervention address?
 - A) Upstream
 - B) Mainstream
 - C) Sidestream
 - D) Downstream

Ans: A

Feedback:

Upstream interventions effect change at the societal, environmental, or policy level; such is the case in this scenario. Mainstream interventions effect change at the population or community level. Downstream interventions effect change at the individual level. There is no “sidestream” system level.

Origin: Chapter 9- Planning for Community Change, 11

11. Select the examples of social marketing. (Select all that apply.)
- A) Ad campaign for a new brand of toothpaste
 - B) Brochure placed in obstetricians' offices promoting the benefits of breastfeeding
 - C) Infomercial on television presenting the advantages of a piece of exercise equipment
 - D) Billboard illustrating the dangers of texting while driving
 - E) Posters placed in college dormitories encouraging condom use

Ans: B, D, E

Feedback:

Social marketing is the use of marketing principles and practices to change health behaviors or beliefs, social or cultural norms, or community standards to improve health or benefit society. Examples include the use of social marketing to promote health behavior change related to eating fruits and vegetables (5 a day), breastfeeding, active play by children, and following guidelines for cancer screenings. It has also been used to change social and cultural norms related to smoking, texting while driving, condom use, and consumption of trans fats. An ad campaign for a new brand of toothpaste and an infomercial on a piece of exercise equipment are examples of commercial marketing, as they are for profit and intended to help sell a particular product.

Origin: Chapter 9- Planning for Community Change, 12

12. The nurse decided to approach local organizations for financial and in-kind support for a new community health initiative. On which local resources can the nurse draw? (Select all that apply.)
- A) Catholic church
 - B) Branch of Bank of America
 - C) Car dealership
 - D) Community Transformation Grant
 - E) The Bill and Melinda Gates Foundation

Ans: A, B, C

Feedback:

Local banks and other businesses, faith communities, civic groups such as Rotary International or the Junior League, and other local resources may provide seed money, matching funds, or in-kind support for community health programs. The Client Protection and Affordable Care Act has created new opportunities for federal and state (not local) funding of health promotion and prevention programs. These opportunities include Community Transformation Grants that will fund programs to improve nutrition, physical activity, and wellness with priority given to strategies to reduce healthcare disparities. The Bill and Melinda Gates Foundation is a private foundation, not a local resource.

Origin: Chapter 9- Planning for Community Change, 13

13. The nurse researches the role of nurse-managed health centers in the city. Which are common characteristics of these centers? (Select all that apply.)
- A) Led by advanced-practice nurses
 - B) Serve upper-income mothers and children
 - C) Emphasize health promotion, disease prevention, and health education
 - D) Provide clinical practice for nursing students and faculty
 - E) Offer specialized programs to meet the needs of specific population aggregates
- Ans: A, C, D, E

Feedback:

Nurse-managed health centers (NMHCs) are a unique model of community health services led by advanced-practice nurses and providing a wide range of services and programs to vulnerable and underserved populations. The communities served by NMHCs are usually geographically defined and are most often vulnerable and underserved population aggregates such as the rural poor, migrant farm workers, low-income mothers and children, inner-city neighborhoods, and immigrant communities. The NMHCs emphasize health promotion, disease prevention, and health education. Many provide specialized programs to meet the needs of specific population aggregates such as pregnant and parenting women, teens, or homeless people. Many NMHCs are academic nursing centers established by colleges of nursing to provide service to the community as well as clinical practice and research opportunities for students and faculty and to prepare students with skills to work in medically underserved areas.

Origin: Chapter 9- Planning for Community Change, 14

14. The nurse is reviewing the sources of funding for the local community health intervention program on smoking cessation. In the federal grant proposal, the nurse elaborates on all the various local organizations and private foundations that have pledged to support the program after initial funding from the grant ends. The nurse also explains the plan for ongoing fundraising efforts for the program for years to come. With these comments, the nurse is attempting to establish which essential component of funding?

- A) Sustainability
- B) Program replication
- C) Clinical expertise
- D) Accountability

Ans: A

Feedback:

Sustainability is an important consideration in program planning and a key factor in grant making. Most funding agencies expect programs to give a clear and convincing plan outlining how efforts started with grant funding will be continued after the grant ends. Accountability includes regular communication about how funds were used, details of program activities, and progress toward achieving program goals. The ability to replicate or reproduce a successful program within a different community or with a new population aggregate is a test of the strength of the design of an intervention. The explanation provided in the grant request does not mention the nurse's clinical expertise.

Origin: Chapter 9- Planning for Community Change, 15

15. After successfully implementing and managing a smoking cessation program in an inner-city neighborhood for 5 years, the group expands the efforts to include a nearby rural community. After a challenging first year, the nurse finds that with a few modifications the program is proving successful in the rural setting, as well. Which essential component of program design has been established by success in the rural community?

- A) Sustainability
- B) Program replication
- C) Clinical expertise
- D) Accountability

Ans: B

Feedback:

The ability to replicate or reproduce a successful program within a different community or with a new population aggregate is a test of the strength of the design of an intervention. Sustainability is an important consideration in program planning and a key factor in grant making. Most funding agencies expect programs to give a clear and convincing plan outlining how efforts started with grant funding will be continued after the grant ends. Accountability includes regular communication about how funds were used, details of program activities, and progress toward achieving program goals. The explanation provided in the grant request does not mention the nurse's clinical expertise.

Origin: Chapter 9- Planning for Community Change, 16

16. The nurse reviews the job descriptions of the community health workers who work with community health nurses and other members of the program team. These workers are responsible for: (Select all that apply.)
- A) Serving as a cultural and language bridge to members of target population
 - B) Performing minor surgical procedures
 - C) Providing health education and outreach to community
 - D) Offering assistance in accessing services
 - E) Prescribing commonly used medications

Ans: A, C, D

Feedback:

Community health workers provide a cultural and language bridge to the members of the target population. They work with community health nurses and other members of the program team in both urban and rural areas to provide health education, outreach and assistance in accessing services, translation, and specific interventions. They do not perform minor surgical procedures or prescribe commonly used medications.

Origin: Chapter 9- Planning for Community Change, 17

17. The nurse reviews the logic model and formal evaluation plan of a grant proposal on a community rabies program. Which requirements should be included in the plan to support accountability? (Select all that apply.)
- A) Regular communication about funds that were not used
 - B) Details of program activities
 - C) Report of areas where there is no progress toward program goals
 - D) Proof that the program can be reproduced effectively in other settings
 - E) Explanation of how the program will be funded after grant funding expires

Ans: A, B, C

Feedback:

Accountability includes regular communication about how funds were used, details of program activities, and progress toward achieving program goals. Proof that the program can be reproduced effectively in other settings would establish program replication but would not be required for accountability. An explanation of how the program will be funded after grant funding expires would support the program's sustainability but would not be required for accountability.

Origin: Chapter 9- Planning for Community Change, 18

18. Which best defines program replication?
- A) Ability to replicate a successful program in the same community a second time
 - B) Ability to reproduce a successful program within a different community
 - C) Ability to replicate a successful program with a new sample aggregate
 - D) Ability to implement a successful program with the same population aggregate

Ans: B

Feedback:

The ability to replicate or reproduce a successful program within a different community or with a new population aggregate is a test of the strength of the design of an intervention and is called program replication.

Origin: Chapter 9- Planning for Community Change, 19

19. The nurse is in the process of forming a coalition to support a community flu shot program. Which step should the nurse take as part of this process? (Select all that apply.)
- A) Assign members of the coalition to tasks in a random manner.
 - B) Seek out people with similar opinions and roles in the community.
 - C) Consider how each member of the coalition and the organization or group represented will benefit from the work of the coalition.
 - D) Understand group dynamics and members' motives for serving.
 - E) Form a group that is heterogeneous but able to show mutual respect.

Ans: C, D, E

Feedback:

Organizers of a coalition should do the following: (1) Make use of the expertise of individual members by asking for their help and input on matters directly related to their field. (2) Seek out people with a range of opinions and roles in the community. Find out who has been a valuable member of previous community coalitions or teams. (3) Consider how each member of a coalition and the organization or group he or she represents will benefit from the work of the coalition. (4) Understand group dynamics and remember that people agree to serve on coalitions in exchange for more than feeling good about helping address a community issue. (5) Try to have a heterogeneous group but one in which members are able to show mutual respect and listen to each other's ideas without criticism of the person.

Origin: Chapter 9- Planning for Community Change, 20

20. Which best illustrates systems theory?
- A) School systems in two different counties each setting up their own independent afterschool exercise programs
 - B) Father being challenged to stop smoking because his daughter learned of the hazards of smoking from a smoke cessation program at her middle school
 - C) Hospital requiring all of its nurses to wear an identification badge while on duty
 - D) Physician in one state deciding to stop accepting Medicaid clients, while another physician in another state begins accepting Medicaid clients

Ans: B

Feedback:

A community is a complex system of human activity conducted within the context of the social and ecological environment. Every family, neighborhood, workplace, school, and recreational facility is itself a system with its own boundaries, rules, and purpose. These systems overlap to the extent that individual people in each family system participate in the activities or are affected by the decisions made within other systems. Social systems engage in reciprocal exchange or flows of information, energy, resources, and goods or services. Systems within the community are interdependent and interconnected. Change in one system leads to reciprocal changes in interconnected systems. The only example given above that reveals this reciprocal relationship between systems is the one in which the father, who is a member of a family system, is influenced by information learned by his daughter from an overlapping system, her middle school. The other answers reflect systems operating independently.

Origin: Chapter 9- Planning for Community Change, 21

21. Which is the first step in developing a plan for evaluating a community-level intervention?
- A) Determine indicators or measures to answer evaluation questions
 - B) Decide what method you will use to collect data
 - C) Develop evaluation questions
 - D) Decide how you will communicate your results

Ans: C

Feedback:

Steps in developing a plan for evaluating a community-level intervention include the following: (1) Develop evaluation questions “focused on what happened, how well it happened, why it happened the way it did, and what the results were”; (2) Determine indicators or measures you will use to answer your evaluation questions; (3) Identify where you will find the data you need to measure your indicators and answer your questions; (4) Decide what method you will use to collect data; (5) Specify the time frame for when you will collect data; (6) Plan how you will analyze your data on the basis of the type of data you are using; (7) Decide how you will communicate your results.

Origin: Chapter 10- Culture Diversity and Values, 1

1. A group of teens develop their own method of texting in a language that they feel is all their own. The change is subtle, but the meanings and the feelings associated with the text are known only to a select few. This behavior is an example of:
 - A) Culture
 - B) Cultural competence
 - C) Cultural safety
 - D) Ethnocentrism

Ans: A

Feedback:

Culture is the knowledge, values, practices, customs, and beliefs of a group and includes a “unique meaning and information system, shared by a group.” Cultural competence is openness to others' ideas and ways of life; respect, curiosity, patience, and self-awareness of one's own culture and culturally mediated ideas. Cultural safety is the practice of providing culturally appropriate health services to disadvantaged groups while stressing dignity and avoiding institutional racism, assimilation (forcing people to adopt a dominant culture), and repressive practices. Ethnocentrism is the assumption that others believe and behave as the dominant culture does, or the belief that the dominant culture is superior to others.

Origin: Chapter 10- Culture Diversity and Values, 2

2. The nurse is caring for a client who refuses the food as served. He states that the food is foreign to him and will make him ill. All food must be blessed. The personal care attendant is upset by this behavior and states that the client should eat the food anyway. The client's behavior is most likely a result of:
 - A) Psychosocial deficit
 - B) Cultural belief
 - C) Allergies
 - D) Hygiene

Ans: B

Feedback:

Culture is how people approach the world. Culture includes language, religion, occupation, economics, art, politics, and philosophy, along with diet. The fact that the client says that the food must be “blessed” indicates a religious belief that is part of his culture. There is no evidence of a psychosocial deficit in this client, or of allergies or hygiene concerns.

Origin: Chapter 10- Culture Diversity and Values, 3

3. The nurse is present when a mother begins cupping her child. She states that it will help to heal the child's respiratory tract infection. The nurse understands that the cultural belief that cupping will aid in the healing process is a:
- A) Shared instinct
 - B) Learned behavior
 - C) Private idiosyncrasy
 - D) Genetically programmed idea

Ans: B

Feedback:

Usually culture is first “learned” from parents and siblings and then from peers, teachers, neighbors, books, television, and other media. Thus, it is not innate instinct, a private idiosyncrasy, or a genetically programmed idea.

Origin: Chapter 10- Culture Diversity and Values, 4

4. A Mexican-American client arrives at the emergency department. He reports abdominal pain and has been vomiting for 5 days. The nurse notes that he is exhibiting symptoms of dehydration, and his vital signs and labs confirm this. The nurse asks the client why he waited so long to seek medical care. He states that he is being treated by the Curandero and wishes to continue while in the hospital. The nurse recognizes the different cultural assumptions regarding care. This situation is an example of:
- A) Cross-cultural nursing
 - B) Ethnocentrism
 - C) Cultural safety
 - D) Transcultural bias

Ans: A

Feedback:

Cross-cultural nursing is any nursing work in which the nurse and the client have different cultures. Ethnocentrism is the assumption that others believe and behave as the dominant culture does, or the belief that the dominant culture is superior to others. Cultural safety is the practice of providing culturally appropriate health services to disadvantaged groups while stressing dignity and avoiding institutional racism, assimilation (forcing people to adopt a dominant culture), and repressive practices. There is no evidence of bias in this scenario.

Origin: Chapter 10- Culture Diversity and Values, 5

5. The nurse conducts a well-child clinic in your community. The client population is culturally diverse, and, although the clinic is busy, it runs smoothly because it has an interpreter. In addition to the interpreter, it is important that the nurses treat each client that reflects his or her individual cultural needs. This is cultural:
- A) Bias
 - B) Artwork
 - C) Competence
 - D) Beliefs

Ans: C

Feedback:

In nursing, cultural competence means considering cultural aspects of health, illness, and treatment for each client or community, as well as doing so at each stage of the nursing process. The nurse should not display cultural bias or favoritism to any specific culture. The nurse does not need to display the beliefs of other cultures, just a respect and understanding of them. The nurse does not need to display cultural artwork.

Origin: Chapter 10- Culture Diversity and Values, 6

6. A nurse, new to the community health agency, works in a culturally diverse area of the community. The nurse is responsible for providing holistic care to clients and to be culturally competent. The health agency requires the nurse to demonstrate which competency to exhibit cultural competence? (Select all that apply.)
- A) Value diversity
 - B) Adopt the client's cultural values
 - C) Acquire cultural knowledge
 - D) Adapt to diversity
 - E) Speak the language of the client

Ans: A, C, D

Feedback:

For community and public health agencies to be culturally competent, they must do the following: have a defined set of values and principles and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally; have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve; and incorporate this capacity in all aspects of policy making, administration, practice, and service delivery, as well as systematically involve consumers, key stakeholders, and communities.

Origin: Chapter 10- Culture Diversity and Values, 7

7. The nurse is called to make an unscheduled visit to a new client in her home. The purpose of the visit is to admit the client and treat an abdominal wound. The nurse discovers that the client is from a culture unfamiliar to her. In this situation, the nurse should demonstrate cultural competence and awareness by: (Select all that apply.)
- A) Being open to the client's ideas and way of life
 - B) Obtaining objective data when caring for the client
 - C) Exhibiting respect and patience
 - D) Being aware of your own culture
 - E) Assuming that you have enough knowledge to get by

Ans: A, C, D

Feedback:

Although the nurse will not be fluent in all cultures at all times, certain principles will make him or her a more culturally competent nurse: openness to others' ideas and ways of life, respect, curiosity, patience, and self-awareness of one's own culture and culturally mediated ideas, as well as the humility to know that one can always learn more about a certain client's culture and that person as an individual. Obtaining objective data about the client will not help the nurse demonstrate cultural competence and awareness. The nurse should not assume that he or she has enough knowledge but should be willing to learn more.

Origin: Chapter 10- Culture Diversity and Values, 8

8. The nurse is caring for a client who is a refugee from Haiti. The client's family has been displaced because of an earthquake in their country. The client has healing fractures on his right arm as well as fractured ribs. He tells the nurse that, before care begins, the nurse must consult with his Voodoo healer. Which is the nurse's best response?
- A) Teaching the client that he is in the United States and should abide by Western medical practices
 - B) Informing the physician that the client is noncompliant
 - C) Consulting with the healer and updating the physician regarding treatment and any herbal medications that may be used
 - D) Encouraging the client to use a complementary approach to his care

Ans: C

Feedback:

Some practices of healthcare institutions and clinicians have historically been discriminatory and hurtful to minority groups. Cultural safety refers to providing culturally appropriate health services to disadvantaged groups while stressing dignity and avoiding institutional racism, assimilation, and repressive practices. For the community health nurse, this means ongoing learning about the health beliefs and practices of clients and never dismissing or disrespecting folk traditions. In this case, it would be wise for the nurse to consult the healer, not only out of respect for the client's beliefs, but also to learn what herbal medications the client may be receiving, to prevent any adverse reactions with drugs the physician might prescribe.

Origin: Chapter 10- Culture Diversity and Values, 9

9. The nurse is caring for a client who is from a culture for which the nurse has a limited knowledge base. The nurse conducts the admission interview using cultural humility. Which should the nurse ask in the interview? (Select all that apply.)
- A) Yes or no questions
 - B) About traditions
 - C) Open-ended questions
 - D) How the client has addressed the illness
 - E) If the cause of the illness is spiritual

Ans: B, C, D

Feedback:

Cultural humility requires community health nurses to continually self-evaluate and critique their own cultural assumptions and advocate for their clients in a nonpaternalistic way. To do this, they should ask open-ended questions (not yes or no questions) about beliefs and practices of the client and family; ask about traditions; and ask what the client does think may have caused the illness and how the client has already tried to address it. Asking if the cause of the illness is spiritual is a yes or no question.

Origin: Chapter 10- Culture Diversity and Values, 10

10. During a conference after rounds, a nurse states, "They are in the United States now; you would think that they would act like us." This nurse is exhibiting:
- A) Cultural humility
 - B) Ethnocentrism
 - C) Cultural competence
 - D) Cross-cultural nursing

Ans: B

Feedback:

Ethnocentrism refers to the tendency of people to view their way of doing things and their culture as superior to the cultures and ways of others. Cultural humility requires community health nurses to continually self-evaluate and critique their own cultural assumptions and advocate for their clients in a nonpaternalistic way. In nursing, cultural competence means considering cultural aspects of health, illness, and treatment for each client or community, as well as doing so at each stage of the nursing process.

Cross-cultural nursing is any nursing work in which the nurse and client have different cultures.

Origin: Chapter 10- Culture Diversity and Values, 11

11. During an ice storm, people in one neighborhood banded together and shared the home of a neighbor who still had power and heat. Other neighbors provided food, water, and bedding. In another neighborhood the neighbors did not know one another and weathered the storm alone. Both neighborhoods are part of the same community. What characteristic did the people in the first neighborhood share that made them a subculture that those in the second neighborhood lacked?
- A) Belief in the value of cooperation
 - B) Religion
 - C) Socioeconomic status
 - D) Geography

Ans: A

Feedback:

A subculture may be large or small, clustered together or scattered, but its members share some cultural facets such as experience, belief, language (or lingo), practices, and values. The only common characteristic that the neighbors in the first neighborhood had with each other that the neighbors in the second neighborhood lacked was a belief in the value of cooperating with one another during the storm. There is no indication that they were of the same religion or socioeconomic status. People in both neighborhoods have geography as a common characteristic.

Origin: Chapter 10- Culture Diversity and Values, 12

12. The nurse enters a client's home to provide care to a wound and teach the client's wife how to care for the wound. The nurse is comfortable with the client's culture and the fact that it is matriarchal in nature. As teaching begins, the husband interrupts and states that the woman does not change bandages according to his culture. He asks if the nurse is familiar with his culture and then says that all members of his neighborhood follow its principles. The nurse should suspect that the client is a member of:
- A) A cult
 - B) An orthodox religious group
 - C) A subculture
 - D) An occupation

Ans: C

Feedback:

Just as any group of people from a certain place may share a culture, any group of people who share a certain characteristic can share a smaller culture, or subculture. In this situation, although the nurse is familiar with the culture of the client and her husband, it is apparent that they also belong to a subculture that the nurse is unfamiliar with. There is no indication that the client and her husband are members of a cult, orthodox religious group, or certain occupation, all of which are types of subcultures.

Origin: Chapter 10- Culture Diversity and Values, 13

13. To demonstrate true cultural sensitivity and awareness, the nurse must:
- A) Travel to other countries on occasion
 - B) Become bilingual
 - C) Be competent in his or her own cultural heritage
 - D) Know the practices of all major cultures in one's region of the country

Ans: C

Feedback:

The first imperative of cultural competence is to be competent in one's own cultural heritage. International travel, being bilingual, and knowing practices of major cultures are all helpful, but not as important as being competent in one's own cultural heritage.

Origin: Chapter 10- Culture Diversity and Values, 14

14. A client, diagnosed with hypertension, is prescribed a no-added-salt, low-fat diet. He agrees and repeats the teaching principles. At the next visit, the nurse notices salted meat on the counter and the client shows the nurse his food diary. The diet in the past week does not reflect the physician's orders. What cultural component may have contributed to the noncompliance with the diet order?
- A) Diet may be too lean
 - B) Wife cooks according to the husband's preferences
 - C) Diet may not meet the cultural criteria for food choices
 - D) Food tastes bland and unappetizing

Ans: C

Feedback:

What and how people eat varies tremendously among cultures, the understanding of which is crucial to good nursing care. A nurse educating a client who is newly diagnosed with diabetes or hyperlipidemia about dietary restrictions will be much more effective if he or she chooses examples that resonate with that particular client. Although the diet could be too lean or bland and unappetizing or the wife might cook according to the husband's preferences, these are not cultural components.

Origin: Chapter 10- Culture Diversity and Values, 15

15. A client is admitted to the hospital. On admission, it is noted that the client does not speak English. It will take 20 minutes for the hospital interpreter to arrive. The nurse decides to wait for the interpreter rather than relying on the client's husband.

Appropriate rationales for this decision include that the interpreter is: (Select all that apply.)

- A) More likely to be fluent in both languages
- B) More likely to be familiar with the client's symptoms
- C) Trained in ethics and will be better at explaining cultural differences
- D) More likely to understand the client's needs
- E) More likely familiar with technical healthcare terms

Ans: A, C, E

Feedback:

Interpretation should never be conducted by family or friends of a client, except in emergencies. Use of family or friends as interpreters subverts privacy and confidentiality. Furthermore, professional interpreters are not only fluent in both languages and technical healthcare terms but also trained in issues of ethics and cultural brokerage. “Cultural brokerage” means mediating an interaction between people of different cultures. A broker may point out and/or explain cultural differences to the participants, in order for the parties to understand each other better. An interpreter is not more likely to be familiar with the client's symptoms or needs.

Origin: Chapter 10- Culture Diversity and Values, 16

16. The nurse cares for a client in a community health clinic. The nurse is uncomfortable because the client remains very close when communicating. This discomfort makes it difficult to concentrate on the interview. When the nurse backs away, the client stops speaking and leaves. This is an example of:

- A) Differing views of personal space
- B) Treatment limitation
- C) Aggressive behavior
- D) Cultural bias

Ans: A

Feedback:

Nonverbal language varies significantly with culture, and misinterpretation of body language, including use of personal space, can lead to clinical misunderstandings. Clients from cultures in which people normally stand close together (e.g., Italian and many Latin American cultures) may feel that a nurse who sits or stands further away is cold and unfriendly. However, people from a Nordic-influenced culture may be more comfortable with larger spaces between people.

Origin: Chapter 10- Culture Diversity and Values, 17

17. A new client, who is Latin American, is getting settled in the hospital. She is expecting her family to arrive soon. A physician enters and informs the client that she requires surgery and asks that she sign the necessary documents. The client refuses and becomes agitated. Which is the most likely cultural reason for the client's reluctance to sign the documents?
- A) Client is reluctant to have the surgery.
 - B) Decision of importance is typically made by the family as a group.
 - C) Client does not feel comfortable with the surgeon.
 - D) Client is medicated and is having difficulty making a decision.

Ans: B

Feedback:

Cultures around the world have different expectations of roles of children, young adults, and elderly adults; of men versus women; and of sick people. For instance, some children speak for themselves whereas others are taught to remain silent; in some cultures, such as American and British ones, a sick person makes decisions for himself or herself; in others, such as many Asian and Latin-American ones, the family makes treatment decisions as a group.

Origin: Chapter 10- Culture Diversity and Values, 18

18. The physician approaches the client with a treatment plan for his cancer. The client states that his life is in God's hands and refuses conventional treatment. This is an example of:
- A) Fatalistic behavior
 - B) Denial
 - C) Anger
 - D) Bargaining

Ans: A

Feedback:

One central facet of culture is religion, and this also directly affects health, illness, and treatment. Some religions attribute disease to divine forces, for instance. Some cultures are relatively fatalistic, which affects their health behaviors. Insha'Allah ("if God wills") is a common refrain for many Muslims, although they may mean it more or less literally. There is no evidence that the client is in denial, angry, or bargaining.

Origin: Chapter 10- Culture Diversity and Values, 19

19. The client is admitted to the hospital for new-onset hypertension and chest pain. During the admission interview you ask the client if she takes over-the-counter medications, and she states no. She adds that she routinely visits a folk healer. The nurse's response should include:
- A) Obtaining a list of the herbs and folk medications that are taken and notifying the physician
 - B) Requesting the client to stop the ingestion of the folk herbs
 - C) Calling poison control with the list of herbs and folk medications
 - D) Encouraging the client to continue to take the herbs and folk medications

Ans: A

Feedback:

Just as nurses ask about over-the-counter medication use, they should also inquire, respectfully, about what other preparations or nonpharmacologic strategies their clients may be using to maintain or regain health. The list is given to the physician. It would not be appropriate to either ask the client to stop taking the herbs or to encourage the client to continue taking the herbs, as this is beyond the scope of practice of the nurse. There is no need to call poison control regarding the herbs, as they are not likely to be poisonous or even harmful.

Origin: Chapter 10- Culture Diversity and Values, 20

20. The nurse educator is responsible for conducting educational seminars for the staff. After the education component of the program, the group engages in discussion. It is important that nurses routinely attend educational programs related to cultural competence because:
- A) The information is lost when caring for clients in real life.
 - B) One can't be competent at all times.
 - C) Nurses can facilitate social change.
 - D) Classes are necessary for regulatory compliance.

Ans: C

Feedback:

It is imperative that healthcare organizations such as hospitals and visiting nurses agencies conduct ongoing cultural assessments of their service areas. Racher and Annis (2007) write that “creating spaces for voices to be heard and groups to be represented produces opportunities to break down resistance and facilitate social change. Nurses have both opportunity and responsibility to take action in creating such spaces.”

Origin: Chapter 10- Culture Diversity and Values, 21

21. The nurse is scheduling a follow-up appointment for a client who recently immigrated from Nicaragua. The client agrees to a 9:00-AM appointment on the following Wednesday. The nurse should anticipate that on the following Wednesday, this client will:
- A) Show up half an hour before the scheduled time
 - B) Not return at all for the follow-up appointment
 - C) Arrive late for the appointment, after completing whatever tasks the client feels need to be accomplished first
 - D) Arrive exactly on time

Ans: C

Feedback:

Differences in how people view time can create a clash of expectations in clinical encounters. For Anglo-American culture, for instance, time is thought of as linear and perishable. This is especially true in the healthcare world, in which time is considered a scarce commodity. In contrast, a Hispanic immigrant may view 10:00 AM as a suggested time for a clinic appointment and will arrive when other responsibilities are accomplished.

Origin: Chapter 11- Community Assessment, 1

1. Community assessment is a critical process for the future because it can:

- A) Identify the need for a community commission
- B) Identify a method to improve the health of at-risk clients
- C) Provide a means of grant funding for clinics
- D) Provide a client base for at-risk neighborhoods

Ans: B

Feedback:

Community assessment has been called a critical process for the future that can be used as a means for understanding the interactions between people, health, and environment in a community, as well as finding a way to improve both the health status of at-risk populations and outreach activities.

Origin: Chapter 11- Community Assessment, 2

2. The nurse conducts a community assessment in a town once supported by multiple paper factories. The factories closed 2 years ago and most of the population is now out of work. The school nurse notes that 68% of the students are behind schedule in their physicals and immunizations. On the basis of this community assessment, the nurse should recommend:

- A) Initiation of neighborhood clinics at low or no cost to the community
- B) Creation of a task force to assess the impact of low income on immunization compliance
- C) A formal petition to the local government to mandate immunizations by imposing monetary fines on parents whose children are not immunized
- D) A tax relief program for new companies wishing to settle in the community

Ans: A

Feedback:

Whenever nurses conduct an assessment of a community, they examine biological, psychological, and sociocultural influences of the environment of a group of people who share specific characteristics. Knowledge gained from this endeavor provides valuable insight into the ways that people's health behaviors directly and indirectly influence the overall health and well-being in their community. The neighborhood clinics meet the immediate need for childhood immunizations. The assessment has already determined that immunization compliance is low, so there is no need to create a task force to assess this. A mandate from the local government to either immunize one's children or pay a fine would only place a further financial burden on the parents and would likely not improve immunization rates, as the parents would be no more able to afford it than before. Although it would be beneficial in the long term to attract companies to the community to provide jobs, there is no indication that a tax relief program would provide adequate incentive to achieve this goal, as taxes are likely not the primary barrier to new employers' coming. Moreover, even if it did succeed, it might be several years before such an effort produced the jobs and income needed to address the barrier to immunization, and in the meantime many children would go without being immunized.

Origin: Chapter 11- Community Assessment, 3

3. While completing a community assessment, the nurse notes that the computer companies in the community hire a disproportionate number of their employees from local suburban communities rather than the community in which the company is housed. To create an accurate assessment, the nurse should collect data on:
- A) All of the company's employees but count those living outside the community separately, as outliers
 - B) Only the employees that live in the community, disregarding the others as statistically irrelevant
 - C) All of the company's employees and include those living outside the community as part of the aggregate
 - D) Only the employees that live in the community in your initial assessment; then collect data on the others as part of a separate assessment for the community in which they live.

Ans: C

Feedback:

The group of people, or an aggregate as it is often called in the literature, consists of those who live within the boundary of the geopolitical community. However, these borders are really ambiguous. The aggregate could also include people who work within the community who do not necessarily live there, as well as those living close to community boundaries who visit the communities to purchase goods or use facilities for nonwork activities. Thus, the nurse should collect data on all of the company's employees and include those living outside the community as part of the aggregate.

Origin: Chapter 11- Community Assessment, 4

4. Many in the community have developed cancer. The EPA has discovered a leak of biohazardous waste from a local factory that has leached into the water table. The area is decontaminated and cleaned. The community identifies the need for a local hospice for those with cancer who are dying. Area communities participate in the fund drive. This type of community effort may best be described as:
- A) Geopolitical community
 - B) Epidemiologic model
 - C) Community of solution
 - D) Developmental model

Ans: C

Feedback:

A community of solution is formed by an aggregate specifically to address health concerns within a particular area. Communities of solution are composed of persons not only from the area of need but also members of neighboring communities who have a vested interest in a challenge the community faces. These communities can form in response to a health threat, such as contaminated water or industrial air pollution. A geopolitical community is a group of people who live within identified boundaries and governing systems. An epidemiologic model is a process used to assess a community using data collected from descriptions and statistical relationships to evaluate the level of health and well-being within a community to address identified healthcare needs. A developmental model is a retrospective, historical analysis of system parameters such as the physical environment, education, safety and transportation, politics and government, health and social services, communication, economics, and recreation in a community.

Origin: Chapter 11- Community Assessment, 5

5. At an international nurses' conference, nurses from all around the world make contact. The various communities represented at this conference most likely: (Select all that apply.)

- A) Vary significantly in composition
- B) Have no shared interests and goals related to health and safety
- C) Are challenged in their attempts to identify its members
- D) Thought of as members of a global community
- E) Do not need to assess their communities' needs because they are obvious

Ans: A, C, D

Feedback:

The international community or global community encompasses all nations. Although the overall composition of the communities that make up this global community may differ, some have strikingly similar characteristics, with shared interests and goals, including members' health and safety. To continue to advance the goals of health and safety, there must be a thorough way of understanding each of the communities described, especially if nurses are to accurately target ways to address goals for change. The first step in any plan to help a community is to assess the community's needs. The amorphous nature of the community can create some challenges to the identification of its members and to the assessment of their immediate needs.

Origin: Chapter 11- Community Assessment, 6

6. The nurse conducts a community assessment. The community is large and the members range from affluent executives to poor migrant workers. To most accurately assess the community, the nurse should:

- A) Use a questionnaire written on a fifth-grade reading level
- B) Use multiple methods or perspectives
- C) Interview a subpopulation of each group represented
- D) Analyze census data

Ans: B

Feedback:

Triangulation is the use of multiple methods or perspectives to collect and interpret data about some phenomenon for the purpose of constructing an accurate representation of reality. When trying to answer a question about a community, the nurse should consider the question from different perspectives.

Origin: Chapter 11- Community Assessment, 7

7. The community health nurse assesses the neighborhood in which the clients live. When observing the physical environment, the nurse notes that most of the homes in the neighborhood are well kept and the children playing in the yards are wearing clean clothing. The children appear well nourished. The nurse determines that the neighborhood has little need for a well-child clinic. This assessment is based on:
- A) Subjective data
 - B) Objective data
 - C) Cognitive analysis
 - D) Valid data

Ans: A

Feedback:

Community health nurses often use informal assessments, such as windshield surveys, to learn about the neighborhoods in which their clients live. These surveys involve subjectively observing the physical community on foot or through the windshield of a car. In this way, the nurse can assess the level of economic development of the community on the basis of its physical environment, educational systems, safety and transportation, health and social services, communication, and recreation. This type of assessment is not based on objective or “valid” data, as the means of the assessment are purely subjective. It also does not involve cognitive analysis.

Origin: Chapter 11- Community Assessment, 8

8. The community health nurse is responsible for the general health of the community on multiple levels. The nurse discovers an increase in the number of sick days used by children aged 7 to 11 years at the local elementary school in recent weeks. Research indicates that the families of asthmatic children tend to be less educated and less likely to comply with current treatment plans. Using the epidemiologic approach, the next step in the care plan should be to:
- A) Conduct a broad-based survey of all families with asthmatic children within several communities
 - B) Determine trends that interfere with family problem-solving techniques
 - C) Develop school-based education programs for both the children and their caregivers
 - D) Submit a proposal to the town for neighborhood asthma clinics

Ans: C

Feedback:

Principles of epidemiology are used throughout the development, planning, implementation, and evaluation phases of the community assessment process. Epidemiologic methods can help identify patterns of health and social inequity and determine trends in three ways: (1) by describing the disease or disability, (2) by determining relationships that can predict health or health disparities, and (3) by developing and testing interventions. By noting that families of asthmatic children tend to be less educated and less likely to comply with current treatment plans, you have already determined relationships that can predict the health disparity. Therefore, the next step would be to develop and test an intervention on the basis of these findings. The school-based education program is the only intervention listed that directly addresses the cause of the health disparity and that may be tested.

Origin: Chapter 11- Community Assessment, 9

9. The school nurse notifies the community nurse that there have been five confirmed cases of pertussis in the sixth-grade classes. In addition to responding to the cluster of cases, the community nurse should immediately:
- A) Recommend that the school be closed
 - B) Research the vaccine compliance in the school
 - C) Recommend that notes be sent home to the parents regarding a pertussis epidemic
 - D) Consult with the infection control physician at the local hospital

Ans: B

Feedback:

Existing (secondary) data can often be used to identify the community's strengths and weaknesses, to determine assets and liabilities, and to describe, along with available community resources, the amount of disease/disability or health in a population. The data that identify the "who, what, where, and when" related to disease, disability, and exemplars of health must then be systematically organized and analyzed. In this case, the nurse should gather further data regarding the vaccination history of students in the school before initiating an intervention. If the pertussis is only affecting children who have not been vaccinated and 98% of the children in the school are vaccinated, then the nurse may focus efforts on getting those few children vaccinated who are not already. If, however, the disease is affecting children already vaccinated or if a significant number of children are not vaccinated, then the nurse might consider recommending that the school be closed, recommending that notes be sent home to the parents regarding an epidemic, or consulting with the infection control physician at the local hospital.

Origin: Chapter 11- Community Assessment, 10

10. There are 12 students with confirmed cases of the H1N1 flu in grades 6 to 8 at the local middle school in the community. The community nurse advises the caregivers of the ill children to keep the children home for a minimum of 5 to 7 days. Which should be the nurse's next step?
- A) Recommend closing the school for 6 weeks
 - B) Implement education in the school setting regarding respiratory and hand hygiene
 - C) Require each child in the school to undergo a physical evaluation by the school nurse
 - D) Initiate a system of discipline in the school setting for improper hand washing

Ans: B

Feedback:

Association means that events of illness or disability have a strong tendency to occur together rather than just by chance. The school setting is a common site where illness occurs by association. Education can prevent or limit the transmission of this disease. Because the children with known cases of H1N1 are being kept at home now and will not be contagious on return, there is no need to close the school. A mandatory physical evaluation of each child in the school would be both impractical and unnecessary, as most children will not have the virus and those who do may not yet be symptomatic. Although children should be educated on methods of proper hand washing, simply punishing those who fail to perform proper hand hygiene would be neither appropriate nor effective.

Origin: Chapter 11- Community Assessment, 11

11. The new community health nurse introduces herself to the local minister and attends various neighborhood meetings. The nurse learns about the ethics, values, and culture of the neighborhood. The community is vocal about the need for public safety and the care of the homeless, especially in the winter. Which is the best rationale for considering all of the influences in the neighborhood affecting their health and well-being?
- A) The information can be used to obtain funds to create shelters for the homeless
 - B) A neighborhood watch may be created with police support
 - C) The information will help to effectively assess the community
 - D) It will help the nurse create a controlled clinical environment

Ans: C

Feedback:

It is necessary to consider the history, demographics, ethnicity, and values and beliefs of the entire community because these factors can be used as part of a systems approach by teams to effectively assess a community. Although interventions such as a homeless shelter and a neighborhood watch may result from this study of the community, the primary purpose of the study is to inform the assessment of the community, which will in turn lead to appropriate interventions. The purpose of considering these influences is not to create a controlled clinical environment.

Origin: Chapter 11- Community Assessment, 12

12. The community health nurse learns that there are statistically high levels of obesity and elevated cholesterol in the community. In addition, the community has a disproportionately high number of fast food restaurants, compared with surrounding communities. Which would be the most appropriate next step, based on these data?
- A) Gather support in the community to ban fast foods
 - B) Gather further information regarding trans fats
 - C) Target education and support programs
 - D) Create local exercise programs

Ans: C

Feedback:

Information such as that gathered in the scenario above is best used to help target education and support programs that can help members of populations obtain the information they need to make health promotion decisions. In addition, it helps ensure access to reasonably inexpensive screening and follow-up. The other answers do not thoroughly address the root causes of high cholesterol and obesity.

Origin: Chapter 11- Community Assessment, 13

13. The community health nurse explores pedestrian access to all healthcare facilities in the community. Which tool would be most helpful in performing this task?
- A) Geographic information systems
 - B) Functional health pattern
 - C) Epidemiologic model
 - D) Developmental model

Ans: A

Feedback:

A geographic information system (GIS) is a system of hardware and software used for storage, retrieval, mapping, and analysis of geographic data. Spatial features are stored in a coordinate system that refers to a particular place on the earth. The GIS tool assists in determining locations of disease incidence, characteristics of surrounding environments, locations of healthcare facilities, the geographic boundaries of the communities, and other essential community infrastructures. A functional health pattern is a systematic and deliberate approach to community assessment that involves evaluating the behavior patterns of community dwellers that occur sequentially over time. An epidemiologic model is a process used to assess a community using data collected from descriptions and statistical relationships to evaluate the level of health and well-being within a community and to address identified healthcare needs. A development model is a retrospective, historical analysis of system parameters such as the physical environment, education, safety and transportation, politics and government, health and social services, communication, economics, and recreation in a community.

Origin: Chapter 11- Community Assessment, 14

14. Which type of assessment considers a configuration of behaviors that occur sequentially over time?
- A) Asset-based assessment
 - B) Epidemiologic model
 - C) Collaborative model
 - D) Functional health pattern

Ans: D

Feedback:

Functional health pattern (FHP) assessment may be used for individual, family, or community assessment. It involves a systematic and deliberate format and considers a configuration of behaviors that occur sequentially over time. Understanding community patterns provides insight into how groups respond to problems and take action. A key factor of the asset-based assessment model is building coalitions and active partnerships with the community during the assessment phase. Collaboration with community members shifts the focus from dependency on experts to empowerment of all, working together toward a goal. An epidemiologic model is a process used to assess a community using data collected from descriptions and statistical relationships to evaluate the level of health and well-being within a community and to address identified healthcare needs. A collaborative model of assessment involves nurses, social workers, and other public health experts working with each other and with community residents to assess the community in an interdisciplinary manner.

Origin: Chapter 11- Community Assessment, 15

15. The nurse assesses a community undergoing change. Five years ago, a series of setbacks caused the local foundry to close. Through interviews, the nurse discovers that generations of families worked at the foundry. Research indicates that no other businesses have been able to provide work for those who no longer work at the foundry. Developmental data gathered through this research into the community's history will help the nurse: (Select all that apply.)
- A) Determine what resources were available before the foundry closed
 - B) Determine what variables may have enhanced or detracted from community development
 - C) Develop an understanding of the community's strengths and resources today
 - D) Understand cultural changes within the community over time
 - E) Identify where in the community health clinics are most needed

Ans: A, B, D

Feedback:

Both historical informants and mined data (i.e., data that are examined through extensive and rigorous searches) can help describe the cultural changes within a community or aggregate over time to inform the future. In this way, developmental data are obtained and then compared to determine what variables may have enhanced or detracted from development and what resources were available at the time. Historical research would not help you develop an understanding of the community's strengths and resources today; an assets-based approach would help you do that. Historical research would also not help you identify where in the community health clinics are most needed; a windshield survey or use of geographic information systems would help you do that.

Origin: Chapter 11- Community Assessment, 16

16. The community is concerned about public safety and the care of their elders living at home. When the nurse assesses the community, the nurse finds there is potential to solve their problems within the community setting without outside resources. The plans to meet the community needs are accepted by the members of the community. Which action has been most successfully demonstrated in your assessment of this community?
- A) Make the assessment process empowering to the community
 - B) Assess the community through interview and share findings in a timely manner
 - C) Involve the community when there is difficulty with the assessment
 - D) Create an environment of change within the community

Ans: A

Feedback:

When attention is directed to community strengths and resources, better relationships can be developed between all those working on the assessment, especially when the community is part of the process. Working relationships are enhanced when community members realize that the assessment process has the potential to be an empowering experience; the strengths and positive aspects of the community are measured in conjunction with what is needed or not actualized. There is no evidence of interviewing or creating change within the community in the scenario. There is also no evidence that there was any difficulty with the assessment.

Origin: Chapter 11- Community Assessment, 17

17. When the community collaborates in a plan to create services and education to enhance their health and well-being, the plan is most likely to:
- A) Create an environment that fosters change
 - B) Have an increased rate of success
 - C) Empower the community but diminish the rate of success
 - D) Shift the focus from dependency to empowerment

Ans: D

Feedback:

Collaborating with community members shifts the focus from dependency on experts to empowerment of all together working toward a goal. Using an assets model requires taking a different philosophic approach to the assessment process. Interaction with the community is the primary approach. Although this approach may also help create an environment that fosters change and leads to an increased rate of success, the most likely result is the focus shifting from dependency to empowerment. It is not likely that the approach would empower the community but diminish the rate of success.

Origin: Chapter 11- Community Assessment, 18

18. The community health nurse works in a community recently devastated by a tornado. Many of the survivors are cared for in their homes. Care is needed for those who are ill, recovering, or in hospice. To provide the most holistic and effective care to the community, the nurse should:
- A) Refer the clients to an outreach center
 - B) Consult with the hospice nurse and the social worker
 - C) Provide care according to the physician's orders
 - D) Collaborate with other health care workers and the clients

Ans: D

Feedback:

Beyond interdisciplinary expert collaboration, another approach used in community assessment is the collaboration between experts and those with health concerns. For members of a population to have an active voice and part in identifying issues and making decisions about what is needed, community health nurses need to engage participants with a “we can do it together” approach rather than a “we/they” approach.

Origin: Chapter 11- Community Assessment, 19

19. Following a hurricane, the disaster team chooses to use a collaborative model to assess the needs of the community. Each team member is given a community analysis and assigned the task to create a tentative plan of action. Why would the use of a collaborative model hamper the progress of the assessment and plan in a disaster? (Select all that apply.)
- A) Individual decision-making creates bias.
 - B) Assessment is time-consuming.
 - C) Approach to problem solving is linear.
 - D) Approaches must be preestablished.
 - E) Collaboration is limited.

Ans: B, D

Feedback:

The collaborative model has distinct drawbacks. This form of assessment is time-consuming and logistical, and systematic approaches must be preestablished to maintain clarity in the approach for all those involved. The collaborative model is characterized by a group decision-making process, not an individual one. Problem solving would be multidisciplinary and simultaneous, not linear. Collaboration would be enhanced, not limited.

Origin: Chapter 11- Community Assessment, 20

20. The nurse is approached by the health department to investigate and assess the rise in developmental disabilities in an isolated section in the community. To begin the assessment, the nurse should gather objective data from which source?
- A) Client interview—aggregate data
 - B) Internet—aggregate data
 - C) Internet—Wikipedia
 - D) Direct observation of the area

Ans: B

Feedback:

By exploring data available on the Internet, community health nurses can not only describe trends but also identify resources that address the trends and determine where gaps may exist. The aggregate data from these resources include local demographics, such as death rates, causes of death, marital status, gender, age, ethnicity, and density of the population. Depending on the purpose of the community assessment, records in health facilities may be examined. Client interviews and direct observation of the area would render subjective data, not objective. Wikipedia is not an authoritative source.

Origin: Chapter 11- Community Assessment, 21

21. Which rationales are appropriate for performing community assessments in the school setting? (Select all that apply.)
- A) To learn about an outbreak of lice
 - B) To assess effectiveness of children with type I diabetes managing insulin shots at school
 - C) To stage a student's brain tumor
 - D) To assess students for food allergies
 - E) To provide education on preventing the spread of influenza

Ans: A, B, E

Feedback:

Appropriate rationales for performing community assessments in the school setting include the following: to learn about the outbreak of specific communicable infectious disease (lice); to learn about healthcare practices associated with a specific chronic disease (asthma); and to learn how best to protect children and adolescents, as well as their families, from the spread of infectious disease in a school setting. The staging of a brain tumor would not be appropriate for a community assessment and should be performed by a specialist in a provider's office or in a hospital. Assessing students for food allergies would also not be an appropriate community assessment as it does not pose an immediate threat to the health of the public, is not infectious, and is not communicable.

Origin: Chapter 12- Care Management, Case management, 1

1. The nurse discusses home care options with an 85-year-old client who recently fractured her humerus in a fall in her house. She is recovering well now but says the experience has made her see that it is time for her to change her living arrangements. The client can still bathe herself and cook meals on occasion but says she would like to live where nursing care is available onsite and where communal dining and recreation options are offered. Which of the following living arrangements could the nurse recommend?
 - A) Assisted living facility
 - B) Independent living in a senior living facility
 - C) Nursing home
 - D) Apartment located near a hospital

Ans: A

Feedback:

Assisted living is a type of community-based care that combines quasi-independent living with the availability of nursing care onsite and through home care visits. It is generally a level of care for people who cannot live on their own, but are not yet ready for a nursing home. This type of living arrangement is different from living independently in one's own apartment, such as living in a senior living facility, in that many activities are provided communally (e.g., eating, recreation) and there is an organized effort to create a “caring community” where residents' needs are supervised and met.

Origin: Chapter 12- Care Management, Case management, 2

2. A community care nurse at a healthcare agency assists in coordinating a plan for providing health services in the most cost-effective way possible to a large number of members living in the region. This work is known as:
 - A) Case management
 - B) Home healthcare
 - C) Interdisciplinary collaboration
 - D) Care management

Ans: D

Feedback:

Care management is the coordination of a plan or process to bring health services together as a common whole in a cost-effective way. Case management is the development and coordination of care for a selected client and family. Home healthcare is a provision of healthcare that occurs in the setting clients consider their home. Interdisciplinary collaboration is the sharing of evidenced-based practice and skills as an integration strategy with clients and families in homes and other healthcare settings.

Origin: Chapter 12- Care Management, Case management, 3

3. The case manager works with a client who has type 2 diabetes and heart disease. In this role, which actions should the nurse take in managing the client's diseases? (Select all that apply.)
- A) Provide weekly coaching sessions by telephone for blood glucose management.
 - B) Supervise cardiac stress tests in the exercise room of the local hospital.
 - C) Administer emergency insulin when the client arrives at the hospital in a diabetic coma.
 - D) Demonstrate use of a glucose meter to the client.
 - E) Review heart-healthy and diabetic-friendly food options with the client and his family.

Ans: A, D, E

Feedback:

Disease management often focuses on chronic illness such as heart disease, heart failure, diabetes, pulmonary disease, urinary incontinence, and asthma. In disease management programs, in addition to medications, there is strong emphasis on the use of telephone coaching, Internet resources, and intensive client and family teaching to advance self-care and adherence to wellness care. Recently, to help clients and families manage their health problems in an effective and efficient manner, there has been an effort to bundle disease states together in light of many comorbidity patterns. Supervising a cardiac stress test and administering emergency glucose are clinical interventions that go beyond basic disease management.

Origin: Chapter 12- Care Management, Case management, 4

4. The case manager works with a 10-year-old girl who has asthma. Because the client's family has trouble affording inhalers, the case manager researches client assistance programs through which they could receive free medications. This aspect of case management is known as:
- A) Care management
 - B) Advocacy
 - C) Disease management
 - D) Interdisciplinary collaboration

Ans: B

Feedback:

Advocacy is always moving the needs of clients, families, and communities to a point of awareness that will advance change and increase quality of a life and experience. Care management is the coordination of a plan or process to bring health services together as a common whole in a cost-effective way. Disease management is a system of coordinated healthcare interventions and communications for groups of people with conditions in which client self-care efforts are significant. Disease management emphasizes prevention at the secondary and tertiary level using evidence-based practice guidelines. Interdisciplinary collaboration is sharing of evidence-based practice and skills by several disciplines as an integration strategy with clients and families in homes and other healthcare settings.

Origin: Chapter 12- Care Management, Case management, 5

5. The case manager for a 12-year-old boy who is obese and prediabetic. To help the client develop a diet that will promote weight loss and control of his glucose level, the case manager decides to consult with a dietitian, who provides several current journal articles that present findings on various diets. This aspect of case management is known as:
- A) Care management
 - B) Advocacy
 - C) Disease management
 - D) Interdisciplinary collaboration

Ans: D

Feedback:

Interdisciplinary collaboration is sharing of evidence-based practice and skills by several disciplines as an integration strategy with clients and families in homes and other healthcare settings. Advocacy is always moving the needs of clients, families, and communities to a point of awareness that will advance change and increase quality of a life and experience. Care management is the coordination of a plan or process to bring health services together as a common whole in a cost-effective way. Disease management is a system of coordinated healthcare interventions and communications for groups of people with conditions in which client self-care efforts are significant. Disease management emphasizes prevention at the secondary and tertiary level using evidence-based practice guidelines.

Origin: Chapter 12- Care Management, Case management, 6

6. A student is considering becoming a home health nurse. In researching this type of nursing, the student finds that several key factors have played a part in the development of home healthcare as it is today? These include: (Select all that apply.)
- A) Increase in the number of hospitals nationwide
 - B) Reduction in the incidence of chronic diseases
 - C) Development of health insurance
 - D) Rising costs in healthcare
 - E) Increase in medical and nursing specialization

Ans: C, D, E

Feedback:

The development of health insurance, rising costs in healthcare in general, and medical and nursing specialization all have played a part in the development of home healthcare as it is today. Hospitals have not increased in number nationwide in recent years and the incidence of chronic diseases has increased, not decreased.

Origin: Chapter 12- Care Management, Case management, 7

7. The nurse has recently been appointed to a community-based advisory board of an agency that is interested in providing fiscally sound, high-quality care for clients they decide will be their service population. Any profit margin that is acquired is reinvested in the operations of the home healthcare service. Which type of agency is this?
- A) Private/voluntary
 - B) Hospital based
 - C) Proprietary
 - D) Official

Ans: A

Feedback:

Voluntary agencies are generally established as not-for-profit entities, although they operate with the same fiscal objectives as “for-profit agencies.” A hospital-based agency is a home health agency that is not freestanding in the community but is one of many specialty services offered at a hospital setting. A proprietary agency is a home health agency that is motivated by a for-profit philosophy. Official agencies are supported by public monies that often come from taxes. The public monies can come from local, state, or federal governments.

Origin: Chapter 12- Care Management, Case management, 8

8. The nurse recently took a position in a national chain of home healthcare agencies directed at caring for clients who are on home hemodialysis. The services provided are often paid for privately by families, and any profit margin is used to benefit the owner of the agency. Which type of agency is this?
- A) Private/voluntary
 - B) Hospital based
 - C) Proprietary
 - D) Official

Ans: C

Feedback:

A proprietary agency is a private agency that plans to and wants to make a profit. It can be part of a local, national, or international chain of home healthcare agencies directed toward any group of clients with particular healthcare problems or challenges. A voluntary agency is generally established as a not-for-profit entity, although it operates with the same fiscal objectives as “for-profit agencies.” A hospital-based agency is a home health agency that is not freestanding in the community but is one of many specialty services offered at a hospital setting. Official agencies are supported by public monies that often come from taxes. The public monies can come from local, state, or federal governments.

Origin: Chapter 12- Care Management, Case management, 9

9. Which type of agency can be either profit or nonprofit?

- A) Private/voluntary
- B) Hospital based
- C) Proprietary
- D) Official

Ans: B

Feedback:

A hospital-based agency is a home health agency that is not freestanding in the community but is one of many specialty services offered at a hospital setting. It can be for profit or nonprofit depending on the philosophy of the hospital. Voluntary agencies are generally established as not-for-profit entities, although they operate with the same fiscal objectives as “for-profit agencies.” A proprietary agency is a home health agency that is motivated by a for-profit philosophy. Official agencies are supported by public monies that often come from taxes. The public monies can come from local, state, or federal governments.

Origin: Chapter 12- Care Management, Case management, 10

10. The nurse takes care of a dependent family member whose husband is in the military. Which government funding is most likely going to be used for home healthcare services for this client?

- A) Medicare
- B) Medicaid
- C) TRICARE
- D) Veterans Administration

Ans: C

Feedback:

Government funding for home healthcare includes Medicare (federal), Medicaid (state), TRICARE (federal funds for military personnel and their dependents), and the Veterans Administration (federal funds for those who are currently serving or have served in the armed services of the United States).

Origin: Chapter 12- Care Management, Case management, 11

11. Who primarily regulates the provisions of home healthcare? (Select all that apply.)

- A) Insurance companies
- B) Local government
- C) State government
- D) Federal government

Ans: C, D

Feedback:

Home healthcare is regulated by the state and federal government. Insurance companies generally align themselves with the regulations stipulated by these governments.

Origin: Chapter 12- Care Management, Case management, 12

12. Which criteria must an individual meet to receive Medicare for home health services? (Select all that apply.)
- A) Home bound
 - B) Specific plan of care
 - C) Skilled healthcare needs
 - D) Intermittent care needs
 - E) Continuous 24-hour necessity for care

Ans: A, B, C, D

Feedback:

Medicare has the following criteria for eligibility: (1) home bound, (2) a plan of care, (3) skilled needs, (4) intermittent care needs, and (5) necessity.

Origin: Chapter 12- Care Management, Case management, 13

13. The nurse provides care covered by Medicare for a client over 2 hours during the day, 3 days during the week, for 60 days. Which type of care is the nurse providing?
- A) Interdisciplinary
 - B) Skilled
 - C) Intermittent
 - D) Part-time

Ans: C

Feedback:

Intermittent care refers to a situation in which skilled care is usually provided over several hours during the day, several days during the week, for a specified time period. Interdisciplinary care is that provided by several disciplines as an integration strategy with clients and families in homes and other healthcare settings. Skilled care involves the professional abilities of a registered nurse or her/his supervised designee. Necessity means that the service given by a home care agency is reasonable based on the status of the client.

Origin: Chapter 12- Care Management, Case management, 14

14. The client wants to know how long Medicare will pay for skilled needs. How long can the nurse continue to provide this care before she must seek a renewal if skilled needs continue to exist?
- A) 30 days
 - B) 45 days
 - C) 60 days
 - D) 90 days

Ans: C

Feedback:

Medicare requires the specified time period to be 60 days with appropriate renewals if skilled needs continue to exist.

Origin: Chapter 12- Care Management, Case management, 15

15. The nurse reviews the official document called the Scope and Standards of Home Health Nursing Practice. Using knowledge about the document providing guidelines for nurses involved in home healthcare practice, which are included in the standards of care? (Select all that apply.)
- A) Assessment by collecting data about home care clients
 - B) Implementation of nurse-centered actions in collaboration with physicians
 - C) Diagnosis through the analysis of data
 - D) Outcome identification that helps identify nurse-sensitive measures
 - E) Planning nurse-sensitive interventions directed at the identified outcomes

Ans: A, C, D, E

Feedback:

The standards of care include the following key elements of the nursing process: (1) assessment by collecting data about home care clients; (2) diagnosis through the analysis of these data; (3) outcome identification that helps home care nurses identify nurse-sensitive measures; (4) planning in the form of nurse-sensitive interventions directed at the identified outcomes; and (5) implementation of nurse-centered actions in collaboration with clients and families, not with physicians.

Origin: Chapter 12- Care Management, Case management, 16

16. What services is telehealth used to deliver? (Select all that apply.)
- A) Chronic care and specialty consultations
 - B) Home telenursing
 - C) Electronic referrals to specialists in expert health facilities
 - D) Transmission of healthcare information to people in the same geographical area

Ans: B, C

Feedback:

Telehealth is a form of electronic communication used to deliver (1) acute (not chronic) care and specialty consultations, (2) home telenursing, and (3) electronic referrals to specialists in expert health facilities. According to Thede, it involves “using electronic communications for transmitting healthcare information such as health promotion, disease prevention, professional or lay education, diagnosis, or actual treatment to people located at a different geographical area.”

Origin: Chapter 12- Care Management, Case management, 17

17. Using knowledge of the parish or faith community nurse, which interventions are likely to perform on the basis of the key roles of this type of nurse? (Select all that apply.)
- A) Teaching a class to faith community members on managing high blood pressure
 - B) Providing counsel on preventing upper respiratory illness to member
 - C) Referring a faith community member to a nutritionist for dietary counsel
 - D) Assisting an obstetrician in the birth of a faith community member's child
 - E) Administering vaccinations at a local health clinic

Ans: A, B, C

Feedback:

The seminal work of Westberg identified seven key roles of the parish or faith community nurse: (1) health educator, (2) personal health counselor, (3) referral agent, (4) coordinator of volunteers, (5) developer of supportive groups, (6) integrator of faith and health, and (7) health advocate. A faith community nurse would not likely assist an obstetrician with a birth or administer vaccinations at a local health clinic.

Origin: Chapter 12- Care Management, Case management, 18

18. The home care agency has just received a client referral from a physician and assigned the case. Within how many hours from receiving the referral should the nurse plan to make the initial visit to this client, on the basis of typical agency policy?
- A) 12 hours
 - B) 24 hours
 - C) 36 hours
 - D) 48 hours

Ans: B

Feedback:

Generally, home care agencies make sure that an initial visit is made within 24 hours after receiving a referral.

Origin: Chapter 12- Care Management, Case management, 19

19. The community health nurse can receive a referral to a home health agency at any time. Which phases are included in a home visit? (Select all that apply.)
- A) Plan personal safety of visit
 - B) Initiating a visit
 - C) Preparation
 - D) Actual visit
 - E) Termination of the visit

Ans: B, C, D, E

Feedback:

There are five phases to a home visit: (1) initiating the visit, (2) preparation, (3) the actual visit, (4) termination of the visit, and (5) postvisit planning.

Origin: Chapter 12- Care Management, Case management, 20

20. The home health nurse has to ensure that a safety plan is in place to address falls. Using knowledge that 55% of fall-related injuries occur with falls inside the home, a total of more than 60% of these falls occur in which two rooms?
- A) Living room and hallway
 - B) Kitchen and bathroom
 - C) Hallway and bedroom
 - D) Living room and bedroom

Ans: D

Feedback:

The most common rooms where people fall include the living room (31%), bedroom (30%), kitchen (19%), bathroom (13%), and hallway (10%).

Origin: Chapter 12- Care Management, Case management, 21

21. The nurse works with 68-year-old client who is having great difficulty managing his blood glucose level. The nurse finds that the client is not following the diet that he had agreed to follow and is eating portions that are far too large. He apologizes and explains that he is grieving the loss of his wife, who died 2 weeks ago. The nurse shares condolences with him on his loss and explain that it is perfectly understandable to have trouble following a new diet while grieving. In this scenario, the nurse is using which principal approach in motivational interviewing?
- A) Expressing empathy
 - B) Supporting self-efficacy
 - C) Rolling with resistance
 - D) Finding a discrepancy

Ans: A

Feedback:

Empathy is an approach to clients that involves trying to see clients' lives through their own lens and trying to think about their experiences as they would think about them. Self-efficacy is the belief on the part of the client that change is possible. In motivational interviewing, the home care nurse does not fight client resistance but "rolls with it." Home care nurses also work to develop opportunities for clients to discover discrepancies between their current behavior and what they want to accomplish through changed behaviors.

Origin: Chapter 13- Family Assessment, 1

1. The case manager for two families with children who have type 2 diabetes is struck by the differences between the families. In one family, the parents are intentional about providing fruits and vegetables for their child to eat, regularly remind him to check his blood glucose level, and make sure that he engages in some sort of outdoor activity every afternoon. In the other family, the kitchen is stocked primarily with potato chips and processed snack foods, the child does not monitor her glucose level consistently, and she spends her afternoons texting or watching videos on the sofa. By this comparison, the case manager realizes how critical the family is in forming the attitude the child has toward caring for his or her own health. Which grand nursing theory does this experience best illustrate?
A) Science of Unitary Beings
B) Health as Expanding Consciousness
C) Roy Adaptation Model
D) Self-care Agency

Ans: D

Feedback:

In the Self-care Agency theory, family is the foundation for self-care and a setting for care. In the Science of Unitary Beings theory, family represents a group energy field and is part of an individual's environment, along with individual patterns. In the Health as Expanding Consciousness theory, families are environments that are active, constantly interacting, and evolving. In the Roy Adaptation Model, roles and relationships within the family are part of family functioning and adaptation.

Origin: Chapter 13- Family Assessment, 2

2. During a home visit of a client with high blood pressure with whom the nurse has developed a strong therapeutic relationship, the nurse learns that the client keeps a large salt shaker near the stove and heavily salts whatever he is cooking. He also keeps a salt shaker on the dinner table and adds more salt when eating. The nurse suggests removing the salt shaker near the stove and only lightly salting food when eating as a way to help reduce the client's sodium intake. This intervention would most likely achieve the goals for assessment associated with which nursing theory?

- A) Science of Unitary Beings
- B) Health as Expanding Consciousness
- C) Roy Adaptation Model
- D) Self-care Agency

Ans: B

Feedback:

The nursing goals for assessment for the theory of Health as Expanding Consciousness are to develop a therapeutic relationship with the family that helps them identify areas for change and to build a story with the family as a means to change a pattern. The nursing goals for assessment for the theory of Science of Unitary Beings are to identify family patterns, which enable nurses to gain understanding and appreciation for the family, and to partner with families to make changes and define outcomes. The nursing goals for assessment for the theory of Roy Adaptation Model are to identify basic health needs and the key roles and relationships within the family and to determine how different stimuli affect the family's ability to adapt to change. The nursing goals for assessment for the theory of Self-care Agency are to identify roles and relationships within the family and to determine the family's ability to respond to critical situations and support each other.

Origin: Chapter 13- Family Assessment, 3

3. There are several approaches to family assessment that use particular concepts that nurses typically encounter in practice. These models provide an organized framework with which to conduct a family assessment. Which is the aim of the family assessment in the Life Span Development approach?
- A) To identify family routines and rituals that could influence family health
 - B) To identify family health practices within a social and historical context
 - C) To assess health patterns in 11 areas of family health
 - D) To engage the family as a way to identify its strengths, with attention to family dynamics and concerns related to health and illness

Ans: B

Feedback:

The aim of family assessment in the Life Span Development approach is to identify family health practices within a social and historical context. The aim of family assessment in the Rituals and Routines approach is to identify family routines and rituals that could influence family health. The aim of family assessment in the Functional Health Patterns approach is to assess health patterns in 11 areas of family health. The aim of family assessment in the Family Systems approach is to engage the family as a way to identify its strengths, with attention to family dynamics and concerns related to health and illness.

Origin: Chapter 13- Family Assessment, 4

4. The community health nurse has limited time for family assessments because of demanding caseloads or staffing shortages. Using your knowledge that focused family interviews of 15 minutes or less can yield a wealth of information, which is an example of an activity that will acknowledge the family's strengths?
- A) Ask family members if they see an area that could be changed
 - B) Allow everyone present to voice observations, insights, or concerns before offering how they could change the situation
 - C) Share any genograms and ecomaps that illustrate relationships with family members
 - D) Collaborate with the family to set priorities, plan care, and evaluate goals

Ans: C

Feedback:

Acknowledge the family's strengths by sharing any genograms and ecomaps that illustrate relationships with family members. Avoid offering advice prematurely by allowing everyone present to voice observations, insights, or concerns before offering how they could change the situation and asking family members if they see an area that could be changed. Plan goals and outcomes with the family by collaborating with the family to set priorities, plan care, and evaluate goals.

Origin: Chapter 13- Family Assessment, 5

5. The community health nurse is reviewing guidelines for the 15-minute assessment to keep the interview focused and family centered. Which questions and considerations for the family assessment can be asked for the question “Who is part of the family?” (Select all that apply.)
- A) What is the nature of individuals' connections to one another?
 - B) Does the individual live alone or have no living family members?
 - C) What influences from the family of origin are present in daily life?
 - D) Do members speak independently or is an interpreter present?
 - E) What observations can be made about the interpersonal dynamics between members?

Ans: A, B, C

Feedback:

Questions to consider for “Who is part of the family?” include the following: What is the nature of individuals' connections to one another? Does the individual live alone or have no living family members? What influences from the family of origin are present in daily life? Questions to consider for “Who is the informant?” are as follows: Do members speak independently or is an interpreter present? and What observations can be made about the interpersonal dynamics between members?

Origin: Chapter 13- Family Assessment, 6

6. The community health nurse is assessing stressful life events in a family. Which exemplifies a life event related to illness and family care strains?
- A) A history of police reports of a 23-year-old man's hitting his girlfriend
 - B) A couple in their 40s divorcing
 - C) A 63-year-old woman's sense of responsibility as the oldest among her siblings for taking care of her chronically ill parents
 - D) A 35-year-old woman not speaking to her sister for 5 years after not being invited to her wedding

Ans: C

Feedback:

An example of illness and family care strains is the responsibility an oldest sibling feels to care for chronically ill parents. An example of family legal violations is domestic violence or child abuse. An example of marital strain is divorce or decreased sexual intimacy. An example of intrafamily strains is a family feud in which two sisters refuse to speak to each other.

Origin: Chapter 13- Family Assessment, 7

7. Which exemplifies a nuclear family?

- A) First-degree relatives who live together
- B) First- and second-degree relatives who live together
- C) First- and second-degree relatives who live in the same neighborhood
- D) Individuals who are not blood relatives but share a common locale of origin or culture

Ans: A

Feedback:

Nuclear families consist of first-degree relatives—that is, two generations—who live together. Commonly, the two generations include parents and children. Extended families include both first- and second-degree relatives and can include grandparents, aunts, uncles, and cousins. Traditional definitions of extended family indicate that the family share a dwelling, but members can live in the same neighborhood or in relatively close proximity to one another. The time that an extended family spends together depends not only on geographic closeness to one another but also on family customs. Extended family can also include persons who are not blood relatives, but who share a common locale of origin or culture.

Origin: Chapter 13- Family Assessment, 8

8. Reasons blended families are becoming more widespread include an increase in the number of: (Select all that apply.)

- A) People who remarry following a divorce
- B) People who remain single after being widowed
- C) Recognized gay and lesbian relationships
- D) Married couples having children
- E) Couples cohabiting with children from prior relationships

Ans: A, C, E

Feedback:

Blended families form when two partners cohabit or marry and live with children from a previous relationship or relationships. This type of family has become widespread as more divorced or widowed people marry and more gay and lesbian relationships become recognized.

Origin: Chapter 13- Family Assessment, 9

9. The community health nurse is using a genogram to aid in the family assessment. What aspect of family connections and relationships is included in the genogram?
- A) Influence of other systems on families
 - B) Influence of groups on families
 - C) Family relationships and their vital connections
 - D) Relationships across two or more generations

Ans: D

Feedback:

Genograms are diagrams that show relationships across two or more generations. Ecomaps outline the influence that other systems or groups have on families. They illustrate family relationships and show vital connections, which can include religious, work, cultural, or social groups.

Origin: Chapter 13- Family Assessment, 10

10. Which best describes the function of the grand nursing theory in nursing practice?
- A) Presents a systematic view of related statements to describe, explain, predict, or prescribe a phenomenon of interest
 - B) Relates human experience to nursing practice and nursing care
 - C) Assesses health patterns in 11 areas of family health
 - D) Engages the family as a way to identify its strengths with attention to family dynamics and concerns related to health and illness

Ans: B

Feedback:

In nursing practice, grand nursing theory relates human experience to nursing practice and nursing care. Theory presents a systematic view of related statements to describe, explain, predict, or prescribe a phenomenon of interest. Functional Health Patterns is an approach to family assessment that has as its goal to assess health patterns in 11 areas of family health. Family Systems is an approach to family assessment that has as its goal to engage the family as a way to identify its strengths with attention to family dynamics and concerns related to health and illness.

Origin: Chapter 13- Family Assessment, 11

11. The nurse is conducting a 15-minute interview with a family. On the basis of the five leading principles for interviewing, appropriate actions for the nurse to take include: (Select all that apply.)
- A) Having family members share their family history with you, going back several generations
 - B) Listening actively as the family members speak
 - C) Constructing an ecomap of the family
 - D) Asking family members to prioritize their needs and to express their expectations regarding nursing care
 - E) Pointing out the strong relationships they enjoy in their family and explaining how they will help them cope with the health issue of concern

Ans: B, C, D, E

Feedback:

Five leading principles that maximize information gleaned in a 15-minute family interview include the following: use of manners (introducing yourself), use of therapeutic conversation (using active listening), use of ecomaps and genograms, use of therapeutic questions (asking members to discuss their needs and expectations), and acknowledgment of family strengths. Having family members share their family history in detail would not be appropriate, as you do not have the time for that.

Origin: Chapter 13- Family Assessment, 12

12. In a 15-minute family interview, after asking a question, the nurse pauses and remains silent while the grandmother, whose English is limited, replies to the question. The nurse makes eye contact with her and nods while she talks. When she is finished, the nurse asks a few follow-up questions. Which principle to maximize information during an interview is demonstrated in this behavior?
- A) Manners
 - B) Use of therapeutic conversation
 - C) Use of therapeutic questions
 - D) Acknowledgment of family strengths

Ans: B

Feedback:

When time is limited, purposeful and focused conversation, known as therapeutic conversation, can help build a relationship. Nurses validate family concerns with their active listening. Use of manners and common courtesies such as the nurse introducing himself or herself to the family indicates a desire to connect with the family and to instill trust in family members. Asking family members therapeutic questions helps them not only to identify their expectations about nursing care but also to assign priorities to their needs. Acknowledgment of family strengths leads the family to view their situation differently and makes them more likely to move toward more effective problem solving.

Origin: Chapter 13- Family Assessment, 13

13. The nurse investigates a family's health routines and rituals as part of the overall family assessment. Which exemplify family health routines? (Select all that apply.)
- A) Siblings all brushing their teeth together before bed every night
 - B) Parents taking their 9-month-old child to the health clinic when he has a fever
 - C) Entering a 5K run/walk charity event each year as a family
 - D) Taking a walk together around the neighborhood after dinner each evening
 - E) The mother having a mammogram performed every year

Ans: A, D

Feedback:

Routines are observable, repetitive patterns that involve two or more family members. These patterns are repetitive and predictable. Rituals, on the other hand, are more formal, repetitive patterns that strengthen family self-image or identity. Six categories of family health routines are as follows: self-care; safety and precaution; mental health behaviors; family care; illness care; and member care giving. Siblings brushing their teeth together before going to bed every night and the family taking a walk together each evening are examples of family health routines. Taking a child in for a sick visit is not a routine because it is not repetitive or predictable. Entering a 5K as a family each year is more of a ritual than a routine. The mother having a mammogram every year is not a family routine because she does it by herself.

Origin: Chapter 13- Family Assessment, 14

14. Which exemplifies cultural diversity?
- A) People from South Korea, Brazil, and Nigeria all living in the same apartment complex
 - B) A town in which everyone speaks Spanish, is originally from the same region in Mexico, and prepares similar types of food
 - C) A university where all of the professors share the same political views
 - D) A workplace in which accountants, lawyers, marketing executives, information technologists, and maintenance workers are all employed

Ans: A

Feedback:

A culture is a social group that shares ethnic origins, language, and characteristic features of everyday life, such as the town in which everyone speaks Spanish. Culture also refers to a group of people who share attitudes, values, goals, and practices, such as the university with professors who all share the same political views. Diversity is a range or variety of differences, such as the workplace that employs people of various occupations. More recently, the term cultural diversity has come into use to describe people of different racial or ethnic backgrounds in society, such as the apartment complex with residents from several different countries.

Origin: Chapter 13- Family Assessment, 15

15. In comparison with other generations, members of generation X:
- A) Respect authority, but want recognition for their individual contributions
 - B) Are likely to multitask and have more than one career in their lifetimes
 - C) Prefer authoritarian leadership and direct personal interaction with superiors and others
 - D) Are goal oriented and focused people who desire guidance

Ans: B

Feedback:

People of the war generation were used to authoritarian leadership and direct personal interaction with superiors and others. “Baby boomers” respected authority, but wanted recognition for their individual contributions. People who were born between 1965 and 1983 are known as generation X (Gen X) and are likely to want more flexibility in their lifestyles. Whereas their parents were goal-oriented and focused, people in Gen X are more likely to multitask and have more than one career in their lifetimes. People born between 1984 and 2002 are known as generation Y and also want flexibility in life like their Gen X counterparts, but with guidance.

Origin: Chapter 13- Family Assessment, 16

16. Which are included in the five types of health risk factors that affect families? (Select all that apply.)
- A) Genetics
 - B) Age
 - C) Intelligence
 - D) Personal health habits and lifestyle
 - E) Environment

Ans: A, B, D, E

Feedback:

The five types of risk relate to: (1) genetics; (2) age; (3) biological factors; (4) personal health habits/lifestyle; and (5) environment. Intelligence is not a health risk factor.

Origin: Chapter 13- Family Assessment, 17

17. The nurse is selecting a health appraisal related to alcoholism to assess health risk in a client. Which are examples of information that should be included in the appraisal? (Select all that apply.)
- A) Signs and symptoms of alcoholism
 - B) Recommended daily limit of alcoholic drinks consumed per day
 - C) Examples, such as frequently drinking an alcoholic beverage in the morning
 - D) Incidence rates of alcoholism in the United States
 - E) Information on local substance abuse programs

Ans: A, B, C, E

Feedback:

Appraisals often include information that identifies a common problem, specific criteria that confirm that the problem exists, tangible examples of the problem, and treatment recommendations. Incidence rates are often included in databases but would not be presented in a health appraisal.

Origin: Chapter 13- Family Assessment, 18

18. The nurse assesses a family in which the wife and mother has recently been diagnosed with breast cancer. Which factors will likely affect the family's response to the health risk that this diagnosis presents? (Select all that apply.)
- A) What the husband and wife learned about dealing with serious illness in their families of origin
 - B) Whether the family is covered by health insurance
 - C) How the children tend to cope with stressful situations
 - D) The response of fellow members of the family's mosque
 - E) The incidence rate of breast cancer in the family's community

Ans: A, B, C, D

Feedback:

Families approach the idea of health risk in many different ways depending on (1) what they have learned from their past experiences in their family of origin; (2) economic circumstances, especially healthcare insurance coverage; (3) stress and coping styles; and (4) internal and external culture. The incidence rate of breast cancer in the family's community is not as likely to affect their response.

Origin: Chapter 13- Family Assessment, 19

19. Which are among the key categories of indicators of health presented in *Healthy People 2020*? (Select all that apply.)
- A) Physical activity
 - B) Exposure to allergens
 - C) Responsible sexual behavior
 - D) Tobacco use
 - E) Occupation

Ans: A, C, D

Feedback:

Healthy People 2020 include lists of determinants or indicators of health that can help families direct priorities to address their own health risks. These leading indicators of health relate to physical activity, obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to healthcare. Exposure to allergens and occupation are not key categories of leading indicators of health.

Origin: Chapter 13- Family Assessment, 20

20. A client is fearful of being infected with the Ebola virus. To which reliable source of family risk reduction information should this client turn?
- A) A report from the client's neighbor whose daughter was recently infected with the Ebola virus
 - B) Information the client's wife reported from a newspaper article about the Ebola virus that she read
 - C) Data from an Internet site that the client's daughter conveyed
 - D) A conversation the client has with his healthcare provider

Ans: D

Feedback:

Information the client gains from a conversation with his healthcare provider would be the most reliable, as the other sources are informal and secondhand. In informal settings, family members may receive inaccurate information about risk reduction, primarily because people interpret risk reports at their level of understanding (i.e., their own level of education or the level of information given). In fact, family members often hear ambiguous reports or interpretations about how someone became disabled or ill or died.

Origin: Chapter 13- Family Assessment, 21

21. The nurse assesses a 77-year-old woman who has been caring for her husband who has Alzheimer disease in their home for the past 8 years. The client complains of exhaustion and depression. Which stressors should the nurse most suspect as the cause of this client's symptoms?
- A) Marital strain
 - B) Caregiver burden
 - C) Spillover
 - D) Interfamily strain

Ans: D

Feedback:

Whether caring for an elder who is homebound or a child with a disability, caregiver burden has been well documented in the literature as a significant stressor on the family member who assumes primary responsibility for care. In most cultures, women (mothers, wives, sisters, daughters, or female in-laws) have assumed this role, usually by default. Caregiver burden is a significant issue for families because it can cause the development of physical or emotional illness in the caregiver over time. Marital strain is a term that describes how couples manage tensions and promote intimacy as opposed to create negativity (strain) in conflict resolution (Gottman, 1994). Defensiveness, criticism, contempt, and withdrawal erode trust in many relationships. Spillover describes the relationship between work and family—that is, requirements in different roles are similar, or fulfillment is sought in one role because of lack of gratification in others. Caregiver burden is considered intrafamily strain, which is the effect of stressors on families that make members less sensitive and loving to each other (not “interfamily strain”).

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 1

1. The nurse works with a female client who recently developed an infection of *Staphylococcus aureus* while in the hospital. In this case, *S. aureus* is which component in the chain of infection?
A) Host
B) Environmental reservoir
C) Agent
D) Portal

Ans: C

Feedback:

The agent, or the microbe that causes the disease, is the “what” of the epidemiologic triangle. The host, or the organism that is harboring the infectious agent, is the “who” of the triangle. The environment, which includes those external factors that cause or allow disease transmission, is the “where” of the triangle. Other necessary elements include a portal of exit from the host, environmental reservoirs, transmission, and a portal of entry to a new host.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 2

2. A student nurse asks if an infectious disease is the same thing as a communicable disease. The nurse explains that an infectious disease is not necessarily a communicable disease. Which must a communicable disease have that an infectious disease does not have to have? (Select all that apply.)
A) Pathogenic microorganism
B) Portal of exit from the infected person
C) Means of transmission
D) Portal of entry to a susceptible host
E) Organism that harbors the infectious agent

Ans: B, C, D

Feedback:

An infectious disease in a human host is one caused by the growth of pathogenic microorganisms in the body. For a disease to be communicable, or contagious, there must be a portal of exit from the infected person (or animal), a means of transmission, and a portal of entry to a susceptible host. Thus, an infectious disease need not be contagious, or communicable.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 3

3. Infectious agents are biological agents capable of producing an infection or infectious disease. Which are considered biological agents? (Select all that apply.)

- A) Fungi
- B) Fomites
- C) Bacteria
- D) Viruses
- E) Helminths

Ans: A, C, D, E

Feedback:

Infectious agents are biological agents capable of producing an infection or infectious disease and include bacteria, viruses, rickettsiae, fungi, protozoa, and helminths. Fomites are any substance that adheres to and transmits infectious materials. An infectious disease need not be contagious or communicable.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 4

4. In infectious disease epidemiology, just the presence of an infectious agent is not sufficient to produce an infectious disease. Which host factors determine whether a person is at risk for an infection or an infectious disease? (Select all that apply.)

- A) Age
- B) Sex
- C) Occupation
- D) Physical and emotional health
- E) Immune status

Ans: A, B, D, E

Feedback:

There are several host factors that determine whether a person is at risk for an infection or an infectious disease. These include age, sex, race, physical and emotional health, and immune status. Occupation is not a host factor.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 5

5. When an infectious agent enters the host and begins to multiply, an infection occurs. The time between exposure to an infectious agent and the manifestation of symptoms in the host is known as:

- A) Carrier time
- B) Colonization
- C) Incubation period
- D) Latent period

Ans: C

Feedback:

The time between exposure to an infectious agent and the manifestation of symptoms in the host is called the incubation period. Asymptomatic people are carriers of a virus and can transmit the virus to others through percutaneous inoculation, exposure to mucous membranes, and sexual contact. When an infectious agent is present and there are no clinical signs of disease, colonization with the infectious agent is said to have occurred, and the infected person is capable of transmitting the agent. The latent period is the stage of a disease during which symptoms are hidden.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 6

6. A client with tuberculosis sneezes in the waiting room and infects several other clients who are sitting on the other side of the room. Which mechanism of transmission is involved in this case?

- A) Airborne
- B) Droplet
- C) Direct contact
- D) Indirect contact

Ans: A

Feedback:

Airborne transmission occurs when microorganisms are carried in the air in small particles, called droplet nuclei, at distances that exceed a few feet. Droplet transmission theoretically is a form of contact transmission; the mechanism of transfer of the pathogen to the host is quite distinct from either direct or indirect transmission.

Therefore, droplet transmission is considered a separate route of transmission. Droplets are generated from the source person primarily during coughing, sneezing, or talking and are propelled a short distance (<3 feet) through the air and deposited on the conjunctivae, nasal mucosa, or mouth of another person. Direct contact occurs through direct body surface-to-body surface contact and physical transfer of microorganisms between a susceptible host and an infected or colonized person (or animal). Indirect contact involves contact of a susceptible host with a contaminated intermediate inanimate object, called a vehicle, such as a contaminated surgical instrument, needle, toy, soiled clothing, or bed linen.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 7

7. The student-nurse discusses transmission that involves contact of a susceptible host with a vehicle. Based on the chain of infection links, which exemplifies a vehicle?
- A) Animals
 - B) Insects
 - C) Reptiles
 - D) Water

Ans: D

Feedback:

Indirect contact involves contact of a susceptible host with a contaminated intermediate inanimate object, called a vehicle, such as a contaminated surgical instrument, needle, toy, soiled clothing, or bed linen. Vehicles also include food, water, and contaminated hands that are not washed. Indirect contact also includes vector transmission. Vectors are animal or insect carriers of infectious agents.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 8

8. Chloroquine-resistant malaria occurs in most of Africa, the Middle East, and Asia and all of the South Pacific islands. This type of disease occurrence is known as:
- A) Endemic
 - B) Epidemic
 - C) Pandemic
 - D) Outbreak

Ans: A

Feedback:

An endemic disease, infection, or infectious agent occurs when it becomes prevalent within a population or geographic area. An epidemic or outbreak refers to a significant increase in an infection or infectious disease beyond the expected (endemic) level in a certain population and/or geographic area. A pandemic is an epidemic that generally spreads worldwide. The use of “outbreak” in this text is synonymous with epidemic.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 9

9. Person, place, and time characterize the description of an epidemiologic problem. Using knowledge of outbreak investigations, which occurs with propagated outbreaks?
- A) Same person or vehicle as the reservoir or means of transmission
 - B) Infection transmitted from person to person over a short period of time
 - C) Generating secondary infections with intervals between peaks that approximate the usual incubation period for the infection
 - D) Generating tertiary infections following exposure to a primary case

Ans: C

Feedback:

A propagated outbreak is one where the infection is transmitted from person to person over a longer period of time than with a common source outbreak, and it can generate secondary infections with intervals between peaks that approximate the usual incubation period for the infection. A common source outbreak is one that has the same origin. Secondary infections are those that occur within the accepted incubation period following exposure to a primary case.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 10

10. Several levels of public health surveillance are necessary to protect the nation's health. At what level are healthcare providers and health facilities required to report certain infectious diseases?
- A) Local
 - B) State
 - C) Federal
 - D) International

Ans: B

Feedback:

Local reporting mechanisms are community specific. At the state level, healthcare providers and health facilities are required to report certain infectious diseases to state health departments. At the federal level, the Department of Health and Human Services (DHHS) is the US public health infrastructure that develops policies to protect the nation's health. The Centers for Disease Control and Prevention (CDC) also is a partner with the World Health Organization (WHO) through the Global Outbreak Alert and Response Network and the WHO Surveillance and Response system, which provide international epidemic alerts and responses.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 11

11. Which agency has an electronic surveillance system for the early notification of community-based epidemics?
- A) Department of Health and Human Services
 - B) Centers for Disease Control and Prevention
 - C) World Health Organization
 - D) Department of Defense

Ans: D

Feedback:

The Department of Defense (DoD) has an electronic surveillance system for the early notification of community-based epidemics (ESSENCE), which has been in operation since 2001 to detect infectious disease outbreaks. At the federal level, the Department of Health and Human Services (DHHS) is the U.S. public health infrastructure that develops policies to protect the nation's health. The Centers for Disease Control and Prevention (CDC) is a major DHHS agency that protects the nation's health by developing guidelines that promote health and quality of life by preventing and controlling disease, injury, and disability. The CDC is also a partner with the World Health Organization (WHO) through the Global Outbreak Alert and Response Network and the WHO Surveillance and Response system, which provide international epidemic alerts and responses.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 12

12. A client arrives on the unit, diagnosed with norovirus infection from eating shellfish. The client has been vomiting repeatedly and is now severely dehydrated. Which interventions are likely to be performed for this client? (Select all that apply.)
- A) Starting an intravenous line for fluid and electrolyte replacement
 - B) Encouraging the client and the client's family to practice good handwashing
 - C) Immediate disinfecting all potentially contaminated objects and surfaces
 - D) Isolating the client until 12 hours after the client has been symptom free
 - E) Administering a vaccination

Ans: A, B, C

Feedback:

Oral hydrating solutions should be given for attacks of norovirus, and in severe cases intravenous fluid and electrolyte replacement may be necessary. At the first signs of this acute gastroenteritis outbreak, good handwashing, thorough and immediate disinfection with appropriate solutions, and isolation of sick people until 72 hours, not 12 hours, after they are symptom free are critical. There is no vaccine currently for noroviruses.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 13

13. A client presents with severe diarrhea. The client tells the nurse that she went to a chicken roast at church the previous weekend. The nurse suspects a foodborne illness. Which cause of bacterial foodborne illness should the nurse most suspect in this case?
- A) *Campylobacter*
 - B) *Listeria monocytogenes*
 - C) *Salmonella*
 - D) *Escherichia coli* O157:H7

Ans: A

Feedback:

Campylobacter is the most common cause of bacterial foodborne illness in the United States, and it is an important cause of diarrheal illness throughout the world regardless of people's age. Consumption of contaminated poultry is the most common source of *Campylobacter* infection, although undercooked meats, ground beef, pork, cheese, eggs, shellfish, unpasteurized milk, and direct exposure to pets and farm animals have been implicated. Other infectious organisms that commonly cause foodborne illnesses include noroviruses, *Listeria monocytogenes*, nontyphoid *Salmonella*, and *E. coli* O157:H7.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 14

14. A client arrives at the clinic reporting diarrhea and flu-like symptoms. On questioning, the client tells the nurse about a family gathering she attended recently where she had some smoked seafood. Which foodborne illness should the nurse most suspect in this client?
- A) *Campylobacter*
 - B) *Listeria monocytogenes*
 - C) *Salmonella*
 - D) *Escherichia coli* O157:H7

Ans: B

Feedback:

Nurses and other healthcare providers should suspect listeriosis in high-risk clients with a recent history of eating delicatessen food, soft cheeses, or smoked seafood who become ill with diarrhea and/or flu-like symptoms. Other infectious organisms that commonly cause foodborne illnesses include noroviruses, *Listeria monocytogenes*, nontyphoid *Salmonella*, and *E. coli* O157:H7. *Campylobacter* is the most common cause of bacterial foodborne illness in the United States, and it is an important cause of diarrheal illness throughout the world regardless of people's age.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 15

15. The client reports diarrhea, fever, and abdominal cramps 24 hours following exposure to raw eggs while cooking. An efficient and effective homemade oral rehydration solution is to stir:
- A) One level teaspoon of salt and eight level teaspoons of sugar into one quart or liter of clean drinking water
 - B) Eight level teaspoons of salt and one level teaspoon of sugar into one quart or liter of clean drinking water
 - C) One level teaspoon of salt and one level teaspoon of sugar into one quart or liter of clean drinking water
 - D) Eight level teaspoons of salt and eight level teaspoons of sugar into one quart or liter of clean drinking water

Ans: A

Feedback:

An efficient and effective homemade oral rehydration solution is to stir one level teaspoon of salt and eight level teaspoons of sugar into one quart or liter of clean drinking water or water that has been boiled and cooled.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 16

16. A client reports symptoms of severe abdominal cramps, bloody diarrhea, and vomiting after eating commercially packaged salad. The nurse suspects *Escherichia coli* O157:H7. The client asks about the average time of resolution of these symptoms. What time frame should the nurse provide?
- A) 3 to 5 days
 - B) 5 to 7 days
 - C) 7 to 10 days
 - D) 12 to 14 days

Ans: C

Feedback:

Escherichia coli O157:H7, a deadly toxin-producing bacterium, produces symptoms of severe abdominal cramps, bloody and nonbloody diarrhea, and vomiting that generally resolve within 7 to 10 days.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 17

17. Which criteria must be met to define a water-associated disease outbreak?
- A) Two or more people with laboratory-confirmed primary amebic meningoencephalitis
 - B) Two or more cases of chemical poisoning if water quality data indicate contamination by the chemical
 - C) Two or more people having experienced a similar illness after exposure to water
 - D) Epidemiologic evidence implicating drinking water as the probable source of the illness

Ans: C

Feedback:

Two criteria must be met for an event to be defined as a water-associated disease outbreak. First, two or more people must have experienced a similar illness after exposure to water. Second, epidemiologic evidence must implicate recreational water (not drinking water) or volatilization of water-associated compounds into the air surrounding the water as the probable source of illness. Evidence of primary amebic meningoencephalitis and chemical poisoning are not required for confirmation of a water-associated disease outbreak.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 18

18. A 16-year-old client visits the community health clinic with concerns that she may have a sexually transmitted infection (STI). She asks whether STIs are treatable. STIs that are easily treated and curable include: (Select all that apply.)

- A) Human papillomavirus
- B) Herpes simplex
- C) Chlamydia
- D) Gonorrhea
- E) Syphilis

Ans: C, D, E

Feedback:

Infections caused by bacteria can be treated and usually cured with antibiotics, but those caused by viruses cannot be cured this way. Chlamydia, gonorrhea, syphilis—all bacterial—and trichomoniasis—parasitic are easily treated with antibiotics and cured if diagnosed early. Human papillomavirus and herpes simplex are viral infections that are not treatable.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 19

19. Which factors place an individual at high risk for acquiring a sexually transmitted infection (STI)? (Select all that apply.)
- A) Having multiple sexual partners
 - B) Using a condom during sex
 - C) Having no other STIs
 - D) Having a sexual partner who has had an STI
 - E) Receiving a blood transfusion

Ans: A, D

Feedback:

Any person is in a high-risk group for STIs if they have multiple sexual partners, do not use a condom during sex, have other STIs, and/or have a sexual partner who has had an STD. Although once a risk for exposure to HIV, blood transfusions no longer place an individual at high risk for acquiring an STI.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 20

20. A client wants to know the best way to avoid sexually transmitted infections (STIs). The nurse should mention:
- A) Abstinence
 - B) Monogamous relationship with an infected partner
 - C) Washing the genitals after sex
 - D) Use of latex condoms

Ans: A

Feedback:

Other than abstinence, a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected is the best way to avoid STIs. Sexual partners should talk to each other about their STIs so that preventive action can be taken. Prevention of STI transmission does not include washing the genitals, urinating, or douching after sex. Latex condoms can reduce the risk of transmission but only when used consistently (every time) and correctly.

Origin: Chapter 14- Risk of Infectious and Communicable Diseases, 21

21. A client presents with several ulcerative sores on his penis that are firm, round, and painless. He also has rough, reddish brown spots on his palms and the bottoms of his feet. He acknowledges that he is sexually active with multiple partners and is inconsistent in his use of a condom. Which sexually transmitted infection should the nurse most suspect in this client?
- A) Gonorrhea
 - B) Chlamydia
 - C) Syphilis
 - D) Human papillomavirus

Ans: C

Feedback:

Syphilis is primarily indicated by ulcerative sores occurring mainly on the external genitals, vagina, anus, or in the rectum, although they can occur on the lips or in the mouth. The sore is usually firm, round, and painless. Rashes associated with secondary syphilis appear as rough, red, or reddish brown spots both on the palms of the hands and/or the bottoms of the feet. Infections with *Neisseria gonorrhoeae*, like those resulting from *Chlamydia trachomatis*, cause several clinical syndromes including urogenital, pharyngeal, and rectal infections in males and females, and conjunctivitis in adults and neonates. Chlamydia is known as a “silent” infection because most infected people are asymptomatic and lack abnormal physical examination findings. Men who are symptomatic typically have urethritis, with a mucoid or watery urethral discharge and dysuria. A minority of infected men develop epididymitis (with or without symptomatic urethritis), presenting with unilateral testicular pain, tenderness, and swelling. Human papillomavirus infections, if manifest, are primarily indicated by genital warts.

Origin: Chapter 15- Emerging Infectious Diseases, 1

1. The clinic clients respond negatively to the need for a yearly flu shot. They ask why the medical communities don't just create one shot that will last for several years. Which explanation should the nurse give?
 - A) Genetic changes in the bacteria that cause the flu require a rotating course of antibiotics.
 - B) Genetic changes make the flu virus resistant to the flu shot from year to year.
 - C) There is more than one strain of the flu virus and you must be protected from all of them.
 - D) The shots last only for 3 to 6 months and must be renewed on a yearly basis.

Ans: B

Feedback:

As microbes reproduce, genetic changes may result in pathogens that are immunologically distinct from their parental strains. For example, antigenic drift, the slow and progressive genetic changes that take place in DNA and RNA as organisms replicate in multiple hosts, causes changes in influenza viruses each year. These frequent changes that result from antigenic drift mean that there is a new seasonal influenza vaccine each year. The flu is caused by the influenza virus, not bacteria, so antibiotics would not be appropriate for treatment. One does not need to be protected from all strains of the flu virus, only the ones prevalent in the client's area at the present time. Vaccination shots typically last for years, not for 3 to 6 months.

Origin: Chapter 15- Emerging Infectious Diseases, 2

2. Nursing students in an enclosed classroom begin to become ill with a gastrointestinal illness. The public health department identifies this occurrence as an emerging epidemic and isolates the population that is ill. According to microbial adaptation, those who survive the illness will then do which of the following?
 - A) Recover with adaptive organism reintroduction into the environment
 - B) Develop improved defenses against reinfection
 - C) Become hosts to the organism, which is symbiotic in nature
 - D) Become carriers of the infection, ultimately leading to an epidemic

Ans: B

Feedback:

Three stages of microbial adaptation and change occur over varying periods of time. During stage I, an epidemic occurs. The microbes enter a "virgin" population where hosts have no prior exposure to the organism and have few defenses. This leads to further spread in the population. Ultimately, survivors are usually left with improved defenses against reinfection. During stage II, the infection becomes endemic or continuously present in a geographic area or population of people. Routine childhood diseases are an example of such infections. During stage III, symbiosis is possible. Further adaptation occurs, resulting in mutual tolerance and sometimes mutual benefit for both the microorganism and the host. This is the preferred outcome.

Origin: Chapter 15- Emerging Infectious Diseases, 3

3. Three years after exposure to a virulent form of the flu, a population faces the same flu strain. The public health department recognizes that there are members of the population who have not been exposed to the flu strain. Which is most likely to happen?
- A) The unexposed population will contract the illness
 - B) The unexposed population is not likely to contract the illness
 - C) The unexposed population will contract the illness and reinfect others
 - D) The flu will reach epidemic proportions and both populations will become ill

Ans: B

Feedback:

If a substantial proportion of people in a population are not susceptible to a communicable disease, the few people who are susceptible are not likely to be exposed and contract the illness. This is a process called herd immunity.

Origin: Chapter 15- Emerging Infectious Diseases, 4

4. Which environmental factors are likely to affect the life cycle of disease pathogens and their vectors and thus disease outbreaks? (Select all that apply.)
- A) Temperature
 - B) Geology
 - C) Precipitation
 - D) Humidity
 - E) Amount of daylight

Ans: A, C, D

Feedback:

Many infectious diseases have characteristic geographic distributions and seasonal variations. Probably the most common is the influenza virus, which peaks each fall and winter. Factors such as temperature, precipitation, and humidity affect the life cycle of many disease pathogens and their vectors, and consequently they can affect disease outbreaks. Geology, or the types of rocks present in the area, and the amount of daylight are not likely to affect the life cycle of disease pathogens and their vectors.

Origin: Chapter 15- Emerging Infectious Diseases, 5

5. Tent communities are constructed in a rural community by the American Red Cross after a disaster. Because of overcrowding, surrounding states create accommodations for the displaced and homeless. The survivors are accommodated in the cities of four Southern states. Which factors may increase the possibility of disease emergence in the cities? (Select all that apply.)
- A) Poor hygiene
 - B) Decreased socialization
 - C) Poor sanitation
 - D) Decreased viral load
 - E) Increased violence

Ans: A, C

Feedback:

Urban life, with malnutrition, overcrowding, and poor sanitation, enhances the major pathways for transmission of infectious disease. The forced dislocation of large groups of people and migration of such groups of people from rural areas to cities can be accompanied by a breakdown of public health measures, leading to poor hygiene. These have often been factors in disease emergence. Decreased socialization, decreased viral load, and increased violence would not tend to increase the likelihood of disease emergence.

Origin: Chapter 15- Emerging Infectious Diseases, 6

6. An 80-year-old client is being treated for chronic urinary tract infections. She has received multiple antibiotics in the past 6 months. The physician orders a urine culture. The results of the urine culture are as follows: *Staphylococcus aureus* >100,000 colonies and demonstrated resistance to sulfamethoxazole and trimethoprim (Bactrim), penicillin, methicillin, and erythromycin. The client is diagnosed with methicillin-resistant *Staphylococcus aureus* (MRSA) on the basis of the findings of her urine test. Based on the client's history, a cause of the MRSA might be microbial:
- A) Rejection
 - B) Assimilation
 - C) Adaptation
 - D) Stagnation

Ans: C

Feedback:

Microbial adaptation and change in response to the overuse of antibiotics and consequent accumulation in the environment will cause the rapid evolution of resistant pathogens. MRSA is not associated with microbes being rejected, assimilated, or stagnant.

Origin: Chapter 15- Emerging Infectious Diseases, 7

7. The community health nurse works in a region where severe acute respiratory syndrome (SARS) has just been reintroduced into the environment. Which measure is imperative for the nurse to take to prevent spread of the disease?
- A) Prophylactic antibiotics
 - B) Enhanced infection control measures
 - C) Use of alcohol cleansers
 - D) Report of clusters to the Centers for Disease Control and Prevention

Ans: B

Feedback:

The main lessons learned from SARS, the first new infectious disease to emerge in the 21st century, were that (1) astute healthcare providers are likely to be the key to early detection and reporting of initial cases of SARS-coronavirus disease, (2) containment of disease requires the diligent application of enhanced infection control measures at the national and local levels, the same measures that will defeat SARS should it reemerge, and (3) control of an emerging infection necessitates swift action by healthcare providers as well as an adequate public health infrastructure. Prophylactic antibiotics would not be effective against a virus. Use of alcohol cleansers would not be as effective as full, enhanced infection control measures. Reporting clusters to the Centers for Disease Control and Prevention can help in the early detection of the disease, but in and of itself will not help contain it.

Origin: Chapter 15- Emerging Infectious Diseases, 8

8. There is an outbreak of Middle East respiratory syndrome coronavirus (MERS-CoV) in the community. The nurse is responsible for the dissemination of the education plan adopted by the public health department. Key components of the plan should include: (Select all that apply.)
- A) Quarantining infected families in their homes
 - B) Respiratory hygiene
 - C) Hand hygiene
 - D) Droplet precautions for visitors in contact with affected clients
 - E) Contact precautions for all cases

Ans: B, C, D

Feedback:

To prevent the transmission of all respiratory infections, respiratory hygiene/cough etiquette measures should be implemented at the first point of contact with a potentially infected person and should be incorporated into standard precautions. This includes covering the nose and mouth when coughing or sneezing, using tissues to contain respiratory secretions and disposing of them in the nearest waste receptacle after use, and hand hygiene (e.g., handwashing with nonantimicrobial soap and water, an alcohol-based hand rub, or an antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials. In addition to standard precautions, all individuals, including visitors and healthcare providers, in contact with clients with an acute respiratory infection should use droplet precautions, which include wearing a surgical mask when in close contact (i.e., within approximately 3 feet) and on entering the room of the client. The 2013 World Health Organization guidelines for a suspected or confirmed case of MERS-CoV infection called for placing the client in a single isolation room with equal or greater than 12 air exchanges per hour, not quarantining infected families in their homes. Contact precautions are only needed when contact with blood, body fluids, secretions, or nonintact skin is anticipated.

Origin: Chapter 15- Emerging Infectious Diseases, 9

9. International health experts indicate that the avian flu is the virus most likely to cause the next pandemic. What may improve its transmissibility to the public?
- A) Increase in consumption of chicken
 - B) Increase in autoimmune disease incidence
 - C) Shift to zoonotic transmission
 - D) Antigenic shift

Ans: D

Feedback:

The H5N1 virus can improve its transmissibility among humans by two mechanisms. The first is antigenic shift, a “reassortment” event, in which genetic material is exchanged between human and avian viruses during coinfection of a human or an animal such as a pig. Reassortment could result in a fully transmissible pandemic virus, which could rapidly spread throughout the world. The second mechanism is a more gradual process of antigenic drift, an adaptive mutation, whereby the capability of the virus to bind to human cells increases during subsequent infections of humans. Nearly all of the human infections with H5N1, which are the largest documented since its emergence in humans in 1997, were a result of people having direct or close contact with infected poultry or contaminated surfaces, but not a result of consuming chicken. An increase in incidence of autoimmune diseases, which involve one's own immune system attacking the body, is not related to the spread of avian influenza and would not lead to a pandemic. The avian flu is already transmitted primarily in a zoonotic manner, so any shift in transmission would be to human-to-human transmission, which would be more likely to cause a pandemic than zoonotic transmission.

Origin: Chapter 15- Emerging Infectious Diseases, 10

10. The nurse is responsible for the construction of an isolation unit during an H5N1 outbreak. The unit is designated for only those clients with a confirmed diagnosis of H5N1. Which unit would be easily adapted to client needs?
- A) 12-room unit with negative air pressure units
 - B) 15-room unit with a portable supply of PPEs
 - C) 8-room unit with four code carts
 - D) 12-room unit with four to six air changes per hour

Ans: A

Feedback:

For an outbreak of H5N1, place the client in an airborne isolation room (AIR). Such rooms should have monitored negative air pressure in relation to the corridor, with 6 to 12 air changes per hour (ACH), and exhaust air directly outside or have recirculated air filtered by a high-efficiency particulate air (HEPA) filter. If an AIR is unavailable, a portable HEPA filter should be used to augment the number of ACH. Use a fit-tested respirator, at least as protective as a National Institute of Occupational Safety and Health (NIOSH)-approved disposable N-95 filtering face piece respirator, when entering the room (DHHS, 2006). The Centers for Disease Control and Prevention (CDC) has recommended nonpharmaceutical community interventions that use social distancing strategies to reduce contact between people.

Origin: Chapter 15- Emerging Infectious Diseases, 11

11. Ten documented cases of West Nile virus (WNV) have occurred recently in the community. To reduce the transmission of the virus, the nurse should educate the members of the community to: (Select all that apply.)
- A) Avoid contact with birds
 - B) Avoid contact with mosquitoes
 - C) Avoid those with a confirmed diagnosis
 - D) Eliminate standing water
 - E) Avoid exposure to the environment during the daylight hours

Ans: B, D

Feedback:

WNV virus is not transmitted from person to person but from mosquito to person. No isolation precautions are indicated other than standard precautions. The Centers for Disease Control and Prevention (CDC) guidelines emphasize avian, animal, mosquito, and human WNV surveillance, along with control and elimination of mosquito breeding sites such as standing water in flowerpots, buckets, and old tires. The CDC recommends using an insect repellent such as DEET (*N, N*-diethyl-m-toluamide) or picaridin when outdoors, following the directions on the package. Because mosquitoes are most active at dusk and dawn, in addition to an insect repellent, people should wear long sleeves and pants when outdoors during these hours. Screens on windows and doors will keep mosquitoes out.

Origin: Chapter 15- Emerging Infectious Diseases, 12

12. The client is diagnosed with Lyme disease. He states that he is not a hiker and does not remember being bitten by a tick. As part of the education plan, the nurse should state:
- A) "You must have been bitten by a tick and didn't recognize it as such."
 - B) "Did you spend time in a brushy or grassy area in the last 90 days?"
 - C) "Conduct a full-body tick check once a week during the summer."
 - D) "A history of a tick bite is not required."

Ans: D

Feedback:

Exposure to Lyme disease is defined as having spent time (less than or equal to 30 days before onset of the initial skin lesion) in wooded, brushy, or grassy areas (i.e., potential tick habitats) in a county in which Lyme disease is endemic. A history of tick bite is not required. A county in which the disease is endemic is one in which at least two confirmed cases have been previously acquired or in which established populations of a known tick vector are infected with *Borrelia burgdorferi*. Those who are outdoors should do a final, full-body tick check at the end of the day (not once a week) for adults, children, and pets.

Origin: Chapter 15- Emerging Infectious Diseases, 13

13. The nurse admits a client to the hospital with the diagnosis of *Escherichia coli* O157:H7. The client is dehydrated and febrile. During the history phase of the admission, the client states that he doesn't know how he could have gotten sick at the local county fair—the hamburger he bought was well done. Upon further discussion, the nurse suspects the transmission may have occurred because of:
- A) Use of a gas barbecue
 - B) Improper cleaning of the cooking tools
 - C) Use of wood instead of charcoal to cook the meat
 - D) Animals roaming in the fair grounds

Ans: D

Feedback:

Recent cases of hemolytic-uremic syndrome (HUS) have been associated with outbreaks of *E. coli* O157:H7 infections, which were apparently caused by contact with animals in public settings, including fairs, farm tours, and petting zoos. Experience from these and previous outbreaks underscores the necessity for adequate control measures to reduce zoonotic transmission. The Centers for Disease Control and Prevention has developed standardized recommendations for public health officials, veterinarians, animal exhibitors, and visitors to animal exhibits; it established that hand washing is the single most important prevention step for reducing the risk for disease transmission. Other critical recommendations for venues with animals are the inclusion of transition areas between animal and nonanimal areas (e.g., where food is sold) and proper care and management of animals in public settings. Use of a gas barbecue, use of wood instead of charcoal to cook meat, and improperly cleaned cooking tools are not associated with *E. coli* infection.

Origin: Chapter 15- Emerging Infectious Diseases, 14

14. Four employees at a local restaurant have positive purified protein derivative (PPD) tuberculin skin tests and have been diagnosed with latent tuberculosis (TB) infection. Which employee would be at the greatest risk for contracting active TB disease?
- A) Works two jobs
 - B) Vacations in South America
 - C) Cooks the food
 - D) Takes immunosuppressants

Ans: D

Feedback:

In many people who have latent TB infection, the *Mycobacterium tuberculosis* bacteria remain inactive for a lifetime without causing active TB disease. But in other people, especially those who have weak immune systems, the bacteria become active and cause TB disease. Working two jobs, vacationing in South America, and cooking food would not put one with a latent TB infection at greater risk for contracting active TB disease.

Origin: Chapter 15- Emerging Infectious Diseases, 15

15. The nurse assesses a client in the local neighborhood clinic. He exhibits signs and symptoms of tuberculosis (TB) yet has a negative tuberculin skin test result. The nurse suspects that the physician may further test the client because he:
- A) Visited Central America recently
 - B) Is recovering from jet lag
 - C) Is HIV positive
 - D) Works in a factory setting

Ans: C

Feedback:

Active TB infection is characterized by a chronic productive cough, low-grade fever, night sweats, and weight loss, along with a positive purified protein derivative (PPD) tuberculin skin test result. People with active TB are contagious. However, certain people who are anergic (lack an immune response to an antigen) may not have a positive PPD (e.g., persons with HIV). Having visited Central America recently, recovering from jet lag, and working in a factory setting would not produce a false negative result on the tuberculin skin test.

Origin: Chapter 15- Emerging Infectious Diseases, 16

16. The nurse is responsible for the directly observed therapy (DOT) program in the community. Which represent the best methods to ensure compliance with clients' drug regimens? (Select all that apply.)
- A) Social service support
 - B) Housing assistance
 - C) Hospitalization
 - D) Isolation until treatment complete
 - E) Treatment enablers

Ans: A, B, E

Feedback:

Programs using DOT as the central element in a comprehensive, client-centered approach to case management (enhanced DOT) have higher rates of treatment completion than less intensive strategies. Each client's management plan should be individualized to incorporate measures that facilitate adherence to the drug regimen. Such measures may include, for example, social service support, treatment incentives and enablers, housing assistance, referral for treatment of substance abuse, and coordination of TB services with those of other providers. There is no need to hospitalize a person solely because he or she is infectious. Outclients should be instructed to remain at home, without visitors, until they are no longer thought to be infectious. However, such isolation is not a method to ensure compliance with the drug regimen but an infection control measure.

Origin: Chapter 15- Emerging Infectious Diseases, 17

17. As the occupational health nurse in a factory finds that five employees out of 30 have positive tuberculin skin test results. One employee on the 3-to-11 shift has been diagnosed with active tuberculosis (TB). She asks if this means that the whole factory has been exposed. The nurse replies that the probability of infection depends upon: (Select all that apply.)
- A) Concentration of infectious droplet nuclei in the air
 - B) Duration of exposure to the infected person
 - C) Proximity to the infected person
 - D) The use of safety gloves by employees
 - E) Physical exertion required in the job

Ans: A, B, C

Feedback:

The probability that a person who is exposed to *Mycobacterium tuberculosis* will become infected depends primarily on the concentration of infectious droplet nuclei in the air and the duration of exposure to a person with infectious TB disease. The closer the proximity and the longer the duration of exposure, the higher the risk of becoming infected. Close contacts are people who share the same air space in a household or other enclosed environment for a prolonged period (days or weeks, not minutes or hours) with a person with pulmonary TB disease. A suspected TB client is a person in whom a diagnosis of TB disease is being considered, whether anti-TB treatment has been started. People generally should not continue to be suspected of having TB for more than 3 months. The use of safety gloves and physical exertion on the job do not affect the probability of infection.

Origin: Chapter 15- Emerging Infectious Diseases, 18

18. A man who lives in a homeless shelter is diagnosed with active tuberculosis (TB). The shelter keeps a list of those who are assigned beds, and the majority of those sleeping there are regulars. Which finding would indicate a positive tuberculin skin test result using a two-step process?
- A) 4-mm induration
 - B) 2-mm induration
 - C) 6-mm induration
 - D) 3-mm induration

Ans: C

Feedback:

All high- and medium-priority contacts who do not have a documented previous positive tuberculin skin test result or previous TB disease should receive a baseline purified protein derivative (PPD) tuberculin skin test. The reaction to the intracutaneously injected PPD tuberculin skin test is the classic example of a delayed (cellular) hypersensitivity reaction, which induces induration. Induration of ≥ 5 mm is considered a positive result in people who have an initial induration of 0 mm.

Origin: Chapter 15- Emerging Infectious Diseases, 19

19. Each employee in a small community hospital is informed that he or she needs a tuberculin skin test and of the date that the test is due. The kitchen employees tell the nurse that they don't need the test and never had to have it before. The nurse should respond with:
- A) The test does not need to be given if you do not have client contact.
 - B) Tuberculosis guidelines require testing of an entire healthcare setting.
 - C) The test will not hurt; we won't fire you if you test positive.
 - D) The tuberculosis guidelines state kitchen workers are at risk.

Ans: B

Feedback:

The 2005 tuberculosis (TB) infection control guidelines emphasize actions to maintain momentum and expertise needed to avert another TB resurgence and to eliminate the lingering threat to healthcare personnel, which is mainly from clients or others with unsuspected and undiagnosed infectious TB disease. A sample recommendation is that the term "tuberculin skin tests" be used rather than purified protein derivative. The scope of settings in which the guidelines apply has been broadened to include laboratories and additional outclient and nontraditional healthcare settings. These recommendations also apply to an entire healthcare setting rather than to areas within a setting.

Origin: Chapter 15- Emerging Infectious Diseases, 20

20. A nurse is studying the Institute of Medicine's convergence model to learn how four types of interrelated and overlapping microbe–human interactions can lead to emerging/reemerging infectious diseases. These four types of interactions are: (Select all that apply.)
- A) Genetic and biological
 - B) Physical/environmental
 - C) Spiritual and psychological
 - D) Ecological
 - E) Social, political, and economic

Ans: A, B, D, E

Feedback:

There are four types of interrelated and overlapping microbe–human interactions that can lead to emerging/reemerging infectious diseases: (1) genetic and biological; (2) physical/environmental; (3) ecological; and (4) social, political, and economic. Spiritual and psychological are not types of interactions leading to infectious diseases

Origin: Chapter 15- Emerging Infectious Diseases, 21

21. The nurse prepares to enter the room of a client with suspected Ebola virus disease (EVD). Which pieces of personal protective equipment (PPE) should the nurse wear? (Select all that apply.)
- A) Fluid-resistant gown
 - B) Gloves
 - C) Respirator
 - D) Mask
 - E) Goggles

Ans: A, B, D, E

Feedback:

When entering the room of a client with or suspected EVD, *all* healthcare providers should wear PPE, including a fluid-resistant gown, gloves, mask, and face shield/goggles (CDC, *Infection prevention and control recommendations for hospitalized clients with known or suspected Ebola in U.S. hospitals*). A respirator is not necessary.

Origin: Chapter 16- Violence and Abuse, 1

1. Which most accurately defines gender-based violence?
 - A) A homicide of a female that occurs in the context of intimate partner violence
 - B) Violence that targets people or groups of people on the basis of their gender
 - C) A pattern of assaultive and coercive behaviors perpetrated against an individual by one who is, was, or wishes to be in an intimate relationship with the victim
 - D) A type of violence typically committed by one gender but not the other

Ans: B

Feedback:

Gender-based violence is violence that targets people or groups of people on the basis of their gender. Femicide is the homicide of a female that occurs in the context of intimate partner violence (IPV). IPV is a pattern of assaultive and coercive behaviors perpetrated against an individual by one who is, was, or wishes to be in an intimate relationship with that individual and that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation, and threats.

Gender-based violence is based on the gender of the victim, not that of the perpetrator.

Origin: Chapter 16- Violence and Abuse, 2

2. Which is a relationship risk factor for intimate partner violence?
 - A) Emotional dependence and insecurity
 - B) Belief in strict gender roles
 - C) Desire for power and control
 - D) Unhealthy family interactions

Ans: D

Feedback:

Individual risk factors for intimate partner violence include emotional dependence and insecurity, belief in strict gender roles, and desire for power and control. Relationship risk factors include unhealthy family relationships and interactions.

Origin: Chapter 16- Violence and Abuse, 3

3. Which is a societal risk factor for intimate partner violence?
 - A) Experiencing poor parenting
 - B) Marital instability
 - C) Unwillingness of neighbors to intervene when violence is witnessed
 - D) Traditional gender roles

Ans: D

Feedback:

Traditional gender roles is a societal risk factor, as it is primarily determined by the society one lives in, rather than by individual characteristics, relationship dynamics, or even local community factors. Experiencing poor parenting is an individual risk factor. Marital instability is a relationship factor. Unwillingness of neighbors to intervene when violence is witnessed is a community factor.

Origin: Chapter 16- Violence and Abuse, 4

4. Preventing intimate partner violence (IPV) and recurrence of violence requires targeting efforts at all three levels of prevention: primary, secondary, and tertiary. Which is a secondary prevention strategy?
- A) Creating and broadcasting a public service announcement that raises awareness about IPV
 - B) Putting up posters around the health provider's office that give tips on what to do if one is in an abusive relationship
 - C) Screening a woman for evidence of abuse who has several risk factors for IPV
 - D) Providing a woman who is being abused by her husband the number to an abuse hotline so that she can get help leaving him

Ans: C

Feedback:

Primary prevention includes screening and prevention efforts that target the general population. Secondary prevention occurs through generalized screening and inquiry with high-risk populations. Tertiary prevention involves caring for victims affected by or currently experiencing violence. Creating and broadcasting a public service announcement and putting up posters are examples of primary prevention, as they are aimed at the general public. Screening a woman for evidence of abuse who has several risk factors for IPV is an example of secondary prevention. Providing help to a woman who is being abused is an example of tertiary prevention.

Origin: Chapter 16- Violence and Abuse, 5

5. Pediatric providers face special issues in screening for intimate partner violence (IPV) in a caregiver who is accompanying a child. Which are appropriate strategies for addressing this screening issue? (Select all that apply.)
- A) Asking the mother directly, with the child present
 - B) Asking the child directly, while the mother is out of the room
 - C) Asking the mother indirectly, with a written questionnaire or computer survey
 - D) Screening for the safety and dangerousness of the situation before deciding whether to ask the mother
 - E) Informing parents about mandatory reporting law after asking questions

Ans: C, D

Feedback:

Appropriate strategies include the following: asking mothers indirectly (written questionnaire, computer survey), asking mothers directly, without (not with) the child present; informing parents about mandatory reporting laws before (not after) asking questions; screening for safety and dangerousness of the situation; and being aware of resources and referrals. It would not be appropriate to ask the child about IPV that the mother may have experienced.

Origin: Chapter 16- Violence and Abuse, 6

6. The nurse is completing a lethality assessment with a female client. Which are appropriate lethality risk questions? (Select all that apply.)
- A) Is there a gun in your house?
 - B) Are you using drugs or drinking excessively?
 - C) Has your partner ever been arrested?
 - D) What is the worst thing your partner has ever done to you?
 - E) Do you feel that the partner is capable of hurting you?

Ans: A, C, D, E

Feedback:

Appropriate questions to ask a client to assess for lethality risks associated with intimate partner violence include the following: (1) Is there a gun in the house? (2) Is the woman's partner unemployed? (3) What is the worst thing the partner has ever done to the victim? (4) Does the victim feel that the partner is capable of hurting her, of carrying out his threats? (5) Has the woman's partner ever been arrested? (6) Is the woman's partner (not the woman herself) using drugs or drinking excessively?

Origin: Chapter 16- Violence and Abuse, 7

7. Preventing intimate partner violence (IPV) and recurrence of violence requires targeting efforts at all three levels of prevention: primary, secondary, and tertiary. Which is a tertiary prevention strategy?
- A) Adding a question to the standard health history form that asks whether the client is currently experiencing abuse
 - B) Putting up posters around the health provider's office that give tips on what to do if one is in an abusive relationship
 - C) Screening a woman for evidence of abuse who has several risk factors for IPV
 - D) Providing a woman who is being abused by her husband the number to an abuse hotline so that she can get help leaving him

Ans: D

Feedback:

Primary prevention includes screening and prevention efforts that target the general population. Secondary prevention occurs through generalized screening and inquiry with high-risk populations. Tertiary prevention involves caring for victims affected by or currently experiencing violence. Adding a question to the standard health history form and putting up posters are examples of primary prevention, as they are aimed at the general public. Screening a woman for evidence of abuse who has several risk factors for IPV is an example of secondary prevention. Providing help to a woman who is being abused is an example of tertiary prevention.

Origin: Chapter 16- Violence and Abuse, 8

8. Which statements by a caregiver would indicate the presence of risk factors for violence and should cause the nurse to have significant concern for the safety of children? (Select all that apply.)
- A) "My boyfriend says that one day he'll put a bullet through my head if I don't stop nagging him."
 - B) "My 3-year-old daughter cries when my partner and I argue."
 - C) "My husband sometimes makes our son come into our bedroom and watch as he hits me."
 - D) "The last time we fought, he threatened to go pull out his shotgun."
 - E) "My husband got upset with how much our daughter was texting and took her phone away from her for a month."

Ans: A, C, D

Feedback:

Risk factors that indicate significant concern for the safety of the children are as follows: (1) threats to kill the caretaker, children, and/or self or fears on the part of the caretaker for the children's safety; (2) a child was physically injured in an incident in which the caretaker was the target; (3) a child was coerced to participate in or witness the abuse of the caretaker; (4) a weapon was used or threats to use a weapon were made, and the caretaker believed that there was intention and ability to cause harm. A toddler crying because of an argument and a father taking away a daughter's phone for a month are not causes for significant concern regarding the safety of the children.

Origin: Chapter 16- Violence and Abuse, 9

9. A nurse is preparing to make a mandatory report of intimate partner violence (IPV) with regard to the caregiver of a pediatric client. Which actions are appropriate? (Select all that apply.)
- A) Tell the child about the possibility of filing a mandatory report
 - B) Determine whether it will be safe to inform the child about the report
 - C) Ask about the child's incidence of using drugs
 - D) Ask the victim whether she has a plan to keep herself and the child safe
 - E) Ask the victim if she would like to file a report at the same time as you file yours

Ans: B, D, E

Feedback:

The nurse should take the following actions when making a mandatory report of IPV:
(1) Talk with the adult victim (not the child) about the possibility of filing a mandatory report. (2) Consider the safety concerns of filing. (3) Determine whether it will be safe to inform the children about the report. (4) Share concerns of safety with the Child Protective Agency. (5) Ask about the perpetrator's behaviors with questions such as the following: What is the worst thing he or she has done? Does he or she own a gun? Has he or she been arrested? Does he or she use drugs (not does the child use drugs)? Do you think he or she is capable of hurting you or your children? (6) Address safety planning with the nonoffending victim. (7) Consider filing in concert with the adult victim.

Origin: Chapter 16- Violence and Abuse, 10

10. Who is in the best position to recognize both children being victimized and children perpetrating violence?

- A) Pediatric primary care provider
- B) Parent
- C) School nurse
- D) Next door neighbor

Ans: C

Feedback:

School nurses play a pivotal role in recognizing both children who are being victimized and those who are perpetrating violence, as they are in daily contact with the children. The parents of the children might know whether their own child is a victim or a perpetrator, but they likely would know the other children involved. The child's primary care provider and next door neighbor are not as likely to know of violence experienced or perpetrated by children as the school nurse is, due to the nurse's more frequent contact with the children and location in the school setting.

Origin: Chapter 16- Violence and Abuse, 11

11. After examining a young woman, the nurse asks her questions about some bruises on her back. The client confides that her husband has started hitting her when they argue. The nurse makes recommendations about getting help; the client dismisses them and states, "It's just a few bruises. I think I can handle it." Which long-term consequences of exposure to violence, according to *Healthy People 2020*, should the nurse discuss with this client? (Select all that apply.)

- A) Premature death
- B) Breast cancer
- C) Disability
- D) Lost productivity
- E) Obesity

Ans: A, C, D

Feedback:

Healthy People 2020 emphasizes a need to prevent violence and the sequelae known to result from exposure to violence recognizing that violence leads to the following: premature death, disability, poor mental health, high medical costs, and lost productivity. Breast cancer and obesity are not known as long-term consequences of exposure to violence.

Origin: Chapter 16- Violence and Abuse, 12

12. The nurse suspect a 16-year-old client is being physically abused by her boyfriend. Compared with adolescent girls with no abuse history, this client is at significantly increased risk for: (Select all that apply.)
- A) Smoking cigarettes
 - B) Anorexia
 - C) Becoming pregnant
 - D) Assaulting her siblings
 - E) Theft

Ans: A, B, C

Feedback:

Adolescent girls who reported experiencing sexual or physical assault were significantly more likely to report smoking, attempt suicide, use cocaine, become pregnant, and engage in unhealthy eating habits, compared with adolescents with no abuse history. There is no evidence of an association of assaulting one's siblings or theft with exposure to violence.

Origin: Chapter 16- Violence and Abuse, 13

13. A 50-year-old woman recently underwent a divorce and has two teenaged children. She has an associate's degree from her local community college and earns an annual salary of \$22,000. Which risk factors place this woman at risk for intimate partner violence (IPV)? (Select all that apply.)
- A) Age of 50 years
 - B) Education at associate's degree level
 - C) Recent divorce
 - D) Having two teenaged children
 - E) Annual salary of \$22,000

Ans: C, E

Feedback:

Risk factors include age less than 45 years, low income, lack of employment, recent separation or divorce, education at the high school (not associate's degree) level or less, and having young (not teenaged) children.

Origin: Chapter 16- Violence and Abuse, 14

14. The nurse helps a client who is a victim of intimate partner violence (IPV) with safety planning. The client worries about what to do if her partner becomes violent again. A safety suggestion for the when the client is at home is for her to go to the:
- A) Kitchen because it is well-lit
 - B) Bathroom because it is a small space
 - C) Basement because there are places to hide
 - D) Living room because there are windows

Ans: D

Feedback:

Components for safety planning include a crisis/“disaster” plan, a place to go, how to get there, and other considerations. Safety planning involves discussing measures that the client may not have considered. For example, if an argument occurs at home, the woman should stay away from (1) the kitchen because sharp instruments are there and (2) the bathroom because the space is small and contains many hard surfaces. She should go to a room with a window or door, carry her cell phone, with 911 set to speed dial, and tell family members and neighbors. The basement is not appropriate because it is less likely to have windows or doors.

Origin: Chapter 16- Violence and Abuse, 15

15. Which instance would be considered child abuse and neglect according to the federal Child Abuse and Prevention and Treatment Act?
- A) A father leaving a child in the back seat of a car on a hot August day
 - B) A mother not feeding a 5-year-old child all day
 - C) A mother allowing her boyfriend to punch her daughter
 - D) A caregiver smacking away a toddler's hand when she reaches for a hot stove
 - E) A neighbor touching the private parts of a 12-year-old boy

Ans: A, B, C, E

Feedback:

The federal *Child Abuse Prevention and Treatment Act* (CAPTA) (42 U.S.C.A. §5106g), as amended by the *Keeping Children and Families Safe Act of 2003* (U.S. Department of Health and Human Services, 2003), defines child abuse and neglect as the following: any recent act, or failure to act, on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act that presents an imminent risk of serious harm. A caregiver smacking away a toddler's hand would not result in serious physical or emotional harm. All of the other answers would.

Origin: Chapter 16- Violence and Abuse, 16

16. Which accurately defines femicide?

- A) A homicide of a female that occurs in the context of intimate partner violence
- B) Violence that targets people or groups of people on the basis of their gender
- C) A pattern of assaultive and coercive behaviors
- D) A suicide by a female that occurs in the context of intimate partner violence

Ans: A

Feedback:

Femicide is a homicide (not a suicide) of a female that occurs in the context of intimate partner violence (IPV). Gender-based violence is violence that targets people or groups of people on the basis of their gender. IPV is a pattern of assaultive and coercive behaviors that is perpetrated against an individual by one who is, was, or wishes to be in an intimate relationship with that individual and that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation, and threats.

Origin: Chapter 16- Violence and Abuse, 17

17. Intimate partner violence is a pattern of assaultive and coercive behaviors. This definition includes: (Select all that apply.)

- A) Emotional injury
- B) Sexual assault
- C) Progressive social interaction
- D) Physical injury
- E) Deprivation

Ans: B, D, E

Feedback:

Intimate partner violence (IPV) is a pattern of assaultive and coercive behaviors that is perpetrated against an individual by one who is, was, or wishes to be in an intimate relationship with that individual and that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation (not interaction), deprivation, intimidation, and threats. Emotional injury is not included in IPV.

Origin: Chapter 16- Violence and Abuse, 18

18. An injury prevention objective of *Healthy People 2020* is:

- A) Prevention of drug-related deaths
- B) Identification of improper chemical storage in homes
- C) Decreased incidents of homicide, child maltreatment, and physical assaults
- D) Elimination of alcohol possession by adolescents on school property

Ans: C

Feedback:

The injury prevention objectives of *Healthy People 2020* include the following: (a) prevention and reduction of firearm-related (not drug-related) deaths; (b) identification of improper firearm (not chemical) storage in homes; (c) surveillance of external causes of injury in emergency departments; (d) decreased incidents of homicide, child maltreatment, and physical assaults; (e) prevention and reduction of sexual assaults; and (f) elimination of weapon (not alcohol) possession by adolescents on school property.

Origin: Chapter 16- Violence and Abuse, 19

19. Which risk factors are associated with committing gun-related homicide? (Select all that apply.)

- A) Low income
- B) Lack of education
- C) Female gender
- D) Being a victim of discrimination
- E) Lack of employment opportunities

Ans: A, B, D, E

Feedback:

Factors associated with committing gun-related homicides are as follows: low income, being a victim of discrimination, lack of education, and lack of employment opportunities. Most often, males are the victims as well as the perpetrators of homicides.

Origin: Chapter 16- Violence and Abuse, 20

20. The nurse assesses a new client and performs a standard screening for intimate partner violence. Which is the most appropriate question to ask first?
- A) "Are you in danger now?"
 - B) "It's normal for couples to disagree about things. What happens when you and your partner disagree?"
 - C) "Do you ever think about hurting yourself, cutting, stopping eating, or purging food?"
 - D) "Have you ever thought about or been granted a restraining order?"

Ans: B

Feedback:

The most appropriate question to ask first is, "It's normal for couples to disagree about things. What happens when you and your partner disagree?" This question is open-ended and allows the client to share information about behavior that she may not even recognize as abuse. The other questions listed are more appropriate to ask as follow-up questions, once the woman has stated that she is being abused.

Origin: Chapter 16- Violence and Abuse, 21

21. The nurse cares for a woman who is in her 39th week of gestation and who recently revealed that she is being physically abused by her partner. Which conditions associated with intimate partner violence (IPV) should the nurse look for in this client and in her child now and in the coming weeks? (Select all that apply.)
- A) Depression in the mother
 - B) Low-birth weight infant
 - C) Down syndrome in the infant
 - D) Gestational diabetes in the mother
 - E) Cleft palate in the infant

Ans: A, B

Feedback:

Depression before, during, and after birth has been strongly correlated with IPV. Researchers have also found that pregnant women who are assaulted by an intimate partner are at increased risk of giving birth to infants of reduced weight. Down syndrome is a genetic disorder and is not associated with IPV. Gestational diabetes is an endocrine disorder and would not be caused by IPV. A cleft palate is a congenital birth defect not associated with IPV.

Origin: Chapter 17- Substance Use, 1

1. The client states a history of substance abuse but reports current abstinence. If valid, this report means that the client has not used alcohol or illicit substances in at least how many months?
A) 3
B) 6
C) 9
D) 12

Ans: D

Feedback:

If there is no use of illicit substances or alcohol in the preceding 12 months, a person is considered abstinent.

Origin: Chapter 17- Substance Use, 2

2. The nurse assesses a 15-year-old client who shows some signs of possible drug addiction. The nurse reviews the client's health and family history, looking for key indicators for risk of substance dependence, such as: (Select all that apply.)
A) Obesity
B) Age at first use of illicit substance
C) Family history of alcoholism
D) Presence of a learning disability
E) Early onset of diabetes

Ans: B, C

Feedback:

In conducting a complete biopsychosocial history, two of the key indicators for risk of substance dependence are age at first use and a family history of substance use disorder. Obesity, presence of a learning disability, and early onset of diabetes are not key indicators for risk of substance dependence.

Origin: Chapter 17- Substance Use, 3

3. The nurse works with a 16-year-old client who has an alcohol use disorder. Which mental disorder, highly correlated to substance use disorder, should the nurse also assess for in this client?
- A) Obsessive compulsive disorder
 - B) Anxiety disorder
 - C) Major depression
 - D) Bipolar disorder

Ans: C

Feedback:

In the United States, substance use is highly correlated with a range of mental disorders and serious psychological distress. Three times as many youth 12 to 17 years of age who were diagnosed with major depression in the past year met criteria for substance use disorder (18.2%), as compared with youth who did not have a history of mental illness (5.8%).

Origin: Chapter 17- Substance Use, 4

4. A politically active community health nurse assists in drafting state legislation for alcohol use laws. Which principles of the World Health Organization should be integrated into the draft legislation? (Select all that apply.)
- A) Legislation should be guided and formulated by the interests of local business owners.
 - B) Alcohol policies should be equitable for all in the state.
 - C) Alcohol policies should be sensitive to cultural contexts.
 - D) Legislation should protect those with substance use disorders from serving extended prison sentences.
 - E) Legislation should protect those exposed to the harmful effects of drinking by others.

Ans: B, C, E

Feedback:

Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests, not the interests of local business owners, and based on clear public health goals and best available evidence. Alcohol policies should be equitable and sensitive to national, religious, and cultural contexts. Protection of populations at high risk for alcohol-related harm and those exposed to the harmful effects of drinking by others should be an integral part of public health policies. Populations affected by the harmful use of alcohol should have access to affordable and effective prevention and care services. Legislation should not protect those with substance use disorders from serving extended prison sentences.

Origin: Chapter 17- Substance Use, 5

5. An older client is seeking a fourth refill on a prescription for benzodiazepines. The nurse is concerned that the client may be developing a tolerance for the drug. Which comment by the client would most confirm this concern?
- A) "Lately I've had to double up on my dose just for it to be effective."
 - B) "I ran out of pills a week ago and have felt sweaty and agitated ever since."
 - C) "I feel like I just can't function without the medicine."
 - D) "The medicine has been wonderful. I think one more refill should do it for me."

Ans: A

Feedback:

Tolerance is the diminished physical and/or psychological response to effects of alcohol or illicit substances. A person develops tolerance when he or she needs to use higher doses of a substance to achieve the desired effect. Withdrawal is reduction in prolonged substance use that results in problematic behavioral, physiological, and cognitive changes. Feeling like one cannot function without a substance is a sign of substance dependence. Praising the medication and requesting another refill could be a sign of substance dependence.

Origin: Chapter 17- Substance Use, 6

6. The nurse assesses a 19-year-old client for alcohol abuse. Which would be the most significant risk factor for alcohol abuse in this client?
- A) African-American race
 - B) Female gender
 - C) History of type 1 diabetes
 - D) Enrollment in college

Ans: D

Feedback:

A major risk factor for problem drinking in young adults is enrollment in college. The significant difference ($p < .05$) in binge and heavy drinking between college students (39.1%) and their peers (35.4%) not enrolled in college has remained unchanged over the past decade and suggests campus cultural norms are a strong factor contributing to significantly higher health risks. Rates of binge alcohol use vary by race and ethnicity and are highest among American Indians or Alaska Natives (24.3%). Female gender and history of type 1 diabetes are not significant risk factors for alcohol abuse.

Origin: Chapter 17- Substance Use, 7

7. A client arrives at the clinic shaky and requesting a refill on a prescription for alprazolam (Xanax). The nurse suspects that the client might be experiencing substance withdrawal. Which comment by the client would most tend to confirm your suspicion?
- A) "Lately I've had to double up on my dose just for it to be effective."
 - B) "I ran out of pills a week ago and have felt sweaty and agitated ever since."
 - C) "I feel like I just can't function without the medicine."
 - D) "The medicine has been wonderful. I think one more refill should do it for me."

Ans: B

Feedback:

Withdrawal is reduction in prolonged substance use that results in problematic behavioral, physiological, and cognitive changes. Tolerance is the diminished physical and/or psychological response to effects of alcohol or illicit substances. A person develops tolerance when he or she needs to use higher doses of alcohol or illicit substances to achieve the desired euphoric effect. Feeling like one cannot function without a substance is a sign of substance dependence. Praising the medication and requesting another refill could be a sign of substance dependence.

Origin: Chapter 17- Substance Use, 8

8. A nurse working in the rural Southeast United States sees many young white adolescent girls in the clinic. The nurse should be aware that which type of substance use is highest among this demographic?
- A) Smoking cannabis
 - B) Sniffing glue
 - C) Injecting heroin
 - D) Drinking alcohol

Ans: B

Feedback:

For young adolescents, rates of inhalant use are highest for white females residing in the rural southeast (22.4%) and Mexican-American females (22.7%) living in rural parts of the western United States.

Origin: Chapter 17- Substance Use, 9

9. A woman who is at high risk for alcohol abuse has just found out that she is pregnant. The nurse counsels her about the long-term effects of alcohol on the child. The nurse should include mention of: (Select all that apply.)
- A) Down syndrome
 - B) Type 1 diabetes
 - C) Low IQ
 - D) Facial anomalies
 - E) Short attention span

Ans: C, D, E

Feedback:

Alcohol use during pregnancy is a serious public health concern because of the multiple deleterious, lifelong effects of alcohol on the child. These lifelong effects include low IQ, hyperactivity, short attention span, distinctive facial anomalies, and structural brain defects. Down syndrome is the result of a genetic defect and is not associated with alcohol use in the mother. Type 1 diabetes is also not associated with alcohol use in the mother.

Origin: Chapter 17- Substance Use, 10

10. In assessing a 13-year-old Native American boy who lives on a reservation, the nurse finds that he regularly drinks alcohol and smokes cannabis. He says that most of his friends do so, as well. The nurse is aware that this rate of prevalence is far higher than that for 13-year-olds of all ethnicities nationwide. Which social conditions have researchers associated with this health disparity? (Select all that apply.)
- A) Greater availability of cannabis from local farms
 - B) Higher socioeconomic status
 - C) Lower academic attainment
 - D) Proximity to Mexico and drug gangs
 - E) College enrollment

Ans: A, C, D

Feedback:

Substance misuse is a major public health concern for Native American youth on reservations, where more than half of eighth graders report alcohol and cannabis use, a pronounced increase from overall national prevalence rates for eighth graders of all ethnicities. While there is no causal model to explain the higher rates of substance use among youth on reservations, social factors including greater availability from local cannabis farms, proximity to Mexico and drug gangs, lower (not higher) socioeconomic status, and lower academic attainment (not college enrollment) are some of the social conditions that researchers have associated with this pronounced health disparity.

Origin: Chapter 17- Substance Use, 11

11. The nurse assesses a 33-year-old who abuses alcohol. To gauge how the client's substance use is impairing his ability to fulfill normal role functions, the nurse should use: (Select all that apply.)
- A) History of arrests for drunken driving
 - B) Age at the time of first alcoholic drink
 - C) Jobs lost due to intoxication at work and chronic absenteeism
 - D) Failing grades in night classes at the local community college
 - E) Blood alcohol level at time of last arrest for driving while intoxicated

Ans: A, C, D

Feedback:

Legal, employment, or academic difficulties that have resulted from misuse are an important gauge of how substance use is impairing the client's ability to fulfill normal role functions. Age at first use of a substance is a key indicator for risk of substance dependence but would not be a good gauge for how substance use is impairing the client's fulfillment of roles. Blood alcohol level is used to establish whether someone is intoxicated, but would not be a good gauge for how substance use is impairing the client's fulfillment of roles.

Origin: Chapter 17- Substance Use, 12

12. The nurse performs motivational interviewing with a college student in the university health center regarding the student's history of binge drinking. The nurse hopes to ascertain the student's readiness to change her behavior and encourage her to make better choices related to alcohol use. The interview should begin with:
- A) Listening empathetically to establish trust
 - B) Eliciting feelings about how the drinking behavior is affecting the student's life
 - C) Noting discrepancies between attitudes toward alcohol and alcohol-associated harms
 - D) Being supportive of the student's life goals

Ans: A

Feedback:

Nurses in university health services are ideally positioned to identify at-risk students and use motivational interviewing to ascertain the students' readiness to change their behavior. Motivational interviewing begins by establishing trust, being an empathic listener, and instilling hope and positive regard—communication skills familiar to nurses, which are the foundation of the nurse–client relationship. Once the nurse establishes rapport, brief motivational interviewing consists of specific cognitive strategies such as eliciting feelings about how the drinking behavior is affecting the student's life, noting discrepancies between attitudes toward alcohol and alcohol-associated harms, emphasizing strengths, supporting life goals, and empathically supporting the student on ways to implement change or remaining neutral when met with ambivalence.

Origin: Chapter 17- Substance Use, 13

13. The nurse works with a client who is struggling with heroin addiction. Which examination should the nurse perform to screen for a comorbidity that is highly associated with substance use disorders?
- A) Assessment of blood glucose level
 - B) Bone marrow aspiration
 - C) Magnetic resonance imaging of the brain
 - D) Mental status examination

Ans: D

Feedback:

There is high comorbidity of substance use disorders with major mental illness. The mental status examination is a valuable tool in identifying signs and symptoms of major mental illness that co-occur with substance use. The mental status examination can alert the nurse to cognitive changes that are the result of chronic substance use and can help differentiate symptoms from other medical conditions, such as dementia or delirium.

Origin: Chapter 17- Substance Use, 14

14. The nurse works with a recovering heroin addict who is currently receiving opioid substitution treatment. Besides reducing his use of heroin, what additional benefits are offered by this treatment? (Select all that apply.)
- A) Reduction in alcohol use
 - B) Weight loss
 - C) Decrease in transmission of HIV
 - D) Improving the client's overall health
 - E) Decrease in depression

Ans: C, D

Feedback:

Opioid substitution programs are effective in decreasing the transmission of HIV infection, reducing injecting drug use, and improving the health of people addicted to opioids. They are not associated with a reduction in alcohol use, weight loss, or a decrease in depression.

Origin: Chapter 17- Substance Use, 15

15. The community health nurse is concerned with the prevalence of new HIV infections in the community and understands the strong correlation between substance use disorders and HIV. Which interventions should the nurse promote in the community health clinic to best address this problem? (Select all that apply.)
- A) 12-step self-help groups
 - B) Family and couples therapy
 - C) Opioid substitution treatment
 - D) Syringe exchange programs
 - E) Motivational interviewing

Ans: C, D

Feedback:

Opioid substitution treatment and syringe exchange programs have been effective in lowering the rates of HIV infection among injection drug users in both developed and developing countries. Self-help groups such as Alcoholics Anonymous are effective in assisting people in countries with high rates of alcohol abuse but would not help decrease the rate of HIV infection. Family and couples therapy also would not address the underlying problems among injection drug users that promote the spread of HIV.

Origin: Chapter 17- Substance Use, 16

16. A nurse receives blood test results that indicate that a 14-year-old client has been using cannabis. Based on knowledge of factors that affect rate of cannabis use among youth, which would be the most effective strategy to discourage this behavior?
- A) Explain the risks associated with cannabis use
 - B) Remind the client that it is still illegal in your state
 - C) Refer the client for counseling
 - D) Share about your own experience with drug use

Ans: A

Feedback:

Past-month cannabis use was 10 times higher in youth who perceived there was moderate, slight, or no risk, compared with their peers who perceived great risk. Thus, explaining the risks of use might dissuade future use. The client likely already knows that it is illegal in his state. Although referring the client to counseling might be appropriate, if he is unaware of the risks associated with cannabis use, he will likely not bother to pursue it. Sharing about your own experience with drug use would not be appropriate in the context of your role as a nurse.

Origin: Chapter 17- Substance Use, 17

17. During an assessment, a teenager reveals a 2-year history of inhalant use. Using knowledge that fumes may be inhaled through the mouth, this will achieve a state of intoxication similar to:
- A) Alcohol
 - B) Cannabis
 - C) Cocaine
 - D) Morphine

Ans: A

Feedback:

Fumes may be inhaled through the mouth, referred to by adolescents as “huffing,” or the nose (“sniffing”), to achieve a state of intoxication similar to that of alcohol, not cannabis, codeine, or morphine.

Origin: Chapter 17- Substance Use, 18

18. The nurse counsels a college student who admits to frequent binge drinking. Based on her age and environment, the most likely reason for this student's binge drinking is to:
- A) Deal with family dysfunction
 - B) Cope with violence
 - C) Escape painful emotions
 - D) Enhance mood or affective state

Ans: D

Feedback:

Unlike their younger peers, who may use alcoholic beverages to cope with family dysfunction, violence, or painful emotions, college students are more likely to engage in heavy or binge drinking to enhance their mood or affective state.

Origin: Chapter 17- Substance Use, 19

19. The nurse screens a woman who is 6 months pregnant for alcohol use. Which screening instrument should be used?
- A) AUDIT-C
 - B) CAGE
 - C) SMAST-G
 - D) T-ACE

Ans: D

Feedback:

The T-ACE screening instrument has been validated for use with women who are pregnant. All adults in primary care should be routinely screened for alcohol use with the AUDIT-C or CAGE questionnaire. The AUDIT-C, CAGE, and SMAST-G screening instruments are available in a pocket-sized brochure to facilitate use in all primary care settings.

Origin: Chapter 17- Substance Use, 20

20. The nurse teaches a client about pharmacologic treatments for alcohol-dependent disorders. The client correctly understands the teaching when she tells the nurse that a medication that induces aversive effects if alcohol is consumed is:
- A) Naltrexone
 - B) Acamprosate
 - C) Disulfiram
 - D) Buprenorphine

Ans: C

Feedback:

Naltrexone and acamprosate have pharmacologic properties that diminish craving for alcohol, whereas disulfiram induces aversive effects if alcohol is consumed. Opioid substitution treatment consists of administering methadone or buprenorphine in prescribed doses to injection drug users in programs administered by governments.

Origin: Chapter 17- Substance Use, 21

21. The nurse works in the ER when a client arrives with respiratory depression associated with a heroin overdose. Which medication should the nurse expect to be ordered for this client?
- A) Naltrexone
 - B) Acamprosate
 - C) Disulfiram
 - D) Naloxone

Ans: D

Feedback:

Naloxone is an opioid antagonist that blocks the opioid receptors and temporarily reverses respiratory depression associated with opioid overdose. Naltrexone and acamprosate have pharmacologic properties that diminish craving for alcohol, whereas disulfiram induces aversive effects if alcohol is consumed.

Origin: Chapter 18- Underserved Populations, 1

1. An underserved population is a subgroup of the population that has a higher risk of developing health problems due to marginalization in which areas? (Select all that apply.)
 - A) Age
 - B) Gender
 - C) Sociocultural status
 - D) Political affiliation
 - E) Religion

Ans: A, B, C

Feedback:

An underserved population is a subgroup of the population that has a higher risk of developing health problems due to marginalization in sociocultural status, access to economic resources, age, or gender. Marginalization in religion and political affiliation are not typically associated with underserved populations.

Origin: Chapter 18- Underserved Populations, 2

2. In the *Healthy People 2020* federal initiatives in the United States, which group is identified as needing special attention and creative solutions to live a healthy life in the face of sobering health disparities and social injustices?
 - A) Older adults
 - B) People with acute infectious diseases
 - C) People recovering from traumatic accidents
 - D) Mentally ill people

Ans: D

Feedback:

In the *Healthy People 2020* federal initiatives in the United States, the following groups are identified as needing special attention and creative solutions to live a healthy life in the face of sobering health disparities and social injustices: (1) high-risk mothers, (2) chronically ill and disabled people, (3) people living with HIV/AIDS, (4) mentally ill people, (5) substance abusers, (6) homeless people, and (7) immigrants and refugees.

Origin: Chapter 18- Underserved Populations, 3

3. Definitions of rural areas are based on which concepts? (Select all that apply.)

- A) Administrative
- B) Religious
- C) Land-use
- D) Political
- E) Economic

Ans: A, C, E

Feedback:

Definitions of rural areas can be based on administrative, land use, or economic concepts, including variations of these three themes. Religious and political concepts are not among the themes on which the definitions of rural areas are based.

Origin: Chapter 18- Underserved Populations, 4

4. Which most accurately defines a medically underserved area?

- A) A geographic area, population group, or medical facility with shortages of healthcare professionals to the degree that a full complement of healthcare services is not possible
- B) An area with a lack of medical care services as determined by the number of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population 65 years or older
- C) A U.S. federal designation for those populations that face economic, cultural, or linguistic barriers to accessing primary medical care services
- D) A subgroup of the population that has a higher risk of developing health problems because of marginalization

Ans: B

Feedback:

A medically underserved area (MUA) is an area with a lack of medical care services as determined by the number of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or older. A health professional shortage area (HPSA) is a geographic area, population group, or medical facility with shortages of healthcare professionals to a degree that a full complement of healthcare services is not possible. A medically underserved population (MUP) is a U.S. federal designation for those populations that face economic, cultural, or linguistic barriers to accessing primary medical care services. An underserved population is a subgroup of the population that has a higher risk of developing health problems because of marginalization in sociocultural status, access to economic resources, age, or gender.

Origin: Chapter 18- Underserved Populations, 5

5. The nurse visits a community health clinic in a remote rural area, at which emergency care is not provided because the facility lacks the medical staff necessary to offer such services. Based on this information, which is the most accurate description of this situation?
- A) Health professional shortage area
 - B) Medically underserved area
 - C) Medically underserved population
 - D) Underserved population

Ans: A

Feedback:

A health professional shortage area (HPSA) is a geographic area, population group, or medical facility with shortages of healthcare professionals to a degree that a full complement of healthcare services is not possible. A medically underserved area (MUA) is an area with a lack of medical care services as determined by the number of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population 65 years or older. A medically underserved population (MUP) is a U.S. federal designation for those populations that face economic, cultural, or linguistic barriers to accessing primary medical care services. An underserved population is a subgroup of the population that has a higher risk of developing health problems because of marginalization in sociocultural status, access to economic resources, age, or gender.

Origin: Chapter 18- Underserved Populations, 6

6. Which is an accurate health factor or effect of living in rural geopolitical areas?
- A) Only about 5% of physicians practice in rural America despite that nearly one fourth of the population lives in these areas.
 - B) Although only one third of all motor vehicle accidents occur in rural areas, two thirds of the deaths attributed to these accidents occur on rural roads.
 - C) Rural residents are nearly three times as likely to die from unintentional injuries other than motor vehicle accidents than are urban residents.
 - D) Abuse of alcohol and use of smokeless tobacco is a significant problem among rural older adults.

Ans: B

Feedback:

Although only one third of all motor vehicle accidents occur in rural areas, two thirds of the deaths attributed to these accidents occur on rural roads. Only about 10% (not 5%) of physicians practice in rural America despite that nearly one fourth of the population lives in these areas. Rural residents are nearly twice (not three times) as likely to die from unintentional injuries other than motor vehicle accidents than are urban residents. Abuse of alcohol and use of smokeless tobacco are a significant problem among rural youth (not older adults).

Origin: Chapter 18- Underserved Populations, 7

7. Which correctly ranks the top four rural health priorities according to the Healthy People goals?
 - A) (1) Access to quality healthcare, (2) mental health and mental disorders, (3) diabetes, (4) heart disease
 - B) (1) Mental health and mental disorders, (2) access to quality healthcare, (3) heart disease, (4) diabetes
 - C) (1) Diabetes, (2) heart disease, (3) mental health and mental disorders, (4) access to quality healthcare
 - D) (1) Access to quality healthcare, (2) heart disease, (3) diabetes, (4) mental health and mental disorders

Ans: D

Feedback:

The correct ranking of rural health priorities is (1) access to quality healthcare, (2) heart disease, (3) diabetes, and (4) mental health and mental disorders.

Origin: Chapter 18- Underserved Populations, 8

8. When speaking with an older man in a rural community about his lifelong smoking habit, the nurse is alarmed to learn that he has never heard that cigarette smoking is the major cause of lung cancer. This situation exemplifies which of the seven A's of challenges to elders in rural areas?
 - A) Availability
 - B) Accessibility
 - C) Affordability
 - D) Awareness

Ans: D

Feedback:

Awareness refers to the level of information dissemination and degree of literacy. Availability refers to the number and diversity of formal services and providers, number of acceptable services, and amount of human service infrastructure. Accessibility refers to the amount of adequate, appropriate, and affordable transportation as well as the degree of cultural and geographic isolation. Affordability refers to the ability to pay for services.

Origin: Chapter 18- Underserved Populations, 9

9. While visiting the home of an 89-year-old woman out in the country, the nurse learns that her primary care provider's office is one hour's drive away. The client states, "I've just stopped going in for appointments in the past few years. It's just too far for me to drive by myself." This situation exemplifies which of the seven A's of challenges to elders in rural areas?
- A) Availability
 - B) Accessibility
 - C) Affordability
 - D) Awareness

Ans: B

Feedback:

Accessibility refers to amount of adequate, appropriate, and affordable transportation as well as the degree of cultural and geographic isolation. Availability refers to the number and diversity of formal services and providers, number of acceptable services, and amount of human service infrastructure. Affordability refers to the ability to pay for services. Awareness refers to the level of information dissemination and degree of literacy.

Origin: Chapter 18- Underserved Populations, 10

10. The Children's Defense Fund supports initiatives at the individual, family, community, organizational, and government levels. Which exemplifies a strategy at the family level?
- A) Mentor a child in a READ program.
 - B) Volunteer with children who are homeless or in foster care.
 - C) Create daily homework routines and limit television viewing.
 - D) Vote in every election and advocate for children.

Ans: C

Feedback:

Individual strategies include mentoring a child in a READ program, volunteering with children who are homeless or in foster care, and voting in every election and advocating for children. A family strategy is to create daily homework routines and limit television viewing.

Origin: Chapter 18- Underserved Populations, 11

11. The Children's Defense Fund supports initiatives at the individual, family, community, organizational, and government levels. Encouraging families to spend quality time together by hosting a movie or game night at a local church is an example of a strategy at which level?
- A) Family
 - B) Community
 - C) Organizational
 - D) Government

Ans: B

Feedback:

Encouraging families to spend quality time together by hosting a movie or game night at a local church is an example of a strategy at the community level and not at the family, organizational, or government levels.

Origin: Chapter 18- Underserved Populations, 12

12. The Children's Defense Fund supports initiatives at the individual, family, community, organizational, and government levels. Which strategies are at the government level? (Select all that apply.)
- A) Provide free tax filing assistance to low-income working families.
 - B) Educate families about how they can apply for food stamps, Head Start, federal nutrition programs, and other similar benefits.
 - C) Ensure children in foster care and detention receive quality treatment to address their mental, behavioral, and emotional needs.
 - D) Promote high-quality children's television programming and access to other quality electronic media.
 - E) Start a halfway house and counseling program for youth who have run away.

Ans: C, D

Feedback:

Government strategies include ensuring that children in foster care and detention receive quality treatment to address their mental, behavioral, and emotional needs and promoting high-quality children's television programming and access to other quality electronic media. Organization strategies include providing free tax filing assistance to low-income working families and educating families about how they can apply for food stamps, Head Start, federal nutrition programs, and other similar benefits. Community strategies include starting a halfway house and counseling program for youth who have run away.

Origin: Chapter 18- Underserved Populations, 13

13. In the United States, detention centers, jails, and prisons are places that provide safety to the public by incarcerating people who have committed crimes and who are deemed a threat to society. Which demographics are true of the majority of inmates? (Select all that apply.)
- A) Incarcerated for violent crimes
 - B) Latino or African-American
 - C) Average age of 37 years
 - D) Serving sentences of more than 10 years
 - E) Male gender

Ans: B, C, E

Feedback:

Most inmates are males who are African-American or Latino. The average age of inmates is 37. Seventy-five percent of all prisoners are nonviolent and have been incarcerated for drug possession and trafficking, bribery, and extortion, and 40% are serving sentences of more than 10 years.

Origin: Chapter 18- Underserved Populations, 14

14. A nurse is assessing a client who was recently released from prison. Based on knowledge of the incidence rates of various types of crimes that lead to incarceration, the nurse suspects that the client may have committed which crime?
- A) Murder
 - B) Rape
 - C) Assault
 - D) Drug possession and trafficking

Ans: D

Feedback:

Seventy-five percent of all prisoners are nonviolent and have become incarcerated for drug possession and trafficking, bribery, and extortion.

Origin: Chapter 18- Underserved Populations, 15

15. The nurse works at a clinic in Arizona that provides bilingual (English and Spanish) care to low-income immigrant workers from Mexico. Which designation most accurately describes the area or the population this nurse serves?
- A) Health professional shortage area
 - B) Medically underserved area
 - C) Medically underserved population
 - D) Inmates

Ans: C

Feedback:

A medically underserved population (MUP) is a U.S. federal designation for those populations that face economic, cultural, or linguistic barriers to accessing primary medical care services. A medically underserved area (MUA) is an area with a lack of medical care services as determined by the number of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population 65 years or older. A health professional shortage area (HPSA) is a geographic area, population group, or medical facility with shortages of healthcare professionals to a degree that a full complement of healthcare services is not possible. An inmate is a person who is held in a jail or prison to protect the public.

Origin: Chapter 18- Underserved Populations, 16

16. Which qualifies as an urbanized area according to the U.S. Census Bureau? (Select all that apply.)
- A) A central city with population of 30,000 and surrounding densely settled territory with a population of 25,000 with a combined population density of 500 people per square mile
 - B) A central city with population of 50,000 and surrounding densely settled territory with a population of 10,000 with a combined population density of 750 people per square mile
 - C) A central city with population of 25,000 and surrounding densely settled territory with a population of 25,000 with a combined population density of 1,100 people per square mile
 - D) A central city with population of 20,000 and surrounding densely settled territory with a population of 30,000 with a combined population density of 1,250 people per square mile
 - E) A central city with population of 100,000 and surrounding densely settled territory with a population of 50,000 with a combined population density of 1,500 people per square mile

Ans: C, D, E

Feedback:

The U.S. Census Bureau defines an urbanized area (UA) by population density. According to this definition, each UA includes a central city and the surrounding densely settled territory that together have a population of 50,000 or more and a population density generally exceeding 1,000 people per square mile.

Origin: Chapter 18- Underserved Populations, 17

17. An older woman in a rural health clinic tells the nurse that this is the first time she's been in a medical facility for more than 10 years. She shows signs of advanced diabetes, including significant necrosis in her feet. When asked why she didn't come in sooner, she says, "I don't drive, myself, and I hate asking my son to bring me—I feel like such a burden." This situation exemplifies which of the seven A's of challenges to elders in rural areas?
- A) Awareness
 - B) Adequacy
 - C) Acceptability
 - D) Assessment

Ans: C

Feedback:

Acceptability refers to the degree of reluctance to ask for help. Awareness refers to the level of information dissemination and degree of literacy. Adequacy refers to the level of service standards and evaluation and degree of evidence-based practice. Assessment refers to the amount of basic information available on what is needed using research rigor and analyses.

Origin: Chapter 18- Underserved Populations, 18

18. What percentage of rural children live in poverty?

- A) 14%
- B) 24%
- C) 34%
- D) 44%

Ans: B

Feedback:

Nearly 24% of rural children live in poverty.

Origin: Chapter 18- Underserved Populations, 19

19. Which most accurately characterize Medicare clients with acute myocardial infarctions (AMIs) who are treated in rural hospitals? (Select all that apply.)

- A) Less likely to experience an opportunistic infection than those in urban hospitals
- B) Less likely to receive recommended treatments than those in urban hospitals
- C) More likely to have a second AMI within a month of the first than those in urban hospitals
- D) Have significantly higher adjusted 30-day post-AMI death rates from all causes than those in urban hospitals
- E) Experience faster recovery times than those in urban hospitals

Ans: B, D

Feedback:

Medicare clients with AMI who were treated in rural hospitals were less likely than those treated in urban hospitals to receive recommended treatments and had significantly higher adjusted 30-day post-AMI death rates from all causes than those in urban hospitals. The other answers are not true.

Origin: Chapter 18- Underserved Populations, 20

20. The Children's Defense Fund supports initiatives at the individual, family, community, organizational, and government levels. Which level is represented by hosting a health fair to ensure all children who are eligible for Medicaid or state children's health insurance program are enrolled?

- A) Family
- B) Community
- C) Organization
- D) Government

Ans: C

Feedback:

Organizations, not families, communities, or government, are likely host a health fair to ensure all children who are eligible for Medicaid or your state children's health insurance program are enrolled.

Origin: Chapter 18- Underserved Populations, 21

21. How can genomics help improve care of underserved populations? (Select all that apply.)
- A) Identify increased risk in certain populations for specific diseases.
 - B) Boost the immune system of individuals in the community.
 - C) Predict how a community might metabolize medications.
 - D) Reduce the cost of medications.
 - E) Predict a community's unique vulnerability to environmental changes that can control gene expression in some diseases.

Ans: A, C, E

Feedback:

Understanding the genetic predictors of disease through genomics is a determinant of how certain individuals, families, and communities may be disproportionately affected by illness, and why public health must be part of a strategy that addresses discoveries in a practical way in this developing science. We also know that different groups of people by gender or other key demographic characteristics respond to preventive treatment differently because of their genetic make-up. For example, some genotypes may metabolize medications differently. Some populations may have specific vulnerability and key environmental influences related to their health. Gomes and Pelosi (2013) discuss how the potential vulnerability to environmental changes can control gene expression in diseases of great interest in public health such as cancer, autoimmune diseases, and perhaps even the aging process.

Origin: Chapter 19- Environmental Health, 1

1. Which is the most accurate definition of an exposure pathway?
 - A) The total amount of a contaminant that comes in direct contact with the body
 - B) Factor that determines a person's level of exposure to a contaminant
 - C) Method by which people are exposed to an environmental contaminant
 - D) Process to determine whether exposure to an environmental contaminant has occurred

Ans: C

Feedback:

An exposure pathway is the method by which people are exposed to an environmental contaminant that originates from a specific source. Exposure is a measure of the total amount of a contaminant that comes in direct contact with the body. An exposure estimate is a method of determining a person's level of exposure to a contaminant on the basis of associated factors. An exposure history is a process to help determine whether an individual has been exposed to environmental contaminants.

Origin: Chapter 19- Environmental Health, 2

2. The nurse travels to Nigeria with a humanitarian aid organization to assess and treat members of a remote community. The children all have high levels of lead in their blood, as a result of exposure to lead dust created by gold mining. Many children are dying. The nurse has never witnessed such a phenomenon in the United States. Which are the most likely reasons for this discrepancy? (Select all that apply.)
 - A) Larger mining operations than in the United States
 - B) Lack of environmental regulations or of their enforcement
 - C) Lack of knowledge concerning environmental dangers
 - D) Weaker immune systems than in the United States
 - E) Need of the miners to earn a living and fewer work options

Ans: B, C, E

Feedback:

This situation is caused by a combination of limited environmental protections, lack of knowledge concerning environmental dangers by local community members, and the need to earn an income. The size of the mining operations is not relevant. The strength of the children's immune system is irrelevant, as the immune system is effective against invading microorganisms, not against lead.

Origin: Chapter 19- Environmental Health, 3

3. The nurse visits the home of client in a low-income community and notices that paint is flaking off the walls and forming a dust in the corners of some rooms. The nurse asks the client when the house was built, and she responds that it was built in 1959. Which contaminant should the nurse expect to find in this home?
- A) Lead
 - B) Radon
 - C) Asbestos
 - D) Pesticide

Ans: A

Feedback:

Contaminants in the environment, such as asbestos, lead, or radon, influence human health. For example, lead was used in paint until the 1970s and is often found in houses built earlier. As the old paint breaks down, lead can be found in dust and old paint chips in homes. In communities with older, deteriorating housing, children can be exposed to lead. In many cases, such housing is found in poorer communities. There are no indications of the other contaminants being present.

Origin: Chapter 19- Environmental Health, 4

4. Several important pieces of legislation have helped highlight the importance of environmental health and environmental protection. Which best describes Superfund?
- A) National program to control the damaging effects of air pollution
 - B) Program that protects and enhances the quality of the nation's air by regulating stationary and mobile sources of air emissions
 - C) Environmental program established to address abandoned hazardous waste sites
 - D) Comprehensive framework of standards, technical tools, and financial assistance to address the many causes of pollution and poor water quality

Ans: C

Feedback:

Superfund is the name given to the environmental program established to address abandoned hazardous waste sites. The Clean Water Act focuses on improving the quality of the nation's waters. It provides a comprehensive framework of standards, technical tools, and financial assistance to address the many causes of pollution and poor water quality, including municipal and industrial wastewater discharges, polluted runoff from urban and rural areas, and habitat destruction. The Clean Air Act is a national program to control the damaging effects of air pollution. It protects and enhances the quality of the nation's air by regulating stationary and mobile sources of air emissions.

Origin: Chapter 19- Environmental Health, 5

5. Which is the most accurate definition of a risk assessment?
 - A) Assessment of the adverse effects of chemical, physical, or biological agents on people, animals, and the environment
 - B) Process to help determine whether an individual has been exposed to environmental contaminants
 - C) Assessment of factors that determine a person's level of exposure to an environmental contaminant
 - D) Determination of the likelihood of adverse effects in a group exposed to an environmental contaminant

Ans: D

Feedback:

Risk assessment is the process to determine the likelihood or probability that adverse effects such as illness or disease will occur in a group of people because of an exposure to an environmental contaminant. Toxicology is the study of the adverse effects of chemical, physical, or biological agents on people, animals, and the environment. Exposure history is the process to help determine whether an individual has been exposed to environmental contaminants. Exposure estimate is assessment of factors that determine a person's level of exposure to a contaminant.

Origin: Chapter 19- Environmental Health, 6

6. There are different methods for conducting risk assessment for environmental contaminants. Which formula determines the amount of risk?
 - A) Hazard = exposure × risk
 - B) Exposure = risk × hazard
 - C) Risk = contaminant presence × exposure
 - D) Risk = hazard × exposure

Ans: D

Feedback:

A key concept for assessing risk is that the amount of risk equals the hazard times the exposure ($\text{risk} = \text{hazard} \times \text{exposure}$). The presence of a hazard alone does not determine the amount of risk the hazard poses.

Origin: Chapter 19- Environmental Health, 7

7. Which exemplify environmental media and transport mechanisms within an exposure pathway? (Select all that apply.)

- A) Mercury
- B) Groundwater
- C) Pond
- D) Air
- E) Subsurface soil

Ans: B, C, D, E

Feedback:

Environmental media include groundwater, surface water (lakes, ponds, and rivers), air, surface soil, subsurface soil, sediment, and biota (plants and animals). The environmental medium that the contaminant is in helps determine who is exposed and how they are exposed. Mercury is an example of a contaminant, or source of contamination.

Origin: Chapter 19- Environmental Health, 8

8. Which is an example of a radiological contaminant?

- A) Lead
- B) Mercury
- C) Ricin
- D) Radon

Ans: D

Feedback:

Generally, contaminants can be thought of in three categories: chemical (lead, mercury, volatile organic compounds), biological (mold, anthrax, ricin), and radiological (radium, radon).

Origin: Chapter 19- Environmental Health, 9

9. The nurse visits a community along a creek where residents have begun to report upper respiratory illnesses and asthma. After investigating, the nurse learns that several miles upstream is a hazardous material disposal site. In addition, chemicals have leached through the soil into the creek water and have been carried downstream to this community. Although children are not allowed into the creek, they do often play along the bank. Which represents the route of exposure in this situation?
- A) Creek water
 - B) Chemicals
 - C) Bank of the creek
 - D) Inhalation

Ans: D

Feedback:

The route of exposure is how the contaminant enters the body, such as inhalation. The point of exposure is the place where people come in contact with the contaminated medium, which in this case would be the bank of the creek. The source of contamination is used to describe what the contaminants are and where they originate, which in this case would be the chemicals. The environmental medium that the contaminant is in is the creek water.

Origin: Chapter 19- Environmental Health, 10

10. Bioavailability is the amount of the contaminant that:
- A) Is absorbed into the body and becomes available at the site of physiological activity
 - B) Initially escapes a container and becomes available for contact with living organisms
 - C) Is airborne and available for inhalation
 - D) Is waterborne and available for skin contact

Ans: A

Feedback:

Bioavailability is the amount of a substance or contaminant that is absorbed into the body and becomes available at the site of physiological activity.

Origin: Chapter 19- Environmental Health, 11

11. The nurse conducts biomonitoring of residents of a community exposed to mercury vapor from a manufacturing facility nearby. Which form of biomonitoring is the method for the purpose of determining exposure to this contaminant?
- A) Measuring heart rate
 - B) Collecting blood or urine
 - C) Assessing respiratory rate
 - D) Obtaining body weight and composition measures

Ans: B

Feedback:

Biomonitoring is the process of using medical tests such as blood or urine collection to determine whether a person has been exposed to a contaminant and how much exposure he or she has received. Measuring heart rate, respiratory rate, body weight, and body composition would not be as helpful as for determining exposure to a contaminant as would collecting blood and urine samples.

Origin: Chapter 19- Environmental Health, 12

12. The nurse asks a client, “Do you wear the clothes you wear at work to home?” This is an example of which subject on the exposure history?
- A) Present work
 - B) Past work
 - C) Home/residence
 - D) Concerns

Ans: A

Feedback:

“Do you wear the clothes you wear at work to home?” is an example of present work on the exposure history, not past work, home/residence, or concerns.

Origin: Chapter 19- Environmental Health, 13

13. The nurse applies the nursing process to a case in which a client has been exposed to an environmental contaminant. The nurse considers the question, “Has the exposure pathway been interrupted?” This question would be considered during which phase of the nursing process to examine the impact of the environment on human health?
- A) Assessment
 - B) Planning
 - C) Intervention
 - D) Evaluation

Ans: D

Feedback:

An evaluation, not assessment or planning, is performed for any intervention to decide whether the intervention has achieved its goals and whether improvements or changes need to be made.

Origin: Chapter 19- Environmental Health, 14

14. Which most accurately describes environmental epidemiology?
- A) Focuses on the amount of a contaminant that is absorbed into the body
 - B) Involves monitoring the results of medical tests to determine whether a person has been exposed to a contaminant
 - C) Focuses on the incidence and prevalence of disease or illness in a population from exposures in their environments
 - D) Involves monitoring the number of adverse effects of chemical, physical, or biological agents on people, animals, and the environment

Ans: C

Feedback:

Environmental epidemiology is a field of public health science that focuses on the incidence and prevalence of disease or illness in a population from exposures in their environments. Bioavailability is the amount of a contaminant that is absorbed into the body. Biomonitoring is the process of using medical tests such as blood or urine collection to determine whether a person has been exposed to a contaminant and how much exposure he or she has received. Toxicology is the study of the adverse effects of chemical, physical, or biological agents on people, animals, and the environment.

Origin: Chapter 19- Environmental Health, 15

15. The information gained from environmental epidemiologic studies can be very helpful in trying to identify whether an exposure or what particular exposures have made people ill. Major challenges to most environmental epidemiology studies include: (Select all that apply).
- A) Resource intensive in terms of personnel and money
 - B) Period between exposure and illness can be very short
 - C) Weak ability to identify outbreaks of infectious disease
 - D) Limited availability of data on many contaminants and their effect on people's health
 - E) Time consuming to perform

Ans: A, D, E

Feedback:

Major challenges to most environmental epidemiology studies include the following: limited availability of data on many contaminants and their effect on health, limited understanding about how exposures to multiple contaminants may sicken people, latency between exposure and illness that can be very long, time-consuming to perform, resource intensive in terms of personnel and money, and inconclusive in determining whether X contaminant caused Y illness.

Origin: Chapter 19- Environmental Health, 16

16. Children may be more vulnerable to environmental exposures than adults. There are several factors that increase children's vulnerability. Which factors should be considered with children? (Select all that apply.)
- A) Their body systems are still rapidly developing.
 - B) They eat less, drink less, and breathe more in proportion to their body size than do adults.
 - C) Their bodies may be less able to break down and excrete contaminants.
 - D) Their behaviors can expose them to more contaminants.
 - E) Their breathing zone is further from the ground.

Ans: A, C, D

Feedback:

Children may be more vulnerable to environmental exposures than are adults. Several factors increase children's vulnerability, including the following. Children's body systems are still rapidly developing. Children eat more, drink more, and breathe more (not less) in proportion to their body size than adults. Children's breathing zone is closer to (not further from) the ground than adults'. Children's bodies may be less able to break down and excrete contaminants. Children's behaviors can expose them to more contaminants.

Origin: Chapter 19- Environmental Health, 17

17. Environmental justice is most accurately described as the belief that:
- A) Those who violate the environment should be required to pay significant fines or face extensive prison sentences.
 - B) All the harms humans have committed against the environment will one day result in divine judgment.
 - C) All people should have equal access to the environment.
 - D) No group should suffer more from environmental health consequences than others.

Ans: D

Feedback:

Environmental justice is the belief that no group of people should bear a disproportionate share of negative environmental health consequences regardless of race, culture, or income.

Origin: Chapter 19- Environmental Health, 18

18. Environmental justice is an important consideration when working with tribal communities. In which way is traditional tribal practices most often directly affected by contaminated land and water?
- A) Spiritual practices
 - B) Dietary practices
 - C) Work opportunities
 - D) Exercise opportunities

Ans: B

Feedback:

Tribal communities often bear a disproportionate burden of impact from pollution on their tribal lands. Traditional tribal practices include eating traditional foods for either a majority or a portion of their diets, and contamination of the land or water has a direct effect on food sources.

Origin: Chapter 19- Environmental Health, 19

19. In the United States, most citizens have access to clean water and sanitation services and often take these services for granted. Worldwide, however, clean water and sanitation are not standard. How many people worldwide in 2010 lacked access to improved water sources?
- A) 7 million
 - B) 78 million
 - C) 783 million
 - D) 7.8 billion

Ans: C

Feedback:

According to the WHO, in 2010, 783 million people lacked access to improved water sources.

Origin: Chapter 19- Environmental Health, 20

20. Changes to water supplies and increased flooding, which are believed to result from climate change, may make some areas more vulnerable to diseases. Which diseases are expected to become more prevalent as a result of climate change? (Select all that apply.)
- A) Asthma
 - B) Lung cancer
 - C) Diarrhea
 - D) Malaria
 - E) Dengue fever

Ans: A, C, D, E

Feedback:

Changes to water supplies and increased flooding may make some areas more vulnerable to diarrheal diseases. Experts predict that common vector-borne diseases such as malaria and dengue fever will affect larger geographic areas as the vectors that carry the diseases find agreeable climates in expanding areas. Climate change will also affect air quality. The WHO estimates that 300,000 million people have asthma and will face increased disease burden from climate change. There is no association of increased incidence of lung cancer with climate change.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 1

1. The public health nurse works in New England during the winter months. An ice storm cripples the city, and electrical outages affect the power grid. Trees and frozen power lines are down throughout the city, and the timeline for restoration of power is 7 to 10 days. The management team should classify this occurrence as:
 - A) An emergency
 - B) A natural disaster
 - C) Terrorism
 - D) An accidental disaster

Ans: B

Feedback:

Natural disasters are the result of naturally occurring events that have an impact on the environment, the economy, and the people who live in the area. Emergencies are considered events that require a swift, intense response on the part of existing community resources. Disasters are often unforeseen, serious, and unique events that disrupt essential community services and cause human morbidity and mortality that cannot be alleviated unless assistance is received from others outside the community. Terrorism is defined by the United Nations as “any action intended to cause death or serious bodily harm to civilians or noncombatants with the purpose of intimidating a population or compelling a government or an international organization to do or abstain from doing any act.” Accidental incidents (or disasters), broadly defined, are those that happen as a result of circumstantial factors (e.g., road conditions, human error, and physical plant deterioration) and are usually not deliberate.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 2

2. The national weather service warns of an impending ice storm that may have crippling effects on the community. Widespread electrical outages are predicted as well as freezing temperatures. The community health nurses are mobilized to establish emergency living quarters and clinics for those without heat. The nurses' actions are occurring during which phase of the disaster?

- A) Impact
- B) Postimpact
- C) Preimpact
- D) Preparedness

Ans: C

Feedback:

Disasters have a timeline, often referred to as a life cycle or phases. These include the preimpact phase (before), the impact phase (during), and the postimpact phase (after). Actions taken during these phases affect the illness, injury, and death that occur following the incident. Although disasters vary significantly, the response to each is similar. Preparedness is not a phase of the disaster itself but of the emergency management response to the disaster.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 3

3. The management team is in the process of identification of hazards associated with the ice storm that is expected to disable electrical service to the city. To identify areas most vulnerable to damage and plan for an effective response, which data or methods of data collection may be used? (Select all that apply.)
- A) Geographic information
 - B) Satellite imagery
 - C) Census data
 - D) Historical data on previous events
 - E) Planning board declarations

Ans: A, B, D

Feedback:

The identification of all existing and potentially dangerous situations before disasters occur is the first step in planning for an effective response. Different circumstances result in different types of injuries or illness, damage, and disruption of communication and transportation. Gathering historical data about previous disasters is helpful. Aerial photography, satellite imagery, wireless remote sensing devices, and geographic information systems are tools commonly used in hazard identification. Census data would not likely help identify areas vulnerable to damage. Planning board declarations are not data or a method of data collection.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 4

4. Five weeks after a category 4 hurricane, a town in southern Louisiana continues to battle for survival. The flood waters have now receded. The nurse is part of the disaster recovery team. Epidemiologic analysis of this town includes factors that influence the health status of this community. Which data may be included in the epidemiologic analysis report? (Select all that apply.)
- A) Continuing death
 - B) Population shift
 - C) Contamination of water supplies
 - D) Limited access to places of worship
 - E) Collapse of access to healthcare

Ans: A, B, C, E

Feedback:

An epidemiologic analysis of adverse health effects after any kind of disaster identifies factors that influence the health status of the community on a long-term basis. Some of these factors include continuing death, chronic illness, and/or disability; population shift if recovery is prolonged; contamination of food and water supplies, with an increased risk of infectious diseases; and collapse of local and regional healthcare access. Limited access to places of worship would not be included in the report, as it does not directly affect the health status of the community.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 5

5. Response to a disaster is in its final phase. Although still in the recovery phase of the response, an evaluation meeting is arranged. The purpose of the evaluation meeting is to:
- A) Analyze the strengths and weaknesses of the response and submit a plan to improve response in the future
 - B) Create a report that emphasizes the cohesiveness of the departmental response to the disaster
 - C) Analyze the effectiveness of the disaster relief teams from respondent states
 - D) Create a postdisaster report for FEMA

Ans: A

Feedback:

An evaluation meeting, led by the local emergency response committee, takes place during the recovery phase. A detailed list of strengths and weaknesses, as well as successes and failures, should be developed. Following a thorough review of the responses, a final report is prepared with recommendations for improving emergency response in the future. The report should not emphasize the cohesiveness of the departmental response to the disaster but should consider both strengths and weaknesses of the response. The purpose should be to analyze the effectiveness of the plan, not the relief teams from respondent states. The primary purpose of the meeting is not to create a report for FEMA but to evaluate the local emergency response.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 6

6. A tornado touched down in the city. The public health nurse is a member of the disaster management team. The nurse's role includes: (Select all that apply.)
- A) Search and rescue
 - B) Clinical assessment and triage
 - C) Provision of health education
 - D) Hazardous materials management
 - E) Protection of property

Ans: B, C

Feedback:

Public health nurses can play a crucial role in all phases of disaster management. Nurses have a diverse knowledge base, well-developed risk assessment and clinical skills (including clinical assessment and triage), and a strong commitment to public welfare that bring depth to the disaster management process. Public health nurses are experts in providing health education for the various populations in a community setting.

Historically, disaster management has been viewed as the responsibility of police, firefighters, emergency medical technicians, and hazardous materials (HAZMAT) management teams. Traditionally the first to arrive on the scene, they act to save lives (search and rescue), protect property, and meet basic human needs.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 7

7. The nurse is a member of the emergency and disaster preparedness committee for an organization. The nurse's role is to head the data collection subcommittee. What are the key areas that would be included in your plan?
- A) Morbidity, mortality, mental health, and infectious disease
 - B) Morbidity, mortality, displacement, and community infrastructure
 - C) Morbidity, mortality, mental health, and chronic illness
 - D) Morbidity, mortality, displacement, and healthcare workers

Ans: A

Feedback:

Disaster preparedness and management competencies include participation in the development of a data gathering system that addresses morbidity, mortality, mental health, and infectious disease. Although displacement of people due to a disaster, the status of community infrastructure, and the availability of healthcare workers are concerns during a disaster, they would not be key areas of concern for a data collection subcommittee.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 8

8. The public health nurse is a first responder in a community disaster, secondary to a flood. One section of the town has experienced a loss of water and electricity for 4 days. The nurse's first action to meet the needs of the community at this time should be to:
- A) Refer the members of the community to a spiritual outreach program
 - B) Provide access to safe food and water
 - C) Inform the fire department of potential risks within the community setting
 - D) Provide an immunization program

Ans: B

Feedback:

Public health nursing practice focuses on the provision of comprehensive public health services to ensure that community members have access to preventive care, immunizations, safe food and water, and assistance with services that may go beyond medical needs. An extensive knowledge of the community is the foundation for these services. However, the need for clean water and safe food is the priority at this time.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 9

9. The nurse cares for a client who has symptoms of high fever and unexplained bleeding. After receiving blood test results, the client's primary care provider diagnoses the client with Ebola hemorrhagic fever. What interventions should the nurse anticipate implementing for this client? (Select all that apply.)
- A) Administration of an antiviral
 - B) Strict infection control
 - C) Isolation of the client
 - D) Rinsing of the client's eyes
 - E) Administration of an antitoxin

Ans: B, C

Feedback:

Ebola hemorrhagic fever is a severe, often fatal viral disease in humans, and it is one of the most virulent viral diseases known to humankind. No treatment or vaccine is available, and death occurs in 50% to 90% of all cases of clinical illness. Once illness is confirmed, isolation is enforced along with strict infection control techniques. Treatment with an antiviral or antitoxin would not be effective. Rinsing of the eyes is performed following a chemical disaster, not with the Ebola hemorrhagic fever.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 10

10. Which are advantages of disaster management JITT for nurses? (Select all that apply.)
- A) Is cost-effective because it requires the least amount of resources to produce the final result
 - B) Provides the nurse with comprehensive knowledge of how to respond to many different types of disaster
 - C) Shortens the period of time between learning and application
 - D) Includes classroom sessions and on-site presentations
 - E) Is offered online for easy access

Ans: A, C, D, E

Feedback:

Just-in-time training (JITT) is given immediately before it is used so that the least amount of resources is expended in producing the final result. There is a shortened period of time between learning and application. Options for JITT can include the following: 1-hour scheduled classroom sessions; an online video demonstration; or an on-site, show one–do one presentation. The Centers for Disease Control and Prevention offer many online JITT training sessions, and many states and localities have developed their own training programs. Because JITT is specific to an impending or current disaster, it does not provide the nurse with comprehensive knowledge of how to respond to many different types of disaster.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 11

11. The nurse is responsible for triage in a setting where a natural disaster has occurred. The triage is expected to last for an extended period of time. Which triage model would be most effective in this scenario?
- A) Simple triage and rapid treatment (START)
 - B) Prehospital triage
 - C) JumpSTART triage
 - D) Start/Save triage

Ans: D

Feedback:

START is a simple, prehospital triage system that was developed in California to assist emergency responders for use in earthquakes. Evidence-based and field-proven, the system separates injured people into four groups according to the severity of their injuries or illnesses. Other triaging systems have been developed to address the needs of vulnerable or special populations, such as the JumpSTART system for triaging children and the Start/Save system for triaging victims over a long period of time. The latter would be used when disasters are of such a nature that evacuation of the person to a field hospital is impossible.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 12

12. After a hurricane, the nurse is placed on a planning committee to meet the direct needs of the community. Most of the clean-up and rescue work has been completed, and several members of the community are living in shelters and are homeless. One of the foremost priorities of the committees is to establish:
- A) Ecumenical centers for long-term worship
 - B) Home repair resources
 - C) POD emergency supply centers
 - D) Financial aid centers

Ans: C

Feedback:

A point of distribution (POD) is a centralized location where the public picks up emergency supplies, including food, water, and medications (if necessary), following a disaster. Food, water, and medications would be considered a priority during the postdisaster phase of the planning.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 13

13. The nurse is in charge of implementing a personal protective equipment (PPE) program at the hospital, in response to a chemical terrorist attack. Which components should be included in this program? (Select all that apply.)
- A) Selection, maintenance, and use of PPE
 - B) Training of employees in PPE use
 - C) Identification of hazards present
 - D) Identification of commodities to be distributed via POD emergency supply centers
 - E) Clinical assessment and triage drills

Ans: A, B, C

Feedback:

The Occupational Safety and Health Administration (OSHA) has outlined four levels of personal protection and the types of equipment that should be worn in various emergency situations. The agent involved and the risk of exposure are the primary determinants of the level of PPE required. If PPE is to be used, a PPE program should be implemented that addresses the hazards present, the selection, maintenance, and use of PPE, the training of employees, and monitoring of the program to ensure its ongoing effectiveness. JITT videos are available for PPE training purposes. A PPE program would not need to include identification of commodities to be distributed via PODs or clinical assessment and triage drills, which would be covered in separate programs or training.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 14

14. The nursing team cares for victims of a possible anthrax white powder investigation. Which information must be documented by the nurse scribe? (Select all that apply.)
- A) Victims' names
 - B) Time and place
 - C) Name of the Incident Commander
 - D) General assessment of the field
 - E) Victims' health histories

Ans: B, C, D

Feedback:

During an emergency event, it is not possible or expected that normal documentation standards and protocols will be maintained. When responding to an emergency, the time, place, general assessment of the field, and the name of the Incident Commander should be noted. Events move quickly, and documentation of observations is important. However, it is not possible to document all the information that is normally required, such as victims' names or their health histories.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 15

15. The nurse is notified that a possible anthrax exposure occurred at the local military base. Civilian workers are routed to the local hospital's emergency department. The nurse's responsibility is to set up PODs in the community. The function of the PODs in response to the anthrax exposure is to:
- A) Distribute decontaminated food
 - B) Administer prophylactic medications
 - C) Distribute decontaminated water
 - D) Provide triage

Ans: B

Feedback:

Postexposure prophylaxis for anthrax, which combines 60 days of antibiotics plus three doses of vaccine, is effective in preventing anthrax disease from occurring after an exposure. In an attack, public health nurses may set up PODs in their communities to administer prophylactic medications. Nurses also have the responsibility to educate the public about anthrax by managing "hotlines," answering questions, providing factual information, and offering reassurance. There would be no need for distribution of decontaminated food or water in this case. A POD would not be involved in triage.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 16

16. As a member of a disaster team, the nurse responds to a confirmed outbreak of the plague. The nurse understands that the pneumonic plague has a high mortality rate. The decision to meet the needs of the public on a wide scale includes:
- A) Administration of antibiotics via PODs
 - B) Administration of antivirals via PODs
 - C) Door-to-door visits to administer preventative medication
 - D) Isolating designated hospitals to prevent spread of the plague

Ans: A

Feedback:

Without early treatment, pneumonic plague has a high mortality rate. Several types of antibiotics are effective in the treatment of all forms of plague. Should there be a confirmed bioterrorism attack, prophylactic distribution of antibiotics to the public would occur through POD sites. Antivirals would not be effective against the plague, which is caused by the bacterium *Yersinia pestis*. Door-to-door visits to administer preventative medication would not be feasible or necessary, given the availability of PODs. Isolating designated hospitals would not meet the needs of the public on a wide scale.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 17

17. The nurse is a member of a disaster team responding to a chemical disaster. The nurse assesses clients in a systematic fashion, concentrating on their ability to breathe. When entering the evacuation site, before the physical assessments, the nurse should:
- A) Don PPE
 - B) Interview the client
 - C) Report to the hot zone
 - D) Request a HAZMAT expert to witness the client assessment

Ans: A

Feedback:

In the field, the public health nurse's response to a chemical incident is summed up in two words: "act quickly." Hazardous materials (HAZMAT) experts report to the hot zone on notification of the release of the chemical. The nurse may be asked to report to a temporary evacuation site, not the hot zone, where people exposed to the chemical are awaiting triage. Donning PPE must be the first priority. Then assessment of the victim's ability to breathe is necessary. Maintaining adequate respiratory function tops the list for effective client management in a chemical event. Keeping the victims in a sitting position with constrictive clothing loosened or removed is necessary. If the client cannot sit, the torso should be elevated. Interviewing the client should come later. There is no need to have a HAZMAT expert witness the client assessment.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 18

18. The community health nurse works in a receiving station after a radiological disaster. The nurse wears the requisite PPE and notes that the majority of the victims have blast injuries. A volunteer worker reports that many of the victims have dust on their clothes. The nurse's response to the dust is to:
- A) Recognize that the dust is common with blast injuries
 - B) Consider it radioactively contaminated and notify HAZMAT
 - C) Consider the dust a biological agent and therefore a contaminant
 - D) Flush all wounds to prevent chemical contamination

Ans: B

Feedback:

Community-based nurses are not called to the actual location of a radiological disaster. However, nurses working in a receiving station may observe dust on arriving victims. It must be assumed that dust on victims is radioactive (not a biological agent). PPE should be worn, and HAZMAT should be notified. People should remove their clothing and be referred for decontamination. Open wounds should be cleaned and covered, not flushed.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 19

19. The nurse is appointed to be a member of the risk communication team during a disaster response situation. During an evacuation, the nurse is informed that an increasing number of individuals are reluctant to leave their homes. To complete an orderly evacuation, it is necessary to:
- A) Involve the armed forces
 - B) Declare martial law
 - C) Create an environment of trust and credibility
 - D) Disseminate information regarding the necessity of the evacuation

Ans: C

Feedback:

Risk communication often involves multiple messages between multiple groups concerning the nature of risk. The perception of the risk depends on the circumstances. For example, although a voluntary evacuation may produce anxiety, it is more acceptable than one imposed on citizens. Earning trust and credibility is essential for effective risk communication. It is especially important when dealing with the fear factor associated with a deliberate attack. During this process, public health officials and representatives must provide clear, accurate information in such a way that fear is minimized. Thus, it would not be appropriate to involve the armed forces or declare martial law. There is likely no time to disseminate information regarding the necessity of the evacuation.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 20

20. The disaster is over and the team prepares to return to normal operations. Before disbandment of the team, it is essential to create a safe environment for the staff. The staff will participate in:
- A) Critical incident stress debriefing
 - B) Support group to foster recovery
 - C) Information debriefing for prevention purposes
 - D) Interrogation process to identify unsafe behaviors

Ans: A

Feedback:

The recovery phase begins as the disaster ends. Although normal operations may return, critical incident stress debriefing for staff members is important. Responders may have been exposed to traumatic situations or worked for lengths of time that left them exhausted. An after-action evaluation is conducted following the event that includes the responders and agencies involved. Each step of the disaster event is reviewed, and a report is compiled that describes the scenario, response activities, participants, what went well, and what problems occurred. The financial, manpower, and other resources are determined. Lists of detailed recommendations are made for revisions to the emergency response plan. Arrangements are then to follow the progress of making the recommended changes. The final report assists with closure of the event and demonstrates that emergency preparedness is valued.

Origin: Chapter 20- Community Preparedness- Disaster and Terrorism, 21

21. An outbreak of foodborne botulism has occurred in the community, and the nurse is on the disaster management team to address it. Which intervention should the nurse expect to implement in this situation?
- A) Administration of antivirals
 - B) Administration of antibiotics
 - C) Distribution of personal protective equipment (PPE)
 - D) Administration of antitoxins

Ans: D

Feedback:

In botulism, muscle weakness begins and descends through the body. At the point where breathing muscles are involved, ventilator assistance becomes necessary. Antitoxin must be administered because a toxin produced by *Clostridium botulinum* is the cause of the paralysis. A supply of this antitoxin is maintained by the Centers for Disease Control and Prevention. Antivirals and antibiotics would not be appropriate, as botulism is a toxin, not a virus or bacterium. Distribution of PPE would be unnecessary.

Origin: Chapter 21- Community Mental Health, 1

1. Primary, secondary, and tertiary levels of prevention help reduce risk, identify and limit disabilities, and reduce complications of mental health problems. Which exemplifies a tertiary prevention strategy for mental health problems?
 - A) Screen for mental health disorders
 - B) Refer high-risk people for diagnostic services
 - C) Provide mental health services following stressful community events
 - D) Promote support groups for people with mental health disorders

Ans: D

Feedback:

Tertiary prevention strategies include promoting support groups for people with mental health disorders and initiating health-promotion activities as a part of rehabilitation services. Secondary strategies include screening for mental health disorders, referring high-risk people for diagnostic services, and providing mental health services following stressful community events.

Origin: Chapter 21- Community Mental Health, 2

2. Primary, secondary, and tertiary levels of prevention help reduce risk, identify and limit disabilities, and reduce complications of mental health problems. Which exemplifies a primary prevention strategy for mental health problems?
 - A) Educate families and community groups about mental health issues, symptoms of stress, and barriers to seeking help
 - B) Screen for mental health disorders
 - C) Promote support groups for people with mental health disorders
 - D) Initiate health-promotion activities as a part of rehabilitation services

Ans: A

Feedback:

Primary prevention strategies include educating families and community groups about mental health issues, symptoms of stress, and barriers to seeking help. Secondary strategies include screening for mental health disorders. Tertiary strategies include promoting support groups for people with mental health disorders and initiating health-promotion activities as a part of rehabilitation services.

Origin: Chapter 21- Community Mental Health, 3

3. The nurse assesses a client who recently immigrated to the United States from Haiti. The client reports upset stomach and diarrhea. He explains that a witch doctor put a curse on him and that he sometimes sees evil spirits around him. The most accurate way to describe this type of illness would be as a:
- A) Mental illness
 - B) Gastrointestinal disorder
 - C) Culture-bound syndrome
 - D) Hypochondria

Ans: C

Feedback:

Mental health and, conversely, mental illness are concepts bound by culture. Understanding of what connotes mental health is shaped by social norms that evolve from generation to generation. In Western cultures, medical science interprets any deviation from normative function of the five senses as indicative of a psychotic disorder. Hearing a voice, claiming to see an object, or having certain tactile sensations is viewed as a pathological state to be treated by psychiatric professionals. In some parts of the world, spiritual possession and belief in healers with special powers are culture-bound syndromes. Although gastrointestinal symptoms are involved in this client's condition, he suffers from more than just a gastrointestinal disorder. Hypochondria, or a condition in which one imagines that he or she has an illness but really does not, would not be applicable because the client has real symptoms and comes from a culture in which his illness is acknowledged as such.

Origin: Chapter 21- Community Mental Health, 4

4. Which mental illness is most likely to go untreated?
- A) Anxiety
 - B) Bipolar disorder
 - C) Depression
 - D) Alcoholism

Ans: D

Feedback:

Those suffering from alcoholism and addictive disorders are most likely to go untreated (78%), followed by anxiety disorders (57%), depression (56%), and bipolar disorder (50%).

Origin: Chapter 21- Community Mental Health, 5

5. On the basis of the understanding of demographic risk factors related to mental illness, which individual would be most likely to have an untreated psychiatric disorder?
- A) 50-year-old Caucasian man
 - B) 35-year-old Korean woman
 - C) 12-year-old Hispanic girl
 - D) 18-year-old African-American man

Ans: D

Feedback:

Young African-Americans and the elderly have the highest rates of unmet psychiatric needs.

Origin: Chapter 21- Community Mental Health, 6

6. The nurse examines a client who is taking haloperidol for schizophrenia and notices that she habitually twists her tongue and arms. This side effect of her medication is known as:
- A) Tardive dyskinesia
 - B) Akathisia
 - C) Dystonia
 - D) Neuroleptic malignant syndrome

Ans: A

Feedback:

Of particular concern with the first-generation antipsychotics is the risk of developing tardive dyskinesia. This condition, which is irreversible, is characterized by twisting movements of the tongue, limbs, and torso. Some of the other debilitating side effects of the first-generation antipsychotics include akathisia (extreme restlessness in the limbs), dystonia (severe stiffness in muscles, most prominently the neck), blurred vision, urinary retention, and neuroleptic malignant syndrome.

Origin: Chapter 21- Community Mental Health, 7

7. The nurse works with a client who has just been diagnosed with schizophrenia. While discussing the various medication options for this disorder, the nurse explains that some have been associated with the development of type 2 diabetes. The client explains that she is already at risk for developing diabetes and would like to avoid any medications that might promote the disease. On the basis of this information, which medication should this client most avoid?
- A) Haloperidol
 - B) Olanzapine
 - C) Fluphenazine
 - D) Ziprasidone

Ans: B

Feedback:

Evidence is mounting that the second-generation antipsychotics, in particular clozapine and olanzapine, may increase the risk of developing new-onset type 2 diabetes.

Haloperidol and fluphenazine are first-generation antipsychotics. Ziprasidone is a second-generation antipsychotic but less associated with development of type 2 diabetes than is olanzapine.

Origin: Chapter 21- Community Mental Health, 8

8. The nurse teaches about medication to a client who has just been diagnosed with schizophrenia. The psychiatrist has prescribed clozapine to the client. The primary adverse effect that the nurse should mention is:
- A) Hypoglycemia
 - B) The metabolic syndrome
 - C) Weight loss
 - D) Dystonia

Ans: B

Feedback:

Metabolic syndrome is an adverse effect of second-generation antipsychotics that develops as a result of pronounced weight gain, dyslipidemia, and hyperglycemia. Dystonia is common side effect of first-generation antipsychotic medications.

Origin: Chapter 21- Community Mental Health, 9

9. In researching the problem of homelessness in the city, the nurse discovers that the number of mentally ill homeless has steadily grown over the past couple of decades. The biggest reason for this trend is:
- A) Deinstitutionalization
 - B) An increase in the prevalence of major mental illness
 - C) Economic downturns
 - D) Shortages of affordable housing

Ans: A

Feedback:

The rising number of mentally ill clients who are homeless has steadily increased in the United States as state governments embarked on a systematic plan to “deinstitutionalize” the mentally ill. The goal of deinstitutionalization is to replace state hospitals with smaller group homes, half-way houses, or other supported living arrangements that integrate, rather than separate, the chronic mentally ill in the community. Tragically, the services available in the community seldom have kept pace with the demand for services. The gap in community-based services persists in all developed countries because of fiscal and political constraints. There is no evidence to support an increase in the prevalence of major mental illness. Economic downturns and shortages of affordable housing might contribute to homelessness overall, but are lesser causes than deinstitutionalization with regard to homelessness among the mentally ill.

Origin: Chapter 21- Community Mental Health, 10

10. Epidemiologic studies are essential to target programs to populations in greatest need. To help measure progress toward improving mental health, which is a primary focus of epidemiologic studies?
- A) Physical costs
 - B) Emotional costs
 - C) Mental costs
 - D) Social costs

Ans: D

Feedback:

Epidemiologic studies describe the social costs of mental illness and are essential to target programs to populations in greatest need.

Origin: Chapter 21- Community Mental Health, 11

11. There is substantial variation in the incidence of mood disorders and suicide across cultures worldwide. The two most consistent factors associated with the incidence of depression and anxiety are:
- A) Number of parents in the home and education level
 - B) Degree of social support and employment status
 - C) Number of parents in the home and degree of social support
 - D) Education level and employment status

Ans: D

Feedback:

Across all cultures, the two most consistent social factors associated with the incidence of depression and anxiety are education level and employment status. The social factors with the lowest impact are degree of social support and number of parents in the home.

Origin: Chapter 21- Community Mental Health, 12

12. The nurse assesses a client who recently attempted suicide by prescription drug overdose. Based on knowledge of a recent study of the findings of the Third National Health and Nutrition Survey, what is the most important risk factor to assess for in this client?
- A) Substance abuse
 - B) Major depressive disorder
 - C) Social isolation
 - D) Chronic pain

Ans: B

Feedback:

A recent study of the findings of the Third National Health and Nutrition Survey found that, after adjustment for other risk factors, a history of major depressive disorder was the strongest risk factor associated with attempted suicide for both men and women. Other risk factors include a history of substance abuse, suicide or self-mutilating behaviors, chronic pain, social isolation, stress, unemployment, and poverty.

Origin: Chapter 21- Community Mental Health, 13

13. The nurse is speaking with a 14-year-old client who has attempted suicide by cutting his wrists in the past. How would the nurse implement a means-restriction approach to suicide prevention in this case?
- A) Teach the client to block out all thoughts of self-harm as soon as they arise
 - B) Encourage the client to seek out counseling
 - C) Suggest to the client's parents that they lock up all sharp knives in the house
 - D) Recommend to the client's parents that the client be under constant surveillance

Ans: C

Feedback:

Community health nurses can promote “means restriction,” especially in families where there is a member at risk for suicide. Families who own firearms should be encouraged to secure firearms using trigger locks and locking bullets in a separate location from the firearm. If a client informs the nurse that he or she is having thoughts of taking an overdose, then prescription or over-the-counter medications that may be fatal in overdose should be removed or secured in a safe location. Although families might presume that removing the instrumental means of harm is an ineffective gesture, the community health nurse must reassure the family that their actions are sending a strong, unambiguous message to the potential victim that people care about them and will take any necessary steps to ensure their safety. Means restriction does not involve blocking out thoughts of self-harm, counseling, or constant surveillance.

Origin: Chapter 21- Community Mental Health, 14

14. The nurse assesses a 7-year-old girl who has had problems at school lately with her behavior and mood. On the basis of the description provided by the child's mother, the nurse suspects either attention-deficit/hyperactivity disorder (ADHD) or bipolar disorder may be involved. Which behaviors—when occurring in all spheres of the child's life—would most strongly suggest ADHD rather than bipolar disorder in this client?
- A) Hyperactivity and impulsivity
 - B) Mood and anxiety symptoms
 - C) Irritability and impulsivity
 - D) Anxiety and hyperactivity

Ans: A

Feedback:

In children with ADHD, hyperactivity and impulsivity are evident in all spheres of the child's life. Unlike bipolar disorder, mood and anxiety symptoms are not predominant in ADHD; generally, teachers and parents do not characterize the child with ADHD as angry, irritable, and moody.

Origin: Chapter 21- Community Mental Health, 15

15. The nurse assesses a 12-year-old boy who has been diagnosed with bipolar disorder. Which behaviors should the nurse most expect to observe in this child? (Select all that apply.)
- A) Irritability
 - B) Distractibility
 - C) Screaming
 - D) Rage episodes
 - E) Sleep disturbances

Ans: A, C, D, E

Feedback:

In contrast to attention-deficit/hyperactivity disorder (ADHD), which is characterized by impulsivity and distractibility, almost 75% of the children diagnosed with bipolar disorder have a predominance of mood symptoms such as irritability, sleep disturbances, and anxiety. For a child with bipolar disorder, the slightest frustration can set off a flood of crying, screaming, or anxiety symptoms. Unlike toddlers who have temper tantrums that are time limited, children with bipolar disorder can have rage episodes that can last from 2 to 3 hours.

Origin: Chapter 21- Community Mental Health, 16

16. At what age are prodromal assessment symptoms of bipolar disorder typically evident?
- A) Younger than 3 years of age
 - B) Younger than 6 years of age
 - C) Younger than 9 years of age
 - D) Younger than 12 years of age

Ans: A

Feedback:

In most cases, the prodromal symptoms of bipolar disorder are evident when the child is younger than 3 years of age.

Origin: Chapter 21- Community Mental Health, 17

17. The school nurse follows up with a third grader who was recently diagnosed with attention-deficit/hyperactivity disorder (ADHD) to make sure that he takes his prescribed medication. What type of medication would the nurse most suspect this client is taking?
- A) First-generation antipsychotic
 - B) Second-generation antipsychotic
 - C) Mood stabilizer
 - D) Stimulant

Ans: D

Feedback:

The pharmacologic treatment for ADHD is stimulants and for bipolar disorder second-generation—not first-generation—antipsychotics and mood stabilizers.

Origin: Chapter 21- Community Mental Health, 18

18. The identification of parental age as a potential risk factor in autism raises the issue that lifetime exposure to environmental toxins might damage the sperm and the ovum. Research findings suggest that the risk of autism in relation to age of the parent at the time of the child's birth is increased by:
- A) 30% if the father is older than 40 years
 - B) 30% if the mother is older than 35 years
 - C) 40% if the father is older than 35 years
 - D) 40% if the mother is older than 40 years

Ans: B

Feedback:

Researchers found that the risk of autism increased by 30% if the mother was older than 35 years and 40% if the father was older than 40 years at the time of the child's birth.

Origin: Chapter 21- Community Mental Health, 19

19. A woman mentions that her 6-month-old son has demonstrated some odd behavior. She thinks it might be related to autism. She asks what age would be best to have screening done on the child. The nurse should respond:
- A) Now, as an infant
 - B) When the child begins to walk
 - C) When the child is preschool-aged
 - D) When the child starts school

Ans: A

Feedback:

In the past, diagnosis of autism was often delayed until preschool because clinicians would look for evidence of language impairments before making a definitive diagnosis. More recently, the emphasis is on screening for prodromal symptoms in infancy with the hope that some of the more debilitating features of the disorder might be mitigated with early intervention and treatment.

Origin: Chapter 21- Community Mental Health, 20

20. The nurse performs an assessment of a client with schizophrenia. Which comorbid health conditions should the nurse most expect to find in this client? (Select all that apply.)
- A) Osteoarthritis
 - B) Obesity
 - C) Hypertension
 - D) Breast cancer
 - E) Cardiac complications

Ans: B, C, E

Feedback:

Clients with schizophrenia often have a myriad of comorbid chronic health conditions. Obesity, hypertension, and severe cardiac and metabolic complications all are much more prevalent in people with schizophrenia due to higher rates of smoking, poor nutrition, and lack of exercise. Osteoarthritis and breast cancer are not comorbidities associated with schizophrenia.

Origin: Chapter 21- Community Mental Health, 21

21. The nurse works with a client who was just diagnosed with major depression. Which would the nurse most suspect will be prescribed as the first line of treatment for this client?
- A) Tricyclic antidepressant (TCA)
 - B) Electroconvulsive therapy (ECT)
 - C) Stimulant
 - D) Selective serotonin reuptake inhibitor (SSRI)

Ans: D

Feedback:

In general, the SSRIs are the first line of treatment for major depression because they are well tolerated and easy to administer in once-a-day dosing. An older class of antidepressants, TCAs, is a second-line treatment because these antidepressants have strong anticholinergic side effects and dosing has to be gradually titrated before a client reaches a therapeutic level. Both the SSRIs and the TCAs can take 4 to 6 weeks before reaching therapeutic blood levels—a serious concern when working with acutely suicidal clients. For that reason, electroconvulsive therapy (ECT) may be used for clients who are acutely suicidal or exhibiting profound neurovegetative signs of depression. Stimulants are prescribed for those with attention-deficit/hyperactivity disorder.

Origin: Chapter 22- School Health, 1

1. Which of the eight recommended components of a comprehensive school health program should include the physical, emotional, and social conditions that affect the well-being of students and staff?
 - A) Family/community involvement
 - B) Healthy and safe school environment
 - C) Counseling and psychology services
 - D) Health promotion for staff

Ans: B

Feedback:

A healthy and safe school environment should include the physical, emotional, and social conditions that affect the well-being of students and staff. Family/community involvement should include school health advisory councils, coalitions, and broadly based constituencies for school health. Counseling and psychology services should include individual and group assessments, interventions, and referrals. Health promotion for staff should encourage staff to pursue a lifestyle that contributes to their improved health status and morale and to develop a greater personal commitment to the school's overall coordinated health program.

Origin: Chapter 22- School Health, 2

2. On the basis of the eight recommended components of a comprehensive school health program, which should be included in a K-12 health education curriculum? (Select all that apply.)
 - A) Consumer health education
 - B) Environmental health education
 - C) Sexuality education
 - D) Nutrition counseling
 - E) Physical development activities

Ans: A, B, C, D

Feedback:

K-12 health education curriculum should discuss personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. K-12 physical education curriculum should promote optimum physical, mental, emotional, and social development, as well as activities and sports that all students enjoy and can pursue throughout their lives.

Origin: Chapter 22- School Health, 3

3. Which services are reimbursable by Medicaid? (Select all that apply.)

- A) Speech/language therapy and evaluations
- B) Occupational therapy and evaluations
- C) Physical therapy and evaluations
- D) Nutrition screening and evaluations
- E) Allergy testing and evaluations

Ans: A, B, C, E

Feedback:

Services reimbursable by Medicaid include speech/language therapy and evaluations, occupational therapy and evaluations, and physical therapy and evaluations. Medicaid does not cover nutrition or allergy screening and evaluations.

Origin: Chapter 22- School Health, 4

4. The Youth Risk Behavior Surveillance Survey (YRBSS) outlines common risk behaviors influencing the health of the nation's youth. Which risk factors are included on this survey? (Select all that apply.)

- A) Unintentional injury
- B) Sports-related trauma
- C) Sleep deprivation
- D) Sexual behaviors
- E) Alcohol use

Ans: A, D, E

Feedback:

Youth Risk Behavior Surveillance Survey risk behavior categories include the following: unintentional injury, violence, tobacco use, alcohol use, drug use, sexual behaviors, unhealthy dietary behaviors, and physical inactivity. Sports-related trauma and sleep deprivation are not risk behavior categories.

Origin: Chapter 22- School Health, 5

5. Which actions exemplify the school nurse's role as a child advocate? (Select all that apply.)
- A) Injecting a child with her EpiPen during an anaphylactic reaction to peanuts
 - B) Convincing the cafeteria manager to include low-sugar options in the lunch menu for students with diabetes
 - C) Taking the temperature of a child who is exhibiting signs of an upper respiratory infection
 - D) Teaching a child who has recently been diagnosed with asthma how to use an inhaler
 - E) Instructing a group of faculty members on the proper way to respond to a child having an epileptic seizure in class

Ans: B, D, E

Feedback:

Advocacy involves both teaching children and empowering others who care for the children to ensure quality care. The child with a chronic health condition presents a unique challenge for nurses as advocates. As many as 10% to 15% of children in schools are affected with chronic conditions, such as asthma, diabetes, and seizure disorders, that require daily treatment. The nurse as advocate has two important roles: spreading knowledge and networking. Spreading knowledge does not ensure health, but a person's sense of being able to control his or her own healthcare does promote healthy behaviors. Networking is also important. Working together, the school nurse, parents, teachers, and healthcare providers can ensure that the child with special healthcare needs has access to all educational resources and opportunities. Injecting a child with an EpiPen during an anaphylactic reaction and taking a child's temperature are basic nursing interventions and do not exemplify advocacy, as the nurse is not teaching, networking, or empowering others. All of the other answers are characterized by these behaviors.

Origin: Chapter 22- School Health, 6

6. The school nurse works with a 12-year-old girl who is obese and has type 2 diabetes. As client advocate, which would be most appropriate nursing action?
 - A) Scold the client when she buys a soda from a vending machine at school.
 - B) Schedule a conference with the client's parents to discuss how to collaboratively manage her blood glucose level and encourage her to select appropriate foods in the cafeteria for lunch.
 - C) Perform a finger stick and check the client's blood glucose level when she reports feeling weak and dizzy one day.
 - D) Weigh the client each week in the office to help track her weight and hold her accountable to her weight loss goals.

Ans: B

Feedback:

Because advocacy involves teaching, empowering, and networking, scheduling a conference with the client's parents to discuss blood glucose management and nutrition would be the most appropriate action to take as her advocate. Performing a finger stick and checking her blood glucose level and weighing her weekly are not good examples of advocacy because they do not involve teaching, empowering, or networking. Scolding the client for buying a soda would not empower her but would likely shame her and would not be an effective intervention.

Origin: Chapter 22- School Health, 7

7. The school nurse at a public high school recently noticed an increase in students smoking before and after school. Using the community school model to reduce tobacco use among your students, which interventions are appropriate? (Select all that apply.)
- A) Starting an after-school tobacco cessation program with the assistance of local representatives of the American Cancer Society
 - B) Having a local clinical oncologist speak at a PTA meeting about the hazards of tobacco use among children
 - C) Confronting groups of students while they are smoking with information regarding the school's smoking policy and the dangers of smoking
 - D) Promoting the community's "great smoke-out" smoking cessation event each year
 - E) Encouraging the school's administration to designate a single smoking area outside to limit nonsmokers' exposure to the smoke

Ans: A, B, D

Feedback:

One solution for the provision of comprehensive school health services is called the community school model. This model is a collaborative design that uses the resources of a community to provide structured preventive services such as after-school programs, parent outreach, and crisis intervention. These preventive services are designed to promote changes throughout the school environment. Confronting a group of smokers by yourself is not an example of collaboration or of drawing on community resources to promote changes throughout the school environment. Encouraging the designation of a smoking area, although it might benefit nonsmokers, will not decrease smoking among students and might even encourage it. All of the other examples demonstrate collaborative, community-based approaches to smoking cessation.

Origin: Chapter 22- School Health, 8

8. An elementary school student comes to school nurse's office reporting a headache. The nursing assessment begins by gathering which subjective data? (Select all that apply.)
- A) Where it hurts on the child's head
 - B) Whether the pain is constant, throbbing, or intermittent
 - C) What the child's temperature is on arrival
 - D) How bad the pain is on a scale of 1 to 10
 - E) The presence of a bruise on the child's forehead

Ans: A, B, D

Feedback:

The nurse should begin by collecting subjective data gathered from the child, teacher, or parent, or any other witness to the complaint. Subjective data are those that are reported by the client or others but that are not directly observable by the nurse. Data should include location, frequency, duration and severity, quality, quantity, setting, associated symptoms, and factors that make the symptom better or worse. Objective data are those that are directly observable by the nurse, such as the child's temperature on arrival and the presence of a bruise on the child's forehead.

Origin: Chapter 22- School Health, 9

9. The community health nurse addresses cyber bullying in the local middle schools. Currently, there are no policies in place for this issue. The most appropriate first step is to:
- A) Explore current programs to prevent bullying and youth violence
 - B) Develop rules for acceptable and safe use of all electronic media for all students
 - C) Ban use of the Internet at all schools
 - D) Actively monitor students' social media postings

Ans: A

Feedback:

The most appropriate first step to take would be to explore current programs to prevent bullying and youth violence. Many of the programs developed to prevent face-to-face aggression address topics such as school climate and peer influences that are likely to be important for prevention of electronic aggression. By researching and perhaps adopting an existing program, the nurse will not have to develop a program from scratch.

Developing rules for acceptable and safe use of all electronic media for all students is not likely to be effective because there would be no way to enforce them. This would be a more appropriate action for parents and caregivers. Banning all use of the Internet at all schools would be impractical, as the Internet is increasingly being incorporated into learning, and impossible to enforce. Actively monitoring students' social media postings would be impractical, as no one would have time for this, and cyber bullying can occur on many different sites and devices.

Origin: Chapter 22- School Health, 10

10. The history of school nursing can be traced back to 1902, when Lillian Wald was working in a New York City public school. She viewed school nursing services as a way to decrease which problem?
- A) Nutrition deficiencies
 - B) Dental cavities
 - C) Excessive absenteeism
 - D) Seasonal allergies

Ans: C

Feedback:

She believed that school nursing services were a way to decrease excessive absenteeism, not to decrease nutrition deficiencies, dental cavities, or seasonal allergies.

Origin: Chapter 22- School Health, 11

11. Which occurred as a result of the passage of the Education for All Handicapped Children Act in 1975?
- A) Children with disabilities were provided tax-funded tutors for home education.
 - B) Children with mental disabilities were entitled to a tax-funded education at a special education private school.
 - C) Children with chronic or complex medical issues were entitled to a public education.
 - D) Children with physical disabilities were provided grants to attend the college of their choice.

Ans: C

Feedback:

The biggest change in school nursing practice came in 1975 with the passage of the Education for All Handicapped Children Act of 1975 (Public Law 94-142). Children who had previously not been able to attend school because of chronic or complex medical issues were now entitled to a public education, and they began attending public schools.

Origin: Chapter 22- School Health, 12

12. Which common problems should a school nurse be prepared to identify in students?
(Select all that apply.)
- A) Vision impairment
 - B) Malignant melanoma
 - C) Attention deficit hyperactivity disorder (ADHD)
 - D) Scoliosis
 - E) Need for orthodontia

Ans: A, C, D

Feedback:

The school nurse must have skills in health assessment, including the ability to identify common problems that impact a child's learning, such as vision impairment, ADHD, and scoliosis. A school nurse would not be qualified to identify malignant melanomas or the need for orthodontia in children.

Origin: Chapter 22- School Health, 13

13. Being a school nurse requires which combination of practice type and decision making?
- A) Collaborative practice and interdependent decision making
 - B) Autonomous practice and independent decision making
 - C) Collaborative practice and dependent decision making
 - D) Autonomous practice and interdependent decision making

Ans: B

Feedback:

School nursing requires autonomous practice and independent decision making, not collaborative practice or dependent or interdependent decision making.

Origin: Chapter 22- School Health, 14

14. Which individual health assessment would a school nurse most likely perform?

- A) Immunization check
- B) Assessment of a playground injury
- C) Vision screening
- D) Height and weight measurements

Ans: B

Feedback:

Visits for acute illness, playground injury, initial immunization screenings, and counseling require that the nurse assess the child individually. Population-based screening programs may include periodic vision and hearing tests, height and weight measurements, or immunization checks.

Origin: Chapter 22- School Health, 15

15. The school nurse is concerned about the lack of nutritional choices available in the food vending machines at the school. Which is the best tool to address this situation?

- A) Food-Safe Schools Action Guide
- B) Health Education Curriculum Analysis Tool
- C) Improving the Health of Adolescents and Young Adults: A Guide for States and Communities
- D) Making It Happen!

Ans: D

Feedback:

Making It Happen! is a health tool that provides examples and success stories of 32 schools and school districts that have implemented innovative approaches to improve the nutritional quality of foods and beverages sold outside the school meals program. Food-Safe Schools Action Guide (FSSAG) helps schools work with Cooperative Extension, health departments, and families in efforts to make schools food-safe. Health Education Curriculum Analysis Tool helps schools, school districts, and other school personnel responsible for curricular redesign to analyze health education curricula on the basis of alignment with national health education standards and characteristics of effective health education curricula. *Improving the Health of Adolescents and Young Adults: A Guide for States and Communities* helps guide people and organizations through public health processes that address the 21 Critical Health Objectives identified in *Healthy People 2010* for adolescents and young adults.

Origin: Chapter 22- School Health, 16

16. Which health education interventions are appropriate for the school nurse to perform?
(Select all that apply.)
- A) Teaching faculty members how to assess their students for upper respiratory illnesses
 - B) Teaching a student how and when to use her EpiPen
 - C) Teaching a 6th-grade class about the consequences of cyber bullying
 - D) Counseling a student about tobacco use
 - E) Teaching a group of students with eating disorders about a healthy view of food

Ans: B, C, D, E

Feedback:

The school nurse must seek to accomplish health teaching in encounters with students and families, in the classroom, in individual counseling sessions (e.g., teaching a child how and when to use his or her EpiPen), and in group meetings. It is recommended that the focus of health education be health promotion based on concerns addressed in the National Health Objectives of *Healthy People 2020*. These issues include use of drugs and alcohol, sexual behavior, tobacco use, nutrition, physical activity, and violence prevention. It would not be appropriate for the nurse to teach faculty members how to assess their students for upper respiratory illnesses, as this is the nurse's responsibility.

Origin: Chapter 22- School Health, 17

17. In which phase of a school-based substance abuse program is information most likely to have meaning and applicability to students?
- A) Inoculation
 - B) Primary
 - C) Early relevance
 - D) Tertiary

Ans: C

Feedback:

The three phases during which introducing interventions is most likely to produce results are as follows: (1) the primary prevention or inoculation phase, which is designed to introduce knowledge; (2) the secondary prevention or early relevance phase, when information is likely to have meaning and applicability to students; and (3) the tertiary prevention or later relevance phase, when young people are actually being exposed to new situations involving experimentation.

Origin: Chapter 22- School Health, 18

18. Which is the most appropriate intervention to use in a school-based substance abuse program?
- A) Integrating students' goals with those of a prevention program
 - B) Assessing the needs and interests of the group carefully after selecting a program
 - C) Designing a program that is knowledge based
 - D) Designing an interactive, behavior-focused program

Ans: D

Feedback:

Integrating the goals of the school (not those of the students) with those of the prevention program, assessing the needs and interests of the group carefully before (not after) the selection of any program, and designing programs that are behavior focused rather than knowledge based are important principles to use in education programs.

Origin: Chapter 22- School Health, 19

19. Which strategies have been shown successful for preventing adolescent pregnancy?
(Select all that apply.)
- A) Responsible sexual behavior education
 - B) Abstinence education
 - C) Mandated religious education on sex practices
 - D) Contraceptive counseling
 - E) Confidential reproductive services

Ans: A, B, D, E

Feedback:

Successful strategies for preventing adolescent pregnancy vary from responsible sexual behavior education, which includes abstinence education, to improved contraceptive counseling and confidential reproductive services, but not mandated religious education on sex practices.

Origin: Chapter 22- School Health, 20

20. Which is one of the most important strategies recommended by the Centers for Disease Control and Prevention (CDC) for reducing the spread of HIV?
- A) Excluding students from school who have symptoms of sexually transmitted infections
 - B) Routinely screening all adolescents and adults aged 13 to 64
 - C) Requiring parents to take their adolescent children who have sexually transmitted infections for treatment
 - D) Keeping detailed records of all new cases of sexually transmitted infections in people aged 15 to 24 years

Ans: B

Feedback:

Making HIV testing a routine part of healthcare for adolescents and adults 13 to 64 years of age is one of the most important strategies recommended by the CDC for reducing the spread of HIV. Accurate measures of sexually transmitted infections (STIs) in the 15- to 24-year-old population are difficult to obtain because many affected people have few, if any, identifiable symptoms. Symptomatic adolescents who are suspected of having an STI cannot be excluded from school. Federal law stipulates that adolescents can go directly to a health department–operated STI clinic for diagnosis and treatment of their disease without parental consent.

Origin: Chapter 22- School Health, 21

21. The Centers for Disease Control and Prevention (CDC) recommends which methods for improving the food environments of school-aged children and adolescents? (Select all that apply.)
- A) Preserving social norms of adolescents
 - B) School-based prevention
 - C) Policy and regulatory strategies
 - D) Strategic use of media
 - E) Coordination of statewide and local activities

Ans: B, C, D, E

Feedback:

The CDC has established a self-assessment and planning tool (School Health Index) and guidelines that can be used in school health programs in an effort to improve the food environments of school-aged children and adolescents. These current CDC guidelines focus on changing the social norms and environments of adolescents. In addition to school-based prevention, the guidelines recommend policy and regulatory strategies, community participation, establishment of public and private partnerships, strategic use of media, development of local programs, coordination of statewide and local activities, linkage of school-based activities to community activities, and use of data collection and evaluation techniques, such as the School Health Index, to monitor program impact.

Origin: Chapter 23- Faith-Oriented Communities and Health, 1

1. In a congregation-based model of nursing, the nurse:
 - A) Serves a health system with assignment to particular congregational settings
 - B) Serves as a liaison between a health system and a congregation
 - C) Contributes to the health and wholeness of people in the context of a faith community
 - D) Serves a particular faith community by virtue of a contract or job description

Ans: D

Feedback:

In the congregation-based model, the nurse serves a particular faith community by virtue of a contract or job description; this model supports the concept of a faith community nurse who can be paid or serve as a volunteer. In the institution-based model, the nurse serves a health system with assignment to particular congregational settings, acting as a liaison between the health system and the congregation and helping plan and coordinate care, particularly at times of transition. In the parish nursing model, the nurse contributes to the health and wholeness of people in the context of a faith community, is part of the ministry staff of the congregation, and serves the illness needs of individual people, families, and the entire faith community.

Origin: Chapter 23- Faith-Oriented Communities and Health, 2

2. In an institution-based model of nursing, the nurse: (Select all that apply.)
 - A) Serves a health system with assignment to particular congregational settings
 - B) Serves as a liaison between a health system and a congregation
 - C) Is part of the ministry staff of the congregation
 - D) Serves a particular faith community by virtue of a contract or job description
 - E) Provides care of the human spirit

Ans: A, B

Feedback:

In the institution-based model, the nurse serves a health system with assignment to particular congregational settings, acting as a liaison between the health system and the congregation and helping plan and coordinate care, particularly at times of transition. In the parish nursing model, the nurse contributes to the health and wholeness of people in the context of a faith community, is part of the ministry staff of the congregation, and serves the illness needs of individual people, families, and the entire faith community. In the congregation-based model, the nurse serves a particular faith community by virtue of a contract or job description; this model supports the concept of a faith community nurse who can be paid or serve as a volunteer. Spiritual care is care of the human spirit that may include dealing with the meaning of health, illness or loss, and relationships with God and others, and that which has the goal of peace.

Origin: Chapter 23- Faith-Oriented Communities and Health, 3

3. In a parish nursing model, the nurse:

- A) Serves a health system with assignment to particular congregational settings
- B) Serves as a liaison between a health system and a congregation
- C) Is part of the ministry staff of the congregation
- D) Serves a particular faith community by virtue of a contract or job description

Ans: C

Feedback:

In the parish nursing model, the nurse contributes to the health and wholeness of people in the context of a faith community, is part of the ministry staff of the congregation, and serves the illness needs of individual people, families, and the entire faith community. In the institution-based model, the nurse serves a health system with assignment to particular congregational settings, acting as a liaison between the health system and the congregation and helping plan and coordinate care, particularly at times of transition. In the congregation-based model, the nurse serves a particular faith community by virtue of a contract or job description; this model supports the concept of a faith community nurse who can be paid or serve as a volunteer.

Origin: Chapter 23- Faith-Oriented Communities and Health, 4

4. Characteristics of a congregation include: (Select all that apply.)

- A) Organized group of people
- B) Individuals in the group have diverse religious beliefs, customs, or practices
- C) External governance structure
- D) Independent or affiliated with a local or national denomination
- E) Community within the larger community

Ans: A, D, E

Feedback:

A congregation is an organized group of people who share religious beliefs, customs, or practices. The congregation has an internal governance structure and may be independent or affiliated with a local or national denomination. It is a community within the larger community.

Origin: Chapter 23- Faith-Oriented Communities and Health, 5

5. The faith community nurse works in a hospital that serves several local congregations. Which tasks would the nurse likely perform in this role? (Select all that apply.)
- A) Administer flu shots
 - B) Coordinate the discharge and transition of congregation members from the hospital to home
 - C) Recommend services that the hospital provides
 - D) Serve as a health advisor to members of the congregation
 - E) Assess congregation members for possible upper respiratory illnesses

Ans: B, C, D

Feedback:

In a paid institution-based model, the faith community nurse can serve as an ambassador and referral agent for the institution. For example, a religiously affiliated hospital can support the services of faith community nurses in key feeder congregations so that clients discharged from the hospital have coordinated transition to the home congregation setting. The faith community nurse does not provide direct nursing care services (such as flu shots or assessment of upper respiratory illnesses), but supports the patient and family members in assuming self-care and in engaging the healthcare system appropriately. The faith community nurse serves as a health advisor, and he or she can recommend services that the hospital or health system provides.

Origin: Chapter 23- Faith-Oriented Communities and Health, 6

6. Which is an advantage, from the perspective of a faith community nurse, of working in an unpaid congregation-based model?
- A) Is recognized as a member of the ministry team
 - B) Can limit how much time he or she offers to the congregation
 - C) Receives much assistance from other nurses
 - D) Can serve as an ambassador and referral agent to a health system

Ans: B

Feedback:

One advantage is that the faith community nurse can limit how much time he or she offers and can maintain other employment. In a paid, institution-based model, a faith community nurse is employed by a health system, hospital, or community agency. The benefit to the agency is that the faith-based nurse can serve as an ambassador and referral agent for the institution. Both paid and unpaid congregation-based models share a disadvantage. The nurse usually operates independently, with little assistance from other nurses, and there is little support for developing new approaches to care. One disadvantage to having an unpaid faith community nurse is that this person may not be recognized as a member of the ministry team and will probably have fewer hours to offer in service.

Origin: Chapter 23- Faith-Oriented Communities and Health, 7

7. The nurse is setting up a faith community nursing program at a local synagogue and would like a better understanding of how the overall congregation is structured and organized. Who would be best to ask about the structure of the congregation? (Select all that apply.)
- A) Lay members
 - B) Physician in the congregation
 - C) Rabbi
 - D) Health system administrator

Ans: C

Feedback:

The pastor, rabbi, or other congregational leader can be a great source of information about structure. If no suitable group exists, then the faith community nurse needs to assemble an advisory board. Lay members, including any physician in the congregation, may or may not be able to provide information about the structure of the congregation. A health system administrator would likely have no idea about the structure of the congregation.

Origin: Chapter 23- Faith-Oriented Communities and Health, 8

8. An advisory board is essential for solving problems and avoiding pitfalls in faith communities. How might the advisory board offer help to a faith community nurse? (Select all that apply.)
- A) Offer leadership
 - B) Establish policy
 - C) Develop guidelines
 - D) Establish the budget for the program
 - E) Provide recommendations on clinical best practices

Ans: A, B, C

Feedback:

The advisory board offers leadership, establishes policy, and helps develop guidelines for faith community nursing programs. The advisory board can help develop support for a budget for the program, but cannot establish the budget for the program. The board cannot provide recommendations on clinical best practices, as its members are typically not qualified to do so.

Origin: Chapter 23- Faith-Oriented Communities and Health, 9

9. Supportive relationships with the spiritual head of the congregation are important for the success of a faith community nursing program. Unless the pastor has worked with a faith community nurse before, repeated explanations will most likely be necessary. The spiritual head of the congregation may need further education to clear up the common misconception that the nurse will:
- A) Provide confidential professional nursing care
 - B) Be a private visiting nurse for the congregation
 - C) Make referrals for appropriate healthcare in the faith community
 - D) Work under the ANA's Faith Community Nursing Scope of Practice

Ans: B

Feedback:

One common misconception is that the faith community nurse is a private visiting nurse for the congregation. The faith community nurse provides confidential professional nursing and refers to the American Nurses Association (ANA)'s *Faith Community Nursing: Scope and Standards of Practice* (2005) for guidance. If a member of the congregation is in need of visiting nurse services, then the faith community nurse provides an appropriate referral.

Origin: Chapter 23- Faith-Oriented Communities and Health, 10

10. According to current research findings, which group has the most experience with congregational health ministers?
- A) Mainline Protestant and African-American Protestant
 - B) Conservative Protestant and Roman Catholic
 - C) African-American Protestant and Conservative Protestant
 - D) Mainline Protestant and Roman Catholic

Ans: D

Feedback:

The groups with the most experience with congregational health ministers are mainline Protestant and Catholic, and congregations that are large, suburban, and financially well off.

Origin: Chapter 23- Faith-Oriented Communities and Health, 11

11. Principles of epidemiology can be used as a method to determine patterns of illness for the faith community, and risk factor assessment helps the nurse decide what programs to provide. Which demographic data about the faith community should the nurse gather for the purpose of assessment? (Select all that apply.)
- A) Age
 - B) Sex
 - C) Family structure
 - D) Proximity of residence to church
 - E) Proximity of residence to healthcare facilities

Ans: A, C, E

Feedback:

The nurse should gather general demographic data about the faith community, including age, family structure, and proximity of residence to a healthcare facility and other health resources. These data can be summarized with descriptive statistics that can be used to generate reports and to assist planning. The sex of faith community members and the proximity of their residences to the church are not relevant for the purpose of community assessment.

Origin: Chapter 23- Faith-Oriented Communities and Health, 12

12. Which is an example of a tertiary prevention strategy that a nurse might implement or facilitate for members of a faith community?
- A) A program on radon detection in the home
 - B) A class on cooking nutritious foods
 - C) An occupational therapy program for patients recovering from strokes
 - D) A water aerobics class for seniors

Ans: C

Feedback:

Primary prevention activities include programs on exercising to maintain health, smoking cessation programs, and heart-healthy eating programs. Tertiary prevention involves minimizing the effect of health problems and maximizing function for people with such conditions as diabetes, stroke, or injury.

Origin: Chapter 23- Faith-Oriented Communities and Health, 13

13. Screening for cholesterol is an example of which prevention level?

- A) Primary
- B) Secondary
- C) Tertiary
- D) Quaternary

Ans: B

Feedback:

Primary prevention activities include programs on exercising to maintain health, smoking cessation programs, and heart-healthy eating programs. Secondary prevention includes screening for hypertension and setting up screenings such as mammogram vans or other tests to diagnose problems early. Tertiary prevention involves minimizing the effect of health problems and maximizing function for people with such conditions such as diabetes, stroke, or injury. There is no quaternary level of prevention.

Origin: Chapter 23- Faith-Oriented Communities and Health, 14

14. Which are examples of primary prevention activities? (Select all that apply.)

- A) A program helping military veterans with amputations adapt to their new circumstances
- B) HIV screening open to the whole faith community
- C) A weight-lifting program for seniors to maintain strong bones
- D) A community vegetable garden to promote healthy eating
- E) Leg exercises to help people recovering from hip fractures to walk again

Ans: C, D

Feedback:

Primary prevention activities include programs on exercising to maintain health, smoking cessation programs, and heart-healthy eating programs. Secondary prevention includes screening for hypertension and setting up screenings such as mammogram vans or other tests to diagnose problems early. Tertiary prevention involves minimizing the effect of health problems and maximizing function for people with such conditions such as diabetes, stroke, or injury.

Origin: Chapter 23- Faith-Oriented Communities and Health, 15

15. The Church Health Center, in developing its curriculum for the preparation of faith community nurses, identifies seven specific functions that parish nurses perform in faith community work. Which exemplifies the health advocate function of the faith community nurse?
- A) Individual health teaching
 - B) Group health teaching
 - C) Empowerment of members of the congregation
 - D) Provider of health resources

Ans: C

Feedback:

A health advocate's role includes empowerment of members of the congregation and empowerment of the congregation to improve the health of the community. A health educator's role includes individual health teaching, group health teaching, and providing health resources.

Origin: Chapter 23- Faith-Oriented Communities and Health, 16

16. The Church Health Center, in developing its curriculum for the preparation of faith-based nurses, identifies seven specific functions that parish nurses perform in faith community work. Spiritual care would occur as part of which function?
- A) Integrator of faith and health
 - B) Health educator
 - C) Personal health counselor
 - D) Accessing and developing support groups

Ans: A

Feedback:

The role of the integrator of faith and health includes spiritual care, spiritual assessment, sharing scripture, and therapeutic listening. The role of the health educator includes individual health teaching, group health teaching, and providing health resources. The role of the personal health counselor includes therapeutic communication, assessing for emotional distress, and assessing for suicidality. The role of accessing and developing support groups includes referring congregation members to existing support groups and developing support groups for congregation members.

Origin: Chapter 23- Faith-Oriented Communities and Health, 17

17. Which is an example of a family assessment?
- A) Blood pressure screening
 - B) Home assessment for safety
 - C) Stress assessment for the family with a new baby
 - D) Assessment for normal grieving for the recently widowed

Ans: C

Feedback:

Family assessments might include stress assessment for the family with a new baby. Individual assessments may include blood pressure, home assessment for safety, and assessing for normal grieving for the recently widowed.

Origin: Chapter 23- Faith-Oriented Communities and Health, 18

18. Which level of assessment occurs when assessing whether healthcare is accessible to members of the congregation?
- A) Individual
 - B) Family
 - C) Congregation
 - D) Community

Ans: D

Feedback:

Individual assessments may include blood pressure, home assessment for safety, and assessing for normal grieving for the recently widowed. Family assessments might include stress assessment for the family with a new baby. Community assessments can include assessing whether healthcare is accessible to members of the congregation. There is no such thing as a congregation assessment.

Origin: Chapter 23- Faith-Oriented Communities and Health, 19

19. Which is a community nursing diagnosis?
- A) Impaired Home Maintenance
 - B) Lack of Health-Seeking Behaviors
 - C) Risk for Imbalanced Nutrition: More than Body Requirements
 - D) Risk for Activity Intolerance

Ans: B

Feedback:

Diagnoses for faith community nurses should include nursing diagnoses as identified by organizations such as the North American Nursing Diagnosis Association. Examples of diagnoses related to community health are Lack of Health-Seeking Behaviors, Imbalanced Nutrition: More Than Body Requirements, and Deficient Diversional Activity. Impaired Home Maintenance, Risk for Imbalanced Nutrition: More Than Body Requirements, and Risk for Activity Intolerance are all examples of family nursing diagnoses.

Origin: Chapter 23- Faith-Oriented Communities and Health, 20

20. A parish nurse helps an older woman in the congregation who is taking multiple medications develop a system whereby the woman can more easily remember to take the right medications at the right time. Which is the primary ethical principle observed by the nurse in this situation?
- A) Autonomy
 - B) Confidentiality
 - C) Beneficence
 - D) Nonmaleficence

Ans: A

Feedback:

The parish nurse works to empower members of the congregation to take charge of their health, such as by helping an older woman develop a system to help her remember to take the right medications at the right time. This can enhance their autonomy. One area in which parish nurses can commit an ethical breach comes up often in the family context of a congregation; this area is the need to protect confidentiality. The faith community nurse is also to be guided by beneficence, the act of doing good. This is an even more stringent requirement than nonmaleficence, the need to do no harm.

Origin: Chapter 23- Faith-Oriented Communities and Health, 21

21. The faith community nurse recently visited with a member of the congregation, Sandy, who is recovering from a hysterectomy. Following a church service one Sunday, another member of the congregation, Patricia, approaches you and says, “How is Sandy recovering from her surgery?” Which is the most appropriate response?
- A) “She still has some bleeding, but overall she's doing well.”
 - B) “You mean her hysterectomy? She's doing really well.”
 - C) “I'm afraid I can't share any details, but I'm sure she'd love a call or text from you.”
 - D) “I'm sorry, Patricia, but that's none of your business.”

Ans: C

Feedback:

The parish nurse is bound by professional confidentiality not to reveal information about the health of patients, even if they are known to members of the congregation. Refusing to share information in a way that does not seem cold is a delicate art. One way to avoid this conflict is to explain to congregants early in the program, and often thereafter, that confidentiality for each member will be maintained. Often, the nurse can simply say, “I am sure that she would appreciate a call or a card”; this relieves pressure to share much information.

Origin: Chapter 24- Palliative and End-of-Life Care, 1

1. Hospice care includes services that are reasonable and necessary for the comfort and management of a terminal illness. Which services might be included? (Select all that apply.)
 - A) Physician services
 - B) Nursing care
 - C) Long-term inclient pain control
 - D) Hospice aide services
 - E) Social worker services

Ans: A, B, D, E

Feedback:

Hospice care services may include physician services, nursing care, hospice aide services, social worker services, and short-term, not long-term, inclient care (for pain and symptom management).

Origin: Chapter 24- Palliative and End-of-Life Care, 2

2. The leading cause of death in 2010 was:
 - A) Cerebrovascular disease
 - B) Chronic lower respiratory disease
 - C) Diabetes mellitus
 - D) Heart disease

Ans: D

Feedback:

In 2010, the 10 leading causes of death accounting for 80% of all deaths in the United States include, in descending order, heart disease, malignant neoplasms, cerebrovascular disease, chronic lower respiratory disease, accidents, diabetes mellitus, influenza and pneumonia, Alzheimer disease, renal disease, and septicemia.

Origin: Chapter 24- Palliative and End-of-Life Care, 3

3. The chart of a client with brain cancer notes “CMO.” Which intervention should the nurse most expect this client to receive?
 - A) Chemotherapy for killing the cancer cells
 - B) Radiotherapy for reducing the size of the tumor
 - C) Morphine for pain management
 - D) Antibiotic to fight off an infection

Ans: C

Feedback:

Comfort measures only (CMO) indicates a plan of care that specifies nursing interventions designed not to treat disease but to improve pain, function, or quality of life. Morphine for pain management best fits this description. Chemotherapy and radiotherapy are treatments for cancer and an antibiotic is a treatment for infection.

Origin: Chapter 24- Palliative and End-of-Life Care, 4

4. A living will is a document that:

- A) Describes the client's wishes regarding treatment intended to sustain life
- B) Designates someone to make medical decisions for the client if he or she is unable to do so
- C) Permits someone access to the client's finances
- D) Ensures appropriate end-of-life care

Ans: A

Feedback:

Living wills are documents in which clients describe their wishes regarding treatment intended to sustain life. A healthcare proxy or durable power of attorney for healthcare is a person designated to make decisions for the client if he or she is unable to do so. The healthcare proxy is responsible for medical decisions only if the client is unable to do this and does not have legitimate input into any other areas of the client's affairs. Decision making around the time of death raises many legal and ethical questions. Advance directives such as a living will can help with these question, though may not necessarily represent a guarantee that the client's wishes will be carried out.

Origin: Chapter 24- Palliative and End-of-Life Care, 5

5. The nurse provides palliative care to a client with end-stage renal disease and a chronic upper respiratory infection. Which interventions should be included in this type of care? (Select all that apply.)

- A) Providing the client with a foot massage
- B) Administering ordered analgesics
- C) Assisting with a kidney transplantation
- D) Clearing secretions from the client's airway for easier breathing
- E) Gently stretching the client's arms and legs to preserve range of motion

Ans: A, B, D, E

Feedback:

Palliative care is interdisciplinary team-based care that is focused on the relief of suffering for clients with serious illness. Nursing interventions that help enhance the quality of clients' lives, reduce pain and suffering, optimize functionality, and promote appropriate goal setting and decision making are integral to the provision of excellent palliative care. Assisting with a kidney transplantation would be classified therapeutic or treatment-oriented care, not palliative care. All other interventions listed refer to reducing pain and suffering and optimizing functionality of the client.

Origin: Chapter 24- Palliative and End-of-Life Care, 6

6. The nurse cares for a client whose husband of 50 years died last week. The nurse arrives at her home to find her staring out of a window in a stupor, her face devoid of any emotion. When the nurse speaks with her, the client seems withdrawn and distant. Which phase of grief should the nurse most suspect this client to be in?
- A) Numb shock
 - B) Emotional turmoil
 - C) Reorganization
 - D) Resolution

Ans: A

Feedback:

In the numb shock phase of grief, the widow or widower cannot believe the spouse's death occurred. This phase is marked by shock, emotional dullness, and restless behavior that may include stupor and withdrawal. One wants to protect oneself from the feeling of loss. In the emotional turmoil or depression phase of grief, alarm or panic-type reactions occur. Emotional expression may include crying, low mood, sleep disturbance, and anorexia. Anger, guilt, or longing for the deceased may take place. The widow or widower may also become preoccupied with the meaning of the loss. In the reorganization or resolution phase of grief, coping strategies and positive outlooks emerge. A final resolution phase leads to acceptance of the loss. The widow or widower may return to prior levels of functioning.

Origin: Chapter 24- Palliative and End-of-Life Care, 7

7. The nurse cares for a client who is near death. For which change, indicating that death is imminent, should the nurse observe?
- A) Deep breaths with periods of apnea
 - B) Mottling of upper extremities
 - C) Skin cool and dusky
 - D) Signs of respiratory alkalosis

Ans: C

Feedback:

Physiological changes that occur when death is imminent include gradual hypoxia, respiratory acidosis (not alkalosis), and renal failure. Changes in respiratory patterns (shallow [not deep] breaths with periods of apnea) may indicate significant neurological declines, with Cheyne-Stokes respirations often heralding the impending death. Skin may appear dusky or gray and feel cold or clammy. Mottling of the lower (not upper) extremities may take place days or hours before the actual death.

Origin: Chapter 24- Palliative and End-of-Life Care, 8

8. A client has just been pronounced dead. The first action the nurse should take is to:
- A) Remove all tubes
 - B) Don gloves
 - C) Grasp the eyelashes and gently pull the lids down
 - D) Insert the dentures into the mouth

Ans: B

Feedback:

After the pronouncement of death, the nurse should glove, remove all tubes, replace soiled dressings, pad the anal area in case of drainage, and gently wash the body to remove any discharges. The body should lie on its back, with head and shoulders elevated on a pillow. The nurse should grasp the eyelashes and gently pull the lids down. Insertion of dentures is necessary.

Origin: Chapter 24- Palliative and End-of-Life Care, 9

9. The nurse works with a variety of clients at a general hospital in a rural area. For which clients would it be most appropriate to administer palliative care? (Select all that apply.)
- A) 92-year-old man who has just suffered a stroke
 - B) 83-year-old woman with end-stage dementia
 - C) 12-year-old girl with terminal lymphoma
 - D) 74-year-old man with osteoarthritis
 - E) 54-year-old woman with high blood pressure

Ans: A, B, C

Feedback:

Palliative care is interdisciplinary team-based care that is focused on the relief of suffering for clients with serious illness. It attempts to achieve the best possible quality of life, not only for clients, but also for their families. Although clients may be any age, even children, palliative care is especially appropriate when provided to older people who have one of the following: (1) an acute, serious, life-threatening illness (e.g., stroke, trauma, major myocardial infarction, and cancer) in which cure or reversibility may or may not be a realistic goal but the burden of treatment is high; or (2) a progressive chronic illness (e.g., end-stage dementia, congestive heart failure, renal or liver failure, and frailty). Osteoarthritis and high blood pressure are not serious illnesses and would not require palliative care.

Origin: Chapter 24- Palliative and End-of-Life Care, 10

10. The nurse cares for many clients who have serious illnesses. The best candidate for hospice care is the client with
- A) Brain cancer who is expected to live 3 months and who is not pursuing aggressive treatment
 - B) Congestive heart failure who is expected to live 9 months and who is not pursuing aggressive treatment
 - C) Lung cancer who is expected to live 1 month and who is pursuing radiation therapy
 - D) Stroke who is expected to live only a few more hours unless emergency brain surgery can remove a clot

Ans: A

Feedback:

In the early 1980s, Congress added a hospice benefit to the Medicare program that was designed to support dying clients with an expected prognosis of less than 6 months to live if the disease ran its usual course. When two physicians determine that a seriously ill client has 6 months or less to live, and the dying person and family agree to provide care and comfort as opposed to aggressive medical intervention, loved ones often seek hospice.

Origin: Chapter 24- Palliative and End-of-Life Care, 11

11. Pain and symptom control are crucial to the delivery of quality end-of-life care. For which signs of pain should the nurse carefully assess? (Select all that apply.)
- A) Grimacing or strained facial expression
 - B) Slow heartbeat
 - C) Diaphoresis
 - D) Moaning or groaning at rest or movement
 - E) Taking sips of water from a cup

Ans: A, C, D

Feedback:

The nurse should carefully observe the client for the following signs: moaning or groaning at rest or with movement; failure to eat, drink, or respond to the presence of others; grimacing or strained facial expression; guarding or not moving parts of the body; resisting care or noncooperation with therapeutic interventions; and rapid heartbeat, diaphoresis, or change in vital signs.

Origin: Chapter 24- Palliative and End-of-Life Care, 12

12. Pain at the end of life is complex and multifactorial, and prevalence varies according to diagnosis and other factors. A client has somatic pain. How is this type of pain typically described?
- A) Burning, electrical, or tingling
 - B) Gnawing, cramping, or aching
 - C) Aching, throbbing, or stabbing
 - D) Electrical, cramping, throbbing

Ans: C

Feedback:

Somatic pain is characterized by aching, throbbing, or stabbing. Neuropathic pain is often described as burning, electrical, or tingling. Visceral pain is characterized by gnawing, cramping, or aching.

Origin: Chapter 24- Palliative and End-of-Life Care, 13

13. The nurse cares for a client who has a laceration on her arm and reports moderate aching, throbbing pain from the injury. Which medication should the nurse expect to be ordered first for this client?
- A) Acetaminophen
 - B) Ibuprofen
 - C) Opioids
 - D) Anticonvulsants

Ans: A

Feedback:

Nociceptive pain usually resolves when the injury heals, and initial treatment involves nonopioid pain relievers. Acetaminophen is usually the first choice, followed by nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen; then physicians choose opioids. Difficult to relieve with routine pain medications, neuropathic pain may be deep and severe. At times, anticonvulsants, antidepressants, and opioids are used for pain relief.

Origin: Chapter 24- Palliative and End-of-Life Care, 14

14. The nurse cares for a hospice client who reports pain from nerve damage related to diabetic neuropathy. She rates the pain at 9 out of 10. Which medication should she expect the physician to order for this client?
- A) Antidepressant
 - B) Muscle relaxant
 - C) Low doses of opioid
 - D) High doses of opioid

Ans: D

Feedback:

The client has neuropathic pain; mild pain (1–3 on the 0–10 scale) requires the use of adjuvant drugs (nonopioid medications such as antidepressants and muscle relaxants). Moderate pain (4–6 on the pain scale) necessitates the use of low doses of opioids; the use of nonopioids and adjuvants may continue. Severe pain (7–10) requires the use of higher opioid doses.

Origin: Chapter 24- Palliative and End-of-Life Care, 15

15. A client has been prescribed a nonopioid analgesic for mild-to-moderate pain. The client has normal liver function. What is the maximum recommended amount of acetaminophen for this client to take per day to avoid liver damage?
- A) 2 g
 - B) 3 g
 - C) 4 g
 - D) 5 g

Ans: C

Feedback:

Clients with normal liver function should take no more than 4 g or less daily to avoid liver damage. It is essential to use with caution in those with liver disease or significant alcohol use.

Origin: Chapter 24- Palliative and End-of-Life Care, 16

16. A client is receiving adjuvant medications to increase the effectiveness to treat the pain associated with end-stage prostate cancer. Which exemplifies an adjuvant medication?
- A) Opioids
 - B) Corticosteroids
 - C) Antihistamines
 - D) Antivirals

Ans: B

Feedback:

Adjuvant medications are those used along with analgesics to increase the effectiveness of the drugs to treat pain and associated symptoms. Adjuvant medications include muscle relaxants, corticosteroids, anticonvulsants, antidepressants, and topical medications. Opioids are typically used for moderate-to-severe pain when nonopioid medications have not been effective. Antihistamines and antivirals are not pain medications.

Origin: Chapter 24- Palliative and End-of-Life Care, 17

17. A client has not been able to receive adequate pain control with several different medications that have been administered and is experiencing severe pain. What route of administration might be tried at this time?
- A) Intraspinal
 - B) Intravenous
 - C) Rectal
 - D) Transdermal

Ans: A

Feedback:

The administration of drugs into or around the spinal cord via the epidural or intrathecal route—known as the intraspinal route—is reserved for those clients who cannot achieve pain control in any other manner. Some medications are available in suppository form, and the rectal route may be useful when the client can no longer swallow or has problems with nausea and vomiting. Medications such as the fentanyl patch require placement on the skin of the upper body every 72 hours for relief of pain and operate through the transdermal route. The intravenous and subcutaneous routes are useful when the client is unable to swallow.

Origin: Chapter 24- Palliative and End-of-Life Care, 18

18. A client has been prescribed opioid analgesics. The client asks the nurse how long before the sedation will subside. The nurse should tell the client what time frame?
- A) 24 to 48 hours
 - B) 48 to 72 hours
 - C) 72 to 96 hour
 - D) 1 week

Ans: A

Feedback:

Many clients experience sedation when opioid analgesics are initiated; however, this effect should subside within 24 to 48 hours. If this condition continues after 24 to 48 hours, and clinicians have checked and managed other correctable causes, the client may require a psychostimulant.

Origin: Chapter 24- Palliative and End-of-Life Care, 19

19. A Muslim client is receiving end-of-life care. As death approaches, what special considerations should the nurse take in the care of this client?
- A) Speak with the family about arrangements for cremation
 - B) Schedule a visit from the chaplain for special rites
 - C) Arrange for grief counseling for the client
 - D) Place the client in a special position

Ans: D

Feedback:

As death approaches, a Muslim client is positioned supine facing Mecca. If the family is unavailable to do this, the nurse may do it, wearing gloves. Discussion of death and grief counseling are discouraged and cremation is not acceptable in the Muslim faith. A client of the Roman Catholic faith may wish to receive the sacrament of the anointing of the sick to give spiritual strength and prepare for death.

Origin: Chapter 24- Palliative and End-of-Life Care, 20

20. A dying client with inadequate fluid intake is experiencing constipation. What would be an appropriate nursing intervention for this client?
- A) Administer psyllium
 - B) Tap water enema
 - C) Administer lactulose
 - D) Apricot juice

Ans: C

Feedback:

Stimulants such as prune juice (not apricot juice), senna, or lactulose are preferable in dying clients. Avoid bulking agents (psyllium) in clients with inadequate fluid intake to avoid impaction. Monitor bowel function. Do not allow the client to go longer than 3 days without a bowel movement. A mineral oil, not tap water, enema may be necessary to prevent impaction.

Origin: Chapter 24- Palliative and End-of-Life Care, 21

21. The nurse cares for a client whose husband of 50 years died a year ago. A behavior that indicates the client has reached the reorganization phase of grief is when she:
- A) Joins a book club to get out of the house and meet new people
 - B) Expresses no emotions regarding the loss of her husband
 - C) Begins crying on a daily basis
 - D) Experiences panic attacks regularly

Ans: A

Feedback:

In the reorganization or resolution phase of grief, coping strategies and positive outlooks emerge, such as joining a book club. A final resolution phase leads to acceptance of the loss. The widow or widower may return to prior levels of functioning. In the numb shock phase of grief, the widow or widower cannot believe the spouse's death occurred. This phase is marked by shock, emotional dullness, and restless behavior that may include stupor and withdrawal. One wants to protect oneself from the feeling of loss. In the emotional turmoil or depression phase of grief, alarm or panic-type reactions occur. Emotional expression may include crying, low mood, sleep disturbance, and anorexia. Anger, guilt, or longing for the deceased may take place. The widow or widower may also become preoccupied with the meaning of the loss.

Origin: Chapter 25- Occupational Health Nursing, 1

1. The occupational and environmental health nurse faces many different practice issues every day and can function comfortably in roles as a clinician, coordinator, and case manager following company procedures, using assessment checklists and clinical protocols to provide treatment. At which American Association of Occupational Health Nurses (AAOHN) competency level in occupational and environmental health nursing is this nurse functioning?
A) Advanced beginner
B) Competent
C) Proficient
D) Expert

Ans: B

Feedback:

Benner identified five stages of competency in clinical nursing practice: novice, advanced beginner, competent, proficient, and expert. Within each stage are levels of achievement that are expressed in measurable behavioral objectives. AAOHN has cross-referenced and stated behavioral objectives for the OHN in three of these stages: competent, proficient, and expert. The competent nurse is one who is confident and a master, with an ability to cope with specific situations. There is less of a need to rely on the judgment of peers and other professionals. The proficient nurse is one with the ability to perceive client situations on the basis of past experiences, with a focus on relevant aspects of the situation. The nurse is able to predict expected events in certain situations and recognize that protocols must be altered at times to meet the needs of the client. The expert nurse is one who has extensive experience with a broad knowledge base that enables the nurse to grasp a situation quickly and initiate action. The nurse has a sense of salience grounded in practice guiding actions and priorities.

Origin: Chapter 25- Occupational Health Nursing, 2

2. The occupational and environmental health nurse provides leadership in developing occupational safety and health policy within the organization and function in an upper management role. The nurse has served as a consultant to both business and government and has designed and conducted significant research. At which American Association of Occupational Health Nurses (AAOHN) competency level in occupational and environmental health nursing is this nurse functioning?
- A) Advanced beginner
 - B) Competent
 - C) Proficient
 - D) Expert

Ans: D

Feedback:

Benner identified five stages of competency in clinical nursing practice: novice, advanced beginner, competent, proficient, and expert. Within each stage are levels of achievement that are expressed in measurable behavioral objectives. AAOHN has cross-referenced and stated behavioral objectives for the OHN in three of these stages: competent, proficient, and expert. The competent nurse is one who is confident and a master, with an ability to cope with specific situations. There is less of a need to rely on the judgment of peers and other professionals. The proficient nurse is one with the ability to perceive client situations on the basis of past experiences, with a focus on relevant aspects of the situation. The nurse is able to predict expected events in certain situations and recognize that protocols must be altered at times to meet the needs of the client. The expert nurse is one who has extensive experience with a broad knowledge base that enables the nurse to grasp a situation quickly and initiate action. The nurse has a sense of salience grounded in practice guiding actions and priorities.

Origin: Chapter 25- Occupational Health Nursing, 3

3. The occupational and environmental health nurse quickly obtains the information needed for accurate assessment and zoom in on the critical aspects of a problem in response to a client situation. The nurse uses highly developed clinical and managerial skills in the work environment. At which American Association of Occupational Health Nurses (AAOHN) competency level in occupational and environmental health nursing is this nurse functioning?
- A) Advanced beginner
 - B) Competent
 - C) Proficient
 - D) Expert

Ans: C

Feedback:

Benner identified five stages of competency in clinical nursing practice: novice, advanced beginner, competent, proficient, and expert. Within each stage are levels of achievement that are expressed in measurable behavioral objectives. AAOHN has cross-referenced and stated behavioral objectives for the OHN in three of these stages: competent, proficient, and expert. The competent nurse is one who is confident and a master, with an ability to cope with specific situations. There is less of a need to rely on the judgment of peers and other professionals. The proficient nurse is one with the ability to perceive client situations on the basis of past experiences, with a focus on relevant aspects of the situation. The nurse is able to predict expected events in certain situations and recognize that protocols must be altered at times to meet the needs of the client. The expert nurse is one who has extensive experience with a broad knowledge base that enables the nurse to grasp a situation quickly and initiate action. The nurse has a sense of salience grounded in practice guiding actions and priorities.

Origin: Chapter 25- Occupational Health Nursing, 4

4. Which exemplifies a physical hazard?
- A) Infectious agents
 - B) Hazardous drug and toxin exposures
 - C) Electric and magnetic fields
 - D) Sexual harassment

Ans: C

Feedback:

Electric and magnetic fields are an example of a physical hazard. Infectious agents are an example of a biological hazard. Hazardous drug and toxin exposures are an example of a chemical exposure. Sexual harassment is an example of a psychosocial factor.

Origin: Chapter 25- Occupational Health Nursing, 5

5. Which exemplify biological hazards? (Select all that apply.)

- A) Contaminated body fluids
- B) Poisonous plants
- C) Diesel exhaust
- D) Venomous snakes
- E) Aerosols

Ans: A, B, D

Feedback:

Contaminated body fluids, poisonous plants, and venomous snakes are examples of biological hazards. Diesel exhaust and aerosols are examples of chemical exposure.

Origin: Chapter 25- Occupational Health Nursing, 6

6. According to the U.S. Bureau of Labor Statistics, how many workers in all industries, including state and local governments, had a reportable injury or illness in 2011?

- A) 3.8 of 100
- B) 4.2 of 100
- C) 5.8 of 100
- D) 6.2 of 100

Ans: A

Feedback:

The U.S. Bureau of Labor Statistics indicates that 3.8 of 100 workers in all industries, including state and local governments, had a reportable injury or illness in 2011.

Origin: Chapter 25- Occupational Health Nursing, 7

7. A line operator in a manufacturing facility comes in to the on-site clinic reporting numbness in his hands after excessive exposure to the toxin benzene. Applying the epidemiologic triad to this scenario, which is the host?

- A) Line operator
- B) Manufacturing facility
- C) Benzene
- D) Hands

Ans: A

Feedback:

The epidemiologic triad is very helpful in occupational health nursing practice as a means to understand the complex relationships among the workers, hazards in the workplace, and hazards in the environment. In the epidemiologic triad, each worker is a host within the work population. The agents in the epidemiologic triad are workplace hazards classified as biological, chemical, physical, or psychosocial agents. The workplace exists within an external environment with specific geological and atmospheric characteristics, air and water quality, and presence or absence of environmental pollution.

Origin: Chapter 25- Occupational Health Nursing, 8

8. Which injury has the highest incidence rate among occupational injuries and illnesses that result in days away from work?
- A) Sprains
 - B) Broken bones
 - C) Cuts
 - D) Carpal tunnel syndrome

Ans: A

Feedback:

The highest incidence rate resulting in days away from work occurred from sprains, strains, and tears. Cuts were in second place, fractures in fourth place, and carpal tunnel syndrome in seventh place.

Origin: Chapter 25- Occupational Health Nursing, 9

9. Which industry has the highest number of fatal injuries?
- A) Agriculture
 - B) Construction
 - C) Mining
 - D) Transportation

Ans: D

Feedback:

The number of fatal injuries related to transportation is the highest.

Origin: Chapter 25- Occupational Health Nursing, 10

10. A newly hired health and safety officer works for a large manufacturing facility. One of the officer's first jobs is to conduct a complete survey of the workplace to determine what hazards are present, the location of entries and exits, the availability of emergency equipment, and potential trouble spots. Which interventions should the officer implement to accomplish this goal?
- A) Ergonomics
 - B) Occupational health history
 - C) Root cause analysis
 - D) Workplace walk-through

Ans: D

Feedback:

A workplace walk-through is a complete survey of the workplace, inside and outside, compiling information as to the presence of hazards, the location of entries and exits, the availability of emergency equipment, and potential trouble spots. Ergonomics is the study of the relationship between people and their working environment. Occupational health history is an assessment of the characteristics of the workers' present jobs, a chronological record of all past work and potential exposures, an occupational exposure inventory, and a list of other exposures in the home or community. Root cause analysis is a process for understanding and solving a problem, with the goal of determining what happened, why it happened, and what can be done to prevent its reoccurrence.

Origin: Chapter 25- Occupational Health Nursing, 11

11. The occupational health nurse for an electronics factory compiles an occupational health history for each worker. Which should be included? (Select all that apply.)
- A) Location of facility exits and entries
 - B) Chronological record of all past work and potential exposures
 - C) An occupational exposure inventory
 - D) List of exposures in the home or community
 - E) Availability of emergency equipment

Ans: B, C, D

Feedback:

Components of the occupational health history include characteristics of the workers' present jobs, a chronological record of all past work and potential exposures, an occupational exposure inventory, and a list of other exposures in the home or community. The location of facility exits and entries and the availability of emergency equipment are aspects of a workplace walk-through.

Origin: Chapter 25- Occupational Health Nursing, 12

12. The occupational health nurse for a hydroelectric plant uses root cause analysis to investigate a recent accidental electrocution of a plant worker. The nurse currently is defining the characteristics of the case. In which step of the root cause analysis is the nurse?
- A) Define the problem
 - B) Collect data
 - C) Identify possible causal factors
 - D) Identify the root cause

Ans: A

Feedback:

Defining the problem includes defining the characteristics of the case and determining the circumstances under which it occurred. Collecting data includes determining whether similar illnesses or injuries occurred in the past, comparing similarities and differences, creating a time line related to the problem, and determining the impact of the problem. Identifying possible causal factors includes convening people involved in the situation to discuss the cause, determining the sequence of events that led to the illness or injury, identifying the conditions that allowed the problem to occur, identifying related problems, creating a chart of possible causal factors, and identifying causal factors and possible interrelationships. Identifying the root cause includes identifying the true causes of the illness or injury, determining why the causal factor or factors exist, and determining the real reason the problem occurred.

Origin: Chapter 25- Occupational Health Nursing, 13

13. A newly hired health promotion specialist works at a meat-processing facility. The specialist is in charge of developing a program that encourages a balance among work, family, personal, health, and psychosocial concerns. Which components are appropriate to include in this program? (Select all that apply.)
- A) Signage that demonstrates safe lifting techniques
 - B) Free screening for HIV
 - C) Diagnosis of potentially malignant skin lesions
 - D) Clinic on proper use of safety goggles and other equipment
 - E) Monitoring of noise levels within the facility

Ans: A, D, E

Feedback:

Educating all employees and administrative staff regarding the exposures and hazards associated with the workplace is the foundation of health-promotion efforts, such as signage that demonstrates safe lifting techniques. A common health and safety promotion program in occupational settings involves preservation of sight and hearing, such as use of safety goggles and monitoring of noise levels. Screening for HIV and diagnosis of skin lesions would go beyond the scope of health promotion and would involve clinical diagnosis.

Origin: Chapter 25- Occupational Health Nursing, 14

14. The occupational health nurse for a computer manufacturer is required to conduct a physical examination of each new hire. The rationale for this action is to:
- A) Screen for cardiac defects the worker may be unaware of.
 - B) Ensure the worker's fitness for the job.
 - C) Determine possible causes of the worker's chief complaint.
 - D) Provide a baseline for future comparison.
 - E) Determine the worker's eligibility for the company health insurance plan.

Ans: B

Feedback:

A health record can be kept on the employees as part of their other employment records. This process often starts with an initial physical examination appropriate to the type of work that is going to be done. The physical examination helps ensure fitness for the job and provides a baseline for future comparison. The physical examination is not performed to screen for cardiac defects, determine possible causes of a chief complaint, or determine a worker's eligibility for the company health insurance plan.

Origin: Chapter 25- Occupational Health Nursing, 15

15. The occupational health nurse with a construction company is responsible for filling out a record of accidents and illnesses that occur on the company's work sites. Which source should the nurse consult to acquire the proper record-keeping form and guidelines?
- A) FMLA
 - B) OSHA
 - C) HIPAA
 - D) NORA

Ans: B

Feedback:

The Occupational Safety and Health Administration (OSHA) designs and distributes record-keeping forms called the *OSHA log*. The Occupational health nurse is usually responsible for filling out the OSHA log. This injury log is a record of accidents and illnesses that occur within a given year at every workplace facility employing 10 or more people. According to the Family and Medical Leave Act (FMLA), in the case of serious illness affecting themselves or family members, when all conditions are met under this act, employees can leave work for up to 12 weeks and return to work without penalty. The Health Insurance Portability and Accountability Act (HIPAA) mandates that all medical information be held in confidence. One way to ensure privacy is to keep all health-related information in a separate, secured file and storage area other than the business or human resource files. The National Occupational Research Agenda (NORA) is a partnership program to stimulate innovative research and improved practices for safer, healthier workplaces.

Origin: Chapter 25- Occupational Health Nursing, 16

16. Which data are tracked under epidemiologic workplace surveillance? (Select all that apply.)

- A) Injuries
- B) Illness
- C) Hazards
- D) Exposures
- E) Productivity

Ans: A, B, C, D

Feedback:

Workplace health surveillance includes physical examinations and the tracking of injuries, illness, hazards, and exposures both in individual people and for groups of workers. Productivity would not be tracked under epidemiologic workplace surveillance.

Origin: Chapter 25- Occupational Health Nursing, 17

17. The occupational health nurse at a company has seen three different employees in one week who have all reported similar upper respiratory symptoms. Which rate should the nurse consider calculating to understand the severity of this problem and to determine whether a cluster or cohort is forming?

- A) Productivity rate
- B) Incidence rate
- C) Prevalence rate
- D) Ratio of affected to unaffected

Ans: B

Feedback:

If there happens to be more than one worker from the same department with consistent symptoms and objective findings, the OHN may immediately begin to suspect that a cluster or cohort is forming and should determine the number of new cases of the condition, or the incidence rate. Clusters are aggregations of disease diagnoses collected from a specific population within a distinct period of time or space. The calculation of incidence rates is a helpful tool in understanding the severity of a workplace problem. Prevalence reflects the total burden of the injury or illness that exists in the population—in this case, the workplace. It includes both new cases and existing cases, as opposed to the incidence rate, which only includes new cases. Ratios can compare and involve groups of workers in settings. This approach adds clarity when comparing the number of affected workers in an organization that employs workers located in various geographic locations.

Origin: Chapter 25- Occupational Health Nursing, 18

18. The occupational health nurse for a multinational corporation compares aggregate data on the occurrence of lung cancer in workers in a factory in Brazil with workers in a factory in Hong Kong. Which type of epidemiologic study is this nurse most likely conducting?
- A) Prospective, cohort
 - B) Case-control
 - C) Ecological
 - D) Cohort case-control

Ans: C

Feedback:

Ecological studies are types of epidemiologic studies that compare the rates of exposures and diseases in different populations, such as in the two groups of factory workers in different countries. Prospective, cohort epidemiologic studies investigate workers who have been exposed to a variety of chemical, biological, or physical agents. The purpose of these follow-up studies is to determine whether the risk of adverse health outcomes after the event is increased. Epidemiologic studies may involve the evaluation of workers who have already experienced a common adverse health outcome. In this case, the outcome has already occurred, so the purpose of these case-control studies is to investigate, retrospectively, what agent or set of agents may explain their condition. There is no cohort case-control study.

Origin: Chapter 25- Occupational Health Nursing, 19

19. The occupational health nurse is a member of the emergency planning committee in the workplace. The nurse is helping to formulate an emergency plan for the facility. Which goals should the nurse keep in mind while developing the plan? (Select all that apply.)
- A) Establish clear reporting instructions for employees.
 - B) Provide instructions on safe lifting techniques.
 - C) Identify hazardous substances that workers are exposed to in their daily work.
 - D) Name key personnel who will assume necessary tasks.
 - E) Establish emergency escape routes.

Ans: A, D, E

Feedback:

The goals of an emergency plan are to anticipate emergencies and to establish clear reporting instructions for employees. The plan names key personnel who will assume necessary tasks. It establishes emergency escape routes and procedures to identify workers and visitors with and without disabilities. The plan ensures that predesignated areas have been arranged and employees have participated in actual drills. An emergency plan would not include providing instructions on safe lifting techniques or identifying hazardous substances, as these are normal work concerns, not emergencies.

Origin: Chapter 25- Occupational Health Nursing, 20

20. The occupational health nurse is a member of the emergency planning committee in the workplace. The nurse is helping to formulate an emergency plan for the facility. Which key components should the nurse include in the emergency plan? (Select all that apply.)
- A) Alarms
 - B) Phones
 - C) Reporting
 - D) Communication
 - E) Evacuation

Ans: A, C, D, E

Feedback:

Key components of the emergency plan involve alarms, reporting, communication, evacuation, a system for counting the occupants, procedures for staff who do not immediately evacuate, and rescue and medical services. Phones would not be a component of the plan.

Origin: Chapter 25- Occupational Health Nursing, 21

21. The occupational health nurse works in facility located in a region that is highly prone to tornadoes. Which intervention should the nurse make sure is included in the facility's emergency plan to address this potential threat?
- A) A shelter-in-place policy and procedure
 - B) Personal protective equipment
 - C) Evacuation drills
 - D) Decontamination procedures

Ans: A

Feedback:

A shelter-in-place policy and procedure must be established for emergencies such as hurricanes, tornadoes, high winds, or chemical releases in buildings such as healthcare and correctional facilities. Personal protective equipment and decontamination procedures are needed for those who work with and around hazardous materials and chemicals but would not be needed for a tornado. During a tornado, workers should shelter in place, not evacuate the building.