

TEST BANK

**Advanced Practice  
Nursing**

***Essentials For Role Development***

**4th Edition**

## Chapter 1 . Advanced Practice Nursing: Doing What Has to Be Done-Radicals, Renegades, and Rebels

### MULTIPLE CHOICE

1. The nurse manager of a pediatric clinic could confirm that the new nurse recognized the purpose of the HEADSS Adolescent Risk Profile when the new nurse responds that it is used to assess for needs related to
- a. anticipatory guidance.
  - b. low-risk adolescents.
  - c. physical development.
  - d. sexual development.

ANS: A

The HEADSS Adolescent Risk Profile is a psychosocial assessment screening tool which assesses home, education, activities, drugs, sex, and suicide for the purpose of identifying high-risk adolescents and the need for anticipatory guidance. It is used to identify high-risk, not low-risk, adolescents. Physical development is assessed with anthropometric data. Sexual development is assessed using physical examination.

REF: 6 OBJ: NCLEX Client Needs Category: Health Promotion and Maintenance

2. The nurse preparing a teaching plan for a preschooler knows that, according to Piaget, the expected stage of development for a preschooler is
- a. concrete operational.
  - b. formal operational.

- c. preoperational.
- d. sensorimotor.

ANS: C

The expected stage of development for a preschooler (3 to 4 years old) is preoperational. Concrete operational describes the thinking of a school-age child (7 to 11 years old). Formal operational

describes the thinking of an individual after about 11 years of age. Sensorimotor describes the earliest pattern of thinking from birth to 2 years old.

REF: 5 OBJ: NCLEX Client Needs Category: Health Promotion and Maintenance

3. The school nurse talking with a high school class about the difference between growth and development would best describe growth as

- a. processes by which early cells specialize.
- b. psychosocial and cognitive changes.
- c. qualitative changes associated with aging.
- d. quantitative changes in size or weight.

ANS: D

Growth is a quantitative change in which an increase in cell number and size results in an increase in overall size or weight of the body or any of its parts. The processes by which early cells specialize are referred to as differentiation. Psychosocial and cognitive changes are referred to as development. Qualitative changes associated with aging are referred to as maturation.

REF: 2 OBJ: NCLEX Client Needs Category: Health Promotion and Maintenance

4. The most appropriate response of the nurse when a mother asks what the Denver II does is that it

- a. can diagnose developmental disabilities.
- b. identifies a need for physical therapy.
- c. is a developmental screening tool.
- d. provides a framework for health teaching.

ANS: C

The Denver II is the most commonly used measure of developmental status used by health care professionals; it is a screening tool. Screening tools do not provide a diagnosis. Diagnosis requires a thorough neurodevelopment history and physical examination. Developmental delay, which is suggested by screening, is a symptom, not a diagnosis. The need for any therapy would be identified with a comprehensive evaluation, not a screening tool. Some providers use the Denver II as a framework for teaching about expected development, but this is not the primary purpose of the tool.

REF: 4 OBJ: NCLEX Client Needs Category: Health Promotion and Maintenance

5. To plan early intervention and care for an infant with Down syndrome, the nurse considers knowledge of other physical development exemplars such as

- a. cerebral palsy.
- b. failure to thrive.
- c. fetal alcohol syndrome.
- d. hydrocephaly.

ANS: D

Hydrocephaly is also a physical development exemplar. Cerebral palsy is an exemplar of adaptive developmental delay. Failure to thrive is an exemplar of social/emotional developmental delay.

Fetal alcohol syndrome is an exemplar of cognitive developmental delay.

REF: 9 OBJ: NCLEX Client Needs Category: Health Promotion and Maintenance

6. To plan early intervention and care for a child with a developmental delay, the nurse would consider knowledge of the concepts most significantly impacted by development, including

- a. culture.
- b. environment.
- c. functional status.
- d. nutrition.

ANS: C

Function is one of the concepts most significantly impacted by development. Others include sensory-perceptual, cognition, mobility, reproduction, and sexuality. Knowledge of these concepts can help the nurse anticipate areas that need to be addressed. Culture is a concept that is considered to significantly affect development; the difference is the concepts that affect development are those that represent major influencing factors (causes), hence determination of development and would be the focus of preventive interventions. Environment is considered to significantly affect development. Nutrition is considered to significantly affect development.

REF: 1 OBJ: NCLEX Client Needs Category: Health Promotion and Maintenance

7. A mother complains to the nurse at the pediatric clinic that her 4-year-old child always talks to her toys and makes up stories. The mother wants her child to have a psychologic evaluation. The nurses best initial response is to

- a. refer the child to a psychologist.
- b. explain that playing make believe with dolls and people is normal at this age.
- c. complete a developmental screening.
- d. separate the child from the mother to get more information.

ANS: B

By the end of the fourth year, it is expected that a child will engage in fantasy, so this is normal at this age. A referral to a psychologist would be premature based only on the complaint of the mother. Completing a developmental screening would be very appropriate but not the initial response. The nurse would certainly want to get more information, but separating the child from the mother is not necessary at this time.

REF: 5 OBJ: NCLEX Client Needs Category: Health Promotion and Maintenance

8. A 17-year-old girl is hospitalized for appendicitis, and her mother asks the nurse why she is so needy and acting like a child. The best response of the nurse is that in the hospital, adolescents

- a. have separation anxiety.
- b. rebel against rules.
- c. regress because of stress.
- d. want to know everything.

ANS: C

Regression to an earlier stage of development is a common response to stress. Separation anxiety is most common in infants and toddlers. Rebellion against hospital rules is usually not an issue if the adolescent understands the rules and would not create childlike behaviors. An adolescent may want to know everything with their logical thinking and deductive reasoning, but that would not explain why they would act like a child.

## Chapter 2. Emerging Roles of the Advanced Practice Nurse

### Test Bank Multiple Choice

1. An APRN is about to examine a patient in the emergency department. A colleague states to the APRN "This patient is probably just seeking pain medication." Regardless of his or her colleague's comment he or she enter the examination room and treat the patient as if he or she is trustworthy and has good motives. Which of the ten essential elements of dignity is the APRN utilizing?

- a. Inclusion
- b. Benefit of the doubt
- c. Acceptance of identity
- d. Recognition

ANS: B

Treating others as if they are trustworthy, starting with the premise that they have good motives and are acting with integrity are all key points of benefit of the doubt. Benefit of the doubt is one of the ten essential elements of dignity.

2. An APRN approaches his or her patients as neither inferior nor superior and gives others the freedom to express their authentic selves without being judged. Which of the ten essential elements of dignity is the APRN utilizing?

- a. Safety
- b. Accountability
- c. Acceptance of identity
- d. Benefit of doubt

ANS: C

The acceptance of identity is one of the ten essential elements of dignity. Approaching people as neither inferior nor superior to you, giving others the freedom to express their authentic selves without fear of being negatively judged, interacting without prejudice or bias, accepting how race, religion, gender, class, sexual orientation, age, disability, and so on are at the core of someone's identities, and assuming they have integrity are all included in the essential elements of acceptance of identity.

3. Communication problems often plague ethical dilemmas, which of the following is often at the forefront of communication problems regarding clinicians?

- a. Poor knowledge of the situation
- b. Language barriers
- c. Poor independence
- d. Failure to speak up

ANS: D

All of the answers may contribute to ethical dilemmas but failure of a clinician to speak up about a real or potential ethical problem is commonly identified. Erosion of open and honest communication is typically the first theme encountered in many ethical dilemmas.



4. A 76-year-old patient is admitted to the hospital after suffering a spinal compression fracture. The patient is unable to ambulate adequately on his or her own and requires assistance for basic needs. Your assessment is that the patient will recover their strength within 2 weeks. The billing department at the facility notifies you that the patient may not stay in the hospital for more than 2 days. The patient does not wish to be transferred to a nursing facility and wishes to remain in the hospital for the remaining 12 days to gain strength. Which of the following best defines this scenario?

- a. Interprofessional conflict
- b. Communication problems
- c. Legal issues
- d. Multiple commitments

ANS: A

This ethical scenario plays out routinely in medical care as an element of interprofessional conflict. The clinician wishes to respect patient autonomy but must understand and express the best interests of the patient to a multidisciplinary team.

5. An APRN is scheduled to complete his or her shift at 7 p.m. on a particular day. A new patient arrives 5 minutes prior to the time the APRN is expected to leave. He or she is asked by a supervisor to stay beyond their scheduled time to assess the patient and provide care. Which of the following best defines this scenario?

- a. Interprofessional conflict
- b. Multiple commitments
- c. Communication problems
- d. Legal issues

ANS: B

APRNs often fail to practice self-care and it is a significant threat to ethical practice. Multiple commitments including obligations to multiple parties involving the patient, employer, and

legal system may create a scenario for ethical issues in nursing practice. Societal issues including cost containment pressures in health systems are likely partially responsible for development of this scenario.

6. An APRN works in a primary care clinic. The APRN wishes to treat a patient's disease with a specific medication that is far superior to other treatments. The APRN has never encountered issues prescribing this therapy as first-line treatment in the past. The APRN is informed by this particular patient's insurance that they require proof that the APRN has tried a far less effective therapy for 1 month prior to paying for the medication. Which of the following best describes the forces at work in this scenario?

- a. Communication problems
- b. Legal issues
- c. Interprofessional conflict
- d. Societal issues

ANS: D

Societal issues including cost containment pressures in health systems are likely responsible for development of this scenario. Interprofessional conflicts would best be involved in this scenario if this is applied in a multidisciplinary team scenario.

7. Which of the following are defined as the four elements of core competency development in ethical decision making for APRNs?

- a. Knowledge development, knowledge application, creating an ethical environment, promoting social justice
- b. Knowledge development, educating others, creating an ethical environment, promoting social justice

- c. Knowledge development, knowledge application, effective communication, promoting social justice
- d. Knowledge development, knowledge application, creating an ethical environment, understanding legal barriers

ANS: A

The core competency of ethical decision making for APRNs is best organized into four key elements: knowledge development, knowledge application, creating an ethical environment, and promoting social justice.

8. Which of the following examples best describes the knowledge development element of core competency development for ethical decision making?

- a. Analyzing the policymaking process
- b. Using self-reflection during patient case reviews
- c. Applying ethical decision-making model to a clinical problem
- d. Mentoring others to develop ethical practice

ANS: B

The use of knowledge development is a key element of core competency development for ethical decision making. It involves gaining knowledge of ethical theories and developing the ability to distinguish a true ethical dilemma from a situation of moral distress or other clinically problematic situation. Becoming sensitive to ethical dimensions of clinical practice and fidelity conflicts, developing values clarification (self-reflection), and interpreting reactions and emotions of others are all elements of knowledge development and moral sensitivity.

9. An APRN joins a group promoting awareness about abuse in long-term nursing care facilities. He or she advocates for policies that protect the health care rights of individuals who

are not able to care for themselves independently. The APRN most likely employed which of the following elements of core competency development for ethical decision making?

- a. Promoting social justice
- b. Knowledge development
- c. Creating an ethical environment
- d. Knowledge application

ANS: A

Skills or behaviors for promoting social justice within a health care system include the ability to analyze the policy process and advocacy, communication, and leadership skills that promote involvement in health policy initiatives supporting social justice.

10. An APRN interacts with a patient and another colleague to achieve the best outcome of an ethical dilemma. The APRN most likely used which of the following elements of core competency development for ethical decision making?

- a. Knowledge application
- b. Creating an ethical environment
- c. Promoting social justice
- d. Knowledge development

ANS: A

Applying ethical decision-making models to clinical problems, using skilled communication regarding ethical issues, and facilitating decision making by using select strategies are involved in the use of knowledge application.

11. An APRN works at a hospital system that provides care to a large proportion of Asian-American citizens. The APRN develops a presentation for newly hired employees about the

cultural belief systems held by many in this population group. This describes the use of which of the following elements of core competency development for ethical decision making?

- a. Creating an ethical environment
- b. Promoting social justice
- c. Knowledge application
- d. Knowledge development

ANS: A

Creating an ethical environment may include the use of preventative ethics and awareness of environmental barriers to ethical practice.

12. Application of existing rules and doctrine as a guide for ethical decision making is best described as which ethical approach?

- a. Narrative ethics
- b. Care-based ethics
- c. Casuistry
- d. Principle-based ethics
- e. Virtue-based ethics

ANS: D

In principle-based ethical decision making, the principles or rules in contention are balanced and interpreted with the contextual elements of the situation. However, the final decision and moral justification for actions are based on principles.

13. Which ethical approach uses comparisons of precedent-setting cases and current scenarios?

- a. Principle-based ethics
- b. Casuistry
- c. Care-based ethics
- d. Narrative ethics
- e. Virtue-based ethics

ANS: B

Casuistry is an ethical approach which uses comparisons of precedent-setting cases and current scenarios.

14. Which approach emphasizes the particulars of a case or story as a vehicle for discerning the meaning and values embedded in the ethical decision making?

- a. Principle-based ethics
- b. Casuistry
- c. Virtue-based ethics
- d. Care-based ethics
- e. Narrative ethics

ANS: E

Narrative ethics emphasizes the particulars of a case or story as a vehicle for discerning the meaning and values embedded in the ethical decision making.

15. Which ethical approach sees individuals as interdependent rather than independent and focuses on parties in a relationship?

- a. Principle-based ethics
- b. Care-based ethics
- c. Narrative ethics
- d. Casuistry
- e. Virtue-based ethics

ANS: B

Care-based ethics emphasizes creating and sustaining responsive connections with others, importance of contact and subjectivity in discerning ethical action, and sees individuals as interdependent rather than independent and focuses on parties in a relationship.

Multiple Choice

16. As defined by Kilpatrick et al. (2016), which of the following is a hallmark of the role of the CNS?

- a. Adapting to changing needs of patients, nurses, and health care systems
- b. Advanced knowledge and skills
- c. Lack of educational requirements
- d. Ability to independently practice

ANS: A

A hallmark of the role is the ability of the CNS to adapt to changing needs of patients, nurses, and health care systems (Kilpatrick, Tchouaket, Carter, Bryant-Lukosius, & DiCenso, 2016). This versatility allows for a CNS to transition between positions as a primary caregiver or educator depending on the environment.

17. Which of the following has complicated clarifying the work and core competency of all CNSs?

- a. Varying educational, competency, and practice standards
- b. Bureau of Labor Statistics' failure to capture data
- c. Lack of interest
- d. Advancement of the nurse practitioner role

ANS: A

Varying educational, competency, and practice standards have complicated clarifying the work and core competencies of all CNSs, regardless of specialty. The failure of the Bureau of Labor Statistics to track CNS providers only creates barriers when it comes to counting the number of CNSs in the United States.

18. Which of the following is a central competency for CNSs according to the Hamric model?

- a. Indirect care of patients and families
- b. Ethical decision making
- c. Direct care of patients and families
- d. Systems leadership
- e. Conduct of research

ANS: C

Direct care of patients or clients is the central core competency of the Hamric model and links each of the other competencies.



19. According to the NACNS model, emphasis on which of the following competencies is largest?

- a. Indirect care of patients and families
- b. Ethical decision making
- c. Conduct of research
- d. Direct care of patients and families
- e. Systems leadership

ANS: D

Direct care of patients or clients is the largest competency of the three spheres according to the NACNS model and encompasses the other two.

20. A CNS relocates to another state and begins a new job. Which of the following would guide his or her ability to practice certain procedures or skills?

- a. State scope of practice and facility policy
- b. American Medical Association policy
- c. State scope of practice
- d. Facility policy

ANS: A

The scope of practice is those activities a health care individual is allowed to perform within his or her profession. It is the responsibility of the CNS to adhere to each state's rules in which they

practice. Additionally, facilities may impose additional restrictions or limitations for a CNS to perform procedures or skills.

21. The National Association of Clinical Nurse Specialists has seven core competencies published for the CNS role. Which of the following is not included at the highest level?

- a. Coaching competency
- b. Professionalism competency
- c. Direct care competency
- d. Systems leadership competency

ANS: B

The National Association of Clinical Nurse Specialists' Core Competencies include at the highest level seven competencies: direct care, consultation, systems leadership, collaboration, coaching, research, and ethical decision making, moral agency, and advocacy.

22. Each of the following is specifically described in the NACNS's three spheres of influence for

the CNS role except:

- a. Nurses/nursing practice
- b. Organization/system
- c. Leadership
- d. Patient

ANS: C

The NACNS has defined the CNS role as operating between the three spheres of influence: the patient, the organization/system, and the nurse/nursing practice. The CNS should employ Hamric's seven competencies across the three spheres of influence.

23. According to a 2016 ruling, how has the Department of Veterans Affairs alleviated state-based practice regulations at VA facilities?

- a. Allows CNS to work at full practice authority
- b. Allows CNS to practice according to their home state's regulation
- c. Provides immediate licensures
- d. Provides malpractice insurance free of charge

ANS: A

In 2016, the Department of Veterans Affairs alleviated state-based practice regulations by allowing CNS to work at full practice authority inside VA facilities and not within a state's scope of practice.

24. Which of the following is major regulatory barrier for many CNS specialties in relation to the Consensus Model?

- a. Poor reimbursement for services
- b. Lack of specialty certification examinations
- c. Lack of education
- d. Poor CNS involvement in advocacy

ANS: B

A lack of specialty certification examinations in some areas is a major regulatory barrier for many CNS specialties in relation to the Consensus Model.

25. With regard to prescriptive authority, how did Oregon manage CNSs whose original education curriculum did not include prescription of pharmacologic agents?

- a. Take a specialized state-specific examination regarding prescriptive authority
- b. Permanent exclusion from prescriptive authority
- c. An advanced pharmacology course and complete 150 supervised hours
- d. 2080 hours involved in a collaborative agreement

ANS: C

Oregon's regulation for inclusions of CNSs whose original education curriculum did not include prescription of pharmacologic agents includes the completion of an advanced pharmacology course and a minimum of 150 hours of supervised pharmacologic management. Minnesota requires 2080 hours of practice within a collaborative agreement with a licensed CNP, CNS, or physician experienced with similar patients. Wisconsin requires advanced practice nurse prescribers to pass an examination on Wisconsin's statutes and rules of practice.

26. States have each independently created regulation regarding advanced practice. With regard to prescriptive authority, what requirement has Wisconsin implemented regarding authorization of CNSs as advanced practice nurse prescribers?

- a. 2080 hours involved in a collaborative agreement
- b. An advanced pharmacology course and complete 150 supervised hours
- c. Permanent exclusion from prescriptive authority
- d. Take a specialized state-specific examination regarding prescriptive authority

ANS: D

Wisconsin requires advanced practice nurse prescribers to pass an examination on Wisconsin's statutes and rules of practice. Oregon's regulation for inclusions of CNSs whose original education curriculum did not include prescription of pharmacologic agents includes the completion of an advanced pharmacology course and a minimum of 150 hours of supervised pharmacologic management. Minnesota requires 2080 hours of practice within a collaborative agreement with a licensed CNP, CNS, or physician experienced with similar patients.

27. Which factor led to a decrease of CNSs entering CNS programs in 1990s?

- a. Repurposing CNSs into quality managers and educator roles
- b. Increased job positions
- c. Increase in facility funding for NP programs
- d. Lack of emphasis on primary care

ANS: A

Several forces led to the initial decline in the number of students entering CNS programs. Fiscal restraints of health care facilities, repurposing CNSs into other roles, increased emphasis in primary care, and rapid growth of NP programs have previously and continue to contribute to decreased numbers of students entering CNS programs.

28. Which of the following is an important defining characteristic of the difference of the CNS role from an NP?

- a. Time spent among three spheres of influence
- b. Primarily involved in direct care
- c. Does not provide consultations

- d. Time spent primarily as patient advocate

ANS: A

One key defining difference of the CNS role is that the time spent performing competencies is across three spheres of influence. In the NP role, most time is spent in direct care management of patients. Both may provide consultations and all clinicians should act as a patient advocate.

29. Which of the following is most important to stabilize the future of the CNS role?

- a. Decreased educational requirements
  - b. CNS conducted independent research
  - c. Unity around NCSBN affirmation of CNSs being APRNs
  - d. NP restrictions of roles
- ANS: C

There are several important factors that influence the stability of the CNS role in the future. These include unity around NCSBN affirmations of CNSs as APRNs, articulating contributions to patients, families, and health care systems, ensuring educational curricula are upheld and helpful, partnering with others in practice and research, and seeking national recognition for the role.

30. Which of the following is provided as part of the Consensus Model?

- a. Decrease educational requirements
- b. Collaboration among physicians
- c. Reimbursement for services
- d. Title protection

ANS: D

The Consensus Model provides title protection for CNSs and provides for a grandfather clause to include APRNs who graduated from accredited programs and began practicing prior to the implementation of the Consensus Model.

### Chapter 3. Role Development: A Theoretical Perspective

#### Test Bank Multiple Choice

31. The federal government's criterion to establish health professional shortage areas (HPSAs) is based on which of the following statistics?
- a. Average family income less than two-thirds of national poverty level
  - b. An area in which there are less than 500 individuals for every primary care physician (PCMD)
  - c. Average family income less than half of national poverty level
  - d. An area in which there are more than 4500 individuals for every primary care physician (PCMD)
  - e. An area in which there are more than 3500 individuals for every primary care physician (PCMD)

ANS: E

The federal government establishes health professional shortage areas (HPSAs) that are primarily based on the criterion that an area has more than 3500 individuals for every primary care physician (PCMD).

32. What is a downfall of the HPSA's calculation?

- a. Is only recalculated every 10 years
- b. Does not include other PCP designations (PAs, NPs)
- c. Does not adjust for inflation
- d. Has a lower weighted average for NP versus MD providers

ANS: B

The health professional shortage areas (HPSAs) are currently only calculated based on primary care physicians (PCMDs) and do not take into account other primary care providers such as PAs and NPs.

33. Some community health centers can apply for a special designation if they are an entity that serves a population that is medically underserved or a specially medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing. What is this designation?

- a. Federally qualified health center (FQHC)
- b. Patient-centered medical home (PCMH)
- c. School-based health center (SBHC)
- d. Nurse-led health center (NLHC)

ANS: A

The HRSA Bureau of Primary Care enables these safety net organizations to receive a variety of enhanced federal support by applying for designation as a federally qualified health center (FQHC).



34. Which of the following is not a common characteristic of a school-based health center (SBHC)?

- a. No parental requirement for consent for treatment
- b. Close integration with the school
- c. Comprised of a multidisciplinary team
- d. Located in schools or on school grounds

ANS: A

Nearly all SBHCs require parental consent for full treatment of adolescents, except in states where such adolescents can consent for certain treatments like contraception, pregnancy, drug abuse, and/or sexually transmitted infections.

35. A nurse practitioner provides care at a veteran's clinic managed by the Department of Veterans Affairs. The state in which he or she practices prohibits many procedures. Which of the following is most accurate regarding the care the NP provides?

- a. Additional licensure is required to practice in VA systems by the state
- b. NP must be supervised for all skills
- c. State practice regulations override VA regulations
- d. Full practice authority is allowed inside the VA system

ANS: D

In 2016, The Department of Veterans Affairs granted full practice authority to NPs, CNSs, and CNMs. This allows these providers to work at full practice authority inside VA facilities and not confined within a state's scope of practice.

36. Medical care provided by primary care providers (PCMD, PCNP) as part of the patient-centered medical home (PCMH) model encompasses the full spectrum of primary care including standards of accessibility, continuity, comprehensiveness, integrated care, and interprofessional care. This model was first defined for what population group?

- a. Geriatrics
- b. Gynecology
- c. Pediatrics
- d. Mental health

ANS: C

The patient-centered medical home (PCMH) model was first developed for the pediatric medical community for development of children with complex medical conditions.

37. Which of the following is reducing the restrictions of access to consultations for patients with complex or high-risk conditions, effectively reducing the burden of primary care practices?

- a. PCMH Model
- b. CONNECT Project
- c. Project ECHO
- d. PCT-LEAP Project

ANS: C

Technical innovations such as Project ECHO and eConsults are increasing access and advancing care by easing the burden of connecting primary care practices and patients with consultants through the use of technology. This allows for faster access to consultants for patients with complex or high-risk medical conditions.

38. A medical visit that comprises several patients in a group with similar conditions where patients discuss their health status, therapeutic regimes, behavioral modifications, and how to handle them is called:

- a. Project ECHO
- b. Convenient care clinics
- c. Shared medical appointments
- d. Group therapy

ANS: C

Shared medical appointments are a reimbursable type of visit that may include a multidisciplinary team where patients with similar conditions discuss their health status, therapeutic regimes, behavioral modifications, and how to handle them in a group setting.

39. According to the American Association of Nurse Practitioners: 2017 NP Fact Sheet, NPs have been in practice an average of how many years?

- a. 9 years
- b. 14 years
- c. 7 years
- d. 11 years

ANS: D

In 2017, the average NP has been in practice for 11 years.

40. According to the American Association of Nurse Practitioners: 2017 NP Fact Sheet, which of the following is the largest area of certification?

- a. Pediatrics
- b. Acute care
- c. Psychiatric/mental health
- d. Primary care
- e. Tertiary Care

ANS: D

About 89.2% of NPs are certified in an area of primary care as of 2017 including Adult, Adult-Gerontology, Family, Gerontology, Pediatric-Primary Care, and Women's Health.

41. According to the American Association of Nurse Practitioners: 2017 NP Fact Sheet and the AANP National Nurse Practitioners Database, approximately how many NPs are licensed in the United States?

- a. 1,26,000
- b. 2,34,000
- c. 3,18,000
- d. 3,81,000
- e. 4,08,000

ANS: B

As of 2017, there are more than 2,34,000 NPs licensed to practice in the United States.

42. Which of the following has shown promising outcomes for NPs in achievement of competence, confidence, and mastery as well as increased levels of NP satisfaction?

- a. NP Postgraduate Residency Programs
- b. Work in Underserved population areas
- c. Increased NP Pay
- d. Decreased malpractice claims
- e. Advancement of NP care practices

ANS: A

NP Postgraduate Residency Programs still need additional research on outcomes, policy considerations, and academic arrangements. Early studies have suggested that NPs who complete a residency program acquire higher achievement of competence, confidence, and mastery as well as increased levels of NP satisfaction.

43. The Triple Aim Initiative was launched in 2007 by the Institute for Healthcare Improvement (IHI) which focused on three dimensions of health care: experience of care, per capita cost, and population health. Which fourth aim was proposed in 2014 by Bodenheimer and Sinsky in a call to redesign the initiative?

- a. Improved clinician experience
- b. Prevention
- c. Increased reimbursements
- d. Decreased adverse events

ANS: A

Bodenheimer and Sinsky proposed a fourth aim “improved clinician experience” which brings to light the facts that the “joy” has gone out of practicing medicine. Other studies have shown that patient outcomes suffer if providers feel overwhelmed, overworked, or powerless.

44. The American Academy of Pediatrics questioned which of the following negative outcomes of Community Care Clinics (CCCs)? (Select all that apply.)

- a. Uneven EHR interoperability with community primary care providers
  - b. Lack of longitudinal relationships with providers
  - c. Incentives to overprescribe
  - d. Increased patient satisfaction
  - e. Decreased wait times
- ANS: A, B, C

In 2014, the American Academy of Pediatrics had questions regarding CCCs and their possible incentives to overprescribe, lack of longitudinal relationships with providers, and uneven EHR interoperability with community primary care providers that may negatively impact the health care system.

#### Chapter 4. Educational Preparation of Advanced Practice Nurses: Looking to the Future

45. Which of the following is the most essential component to lead clinical staff and programs effectively as an advanced practice registered nurse?

- a. Clinical credibility
- b. Appropriate education
- c. Years of experience
- d. Age

ANS: A

All of the options may attribute to effectively leading clinical staff and programs as an APRN. Direct care is the central competency of advanced practice nursing and excellence in direct care requires clinical credibility to lead other clinical staff. Years of experience or age may or may not be related to direct care. Appropriate education is important for clinical leadership, but clinical credibility requires experience combined with direct care.

46. An advanced practice registered nurse in an outpatient clinic has a phone conference with a cardiologist regarding a patient's condition. This is an example of:

- a. Social services
- b. Point-of-care encounter
- c. Indirect care
- d. Direct care

ANS: C

This is an example of indirect care of clinical practice. Direct care or direct clinical practice refers to those activities and functions that the APRN performs within the patient-nurse interface.

47. Which of the following is considered indirect care?

- a. Forming a therapeutic relationship during patient examination
- b. Discharge planning
- c. Consideration of which medication to prescribe a patient
- d. Patient education regarding medication side effects

ANS: B

Indirect care or indirect clinical practice refers to those activities and responsibilities that occur outside of the patient-nurse interface. They may include consultation with other health care providers, discharge planning, care coordination, communication with insurance companies, education or supervision of other medical staff, or billing and coding for services rendered. The other options are examples of direct care.

48. Which of the following is considered direct care?

- a. Forming a therapeutic relationship during patient examination
- b. Increasing knowledge of a disease process to better care for a complex patient
- c. Prior authorization of prescriptions
- d. Consultant phone call about patient condition

ANS: A

Direct care or direct clinical practice refers to those activities and functions that the APRN performs within the patient-nurse interface. Examples of direct care include physical acts of diagnosis, monitoring, treatment, or direct patient education that occur in the patient-nurse interface. It can be with the patient or family members. The other options are examples of indirect care.

49. An APRN is preparing a patient to be discharged from an emergency department. Which of the following activities is considered direct care?

- a. Speaking with the patient's primary care provider
- b. Electronically transmitting prescriptions to pharmacy
- c. Discharge planning documentation
- d. Discharge patient education

ANS: D



The decision to discharge a stable patient requires that the APRN evaluated the patient and his or her clinical condition and determined it to be stable; this most likely required direct clinical care including a physical examination and medical decision making and discharge-related patient education.

50. An APRN evaluates and modifies his or her clinical practice routines by reading and following updates and recommendations from various journals and organizations such as the United States Preventative Task Force (USPSTF). Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Use of reflective practice
- b. Use of a holistic perspective
- c. Expert clinical performance
- d. Use of evidence as a guide for practice

ANS: D

Using evidence as a guide for practice is one of six characteristics for advanced direct care practice. Reading research reports, searching health care databases, acquiring skills to analyze evidence, and working with colleagues regarding evidence-based improvements in care are all examples of using evidence as a guide for practice.

51. During a patient encounter the APRN remembers the patient mentioned during a previous visit that the patient's child was applying to colleges. The APRN asks which college the patient's child chose to attend. Discussing this at the beginning of the patient encounter utilizes what characteristic of advanced direct care practice?

- a. Formation of therapeutic partnerships with patients
- b. Expert clinical performance

- c. Use of a holistic perspective
- d. Use of reflective practice

ANS: A

The formation of therapeutic partnerships with patients is one of six characteristics for advanced direct care practice. The APRN is effectively using good conversational style to create a strong therapeutic relationship with the patient. Use of a holistic perspective would only be correct if this conversation was used in relation to the patient's care.

52. An APRN starts a patient on a specific medication chosen over a compatible medication due to a decreased risk of sedation. The medication was chosen because the patient has an occupation driving a truck. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Formation of therapeutic partnerships with patients
- b. Use of a holistic perspective
- c. Expert clinical performance
- d. Use of reflective practice

ANS: B

Using a holistic perspective includes identifying patterns of symptoms combined with the effect of the individual patient. This may include the patient's view of his or her own health or the impact that his or her disease or treatments may affect his or her overall quality of life. Expert clinical performance is incorrect because the medication was chosen solely based on the effect of medication side effects on the patient's social life.

53. An APRN encounters an angry and combative patient during his or her shift. The next day he or she meets and speaks with a colleague involved with the patient to discuss how the

department handled the incident as well as his or her personal beliefs regarding the care of combative patients. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Use of evidence as a guide for practice
- b. Expert clinical performance
- c. Diverse approaches to and interventions for Health and Illness Management
- d. Use of reflective practice

ANS: D

The use of reflective practice is an important characteristic of advanced direct practice care. Meeting with colleagues and teachers regarding clinical scenarios are important aspects of reflective practice as you explore personal values, social beliefs, and behaviors. Since the meeting was not regarding evidence-based improvements of care or strategies to improve the outcome of similar patients the other options are incorrect.

54. An APRN works in a critical care environment. He or she identifies a patient he or she believes to be at risk for decompensation and intervenes quickly. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Use of evidence as a guide for practice
- b. Expert clinical performance
- c. Use of reflective practice
- d. Diverse approaches to and interventions for Health and Illness Management

ANS: B

Expert clinical performance is the development of specialized knowledge, experience, and complex situations the APRN will encounter during patient care. Deeply understanding clinical knowledge and interpretation of data are aspects of expert clinical performance.

55. An APRN encounters an angry and combative patient during his or her shift. The next day he or she begins analyzing patient outcomes as they correlate with different treatment modalities. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Expert clinical performance
- b. Use of evidence as a guide for practice
- c. Use of reflective practice
- d. Diverse approaches to and interventions for Health and Illness Management

ANS: B

Systematic reviews of existing journals, health care statistics, and working with colleagues in an attempt to improve outcomes and understand clinical scenarios are examples of excellent use of evidence as a guide for practice. In this scenario the other options are incorrect; the APRN had not just discussed his or her personal beliefs, nor was specifically reviewing patient data for his or her personal knowledge development.

56. An APRN is working in a rural community health center providing community health services to poverty-stricken families. He or she works at government agencies and regional medical centers to coordinate care for patients who cannot afford it. At these facilities the APRN gains experience using lower cost strategies to provide effective care. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Expert clinical performance
- b. Use of reflective practice
- c. Diverse approaches to and interventions for Health and Illness Management
- d. Use of evidence as a guide for practice

ANS: C

Diverse approaches to and interventions for health and illness management include the interpersonal interventions to guide or coach patients, acquiring new ways to treat patients,

providing preventative services, coordinating services among care sites and multiple providers, and acquiring knowledge about complementary therapies.

57. An APRN in an emergency department is utilizing a new type of IV catheter for the first time. He or she seeks out a colleague more familiar with the device for supervision. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Expert clinical performance
  - b. Use of reflective practice
  - c. Formation of therapeutic partnerships with patients
  - d. Use of a holistic perspective
- ANS: A

Expert clinical practice includes more than just providing excellent care at your current level. It also includes having an understanding of scenarios, situations, and procedures where you may be overwhelmed or less confident and then seeking out expert assistance or guidance. This provides the best outcomes for the patient and furthers the clinical understanding.

58. A female patient is undergoing an elective surgery that has a risk of blood loss. She is a Jehovah's Witness and due to her religious beliefs does not want blood transfusions to be administered. The APRN delays the patient's surgery and recommends she donate her own blood to be administered during the surgery if needed. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Use of evidence as a guide for practice
- b. Expert clinical performance
- c. Use of a holistic perspective
- d. Formation of therapeutic partnerships with patients

ANS: C

Understanding the patient's spiritual and life values, additional context of the patient's life, possible life changes, and the effects of their disease or treatments are all factors that must be considered when using a holistic perspective.

59. Which of the following will most likely enhance the patient-APRN relationship and increase communication?

- a. Longer appointment duration
- b. Printed education guides
- c. Having a caregiver present at the time of examination
- d. Active listening

ANS: D

A foundation of excellent communication begins with listening to the patient. Each of the other options may improve the outcome of the patient but establishing effective therapeutic relationships with patients involves listening to their concerns to establish trust, increase patient satisfaction, increase adherence to treatment plans, and improve patient outcomes.

60. With which of the following types of patients would it be most difficult to establish a therapeutic partnership?

- a. Mentally disabled patient
- b. Toddler
- c. Elderly patient
- d. A patient with tonal hearing loss

ANS: A

While all of the patients in this question may be more challenging, only the mentally disabled patient has expressed limitations in communication. A mentally disabled patient may not be able to comprehend instructions, and the level of understanding may not be able to be fully expressed. An elderly patient, a patient with hearing loss, and a toddler are still able to effectively communicate their level of understanding. Modifications in communication strategies may be required in all of the patients.

61. Which of the following techniques should be utilized when communicating with all elderly patients who have hearing loss?

- a. Administer testing for understanding
- b. Face the patient
- c. Use verbal aids
- d. Write down instructions

ANS: B

During the initial encounter with a patient with a communication barrier, the level of the barrier should first be assessed. Additional therapies may not be needed if simply sitting directly facing the patient can achieve effective communication. The same methods for ensuring understanding should be used in patients with hearing loss, such as having them repeat instructions or voice their level of understanding.

62. An elderly male patient is being seen by the APRN. Which of the following techniques for effective communication should be initially avoided?

- a. Speaking in a louder voice
- b. Appropriate touch
- c. Maintain eye contact

- d. Face the patient

ANS: A

Remember that assumptions should never be initially made about any patient and always speaking in a louder voice may be considered offensive. An elderly patient does not always have hearing loss or dementia, and strategies to assess the level of understanding should be used if suspicions exist.

63. An APRN is working in an outpatient care clinic for diabetics. He or she is responsible for starting newly diagnosed diabetic patients on long-acting basal insulin to control their fasting morning blood glucose levels. The APRN starts a 55-year-old obese patient 35 units of long-acting insulin nightly. The APRN chooses this dose solely based on the weight of the patient and does not review the patient's current medication list. The APRN has previously used this method successfully in many patients who were admitted to the hospital. Three days later the

patient is found unconscious at home by family members, transported to the emergency department, and expires. After an investigation the patient had administered only the prescribed amount of insulin as directed by the APRN. Which of the following factors most likely attributed to the patient's poor outcome?

- a. Patient education
- b. Lack of knowledge
- c. Thinking error
- d. Lack of evidence-based practice

ANS: C

The APRN in this clinical scenario made a thinking error. While it is possible that other factors could have influenced the poor outcome, the dose of the insulin was unlikely individualized to this patient. Tunnel vision and treating each patient the same are examples of thinking errors. Failing to review the patient's medication list for short-duration medications like steroids and antibiotics, as well as other comorbidities, increases risks for medication side effects. Although



the APRN had administered similar doses to other patients previously, those patients were inside medical facilities with close observation to avoid adverse events.

64. An APRN is treating a 44-year-old female patient with 10/10 chest pain in an emergency department. This patient has a history of severe anxiety and has run out of her anxiety medication. She has been seen three times in the previous month for the same pain. The APRN discharges the patient home with a refill of her anxiety medications but without a full cardiac workup. The patient dies at home and an autopsy reveals a myocardial infarction as the cause of death. Which of the following would have most likely prevented the poor outcome of the patient?

- a. Proper documentation
- b. Therapeutic communication
- c. Avoiding premature closure
- d. Patient education

ANS: C

Avoidance of thinking errors of medical providers is imperative to excellent patient care. While therapeutic communication may have elicited additional information about this patient the APRN should remain constantly open to re-evaluation of patients, be aware of personal biases and assumptions, and ensure critical data are obtained on each patient. The use of a diagnosed “time- out” procedure sometimes is important to review a situation with fresh eyes and to prevent assumptive diagnosis and premature closure.

65. Use of which of the following strategies by an APRN would best prevent ethical conflicts during end-of-life care?

- a. Discussion with healthy patient during outpatient clinic

- b. Use of an ethics committee
- c. Discussion when life-threatening disease/accident occurs
- d. Discussion upon admission of a patient to a hospital

ANS: A

Avoiding ethical conflicts with patients, families, and their surrogates can best be avoided by having ethical discussions as early as possible. While all scenarios will avoid ethical conflicts, discussion and documentation with a healthy patient allows for prevention of ethical conflicts in end-of-life care. Remember that prevention is always the best treatment.

66. Which of the following scenarios is the best example of the concept of moral distress?
- a. 75-Year-old nursing colleague fired for being too old
  - b. 45-Year-old female diagnosed with lung cancer who refuses appropriate treatment
  - c. 4-Year-old child who died after receiving an incorrect medication
  - d. Amputation of the incorrect limb during a surgical procedure

ANS: B

The most common cause of moral distress identified in a 2004 study is patient refusal of appropriate life-saving treatment. By definition, moral distress is when a provider knows an ethically appropriate action should be taken but barriers are encountered that discourage the action from being taken. Wrong site surgeries and medication errors are negligence. The firing of a person based on age is considered discrimination.

67. Which of the following strategies has been recommended when communicating about adverse events?
- a. Avoid apologizing or acknowledging the error occurred

- b. Notify the patient immediately that an adverse event has occurred
- c. Complete all documentation thoroughly prior to reporting the event to anyone
- d. Explain all known details to the patient immediately

ANS: B

Four steps recommended by a consensus group of Harvard hospitals in 2006 include the following:

(1) tell the patient what happened immediately, but leave details of how and why for later when a thorough review has occurred; (2) take responsibility for the incident; (3) apologize and communicate remorse; (4) inform the patient and family what will be done to prevent similar events.

68. Which of the following are characteristics of direct clinical care provided by APRNs? (Select all that apply.)

- a. Use of reflective practice
- b. Use of evidence as a guide for practice
- c. Formation of therapeutic partnerships with patients
- d. Adequate supervision of others
- e. Use of a holistic perspective

ANS: A, B, C, E

The six characteristics of direct clinical care are use of a holistic perspective, formation of therapeutic partnerships with patients, expert clinical performance, use of reflective practice, use of evidence as a guide to practice, and use of diverse approaches to health and illness management. Adequate supervision of others is an example of indirect care.

69. A newly licensed APRN is working in a busy outpatient clinic. He or she continually runs late and cannot adequately gather all of the pertinent patient information during each patient encounter. This has caused the APRN to misdiagnose multiple patients. Which of the following may best alleviate the time pressures experienced by the APRN? (Select all that apply.)

- a. Avoid interruptions
- b. Increase visit length time
- c. Limit patient complaints allowed for each visit
- d. Use a systematic approach
- e. Set a timer to end each patient encounter

ANS: A, B, D

Time pressures are experienced at an even higher frequency in novice APRNs. Avoiding interruptions and increasing visit length time are the best options to alleviate time pressures. Setting a timer to end each patient encounter or limiting patient complaints would be inappropriate strategy for a novice APRN. Rushed or truncated encounters often lead to lack of therapeutic communication, incomplete physical examinations, and withholding of patient questions. Development of a systematic approach to each patient encounter is one of the best strategies to implement to increase APRN efficiency and is usually paramount as an APRN develops experience.

## Chapter 5. Global Perspectives on Advanced Nursing Practice

70. A nurse develops an interest in more effective medication management and seeks additional training to enhance his or her daily care of patients and for peers at the facility for which he or she works. This is an example of:

- a. Specialization
- b. Subspecialty

- c. Specialty
- d. Advanced practice nursing

ANS: A

Specialization involves focusing on practice in a specific area derived from the field of professional nursing. Specialties can be further characterized as nursing practice that intersects with another body of knowledge, has a direct impact on nursing practice, and is supportive of the direct care provided to patients by other registered nurses (American Nurses Association [ANA], 2010a). If the nurse changed his or her focus of practice this could be considered a specialty.

71. A nurse develops an interest in effective medication management and seeks additional training. The nurse then focuses the majority of his or her time on medication management aspects of nursing. This is an example of:

- a. Advanced practice nursing
- b. Subspecialty
- c. Specialization
- d. Specialty

ANS: D

The term specialty suggests that the focus of practice is limited to parts of the whole (ANA, 2010b). Since this nurse has refocused his or her care entirely on medication management as part of the nursing role it is considered a specialty.

72. A registered nurse is planning to extend his or her education beyond baccalaureate education into an advanced practice role. When choosing between CRNA, CNM, and NP these are delineations of which type?

- a. Reasoning
- b. Subspecialty
- c. Specialty
- d. Specialization

ANS: C

The term specialty suggests that the focus of practice is limited to parts of the whole (ANA, 2010b). Deciding on advanced practice nursing among CRNA, CNM, and NP requires knowledge that they are independent specialties. Specialties of NP at the highest level are psychiatric and mental health, pediatrics, and adult-gerontology. Subspecialties further differentiate the focus of practice such as family practice nurse practitioner, adult-gerontology nurse practitioner, and acute care among others.

73. A student is evaluating a program to attend. He or she finds an adult-gerontology nurse practitioner program that will also prepare him or her as a hospitalist. How is the hospitalist training best defined?

- a. Specialty
- b. Subspecialty
- c. Reasoning
- d. Specialization

ANS: B

Subspecialization further delineates the focus of practice. In subspecialty practice, knowledge and skill in a delimited clinical area is expanded further. Examples of subspecialties include diabetes care, acute care, pain management, and clinical transplant coordinator.

74. Which of the following most accurately describes the four stages in the evolution of advanced practice nursing?

- a. Interest occurs, specialty begins, specialty organizes, and pressures mount for standardization
- b. Specialty begins, specialty organizes, laws require standardization, maturity, and growing interprofessionalism
- c. Specialty begins, specialty organizes, pressures mount for standardization, maturity, and growing interprofessionalism
- d. Interest occurs, specialty begins, specialty organizes, and specialty matures

ANS: C

The four stages in the evolution of advanced practice nursing include: stage I: specialty begins, stage II: specialty organizes, stage III: pressures mount for standardization, and stage IV: maturity and growing interprofessionalism.

75. An adult-gerontology nurse practitioner works to enhance education for polypharmacy in elderly patients through the creation of standardized education tools. The NP works with other professionals at his or her facility to research and develop criteria for education and practice. This example is best classified as which stage?

- a. Specialty organizes
- b. Specialty standardizes
- c. Specialty begins
- d. Specialty matures and grows interprofessionally

ANS: C

Specialty stages are not concrete, but specialties that are in the beginning of development are in stage I: specialty beginning. Stage II: specialty organization is typically considered when a professional organization of like-minded individuals is officially formed.

76. A clinical transplant coordinator works with many aspects of the patient transplant process. Two national organizations currently provide education and preparation for certification of nurses. Which stage of organization is this specialty?

- a. Stage IV
- b. Stage II
- c. Stage I
- d. Stage III

ANS: B

The clinical transplant coordinator is currently a stage II specialty as it organizes and begins plans for standardization of care.

77. A national specialty committee is formed for a specific nursing specialty. This is an example of what stage of evolution of advanced practice nursing?

- a. Stage II: specialty organizes
- b. Stage I: specialty begins
- c. Stage IV: specialty matures
- d. Stage III: specialty standardizes

ANS: A

As national organizations form around specific specialties they are considered to be in stage II of the evolution of advanced practice nursing.



78. Two organizations are formed for a specific advanced practice nursing specialty. As interest in the specialty grows, legislation is required to govern aspects of care. To answer this call, the organizations must meet what stage of evolution of advanced practice nursing?

- a. Stage I: specialty begins
- b. Stage IV: specialty matures
- c. Stage III: specialty standardizes
- d. Stage II: specialty organization

ANS: C

As pressures mount for standardization, often for curriculum development or legislative pressure, standardization of practice must be obtained. This is often a difficult and lengthy process of stage III of the evolution of advanced practice nursing.

79. Hospitalist practice by advanced practice nurses are in significant need. What stage of development is hospitalist practice?

- a. Specialty standardizes
- b. Specialty begins
- c. Specialty matures and grows interprofessionally
- d. Specialty organizes

ANS: B

Hospitalist practice is a relatively new field for advanced practice nursing and has yet to be organized. Hospitalist practice is a stage I specialty.

80. Which of the following specialties is classified as stage II, organized but yet to be standardized?

- a. Wound and Ostomy Nursing
- b. Interventional Pain Specialist
- c. Advanced Diabetes Manager
- d. Clinical Transplant Coordinator

ANS: D

The clinical transplant coordinator is currently a stage II specialty as it organizes and begins plans for standardization of care. Wound and Ostomy nursing and Interventional Pain Practice are both stage III specialties. Advanced Diabetes manager and Genetics Advanced Practice are stage IV specialties.

81. As first addressed in 1985 at Surgeon General's workshop on Violence and Public Health, the need for which specialty began?

- a. CRNA
- b. Forensic Nursing
- c. Public Health Nursing
- d. Wound and Ostomy Nursing

ANS: B

The need for Forensic Nursing specialty was first addressed in 1985 at Surgeon General's workshop on Violence and Public Health.

82. Wound and Ostomy nursing, through the WOCNS, offers four levels of care providers. This organization is currently in what stage of evolution of advanced practice nursing?

- a. Specialty organizes
- b. Specialty begins
- c. Specialty standardizes
- d. Specialty matures and grows interprofessionally

ANS: C

The WOCNS offers four levels of WOC specialty nurse training and has been developing curricula and education that are offered in postbaccalaureate and some graduate-level programs.

83. Although not required for practice, the AAPM offers a credentialing examination requiring at least 2 years of pain management experience prior to examination for Interventional Pain Practice. This organization's efforts to standardize care classify as what stage of evolution of advanced practice nursing?

- a. Stage I
- b. Stage II
- c. Stage IV
- d. Stage III

ANS: D

The AAPM offers two credentialing examinations: diplomate and fellow. This allows for initial standardization of practice in chronic pain management and paves for care as the organization begins to mature along with the Interventional Pain Specialist specialty.

84. What specialty has two levels of certification available, focused on the management of diabetes and prescribing medications?

- a. Diabetes and Wellness Specialty
- b. Endocrine Specialty
- c. Advanced Diabetes Manager
- d. Diabetes Clinical Specialist

ANS: C

The American Association of Diabetes Education (AADE) offers two levels for the specialty of Advanced Diabetes Manager: Certified Diabetes Educator (CDE) and Board Certified Advanced Diabetes Manager (BC-ADM). Specifically, the BC-ADM focuses less on education and more on the management of diabetes and prescribing of medications.

85. A father and mother have been identified as carriers of cystic fibrosis, a genetic disease. Their primary care provider suggests they obtain genetic counseling prior to starting a family. Which provider is the best for this couple?

- a. Pediatric nurse practitioner
  - b. Pediatric Physician
  - c. Genetics Specialty RN
  - d. Genetics advanced practice nurse
- ANS: D

The Genetics advanced practice nurse is a specialty that requires a graduate degree. This stage IV specialty ensures specialized training in genetics. These practitioners offer genetic counseling, case management, consultation, and evaluation of patients and their families. An RN would only offer information or identify the need for referral to a genetics specialist. A Pediatric nurse practitioner or Pediatric physician would likely not have specialized training in genetic counseling.

## Chapter 6. Advanced Practice Nurses and Prescriptive Authority

1. All of the following are reasons that attributed to the rise of AG-ACNP except:
  - a. Intensivist physician shortages
  - b. Rising cost of malpractice insurance for physicians
  - c. Changes to medical resident work hour restrictions
  - d. Increase in patients with complex medical conditions

ANS: B

The role of AG-ACNP rose out of an increased demand for practitioners to manage patients with complex medical conditions, shortages of intensivist physicians, and changes to medical resident and fellows work hour restrictions.

2. An increased spectrum of care affords the AG-ACNP the ability to provide medical care to a broader age group. Which of the following is age-range appropriate for an AG-ACNP to treat?
  - a. Age 7 and older
  - b. Age 13 and older
  - c. Age 18 and older
  - d. Age 21 and older

ANS: B

An AG-ACNP can provide care to patients aged 13 and older unless additional state or facility-specific restrictions exist. The age ranges are grouped into young adults, middle-age adults, and older adults.

3. As identified in a 2012 study by the ANCC, which of the following top workactivities for the AG-ACNP was number one when arranged by criticality?

- a. Conducting history and physical examinations
- b. Maintaining patient privacy and confidentiality
- c. Evaluating patients for safety and efficacy of interventions
- d. Assessing patients for urgent and emergent conditions

ANS: B

In 2012, the ANCC surveyed ACNP clinicians and identified top work activities for the AG-ACNP role. These activities were organized by criticality, or importance of the skill and determined by the requirement to perform the skill accurately each time, as a novice NP, and based on the risk of harm by performing the skill incorrectly. Maintaining patient privacy and confidentiality scored at the top.

4. Based on a survey of ACNPs, the following procedures are performed in a hospital-based setting most commonly by ACNPs except:

- a. Vasoactive intravenous drips
- b. Lumbar puncture
- c. Sutures
- d. Radiologic studies

ANS: B

Based on survey data, procedures that are formed least routinely by ACNPs include lumbar punctures, surgical first assist, thoracostomy tubes, cutdowns, paracentesis, joint aspirations, and bladder aspirations.

5. Based on a survey of ACNPs, which of the following procedures are performed in a hospital- based setting most commonly by ACNPs?

- a. Defibrillation
- b. Lumbar puncture
- c. Pacemakers
- d. Chest tubes

ANS: A

Based on survey data, procedures that are formed most commonly by ACNPs include radiologic studies, vasoactive intravenous drips, resuscitative efforts, defibrillation, wound care, sutures, incisions, and ventilation.

6. Which of the following is more commonly attributed to the AG-ACNP role versus that of a CNS?

- a. Patient-centered care
- b. System change responsibilities
- c. Performing procedures
- d. Staff education and development

ANS: C

The AG-ACNP and CNS both focus on patient-centered care. The AG-ACNP is more likely to spend a larger percentage of his or her time at the bedside using clinical skills to assess, diagnose, and treat patients with complex or acute medical conditions including performing procedures. Staff education and development and system change responsibilities are typically a larger portion of the CNS role.

7. Which of the following locations would be most appropriate for an AG-ACNP?
- a. Tertiary care management
  - b. Billing and coding
  - c. Primary care management
  - d. Secondary care management

ANS: A

Tertiary care management includes the intensive care unit or emergency department and would be the best choice for this question. Although secondary care management is common, such as an inpatient unit or hospitalist position, most acute scenarios are encountered in the ICU or ED and more appropriate for the specialized skills of the AG-ACNP. It is important to note that any NP should have working knowledge of all practice areas, regardless of clinical specialty.

8. Educational programs that prepare students for AG-ACNP practice adhere to which of the following?
- a. Incorporates graduate core and NP curricula and adds AG-ACNP specialty curricula
  - b. Incorporates graduate core but replaces NP curricula with AG-ACNP specialty curricula
  - c. Requires additional training that is separate and in addition to the Adult-Gerontology curriculum and is only provided in DNP programs



- d. Deviates from the graduate core allowing full specialization of the AG-ACNP specialty curricula

ANS: A

The AG-ACNP curriculum incorporates the graduate core, advanced practice core, NP population curricula, and AG-ACNP specialty curricula. Programs that prepare AG-ACNPs at the DNP level do not negate the master's core but, rather, build on it (AACN, 2006).

- 9. Which of the following organizations issue certification for AG-ACNPs?
  - a. American Nurses Credentialing Center and the American Association of Gerontology
  - b. The state where he or she intends to practice
  - c. American Nurses Credentialing Center and the American Association of Critical-Care
  - d. American Association of Critical-Care and the Emergency Nurses Association

ANS: C

American Nurses Credentialing Center and the American Association of Critical-Care issue certification for the AG-ACNP program.

- 10. An AG-ACNP is part of a practice group that employs both physicians and AG-ACNPs. The NP and a physician in the group both evaluate a patient on the same day. The NP sees the patient first. How should the services be billed to CMS using shared service guidelines?

- a. Combined and billed under the NP's provider number
- b. Billed separately under each provider's individual number
- c. Combined and billed under the physician's provider number

- d. Billed under the AG-ACNP's provider number

ANS: C

Shared E/M services can be billed under CMS guidelines as combined services if both the NP and the physician see the patient in a face-to-face visit on the same calendar day, regardless of order. If the physician does not have a face-to-face encounter the services should be billed under the NP's provider number. Additionally, critical care time cannot be billed under shared billing.

11. How are provided critical care services billed by AG-ACNPs according to CMS?

- a. Standard charge per face-to-face encounter
- b. As part of DRG allocation monies bundled with hospitalist services
- c. Single charge per calendar day of service
- d. The number of critical care minutes spent

ANS: D

Critical care involves high-complexity decision making in the care of patients. Reimbursement is based on the number of critical care time in minutes spent by the provider and must be billed separately because care provided by NPs and PAs is billed at a lower rate. The first 30-74 minutes are billed and then separate billing for each additional 30 minutes of critical care time spent with the patient.

12. An AG-ACNP is part of a practice group that employs both physicians and AG-ACNPs. The NP and a physician in the group both evaluate a patient in the intensive care unit. The NP assesses and evaluates the patient first for 32 minutes followed by the physician for 20 minutes. How should the initial critical care time be billed?

- a. Combined and billed under the NP's provider number

- b. Combined and billed under the physician's provider number
- c. Billed under the AG-ACNP's provider number
- d. Billed under the physician's provider number

ANS: C

Billing of critical care time for the initial 30 minutes is billed under the provider number of whoever provided the service. It cannot be combined. Subsequent critical care minutes should be billed separately and also cannot be combined or linked.

13. Which of the following is a specialization opportunity most appropriate for an AG-ACNP?

- a. Rapid response team
- b. Advanced diabetes manager
- c. Outpatient clinic supervisor
- d. Wound ostomy nurse

ANS: A

Although the AG-ACNP may be eligible to specialize in all of the areas, he or she would best be suited for a specialization that utilizes the acute care nature of his or her skills.

## Chapter 7. Credentialing and Clinical Privileges for the Advanced Practice Registered Nurse

1. Which of the following is the primary mission of the National Organization of Nurse Practitioner Faculties (NONPF)?

- a. Provide leadership in promoting quality NP education
- b. NP Faculty training program assistance
- c. Provide financial assistance to NP students
- d. Lobbying legislature on behalf of NPs

ANS: A

The NONPF's primary mission is to provide leadership in promoting quality NP education. The organization has published domains and core competencies for primary care and these serve as a framework for NP education and practice.

2. A model of competencies that are encompassed around three spheres of influence known as patient, nurses and nursing practice, and organization and influence is known as?
- a. NACNS Model of clinical nurse specialist competencies
  - b. Fenton's and Brykczynski's Expert Practice
  - c. Calkin's model of Advanced Nursing Practice
  - d. Shuler's Model of NP Practice

ANS: A

The NACNS's initial 2008 statement was revised in 2004. The statement outlined competencies that aligned to each of the three spheres of influence: patient, nurses and nursing practice, and organization and influence.

3. Building upon Benner's seven domains of expert nursing practice, which conceptual model adds an additional domain "The consulting role of the nurse"?

- a. Calkin's model of Advanced Nursing Practice
- b. Fenton's and Brykczynski's Expert Practice
- c. Strong Memorial Hospital's Model of Advanced Nursing Practice
- d. Shuler's Model of NP Practice
- e. NACNS Clinical Nurse Specialists Model

ANS: B

Fenton's and Brykczynski's Expert Practice Domains of the CNS and NP expanded on Benner's seven domains adding consultation provided by CNS's to other nurses and management of health and illness in ambulatory care settings.

4. Which model of conceptual practice was the first to explicitly distinguish the experience level of advanced practitioners?

- a. Calkin's model of Advanced Nursing Practice
  - b. Shuler's Model of NP Practice
  - c. NACNS Clinical Nurse Specialists Model
  - d. Strong Memorial Hospital's Model of Advanced Nursing Practice
  - e. Fenton's and Brykczynski's Expert Practice
- ANS: A

Calkins model of Advanced Nursing Practice was the first to explicitly distinguish experience levels of advanced practitioners for nurse administrators to differentiate advanced practice nursing from other levels of clinical practice.

5. The circular and continuous threads of direct comprehensive patient care, support of systems, education, research, and publication and professional leadership make up the five domains of which advanced nursing conceptual model?

- a. Strong Memorial Hospital's Model of Advanced Nursing Practice
- b. Calkin's model of Advanced Nursing Practice
- c. NACNS Clinical Nurse Specialists Model
- d. Fenton's and Brykczynski's Expert Practice
- e. Shuler's Model of NP Practice

ANS: A

Direct and indirect activities across five domains including: direct comprehensive patient care, support of systems, education, research, and publication and professional leadership make up the Strong Memorial Hospital's Model of Advanced Practice Nursing.

6. Texas Children's Hospital Transformational Advanced Professional Practice (TAPP) APRN Model added what unifying conceptual strand?

- a. Ethics
- b. Culture
- c. Informatics
- d. Education

ANS: A

The TAPP model added two additional domains: quality and safety, and credentialing and regulatory practice, to the Strong model. It additionally added professional ethics as a unifying conceptual strand.

7. Poghosyan, Boyd, and Clarke (2016) proposed a comprehensive conceptual model including three factors: scope of practice regulations, institutional policies, and practice environments. What was their primary purpose?

- a. To discourage role ambiguity among CNS providers
- b. To enhance patient education provided by the APRN
- c. To maximize NP Contributions to primary care
- d. To provide educational practice guidelines to enhance NP education ANS: C

The 2016 model provided a comprehensive review of literature and described potential factors that affect NP care and patient outcomes. This included scope of practice regulations that often cause barriers for NP provided primary care.

8. Which model of practice intended to impact the NP domain at four levels: theoretical, clinical, educational, and research in 1993?

- a. Hamric's model
- b. Calkin's model of Advanced Nursing Practice
- c. Strong Memorial Hospital's Model of Advanced Nursing Practice
- d. Shuler's Model of NP Practice

ANS: D

Shuler's Model of NP Practice is a holistic and wellness oriented model that was designed to impact the NP domain at four levels: theoretical, clinical, educational, and research. It is designed to elaborate the NP's expanded knowledge and skills into medicine including a template for conducting a visit.

9. Which model for APRN practice addresses all four APRN roles: CNS, CRNA, CNM, and NP?

- a. Calkin's model of Advanced Nursing Practice
- b. Hamric's model
- c. Strong Memorial Hospital's Model of Advanced Nursing Practice
- d. Donabedian Model

ANS: B

Many models highlight core competencies among specific APRN roles, while others emphasize competencies for hiring managers. At the time of this writing, only the Hamric's model encompasses all four APRN roles.

10. Which of the following is one of the eight published essentials included in the Essentials of Doctoral Education for Advanced Nursing Practice developed by the AACN in 2006?

- a. Algorithms for advanced patient care
- b. Informatics and health care technologies
- c. Scientific underpinnings of practice
- d. Liberal education for general nursing practice

ANS: C

The AACN publishes their national consensus to provide the core elements for nursing curriculum creation. Currently published are Baccalaureate Essentials, Master's Essentials, DNP Essentials, and Clinical Resources Essentials. Although they are similar in their core approach to education, listed first in DNP essentials is the scientific underpinnings of practice.



11. Which model of conceptualization identifies that health care needs are not met in a system dominated by medical language as a basis for reimbursement?

- a. Donabedian Model
- b. Dunphy and Winland-Brown's Circle of Caring model
- c. Shuler's Model of NP Practice
- d. Calkin's model of Advanced Nursing Practice

ANS: B

Dunphy and Winland-Brown's transformative model (Dunphy, Winland-Brown, Porter, Thomas, and Gallagher, 2011; Fig. 2.12) proposed a circle of caring to encourage medical collaboration and enhance the nursing presence in the health care system. Their model incorporates both strengths of medicine and nursing with process of assessment, planning, intervention, and evaluation, with a feedback loop.

12. Without additional application of conceptual models which model would be best chosen to model the skill level of beginning nurses, experienced nurses, or advanced nurse practitioners with the appropriate level of patient care?

- a. Dunphy and Winland-Brown's Circle of Caring model
- b. Strong Memorial Hospital's Model of Advanced Nursing Practice
- c. Donabedian Model
- d. Calkin's model of Advanced Nursing Practice

ANS: D

Calkin's model of Advanced Nursing Practice outlines skills and knowledge of beginning nurses, experienced nurses, and advance practice nurses as they relate the patient responses for health care problems.

13. The 2005 Donabedian model has been used to evaluate the quality of APRN care using which conceptual outline?

- a. Assessment, diagnosis, planning, intervention, and evaluation
- b. Structure, process, and outcome
- c. Diagnosis and outcome
- d. Diagnosis, morbidity, and mortality

ANS: D

The Donabedian model encompasses structure (health care systems and facilities), process (diagnosis, treatment, education), and outcomes.

14. Which of the following are the functions of a conceptualization of advanced practice nursing? (Select all that apply.)

- a. Basis for furthermore development of knowledge
- b. Articulate professional role identity and function
- c. Identify specific procedures to provide
- d. Deliver holistic and collaborative care
- e. Provide guidelines on billing

ANS: A, B, D

Conceptual models allow for articulation of professional role identity, provide a basis for furthermore development of knowledge and assist in clinical practice for the delivery of holistic, comprehensive, and collaborative care. Models may assist but in general do not provide assistance with clinical decision making or billing.

## Chapter 8. The Kaleidoscope of Collaborative Practice

1. A 45-year-old female is being prepared for elective surgery. A registered nurse goes over the patient's medication list and allergies and then the patient is seen by a CRNA prior to surgery who also goes over the patient's medication list. The registered nurse and the CRNA do not work together to form a medication list for the patient. This is best defined as:

- a. Collaboration
- b. Parallel communication
- c. Parallel functioning
- d. Faux collaboration
- e. Information exchange

ANS: B

Parallel communication occurs when two clinicians do not talk together prior to seeing the patient, see the patient separately, and have no expectation of joint interactions. If the two made separate plans of care for the same aspect of the patient's care this could be defined as parallel functioning.

2. Which of the following has the highest likelihood for medical errors and decrease patient outcomes?

- a. Collaboration
- b. Parallel functioning
- c. Referral
- d. Consultation

ANS: B

Parallel functioning is when providers are caring for patients and address the same clinical problems without joint or collaborative planning. This could lead to additional interventions, confusion for the patient, medication errors, and poor outcomes.

3. Two APRNs work together to evaluate a patient, develop a plan of care, and implement different aspects of care while communicating about the patient's overall clinical course. This is an example of:

- a. Parallel communication
- b. Collaboration
- c. Coordination
- d. Referral
- e. Parallel functioning

ANS: B

Collaboration with other team members involves the facilitation of teamwork to ensure the delivery of safe, effective, high-quality care leading to positive outcomes.

4. A novice APRN begins working at a cardiovascular outpatient clinic with a more senior APRN. The novice APRN always goes along with recommendations of the other APRN due to a feeling of a lack of skill to engage in conversations about the patient's care. Which of the following is the novice APRN experiencing?

- a. Information exchange
- b. Faux collaboration
- c. One-sided compromise
- d. Parallel functioning

- e. Parallel communication

ANS: C

One-sided compromise is communication where one side consistently yields to other health care providers and senses a personal lack of integrity in the care. The compromise may occur when there is a lack of will or skill to engage in collaborative negotiation.

5. A novice APRN begins working at a cardiovascular outpatient clinic with a more senior APRN. The novice APRN always goes along with recommendations of the senior APRN. The senior APRN does not feel the need for meaningful dialogue since the novice APRN has agreed with all of the plans of care. Which of the following best describes this situation?

- a. Parallel communication
  - b. One-sided compromise
  - c. Parallel functioning
  - d. Coordination
  - e. Faux collaboration
- ANS: E

Faux collaboration can be subtle and difficult to identify. It occurs when a person in a position of authority believes he or she is being collaborative because those around him or her are agreeable and there is no meaningful dialogue.

6. Two providers are caring for the same patient and address the same clinical problems without joint or collaborative planning. Which of the following is the best example of this scenario?

- a. Parallel functioning
- b. Faux collaboration

- c. Parallel communication
- d. Referral
- e. One-sided compromise

ANS: A

Parallel functioning is when providers caring for patients address the same clinical problems without joint or collaborative planning.

7. An APRN suspects a patient has tuberculosis and has the patient placed in isolation in a negative pressure room. The APRN notifies the nurse caring for the patient that anyone entering the room must wear a special mask. This example is best defined by which of the following?

- a. Collaboration
- b. Comanagement
- c. Information exchange
- d. Faux collaboration
- e. Parallel communication

ANS: C

Information exchange or informing may be one-sided or two-sided and may or may not require an action or decision making. Information exchange that requires decision making is typically unilateral and risks a negative outcome if the situation actually required joint planning and information exchange.

8. An APRN calls the laboratory and medical imaging department regarding his or her patient. The APRN informs the medical imaging department that they must wait to perform

imaging until after the laboratory has completed with the patient. This example best represents which of the following?

- a. Collaboration
- b. Coordination
- c. Parallel communication
- d. Faux collaboration
- e. Parallel functioning

ANS: B

Coordination is a form of communication that lends structure to an encounter and often includes actions that minimize duplication of efforts or ensure continuity of care.

9. Which of the following is necessary to create an environment of collaboration?

- a. Common purpose
- b. Similar ideologies
- c. Poor communication
- d. Ineffective methods
- e. Poor patient outcomes

ANS: A

Although all of the responses may lend to collaboration, only the presence of a common purpose or goal will facilitate ease of collaboration, as it is one of the key elements for collaboration. The most common goal in health care is to improve patient outcomes. Poor outcomes do not need to be present to have collaboration.

10. Which of the following strategies is most likely to facilitate organizational collaboration?

- a. Understanding another person's viewpoint
- b. Cooperation without losing integrity
- c. Collaborative research
- d. Interprofessional education programs

ANS: D

A strategy to facilitate organizational collaboration would be interprofessional education programs. These programs allow different providers to meet face to face in an educational environment with a common goal of learning. Collaborative research is a strategy for team building.

11. Which of the following strategies is most likely to increase individual collaboration?

- a. Knowledge of what is negotiable and nonnegotiable
- b. Team-building exercises
- c. Interprofessional education programs
- d. Collaborative research

ANS: A

There are many strategies to promote effective communication and collaboration on an individual basis. These include being respectful and professional, listening, acknowledging others' viewpoints, knowing what is negotiable, knowing the bottom line, and not taking things personally among many others.



12. Which of the following decreases defensiveness, relieves tension, and deflects anger as part of the collaborative process?

- a. Common purpose
- b. Humor
- c. Clinical competence
- d. Accountability

ANS: B

Humor helps individuals maintain perspective and acknowledge the lack of perfection needed. It also sets the tone for trust and acceptance among colleagues during difficult situations so that defensiveness and tensions can be relieved.

13. Which of the following are restraining forces on interprofessional practice, education, or research? (Select all that apply.)

- a. Shared competencies
- b. Cultural silos
- c. Lack of expertise
- d. Physician-based reimbursement
- e. Care of older adults and their families

ANS: B, C, D

Restraining forces for interprofessional practice, education, and research include lack of expertise, cultural silos, existing infrastructure, and reimbursement. Driving forces for interprofessional practice, education, and research include older adults and their families, professions (shared competencies), business (workforce shortages), and policy (health care reform).

14. Which of the following are driving forces on interprofessional practice, education, or research? (Select all that apply.)

- a. Lack of expertise
- b. Workforce shortages
- c. Shared competencies
- d. Care of older adults and their families
- e. Physician-based reimbursement ANS: B, C, D

Driving forces for interprofessional practice, education, and research include older adults and their families, professions (shared competencies), business (workforce shortages), and policy (health care reform). Restraining forces for interprofessional practice, education, and research include lack of expertise, cultural silos, existing infrastructure, and reimbursement.

#### Chapter 9. Participation of the Advanced Practice Nurse in Health Plans and Quality Initiatives

86. In 1990, Cooper and Sparacino postulate that an APRN's maximum potential may not be attained until:

- a. After 1 year
- b. After 7 years
- c. After 3 years
- d. After 5 years ANS: D

Studies have shown that the first-year position of an APRN is one of transition, and Cooper and Sparacino estimate that an APRN's maximum potential may not be attained until after 5 years or more in practice.

87. An NP student is performing a thorough neurologic examination for the first time in the clinical setting. This is an example of:

- a. Role implementation
- b. Role acquisition
- c. Role confusion
- d. Role conflict

ANS: B

The changes occurring during role transitions experienced during the educational component of an APN role are classified as role acquisition. Additionally, role transition is described as when an APRN begins to practice for the first time in a new role.

88. A new NP student is completing a rotation at an outpatient urgent care clinic and completes an examination on a patient with chest pain. The nursing assistant hands a 12-lead ECG to the NP student and asks: "What should we do?" The NP student's preceptor did not provide clear instructions on the role of the NP student at this time even though the student is capable of interpreting ECGs. This is an example of:

- a. Role ambiguity
- b. Role transition
- c. Role strain
- d. Role supplementation

ANS: A

Role ambiguity is created by unclear expectations, diffuse responsibilities, and uncertainty of subroles. The NP student's preceptor did not provide clear roles to the NP student about what he or she should do in the absence of the preceptor. If the NP student was placed in a role where he or she was unaware of how to interpret ECGs this would be an example of role incongruity.

89. An NP is completing the first month in his or her first job. He or she receives a phone call from an administrator telling him or her that he or she will need to see 30% more patients starting next week. He or she is told that this is the minimum requirement of all NPs in the same position. The NP has difficulty using the electronic health record (EHR) software efficiently and feels overwhelmed. This is an example of:

- a. Role supplementation
- b. Role ambiguity
- c. Role conflict
- d. Role insufficiency

ANS: D

Role insufficiency is often seen as APRN graduates' transition to the workforce or change positions. This may include feelings of inadequacy or slow speed due to the new role or barriers such as electronic health record documentation requirements.

90. Which of the following is an example of role acquisition?

- a. NP student learning leadership roles in the classroom
- b. NP student on graduation day from his or her program

- c. NP student beginning a new job as a family nurse practitioner
- d. A practicing NP advancing central line skills

ANS: A

The changes occurring during role transitions experienced during the educational component of an APN role are classified as role acquisition. All of the others are examples of role implementation.

91. The changes occurring as an APRN performs procedures during job duties are classified as?

- a. Role supplementation
- b. Role transition
- c. Role implementation
- d. Role acquisition

ANS: C

The job duties and responsibilities performed by the APRN are an example of role implementation. Role transition is the transition from student to practicing NP.

92. Which of the following is best classified as roll stress?

- a. Maintaining family responsibilities while in school
- b. An APN's feelings of poor self-esteem
- c. Starting a first job as an NP
- d. Multiple failed attempts to master a procedure during education

ANS: A

There are many examples of role stress. Role stress may include any situation that requires increased performance above and beyond the expectation of others. This is easily classified as examples of things that require additional demand in addition to school or work such as work/family responsibilities or keeping up with new and advancing technologies. Starting a first job as an NP is an example of role transition.

93. Which of the following is best classified as role strain?

- a. A difficult disagreement with a physician
- b. An APN's feelings of poor self-esteem after failing two examinations
- c. Maintaining family responsibilities while in school
- d. Starting a first job as an NP

ANS: B

Role strain is defined as the subjective feeling of frustration, tension, or anxiety in response to role stress. Examples of role strain typically include subjective feelings of decreased self-esteem when performance is below the expectations of self or others. A difficult disagreement with a physician is an example of role conflict. Starting a first job as an NP is an example of role transition. Maintaining family responsibilities while in school is an example of role stress.

94. Which of the following is an example of role conflict?

- a. Difficult work-life balance
- b. A difficult disagreement with a physician
- c. Starting a first job as an NP

- d. Maintaining family responsibilities while in school

ANS: B

Role conflict occurs when role expectations are perceived to be mutually exclusive or contradictory. Role conflict does not have to be with superiors but can occur between APRNs and nurses, other APRNs, or physicians. Starting a first job as an NP is an example of role transition. Maintaining family responsibilities while in school is an example of role stress.

95. The four-stage process to NP role development first identified by Anderson, Leonard, and Yates (1974) and validated by Roberts et al. (1997) included which four components?

- a. Finding a niche, coping with pressures, feeling competent, internalizing the role
- b. Complete dependence, developing competence, independence, interdependence
- c. Novice, developing competence, competent, advanced
- d. Developing competence, partial independence, complete independence, interdependence
- e. Dependence, independence, interdependence, role model

ANS: B

Complete dependence, developing competence, independence, and interdependence are the four-stage process of NP development outlined by Anderson, Leonard, and Yates in 1974 and validated by Roberts et al. (1997).

96. A trained nurse enters the first semester of an NP training program. He or she is required to learn new and more advanced techniques beginning with conducting an advanced physical examination. The overwhelming feeling and stress of learning additional skills is most likely classified by the studies of Anderson, Leonard, and Yates in 1974 as:

- a. Independence

- b. Developing competence
- c. Interdependence
- d. Complete dependence

ANS: D

The initial learning of skills and additional techniques experienced by NPs in the beginning of their training has been described as complete dependence.

97. A trained NP is working at an outpatient care clinic. He or she encounters a difficult patient, is unaware of treatment options, and consults one of his or her colleagues for advice. This is best classified as:

- a. Independence
- b. Interdependence
- c. Developing competence
- d. Complete dependence

ANS: B

As initially defined by Anderson, Leonard, and Yates in 1974, NP roles as they transition to the workplace as seasoned practitioners transition to interdependence as they work with colleagues to enhance patient care.

98. Fleming and Carberry's research in 2011 studied two cohorts of critical care nurse advanced practice trainees in Scotland. They found that transition occurred in which four areas?

- a. Complete dependence, developing competence, independence, interdependence



- b. Developing competence, partial independence, complete independence, interdependence
- c. Coping with pressures, feeling competent, internalizing the role, leading others
- d. Finding a niche, overcoming obstacles, advanced practice, interdependence
- e. Finding a niche, coping with pressures, feeling competent, internalizing the role

ANS: E

Fleming and Carberry's research in 2011 studied two cohorts of critical care nurse advanced practice trainees in Scotland showing transition occurred in four areas: finding a niche, coping with pressures, feeling competent, internalizing the role.

99. A strategy to promote role acquisition in school that involves a ceremony at the beginning of the NP students training is the best example of:

- a. Role rehearsal
- b. Creating a support network
- c. Role development
- d. Developing clinical knowledge of skills

ANS: A

Role rehearsal may include many facets including a rite of passage such as a ceremony to mark the beginning of a new training program.

100. Which initial strategy would provide the best role acquisition for a student or potential student about to begin a new NP program?

- a. Provide case scenarios of patients that may be encountered
- b. Preadmission testing

- c. Provide a handout detailing the APRN curriculum
- d. Clinical faculty mentoring by preceptors

ANS: C

An initial strategy for role acquisition includes components for role rehearsal. Providing the overall framework for the APRN curriculum would allow for the best-case scenario of role acquisition. Clinical faculty mentoring by preceptors is an example of role acquisition but is best suited to develop clinical knowledge and skills.

101. Which of the following is the best strategy for transition of an APRN into a new position?

- a. Ensuring adequate pre-position training
- b. Development of a structured orientation plan
- c. Scheduling time-based evaluations
- d. Providing immediate feedback from supervisors

ANS: B

APRNs in new roles regardless of previous experience benefit most from structured orientation plans, networking with peers, appropriate mentors and preceptors, and an understanding of appropriate expectations.

102. Which three major purposes are categorized and can be utilized to facilitate role acquisition of NPs in school?

- a. Knowledge expansion, skill practice, creation of a supportive network

- b. Role rehearsal, development of clinical knowledge and skills, creation of a supportive network
- c. Role acquisition, role rehearsal, creation of a supportive network
- d. Knowledge foundation development, development of clinical skills, tracking outcomes

ANS: B

An adaptation of Brykczynski's (2000) "Strategies to promote NP role acquisition in school" allows for specific strategies for role acquisition to be categorized into three major purposes: role rehearsal, development of clinical knowledge and skills, and creation of a supportive network.

103. Which of the following examples would best enhance the development of clinical knowledge and skills as part of role acquisition of the NP?

- a. Establishment of a peer support system
- b. Clinical conferences
- c. Identifying a role model
- d. Subscription to APRN journals and conferences

ANS: B

Role acquisition strategies include three major purposes: role rehearsal, development of clinical knowledge and skills, and creation of a supportive network. Establishment of clinical conferences to discuss clinical experiences with faculty and peers can promote clinical understanding and enhance the development of clinical knowledge and skills. Subscription to APRN journals and conferences would establish a pattern for continuing education and help create a support network. Establishment of a peer support system would also help create a support network. Identifying a role model or mentor would facilitate role rehearsal.

104. A faculty member at an NP education program has identified that students are experiencing difficulty with role rehearsal during the first few semesters of the program. Which of the following strategies would likely enhance role rehearsal and facilitate role acquisition?

- a. Subscription to APRN journals and conferences
- b. Identifying a role model
- c. Clinical conferences
- d. Establishment of a peer support system

ANS: B

Role acquisition strategies include three major purposes: role rehearsal, development of clinical knowledge and skills, and creation of a supportive network. Identification of a role model or mentor and developing a mentee relationship that can be maintained throughout an APRN program is an excellent strategy to promote role rehearsal and support role acquisition while in school. Clinical conferences support developing clinical knowledge and skills. Establishment of a peer support system or subscriptions to APRN journals help create a support network.

105. In 2010, researchers Sullivan-Bentz et al. used Brown and Olshansky's four-stage transition model to study recent NP graduates as they undergo role transition to practicing NPs. What did the study demonstrate?

- a. New NPs transitioned from feeling overwhelmed to feeling confident in 6 months only with support networks
- b. New NPs did not transition from feeling overwhelmed to feeling confident in the study
- c. New NPs transitioned from feeling overwhelmed to feeling confident in 1 year only with support networks
- d. New NPs transitioned from feeling overwhelmed to feeling confident in 1 year
- e. New NPs transitioned from feeling overwhelmed to feeling confident in 6 months

ANS: D

APRN role development processes have been supported by a number of studies identifying that the first year is most likely to be observed as the transition from feeling overwhelmed to feeling confident.

106. A questionnaire study conducted by Hart and Macnee (2007) at two national NP conferences found that 51% of NPs perceived that they were only somewhat or minimally prepared for actual practice. Which of the following would most likely facilitate the role transition issues for a beginning NP?

- a. Clinical NP residency program
- b. Additional time requirement as a practicing registered nurse
- c. Longer NP education program
- d. Additional NP clinical training hours

ANS: A

As many studies have shown the role transition issues of APRN graduates, clinical residency programs have been developed to address these issues. Clinical residency programs ease new graduate transition into practice and increase NP retention and overall satisfaction.

## Chapter 10. Public Policy and the Advanced Practice Registered Nurse

107. Which of the following are components of the LACE network that support implementation of the Consensus Model for APRN regulation?

- a. Licensure, acceptance, certification, and education
- b. Liability, acknowledgment, compliance, and excellence
- c. Licensure, accreditation, compliance, and education

- d. Licensure, accreditation, certification, and education

ANS: D

The organizations that make up the LACE network include those for licensure, accreditation, certification, and education. They work together to move forward the process of implementation of the Consensus Model.

108. Which of the following is an optional process for educational organizations to obtain?

- a. Licensure
- b. Certification
- c. Credentialing
- d. Accreditation

ANS: D

Accreditation is an optional process for educational institutions in many instances.

Accreditation is performed by outside agencies that review the processes and strategies of the institution thereby creating a metric of the quality of education.

109. Which of the following provides authorization through a state agency to engage in the APRN role?

- a. Licensure
- b. Certification
- c. Accreditation
- d. Regulation

- e. Credentialing

ANS: A

Licensure is completed by state agencies to provide authorization to engage in the APRN role. Certification is often a prerequisite to licensure.

110. Which of the following must an APRN undergo to validate their knowledge, skills, and abilities to perform their desired role?

- a. Credentialing
- b. Regulation
- c. Accreditation
- d. Licensure
- e. Certification

ANS: E

Certification involves a formal process to review a candidate's knowledge, skills, and abilities to perform a specific role. This formal process is often completed through examination in the APRN role.

111. Which of the following is the process of collecting and verifying an individual's professional qualifications that may grant their eligibility to sit for an examination?

- a. Regulation
- b. Accreditation
- c. Credentialing

- d. Certification
- e. Licensure

ANS: C

Credentialing is an umbrella term that refers to regulatory mechanisms that can be applied broadly to individuals, programs, or organizations (Styles, 1998).

112. An APRN has recently graduated from his or her program of choice, obtained national certification, and is applying for licensure in his or her home state. Which of the following is true regarding prescriptive authority?

- a. Requires additional CE requirements to maintain
- b. Provided in all states with APRN licensure
- c. Requires separate licensure
- d. Varies among individual states and regulating agencies

ANS: D

Prescriptive authority remains as a regulatory hurdle for APRNs. Requirements for obtaining prescriptive authority vary among states and have various requirements to maintain licensure.

113. An APRN has obtained prescriptive authority in his or her state and obtained Drug Enforcement Administration (DEA) number. All of the following pertain to controlled substances except:

- a. An APRN individually cannot prescribe controlled substances without a DEA number
- b. DEA numbers are site-specific and an APRN must obtain a DEA number for each site where he or she prescribes controlled substances



- c. Obtaining a DEA number authorizes the prescription of controlled substances without additional regulation
- d. An APRN who does not prescribe controlled substances is not required to obtain a DEA number
- e. A DEA number authorizes prescription of controlled substances as it pertains to state regulation

ANS: C

DEA numbers authorize the prescription of controlled substances but are still regulated by both federal and state regulations. APRNs may be subjected to additional regulation in the state where he or she practices.

114. All of the factors must be present for a malpractice case to demonstrate negligence by an APRN except:

- a. Direct causation must be linked to the APRN
- b. The patient must be under the direct care of the APRN
- c. A duty of care must be owed to the injured party
- d. Damages or sustained injuries to the patient
- e. The accepted standard of care was breached

ANS: B

Four factors must be established for the basis of a malpractice claim including a duty of care being owed, a breach of accepted standards of care, resulting damages or injury to the patient, and direct causation that is linked to the APRN. The patient does not have to be under the direct care of the provider to be included in a malpractice suit.

115. Which of the following requires compliance with HIPAA while functioning as an APRN?

- a. Transmission of health information for payment of medical claims
- b. All of the above
- c. Transmission of health information in any form
- d. Regular care of patients
- e. Discussion of patient conditions with consultants

ANS: B

The Health Insurance Portability and Accountability Act (HIPPA) originally became law in 1996 and mandates all medical professionals adhere to patient privacy standards when pertaining to personally identifiable patient information, regardless of transmission method.

## Chapter 11. Resource Management

1. After teaching a group of students about the various types of advanced practice nurses, the instructor determines that the teaching was successful when the students state which of the following as the most common type?
  - A) Nurse practitioners (NPs)
  - B) Clinical nurse specialists (CNS)
  - C) Certified nurse midwives (CNMs)
  - D) Certified registered nurse anesthetists (CRNAs) Ans: A
2. A group of nurses is attending a presentation about advanced practice nursing. Which of the following would the group expect to hear about the scope of practice?
  - A) It has been standardized for all 50 states in the United States.
  - B) It includes prescribing or furnishing drugs in only about one half of the states in the United States.

C) It is dependent upon if the national certifying exam has been taken for the specialty practice area.

D) It differs greatly among the various types of advanced practice. Ans: D

3. A nurse is considering becoming a clinical nurse specialist (CNS). Which activities would the nurse expect to be involved in? Select all that apply.

- A) Managing complex medical conditions
- B) Providing expert consultation with nursing staffs
- C) Administering anesthesia
- D) Providing specialized direct care
- E) Providing pregnancy care

Ans: B, D

4. Which of the following best reflects the doctor of nursing practice degree?

- A) Required as mandatory for nurse practitioners and clinical nurse specialists as of the year 2012
- B) Focused concentration on assessment and diagnostic skills with little or no emphasis on nursing theory and health-policy components common to most current masters degree programs
- C) Endorsed by the American Association of Colleges of Nursing (AACN) as the appropriate degree for advanced practice nurses to gain entry to practice
- D) Awarded the doctor of nursing (ND) degree after successful completion of the program

Ans: C

5. A nurse is looking into a doctoral degree with an interest in direct-care provision and policies. Which of the following would be most appropriate for this nurse to obtain?

- A) Doctor of nursing science
- B) Doctor of philosophy
- C) Clinical nurse leader
- D) Doctor of nursing practice

Ans: D

6. Which of the following statements by a nurse would indicate that a doctor of nursing practice (DNP) degree would be the most appropriate choice for advanced practice?

- A) I would like to participate in research studies.
- B) Im really interested in practicing at a microsystem level.
- C) I want to apply research findings to improving health care outcomes.
- D) I want to maximize my patients self-care and decision-making abilities. Ans: C

7. Which of the following best reflects the view of the National Organization of Nurse Practitioner Faculties (NONPF) about the doctor of nursing practice degree?

- A) It supports the recommended deadline for NP entry to practice.
- B) It suggests that the DNP should be a worthwhile goal to attain.
- C) It includes the development of additional criteria for each specialty of APRNs.
- D) It believes that the timeline for mandating the DNP for entry be instituted immediately.

Ans: B

8. After teaching a group of students about the issues and concerns related to the DNP as entry level for APRN practice, the instructor determines that additional teaching is needed when the students identify which of the following as a concern?

- A) The timing of the recommendation is inappropriate because there are more pressing matters related to patient safety that need to be addressed.
- B) Important parties who would be involved did not have an opportunity to engage in a discussion about the recommendation.
- C) There is agreement among those in nursing education about the core competencies to be included in a typical program.
- D) DNP graduates may not be able to obtain tenure and equal status in the educational field like their PhD counterparts.

Ans: C

9. Which of the following best reflects the position of the AACN related to DNP and PhD graduates who want to teach at the collegiate level?

- A) PhD graduates are better prepared to teach as the collegiate level than DNP graduates.
- B) Both graduates must pursue additional coursework that focuses on teaching.

- C) DNP and PhD graduates can apply research findings that focus on educational settings.
- D) PhD graduates understand curriculum development while DNP graduates do not. Ans: B

10. A nurse is preparing to become a clinical nurse leader. At which level would this nurse expect to practice?

- A) Microsystems level
- B) Population-based level
- C) Community-based level
- D) Macrosystem level

Ans: A

11. Which of the following would be the most appropriate response to critics of the DNP who are concerned that the curriculum does not include theory?

- A) DNP programs focus primarily on nursing theories, which are essential to advanced practice nurses.
- B) Since nurses work as part of an interdisciplinary team, they need to understand many types of theories.
- C) DNP programs focus on using appropriate research methodologies to generate new nursing theories.
- D) The DNP graduate would be able to make decisions based on expertise and practice rather than on theory.

Ans: B

12. A group of nursing students are reviewing the two types of doctoral degrees for nursing. The students demonstrate a need for additional study when they identify which of the following as a research-focused doctorate?

- A) PhD
- B) DNS
- C) DNP
- D) DNSc

Ans: C

13. After teaching a class about the views of medicine and the DNP, the instructor determines that additional teaching is necessary when the students identify which of the following as a current belief supported by the American Medical Association?

- A) The physician has the final authority for the patient.
- B) Doctors of nursing practice can practice independently.
- C) Medicine has the right to regulate advanced practice nurses.
- D) Medicine can identify the roles and functions of a DNP. Ans: B

14. Which of the following would best characterize the clinical nurse leader (CNL) role?

- A) Masters-prepared advanced practice specialist nurse
  - B) Focus on management systems for institutional health care delivery
  - C) Integration of the care provided by each of the disciplines involved in patient care
  - D) Limited focus on health promotion with greater emphasis on population-based care
- Ans: C

15. A group of students is reviewing information about the clinical nurse leader role (CNL) and how it differs from other advanced practice roles. The students demonstrate understanding of the information when they state which of the following about the CNL role?

- A) Focuses on a specific group of patients in a particular setting
- B) Picks up care where the role of the clinical nurse specialist ends
- C) Participates in care before admission and after discharge
- D) Is a consistent figure to act as a point person for those involved Ans: D

16. When describing the functions of the nurse practitioner (NP), which of the following would be included?

- A) Prescribing medications for treatment
- B) Administering anesthesia during labor
- C)
- D) Providing care during pregnancy

Providing expert consultation for nursing staffs

Ans: A

17. According to the AACN, which role would assume guardianship for the nursing profession?

- A) Nurse practitioners
- B) Clinical nurse leaders
- C) Doctors of nursing practice
- D) Clinical nurse specialists

Ans: B

18. When describing the clinical nurse leader to a group of nursing students, which of the following would the instructor most likely include? Select all that apply.

- A) Practice guidelines based on evidence
- B) Interdisciplinary but not intradisciplinary client centered care
- C) Self-care and client decision making maximized
- D) Lack of emphasis on fiscal stewardship
- E) Avoidance of social justice

Ans: A, C

19. Which of the following would be a key area of focus for a certified nurse midwife (CNM)?

- A) Health promotion
- B) Improvements in health care delivery systems
- C) Diagnosis of common acute problems
- D) Specialization in ambulatory care

Ans: A

20. When describing the differences between a doctor of nursing practice degree and a doctor of nursing science degree, which of the following would the instructor include as characteristics of a DNP degree? Select all that apply.

- A) Less emphasis on scientific content
- B) Increased content on research methodology
- C) Similar dissertation requirements
- D) Emphasis on practice with research

E) No required clinical practicum

Ans: A, D

## Chapter 12. Mediated Roles: Working With and Through Other People

1. A registered nurse completes an informal education and training course at his or her place of work authorizing him or her to use ultrasound guided imagery when placing intravenous lines. How is this best classified?

- a. Advanced practice nursing
- b. Nursing Skill Advancement
- c. Advanced Licensure
- d. Advanced Certification

ANS: B

The addition or advancement of individual skills to the nursing practice is common and encouraged but does not meet the requirements set forth for advanced practice nursing. Licensure and certification were not obtained or expressed.

2. The core foundations of all APN education curricula contain advanced courses covering which of the following?

- a. Human anatomy, health and physical assessment, and pharmacology
- b. Pathophysiology, research, and pharmacology
- c. Health and physical assessment, pathophysiology, and obstetrics and gynecology



- d. Pathophysiology, health and physical assessment, and pharmacology

ANS: D

While specific specialties may focus on individual areas of clinical knowledge, all aspects of advanced practice nursing include advanced knowledge of pathophysiology, health and physical assessment, and pharmacology.

3. Which of the following criteria is required for the attainment of classification as an advanced practice nurse (APN)?

- a. Practice focused on research
- b. Baccalaureate degree in area of focus
- c. Specialized skill attainment
- d. Graduate degree in area of focus

ANS: D

The three basic criteria or qualifications for APNs include graduate education in advanced practice nursing role, national certification in an advanced role, and a practice focused on patients and their families. Research and skills are components of core competencies of advanced practice nurses who achieve a graduate level of education.

4. Which of the following is the central, core competency for advanced practice nursing?

- a. Evidence-based practice
- b. Direct clinical practice
- c. Leadership

- d. Ethical decision making

ANS: B

Direct clinical practice is the core competency that lends itself to all others. It also provides the foundation for APNs to carry out the other competencies adequately.

5. The legal authority granted to a professional to provide and be reimbursed for health care services refers to:

- a. Certification
- b. Scope of practice
- c. Practicing Role
- d. Education

ANS: B

Many things including state and federal laws define scope of practice. The APN NCSBN defines scope of practice as characterized by specialization, expansion of services provided, including

diagnosing and prescribing, and autonomy to practice. An individual certification would fall under the umbrella of scope of practice.

6. Which of the following most accurately describes the current four established advanced practice nurse roles?

- a. RN, BSN, MSN, DNP
- b. CNM, FNP, CNS, CRNA
- c. CNM, FNP, AGNP, PNP

- d. CNS, CRNA, NP, CNM

ANS: D

The four established advanced practice nurse roles include CNS, CRNA, CNM, and NP. FNP and AGNP are specializations of nurse practitioners (NP).

7. Which advanced practice nursing role has seen the largest expansion of growth and is currently the largest in number?

- a. CNS
- b. CRNA
- c. CNM
- d. NP

ANS: D

Nurse practitioner continues to be the largest in number of APN roles. According to the American Academy of Nurse Practitioners National NP Database there are over 220,000 trained NPs.

8. Which advanced practice nursing role is currently the smallest in number?

- a. CNM
- b. NP
- c. CNS
- d. CRNA

ANS: A

The CNM role according to the American College of Nurse-Midwives currently has around 11,000 trained providers based on current estimates. The CNM role is specialized in the care of women's health and childbearing.

9. A practicing, certified CNM wishes to change roles and work as a family nurse practitioner (FNP). Which of the following is required?

- a. Complete education and training as an NP
- b. Take the FNP board examination
- c. Nothing is required
- d. Apply for immediate reciprocity

ANS: A

The four roles of APN (CNS, CRNA, CNM, and NP) are not interchangeable without additional training and education. Although there are specific instances of overlap, each of the four roles should not be confused as interchangeable. Specialty certifications under the NP role may allow for more flexibility under today's regulations and are not standard practice. Scenarios are usually handled on an individual basis.

10. True or False. A registered nurse in an emergency room successfully completes a critical care course and meets all requirements for certification. He or she is now classified as an advanced practice nurse.

- a. True
- b. False

ANS: B

This registered nurse has completed advanced training that increases skill and knowledge and may have also obtained a certification; however, this does not meet the basic criterion of advanced practice nurse. He or she may be expertly skilled but requires the completion of a graduate degree focused in an area of nursing to appropriately be classified as an APN. The acute care nurse practitioner specialty would be required in this particular setting.

## Chapter 13. Evidence-Based Practice

116. Which of the following is defined as the conscientious, explicit, and judicious use of current best research-based evidence when making decisions about the care of individual patients?

- a. Research theory
- b. Evidence-based practice
- c. Nursing research
- d. Current best evidence

ANS: B

Evidence-based practice is defined as the conscientious, explicit, and judicious use of current best research-based evidence when making decisions about the care of individual patients (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996).

117. Which of the following is defined as systematic inquiry that generates knowledge about issues of importance to the nursing profession; individual studies may focus on clinical practice, education, administration, and informatics?

- a. Evidence-based practice

- b. Nursing research
- c. Current best evidence
- d. Research theory ANS: B

118. Which of the following entails the application of research findings from studies that evaluate interventions or assessments used by nurses and other care providers to improve patient outcomes?

- a. Research theory
- b. Nursing research
- c. Current best evidence
- d. Evidence-based practice

ANS: C

Current best evidence entails the application of research findings from studies that evaluate interventions or assessments used by nurses and other care providers to improve patient outcomes.

119. Which of the following would best prepare a registered nurse to play a more active role in generating original research?

- a. Advocating for evidence-based practice
- b. Complete a doctoral program with a focus on research
- c. Complete a master's degree program
- d. Join the current research team at his or her facility

ANS: B

All responses may improve the understanding and application of research to the nurse. Completing a doctoral program with a focus on research would best prepare a nurse who wishes to play a more active role in generating original research.

120. Which of the following is the first step of the process for identifying and determining evidence-based practice?

- a. Identification and retrieval of pertinent research findings based on literature review
- b. Extraction and critical appraisal of data from pertinent studies
- c. Formulation of a clinical question
- d. Clinical decision making based on results of this process

ANS: C

The formal, four-step process for identifying and determining evidence-based practice includes formulation of a clinical question, identification and retrieval of pertinent research findings based on literature review, extraction and critical appraisal of data from pertinent studies, and clinical decision making based on results of this process.

121. Which form of clinical decision making relies on findings from a wide variety of studies, including pathophysiologic research designed to identify the principal action of an intervention or the main reason it exerts a particular effect, and in vitro or in vivo research models?

- a. Tradition-based practice
- b. Evidence-based practice
- c. Rationale-based practice
- d. Nursing-based research

ANS: C

Rationale-based practice is a form of clinical decision making that relies on a rational explanation for an intervention. This form involves findings from a wide variety of studies, including pathophysiologic research designed to identify the principal action of an intervention or the main reason it exerts a particular effect, and in vitro or in vivo research models.

122. Which of the following is based on clinical and anecdotal experience, combined with received wisdom, often provided by instructors or clinical preceptors and expert opinion from those perceived as experts or expert clinicians in a given area of care?

- a. Tradition-based practice
- b. Rationale-based practice
- c. Evidence-based practice
- d. Nursing-based research

ANS: A

Tradition-based research is based on clinical and anecdotal experience, combined with received wisdom, often provided by instructors or clinical preceptors and expert opinion from those perceived as experts or expert clinicians in a given area of care.

123. Which of the following is the overall goal of a research study?

- a. Enhance quality of care by evaluating the effect of a specific action
- b. Application of best evidence to clinical decision making
- c. Combine the wisdom of experts in a given area of care
- d. Produce generalizable new knowledge

ANS: D

The overall goal of a research study is to produce generalizable new knowledge using various methods. The unit of study typically varies but is often an aggregate of individual patients,



families, or communities. A research study typically involves a review and approval from an Institutional Review Board (IRB) and is produced into a research report that may be presented in many modalities.

124. Which of the following is the overall goal of evidence-based practice?

- a. Produce generalizable new knowledge
- b. Combine the wisdom of experts in a given area of care
- c. Enhance quality of care by evaluating the effect of a specific action
- d. Application of best evidence to clinical decision making

ANS: D

The overall goal of evidence-based practice is to apply the current best evidence to clinical decision making for an individual patient, facility, or large group.

125. Which of the following is the overall goal of a quality improvement project?

- a. Combine the wisdom of experts in a given area of care
- b. Application of best evidence to clinical decision making
- c. Produce generalizable new knowledge
- d. Enhance quality of care by evaluating the effect of a specific action

ANS: D

The overall goal of a quality improvement project is to enhance quality of care by evaluating the effect of a specific action plan on a local unit, clinic, facility, or health system.

126. Which of the following would best help a nurse formulate a measurable question that can be meaningfully addressed using evidence-based clinical decision strategies?

- a. PICO(T)
- b. ROPI
- c. IRB
- d. GRADE

ANS: A

The PICO(T) model is the best model for a nurse to formulate a measurable question that can be meaningfully addressed using evidence-based clinical decision strategies. PICO(T) stands for patient/population and problem, intervention, comparison, outcome, and time.

127. Based on the pyramid of evidence, which of the following studies has the highest potential to contribute to evidence based on its design?

- a. Systematic reviews
- b. Cohort study
- c. Randomized controlled trial
- d. Case study
- e. Meta-analysis

ANS: E

A meta-analysis has the highest potential contribution to evidence based on design. Case studies and in vivo and in vitro studies have the least potential contribution due to their limited size.

128. Based on the pyramid of evidence, which of the following studies has the lowest potential to contribute to evidence based on its design?

- a. Meta-analysis
- b. Randomized controlled trial
- c. Cohort study
- d. Case study
- e. Systematic reviews ANS: D

Case studies and in vivo and in vitro studies have the least potential contribution due to their limited size. A meta-analysis has the highest potential contribution to evidence based on design.

129. Which of the following rankings of recommendations for clinical practice as provided by the US Preventative Services Task Force (USPSTF) should always be offered or provided by the APRN when indicated?

- a. A, B, and C
- b. A
- c. A and B
- d. All recommendations
- e. B

ANS: C

Rankings A and B should be offered or provided when indicated.

130. Which of the following rankings of recommendations for clinical practice as provided by the US Preventative Services Task Force (USPSTF) should be offered or provided by the APRN only when other considerations support offering or providing the service?

- a. C
- b. D
- c. B
- d. All recommendations
- e. B and C

ANS: A

A USPSTF ranking of C states that evidence suggests that the service only provides a small benefit and should be provided only when other considerations support offering or providing this service.

131. Which of the following rankings of recommendations for clinical practice as provided by the US Preventative Services Task Force (USPSTF) should the APRN discourage use of?

- a. D
- b. I
- c. B
- d. C
- e. C and D

ANS: A

A USPSTF ranking of D states that evidence demonstrates no benefit from the service or potential harm outweighs the service. The APRN should discourage the use of this service.

## Chapter 14. Advocacy and the Advanced Practice Nurse

132. Which metric is key for validating the need for the role of the Nurse-Midwife (NM)

worldwide?

- a. Infant mortality
- b. Number of OBGYN Physicians
- c. Average distance to nearest obstetric center
- d. Number of births per capita

ANS: A

Infant morbidity and mortality is a statistic of countries worldwide and is a key driver of expansion of the nurse-midwife role into developing countries. Low- and middle-income countries often have the highest rates of infant morbidity and mortality. Another factor increasing the expansion of the NM's role is the increasing costs of medical care.

133. Which organization's primary goal is aiming to become an international resource for APNs and NPs on a global scale?

- a. ICN's International Nurse Practitioner/APN Network (INP/APNN)
- b. American Nurses Association (ANA)
- c. World Health Organization (WHO)
- d. Bill & Melinda Gates Foundation

ANS: A

The INP/APNN's primary goal is to provide resources to advanced practitioners on a global scale.

This includes providing resources to countries and organizations that are forming NP programs.

134. Which three countries were the first to officially establish the NP role?

- a. Canada, United States, and China
- b. Canada, United States, and United Kingdom
- c. United States, Canada, and Australia
- d. United States, Canada, and Jamaica

ANS: D

The United States was the first country to establish the NP role in 1965, followed by Canada and Jamaica in the mid-1970s.

135. According to a 2014 study, nurse-midwives who obtain the appropriate education and who are regulated to meet ICM competencies for practice and care can deliver what percentage of midwifery care?

- a. 87%
- b. 79%
- c. 73%
- d. 93%

ANS: A

The UNFPA 2014 study showed that nurse-midwives who obtain the appropriate education and who are regulated to meet ICM competencies for practice and care can deliver 87% of midwifery care.

136. Which three countries were the first to officially establish the clinical nurse specialist (CNS) role?

- a. United States, Canada, and Netherlands
- b. Canada, United States, and China
- c. United States Canada, and United Kingdom
- d. United States, Canada, and Australia

ANS: C

The CNS role was first introduced in the United States, Canada, and the United Kingdom in the 1960s due to increasing complexity and specialization of health care as well as increased demand for clinical expertise, education, and leadership.

137. Which role was first developed in Australia in 1986 and was formed from the United States'

model of the CNS role?

- a. Advanced Nurse Practitioner
- b. Clinical Nurse Advanced Specialist
- c. Clinical Nurse Practitioner
- d. Nurse Consultant

ANS: D

The Nurse Consultant role exists in Australia, the United Kingdom, and Hong Kong. It was first introduced in Australia in 1986 and was modeled after the CNS role in the United States.

138. A nurse in Australia obtains clinical experience and expands his or her knowledge and experience with a master's degree with a focus on education and training in a specialty area of medicine. He or she most likely obtains which role?

- a. Clinical nurse specialist
- b. Advanced Registered Nurse
- c. Nurse Consultant
- d. Nursing physician assistant

ANS: C

In Australia, the Nurse Consultant role varies in requirements from a hospital certificate to a master's degree. The role has different grade levels and increases responsibilities across five domains.

139. As of the writing of this text, which of the following regions is considered the "next frontier"

of APN role development?

- a. China
- b. Europe
- c. Latin America
- d. Africa

ANS: C



Latin America is considered the next frontier of APN role development. This region is an area of the world where few such roles exist as of the writing of this text. Development of APN roles in this region is driven by the policies that include: primary health care reform, access to health care, and universal health care coverage.

140. Which of the following strategies is best to support the development of APN roles at the international level?

- a. Create communities of practice to develop APNs
- b. Using evidence-based approaches to role development
- c. Build consensus among stakeholders on health systems solutions utilizing APN roles
- d. Leverage and share resources for APN education with another country

ANS: D

While all approaches may be beneficial to support role development, leveraging and sharing resources with another country are most likely to benefit role development internationally. The other options are most beneficial in the development of APN roles at the country level.

141. Which of the following strategies is best to support the initial development of APN roles at the country level?

- a. Showing support for policies of world organizations to prevent out-migration of nursing leaders and educators
- b. Collaborating with another country to understand policy decisions
- c. Joining policy discussions to advocate for the APN role
- d. Obtaining an advanced nursing practice degree in another country

ANS: C

The initial development of APN roles at country level is multifaceted. The importance of advocacy for the role to key stakeholders and policymakers is often the first step. The other options are best suited for development at the international level.

## Chapter 15. Case Management and Advanced Practice Nursing

### Multiple Choice

142. Which of the following is the most essential component to lead clinical staff and programs effectively as an advanced practice registered nurse?

- a. Clinical credibility
- b. Appropriate education
- c. Years of experience
- d. Age

ANS: A

All of the options may attribute to effectively leading clinical staff and programs as an APRN. Direct care is the central competency of advanced practice nursing and excellence in direct care requires clinical credibility to lead other clinical staff. Years of experience or age may or may not be related to direct care. Appropriate education is important for clinical leadership, but clinical credibility requires experience combined with direct care.

143. An advanced practice registered nurse in an outpatient clinic has a phone conference with a

cardiologist regarding a patient's condition. This is an example of:

- a. Social services
- b. Point-of-care encounter
- c. Indirect care
- d. Direct care

ANS: C

This is an example of indirect care of clinical practice. Direct care or direct clinical practice refers to those activities and functions that the APRN performs within the patient-nurse interface.

144. Which of the following is considered indirect care?

- a. Forming a therapeutic relationship during patient examination
- b. Discharge planning
- c. Consideration of which medication to prescribe a patient
- d. Patient education regarding medication side effects

ANS: B

Indirect care or indirect clinical practice refers to those activities and responsibilities that occur outside of the patient-nurse interface. They may include consultation with other health care providers, discharge planning, care coordination, communication with insurance companies, education or supervision of other medical staff, or billing and coding for services rendered. The other options are examples of direct care.

145. Which of the following is considered direct care?

- a. Forming a therapeutic relationship during patient examination
- b. Increasing knowledge of a disease process to better care for a complex patient
- c. Prior authorization of prescriptions
- d. Consultant phone call about patient condition

ANS: A

Direct care or direct clinical practice refers to those activities and functions that the APRN performs within the patient-nurse interface. Examples of direct care include physical acts of diagnosis, monitoring, treatment, or direct patient education that occur in the patient-nurse interface. It can be with the patient or family members. The other options are examples of indirect care.

146. An APRN is preparing a patient to be discharged from an emergency department. Which of the following activities is considered direct care?

- a. Speaking with the patient's primary care provider
- b. Electronically transmitting prescriptions to pharmacy
- c. Discharge planning documentation
- d. Discharge patient education

ANS: D

The decision to discharge a stable patient requires that the APRN evaluated the patient and his or her clinical condition and determined it to be stable; this most likely required direct clinical care including a physical examination and medical decision making and discharge-related patient education.

147. An APRN evaluates and modifies his or her clinical practice routines by reading and following updates and recommendations from various journals and organizations such as the

United States Preventative Task Force (USPSTF). Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Use of reflective practice
- b. Use of a holistic perspective
- c. Expert clinical performance
- d. Use of evidence as a guide for practice

ANS: D

Using evidence as a guide for practice is one of six characteristics for advanced direct care practice. Reading research reports, searching health care databases, acquiring skills to analyze evidence, and working with colleagues regarding evidence-based improvements in care are all examples of using evidence as a guide for practice.

148. During a patient encounter the APRN remembers the patient mentioned during a previous visit that the patient's child was applying to colleges. The APRN asks which college the patient's child chose to attend. Discussing this at the beginning of the patient encounter utilizes what characteristic of advanced direct care practice?

- a. Formation of therapeutic partnerships with patients
- b. Expert clinical performance
- c. Use of a holistic perspective
- d. Use of reflective practice

ANS: A

The formation of therapeutic partnerships with patients is one of six characteristics for advanced direct care practice. The APRN is effectively using good conversational style to create a strong therapeutic relationship with the patient. Use of a holistic perspective would only be correct if this conversation was used in relation to the patient's care.

149. An APRN starts a patient on a specific medication chosen over a compatible medication due to a decreased risk of sedation. The medication was chosen because the patient has an occupation driving a truck. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Formation of therapeutic partnerships with patients
- b. Use of a holistic perspective
- c. Expert clinical performance
- d. Use of reflective practice

ANS: B

Using a holistic perspective includes identifying patterns of symptoms combined with the effect of the individual patient. This may include the patient's view of his or her own health or the impact that his or her disease or treatments may affect his or her overall quality of life. Expert clinical performance is incorrect because the medication was chosen solely based on the effect of medication side effects on the patient's social life.

150. An APRN encounters an angry and combative patient during his or her shift. The next day he or she meets and speaks with a colleague involved with the patient to discuss how the department handled the incident as well as his or her personal beliefs regarding the care of combative patients. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Use of evidence as a guide for practice
- b. Expert clinical performance
- c. Diverse approaches to and interventions for Health and Illness Management
- d. Use of reflective practice

ANS: D

The use of reflective practice is an important characteristic of advanced direct practice care. Meeting with colleagues and teachers regarding clinical scenarios are important aspects of reflective practice as you explore personal values, social beliefs, and behaviors. Since the meeting was not regarding evidence-based improvements of care or strategies to improve the outcome of similar patients the other options are incorrect.

151. An APRN works in a critical care environment. He or she identifies a patient he or she believes to be at risk for decompensation and intervenes quickly. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Use of evidence as a guide for practice
- b. Expert clinical performance
- c. Use of reflective practice
- d. Diverse approaches to and interventions for Health and Illness Management

ANS: B

Expert clinical performance is the development of specialized knowledge, experience, and complex situations the APRN will encounter during patient care. Deeply understanding clinical knowledge and interpretation of data are aspects of expert clinical performance.

152. An APRN encounters an angry and combative patient during his or her shift. The next day he or she begins analyzing patient outcomes as they correlate with different treatment modalities. Which characteristic of advanced direct care practice is the APRN utilizing?

- e. Expert clinical performance
- f. Use of evidence as a guide for practice
- g. Use of reflective practice

- h. Diverse approaches to and interventions for Health and Illness Management

ANS: B

Systematic reviews of existing journals, health care statistics, and working with colleagues in an attempt to improve outcomes and understand clinical scenarios are examples of excellent use of evidence as a guide for practice. In this scenario the other options are incorrect; the APRN had not just discussed his or her personal beliefs, nor was specifically reviewing patient data for his or her personal knowledge development.

153. An APRN is working in a rural community health center providing community health services to poverty-stricken families. He or she works at government agencies and regional medical centers to coordinate care for patients who cannot afford it. At these facilities the APRN gains experience using lower cost strategies to provide effective care. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Expert clinical performance
- b. Use of reflective practice
- c. Diverse approaches to and interventions for Health and Illness Management
- d. Use of evidence as a guide for practice

ANS: C

Diverse approaches to and interventions for health and illness management include the interpersonal interventions to guide or coach patients, acquiring new ways to treat patients, providing preventative services, coordinating services among care sites and multiple providers, and acquiring knowledge about complementary therapies.

154. An APRN in an emergency department is utilizing a new type of IV catheter for the first time. He or she seeks out a colleague more familiar with the device for supervision. Which characteristic of advanced direct care practice is the APRN utilizing?



- a. Expert clinical performance
  - b. Use of reflective practice
  - c. Formation of therapeutic partnerships with patients
  - d. Use of a holistic perspective
- ANS: A

Expert clinical practice includes more than just providing excellent care at your current level. It also includes having an understanding of scenarios, situations, and procedures where you may be overwhelmed or less confident and then seeking out expert assistance or guidance. This provides the best outcomes for the patient and furthers the clinical understanding.

155. A female patient is undergoing an elective surgery that has a risk of blood loss. She is a Jehovah's Witness and due to her religious beliefs does not want blood transfusions to be administered. The APRN delays the patient's surgery and recommends she donate her own blood to be administered during the surgery if needed. Which characteristic of advanced direct care practice is the APRN utilizing?

- a. Use of evidence as a guide for practice
- b. Expert clinical performance
- c. Use of a holistic perspective
- d. Formation of therapeutic partnerships with patients

ANS: C

Understanding the patient's spiritual and life values, additional context of the patient's life, possible life changes, and the effects of their disease or treatments are all factors that must be considered when using a holistic perspective.

156. Which of the following will most likely enhance the patient-APRN relationship and increase communication?

- a. Longer appointment duration
- b. Printed education guides
- c. Having a caregiver present at the time of examination
- d. Active listening

ANS: D

A foundation of excellent communication begins with listening to the patient. Each of the other options may improve the outcome of the patient but establishing effective therapeutic relationships with patients involves listening to their concerns to establish trust, increase patient satisfaction, increase adherence to treatment plans, and improve patient outcomes.

157. With which of the following types of patients would it be most difficult to establish a therapeutic partnership?

- a. Mentally disabled patient
- b. Toddler
- c. Elderly patient
- d. A patient with tonal hearing loss

ANS: A

While all of the patients in this question may be more challenging, only the mentally disabled patient has expressed limitations in communication. A mentally disabled patient may not be able to comprehend instructions, and the level of understanding may not be able to be fully expressed. An elderly patient, a patient with hearing loss, and a toddler are still able to effectively communicate their level of understanding. Modifications in communication strategies may be required in all of the patients.

158. Which of the following techniques should be utilized when communicating with all elderly patients who have hearing loss?

- a. Administer testing for understanding
- b. Face the patient
- c. Use verbal aids
- d. Write down instructions

ANS: B

During the initial encounter with a patient with a communication barrier, the level of the barrier should first be assessed. Additional therapies may not be needed if simply sitting directly facing the patient can achieve effective communication. The same methods for ensuring understanding should be used in patients with hearing loss, such as having them repeat instructions or voice their level of understanding.

159. An elderly male patient is being seen by the APRN. Which of the following techniques for effective communication should be initially avoided?

- a. Speaking in a louder voice
- b. Appropriate touch
- c. Maintain eye contact
- d. Face the patient

ANS: A

Remember that assumptions should never be initially made about any patient and always speaking in a louder voice may be considered offensive. An elderly patient does not always

have hearing loss or dementia, and strategies to assess the level of understanding should be used if suspicions exist.

160. An APRN is working in an outpatient care clinic for diabetics. He or she is responsible for starting newly diagnosed diabetic patients on long-acting basal insulin to control their fasting morning blood glucose levels. The APRN starts a 55-year-old obese patient 35 units of long-acting insulin nightly. The APRN chooses this dose solely based on the weight of the patient and does not review the patient's current medication list. The APRN has previously used this method successfully in many patients who were admitted to the hospital. Three days later the

patient is found unconscious at home by family members, transported to the emergency department, and expires. After an investigation the patient had administered only the prescribed amount of insulin as directed by the APRN. Which of the following factors most likely attributed to the patient's poor outcome?

- a. Patient education
- b. Lack of knowledge
- c. Thinking error
- d. Lack of evidence-based practice

ANS: C

The APRN in this clinical scenario made a thinking error. While it is possible that other factors could have influenced the poor outcome, the dose of the insulin was unlikely individualized to this patient. Tunnel vision and treating each patient the same are examples of thinking errors. Failing to review the patient's medication list for short-duration medications like steroids and antibiotics, as well as other comorbidities, increases risks for medication side effects. Although the APRN had administered similar doses to other patients previously, those patients were inside medical facilities with close observation to avoid adverse events.

161. An APRN is treating a 44-year-old female patient with 10/10 chest pain in an emergency department. This patient has a history of severe anxiety and has run out of her anxiety medication. She has been seen three times in the previous month for the same pain. The APRN discharges the patient home with a refill of her anxiety medications but without a full cardiac workup. The patient dies at home and an autopsy reveals a myocardial infarction as the cause of death. Which of the following would have most likely prevented the poor outcome of the patient?

- a. Proper documentation
- b. Therapeutic communication
- c. Avoiding premature closure
- d. Patient education

ANS: C

Avoidance of thinking errors of medical providers is imperative to excellent patient care. While therapeutic communication may have elicited additional information about this patient the APRN should remain constantly open to re-evaluation of patients, be aware of personal biases and assumptions, and ensure critical data are obtained on each patient. The use of a diagnosed “time-out” procedure sometimes is important to review a situation with fresh eyes and to prevent assumptive diagnosis and premature closure.

162. Use of which of the following strategies by an APRN would best prevent ethical conflicts during end-of-life care?

- a. Discussion with healthy patient during outpatient clinic
- b. Use of an ethics committee
- c. Discussion when life-threatening disease/accident occurs
- d. Discussion upon admission of a patient to a hospital

ANS: A

Avoiding ethical conflicts with patients, families, and their surrogates can best be avoided by having ethical discussions as early as possible. While all scenarios will avoid ethical conflicts, discussion and documentation with a healthy patient allows for prevention of ethical conflicts in end-of-life care. Remember that prevention is always the best treatment.

163. Which of the following scenarios is the best example of the concept of moral distress?

- a. 75-Year-old nursing colleague fired for being too old
- b. 45-Year-old female diagnosed with lung cancer who refuses appropriate treatment
- c. 4-Year-old child who died after receiving an incorrect medication
- d. Amputation of the incorrect limb during a surgical procedure

ANS: B

The most common cause of moral distress identified in a 2004 study is patient refusal of appropriate life-saving treatment. By definition, moral distress is when a provider knows an ethically appropriate action should be taken but barriers are encountered that discourage the action from being taken. Wrong site surgeries and medication errors are negligence. The firing of a person based on age is considered discrimination.

164. Which of the following strategies has been recommended when communicating about adverse events?

- a. Avoid apologizing or acknowledging the error occurred
- b. Notify the patient immediately that an adverse event has occurred
- c. Complete all documentation thoroughly prior to reporting the event to anyone
- d. Explain all known details to the patient immediately

ANS: B

Four steps recommended by a consensus group of Harvard hospitals in 2006 include the following:

(1) tell the patient what happened immediately, but leave details of how and why for later when a thorough review has occurred; (2) take responsibility for the incident; (3) apologize and communicate remorse; (4) inform the patient and family what will be done to prevent similar events.

165. Which of the following are characteristics of direct clinical care provided by APRNs? (Select all that apply.)

- a. Use of reflective practice
- b. Use of evidence as a guide for practice
- c. Formation of therapeutic partnerships with patients
- d. Adequate supervision of others
- e. Use of a holistic perspective

ANS: A, B, C, E

The six characteristics of direct clinical care are use of a holistic perspective, formation of therapeutic partnerships with patients, expert clinical performance, use of reflective practice, use of evidence as a guide to practice, and use of diverse approaches to health and illness management. Adequate supervision of others is an example of indirect care.

166. A newly licensed APRN is working in a busy outpatient clinic. He or she continually runs late and cannot adequately gather all of the pertinent patient information during each patient encounter. This has caused the APRN to misdiagnose multiple patients. Which of the following may best alleviate the time pressures experienced by the APRN? (Select all that apply.)

- a. Avoid interruptions
- b. Increase visit length time
- c. Limit patient complaints allowed for each visit
- d. Use a systematic approach
- e. Set a timer to end each patient encounter

ANS: A, B, D

Time pressures are experienced at an even higher frequency in novice APRNs. Avoiding interruptions and increasing visit length time are the best options to alleviate time pressures. Setting a timer to end each patient encounter or limiting patient complaints would be inappropriate strategy for a novice APRN. Rushed or truncated encounters often lead to lack of therapeutic communication, incomplete physical examinations, and withholding of patient questions. Development of a systematic approach to each patient encounter is one of the best strategies to implement to increase APRN efficiency and is usually paramount as an APRN develops experience.

## Chapter 16. The Advanced Practice Nurse and Research

### MULTIPLE CHOICE

1. Which organization is preparing future nurses to have the knowledge, skills, and attitudes (KSAs) of evidence-based practices necessary to continuously improve the quality and safety of the health care systems within which they work?

- a. The Joint Commission
- b. Quality and Safety Education for Nurses (QSEN)
- c. The National Database of Nursing Quality Improvement (NDNQI)
- d. The Agency for Health care Research and Quality (AHRQ)



ANS: B

Evidence-based practice is also one of the Quality and Safety Education for Nurses (QSEN) competencies, with the overall goal for the QSEN project being to meet the challenge of preparing future nurses to have the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of the health care systems within which they work (QSEN, 2012). The Joint Commission provides Patient Safety Goals. All magnet-designated hospitals maintain the National Database of Nursing Quality Improvement (NDNQI). The database has information on falls, pressure ulcer incidence, and nurse satisfaction. The AHRQ is a national agency that provides important sources of new scientific information that include standards and practice guidelines.

2.A registered nurse questioned the nurses on the neonatal intensive care unit about the practice of kangaroo care for neonates. The nurse had read literature supporting the practice, but the nurses that work on the neonatal unit stated that they had never done anything like that at their institution. The nurse continued to ask questions and began a literature review. Which behavior was the nurse demonstrating?

- a.Variables
- b.Peer review
- c.Evidence-based practice
- d.Process measurement

ANS: C

Evidence-based practices (EBP) guide nurses and other health care providers in making effective, timely, and appropriate clinical decisions. Nurses and other health care providers can no longer accept and practice the status quo. Greater attention must be given to why certain health care approaches are used, which ones work, and which ones do not. Hypotheses are predictions made about the relationship among study variables (e.g., characteristics or traits that vary among subjects). An example of a research question is: Does the use of chlorhexidine 2% compared with povidone-iodine reduce CLABSI in patients with CVCs? Within that question the author is studying the variables (independent) of chlorhexidine and povidone-iodine solutions as they affect the outcome (dependent variable) of CLABSI in patients. Peer review is the practice of nurses evaluating nurses. A peer-reviewed article is one submitted for publication and reviewed by a panel of experts familiar with the topic or subject matter of the article. When you implement a practice change, you sometimes want to monitor whether or not the process or protocol was implemented.

This requires a process measurement. The nurse has not implemented kangaroo care (only reviewed literature), so there is no need for a process measurement.

3.A registered nurse wants to review the latest information regarding prevention of a health care acquired infection. Where is the best place for the nurse to obtain this information?

a.Online information

b.Peer-reviewed nursing journal c.Latest edition of a nursing textbook

d.Most recent edition of a popular magazine ANS: C

The best scientific evidence comes from well-designed, systematically conducted research studies, usually found in peer-reviewed scientific journals. A good textbook incorporates current evidence into the practice guidelines and procedures it describes. However, a textbook relies on the scientific literature, and sometimes information on a particular topic is outdated by the time a book is published. Peer-reviewed material is better than online information or recent popular magazines.

4.A 15-year-old patient was admitted to the hospital with a bowel obstruction. The patient underwent surgery and was experiencing postoperative pain. The nurse caring for the patient had recently read a research article in which a study had been done with neonatal (infant) patients and the use of therapeutic touch to assist with pain control. Which factor is most important for the nurse to consider in this case when applying research to clinical practice?

a.The patients gender b.The patients preference c.The patients allergies d.The patients roommate

ANS: B

Using clinical expertise and considering patients values and preferences ensures that a nurse will apply the available evidence to practice both safely and appropriately. Even when you use the best evidence available, application and outcomes differ based on your patients values, state of health, preferences, concerns, and/or expectations. Patients allergies, gender, and roommate are not important in this scenario as it does not affect therapeutic touch.

5.A nurse is using evidence-based practice (EBP) to provide care. Which action should the nurse take first?

- a. Collect the most relevant and best evidence.
- b. Integrate evidence with ones clinical expertise.
- c. Critically appraise the evidence gathered.
- d. Ask a clinical question.

ANS: D

EBP is a systematic approach to determine the most current and relevant evidence on which to base patient care decisions. Melnyk and Fineout-Overholt recommend a six-step process for EBP: (1) Ask a clinical question; (2) Collect the most relevant and best evidence; (3) Critically review and evaluate/appraise the evidence gathered; (4) Combine/Integrate evidence with ones clinical expertise and patient preferences and values in making a practice decision or change; (5) Evaluate the practice decision or change; (6) Communicate results of the change. Collecting the best evidence is step 2. Integrating evidence is step 4. Critically appraising the evidence is step 3.

6. The nurse manager of a 30-bed medical surgical unit has noticed that the fall rate of postoperative patients has increased in the past 2 months. The nurse manager wants to address this situation using evidence-based practice. Which type of trigger did the nurse manager use?

- a. Literature-focused trigger
- b. Problem-focused trigger
- c. Knowledge-focused trigger
- d. Expectations-focused trigger

ANS: B

A problem-focused trigger is one you face while caring for patients or a trend you see on a nursing unit. A knowledge-focused trigger is a question that arises as a result of new information available on a topic, such as current information in literature. Titler et al. (2001) suggest using problem- and knowledge-focused triggers to think critically about clinical and operational nursing-unit issues. It does not include literature or an expectations trigger.

7.A registered nurse who works for a surgical intensive care unit (ICU) has recently read several articles in professional nursing journals about the use of quiet time in the ICU to enhance

patient outcomes. The nurse would like to apply the research findings to the unit. How did the nurse formulate the clinical question?

- a.Measurement-focused trigger
- b.Problem-focused trigger
- c.Knowledge-focused trigger
- d.Expectations-focused trigger

ANS: C

A knowledge-focused trigger is a question that arises as a result of new information available on the topic. For example, What is the current evidence for the best way to educate patients with low health literacy? A problem-focused trigger is one you face while caring for patients or a trend you see on a nursing unit. Titler et al. (2001) suggest using problem- and knowledge-focused triggers to

think critically about clinical and operational nursing-unit issues. It does not include measurement or expectation focuses.

8.A nurses manager has suggested that a nurse formulate a PICO question to clarify the topic before doing a literature review. When the nurse asks what the acronym PICO stands for, how should the nurse manager respond?

- a.Policy, information, comparison, outcome
- b.Patient, information, collection, outcome
- c.Patient, intervention, comparison, outcome
- d.Policy, intervention, communication, outcome

ANS: C

P: Patient population of interest. Identify patients by age, gender, ethnicity, disease, or health problem.

I: Intervention of interest. Which intervention do you want to use in practice (e.g., a treatment, diagnostic test, educational approach)?

C: Comparison of interest. What is the usual standard of care or current intervention that you now use in practice?

O: Outcome. What result do you wish to achieve or observe as a result of an intervention (e.g., change in patient behavior, physical finding, patient perception)?

Policy, information, comparison, collection, and communication are not included in PICO.

9. A nurse working on a PICO question has found a large amount of literature available on the topic with multiple studies that have been published. Which type of study should have the best evidence?

a. Meta-analysis of randomized control trials b. Opinion of an expert committee

c. One well-designed randomized control trial d. Systematic review of descriptive and qualitative studies

ANS: A

Systematic reviews or meta-analyses are state-of-the-science summaries from an individual researcher or panel of experts and are on the highest level of the hierarchy. These research summaries are the perfect answers to PICO(T) questions because the researchers have rigorously summarized all current evidence on the question. A single RCT is not as conclusive as a review of

several RCTs on the same question. Opinion of an expert committee is on the lowest level of the hierarchy of evidence. Systematic review is above opinions but is below meta-analysis on the hierarchy of evidence.

10. A registered nurse is concerned about the patients perceptions and feelings about the quality of life that they experience after a diagnosis of liver cancer. Which is the most appropriate type of research study the nurse should use to gather information about this situation?

a. Quantitative study b. Randomized trial c. Qualitative study d. Case controlled study

ANS: C

Qualitative research offers analysis of interviews, observations, and/or surveys to measure peoples perceptions, feelings, or views of phenomena about which little is known. Randomized trial has participants divided into groups to test for the same outcome to determine if there is a difference in the effect of a treatment or intervention compared with a standard of care. A case control study compares patients who have a disease or outcome of interest with patients who do not have the disease or outcome. The researcher looks back to compare how frequently the exposure to a risk factor is present in each group to determine the relationship between the risk factor and disease. If quantitative data such as physical measurements and scores on surveys are collected, statistical results from the study are explained. Quantitative data do not focus on perceptions and feelings.

11.A nurse works for a facility in which the facility sends information to The National Data Base for Nursing Quality Improvement (NDNQI) regarding patient falls, pressure ulcer incidence, and nursing satisfaction. The nurse works at which facility?

a.The Joint Commission

b.A magnet-designated hospital

c.The Centers for Disease Control and Prevention d.The American Association of Critical Care Nurses

ANS: B

All magnet-designated hospitals maintain the National Database of Nursing Quality Improvement (NDNQI). The database includes information from Magnet hospitals on falls, pressure ulcer incidence, and nurse satisfaction. The Joint Commission produces patient safety goals. The Centers for Disease Control and Prevention help produce guidelines for clinical practice. American

Association of Critical Care Nurses provides standards and practice guidelines for critical care nurses.

12. A student nurse is looking for research articles that can be used to complete a research paper. Where can the nursing student look to quickly find out if an article is research or clinically based?

a. p value b. Abstract c. Analysis d. Literature review

ANS: B

An abstract is a brief summary of the article that quickly shows whether the article is research or clinically based. An abstract summarizes the purpose of the study or clinical review, the major themes or findings, and the implications for nursing practice. A good author offers a detailed background of previous studies and the level of evidence or clinical information that exists about the topic of the article, which is called the literature review. Analysis is the section that explains how the data collected in a study are analyzed. The p value (usually set at 0.05) is a probability level that tells you whether the difference between two groups was likely related to the intervention or if it was simply a difference by chance.

13. A nurse working in an acute care setting wanted to determine the most accurate way to take patients' temperatures. The nurse noticed that the tympanic thermometers used by the unit were often not accurate. The nurse found that the literature showed tympanic thermometers were not the most accurate method of obtaining a temperature. The nurse wants to change the nursing practice of the unit. What is the nurse's most logical next step?

a. Discuss the findings with a patient to gain support. b. Tell the aides to stop taking temperatures.

c. Share the findings with the nursing policy and procedure committee.

d. Write an editorial in the public newspaper to bring the community into the process. ANS: C

A key feature of a practice environment that supports the use of best evidence is requiring clinical practice policies and procedures to be evidence based. Many organizations involve staff nurses and research-prepared advanced practice nurses in reviewing scientific articles relevant to policies and procedures and then making appropriate revisions. Policies and procedures are important tools for

supporting hospital-based nurses in using evidence in their everyday practice and promoting positive patient outcomes. Discussing results with the patient will not get the procedure changed. Telling the aides to stop taking the temperatures is dangerous. Writing an editorial in the public newspaper is inappropriate to effect change on the unit. First follow policies and procedures of the agency in which one works.

14. After a practice change has taken place in an organization because of a nurse following evidence-based practice in a task force, which final step should the nurse take?

a.Evaluate b.Encourage c.Engage d.Execute

ANS: A

After applying evidence in practice, the next step is to evaluate the effect. Newhouse and White (2011) recommend that to be successful in changing practice within an organization, it is essential to Engage, Educate, Execute, and Evaluate. Engage and execute have already occurred because the change has taken place. Encourage is not a step in the evidence-based process.

15. The nursing unit staff has used evidence-based practice to implement a practice change. What is the next step in the process the nursing staff should implement?

a.Review literature. b.Engage companies. c.Measure outcomes. d.Ask a clinical question.

ANS: C

After implementing the change, the practice decision or change should be evaluated by using outcome or process measurements. Remember the O in your PICO(T) question. It represents the outcomes you choose to measure as you integrate the evidence. These outcomes tell you how well the evidence-based intervention works. Reviewing literature and asking a clinical question occurred before the change. Companies are not a part of this process.

Chapter 17. The Advanced Practice Nurse: Holism and Complementary and Integrative Health Approaches



## MULTIPLE CHOICE

1.A client from the Asian culture tells the nurse that he has blockages in his life force that are causing him to have a disease. The nurse realizes that within this culture, the life force is considered:

- 1.Ayurveda. 2.Chi.
- 3.Prana. 4.Qi.

ANS: 2

In Chinese culture, the life force is known as chi. Ayurveda is Indian medicine. In Indian culture the life force is known as prana. In the Japanese culture the life force is known as qi.

PTS:1DIF:Analyze

REF: History of Complementary and Alternative Therapies

2.The nurse is planning to learn Reiki to become a master practitioner. Which level of learning will the nurse need to achieve in order to become a Reiki master?

- 1.Level I 2.Level II 3.Level III 4.Level IV

ANS: 3

Level I Reiki practitioners are prepared to provide healing work at the physiological/physical level, and they work with the patient physically present. Level II Reiki practitioners are prepared to provide healing on the emotional and spiritual levels and in absentia. The masters or Reiki teachers are Level III practitioners. There is no Level IV Reiki practitioner.

PTS: 1 DIF: Analyze REF: Reiki

3.A client tells the nurse that she utilizes biofeedback to combat chronic back pain. The nurse identifies this type of complementary alternative medicine as being:

1.biological therapy. 2.mind-body therapy. 3.body-based therapy. 4.energy therapy.

ANS: 2

Mind-body therapies are a variety of techniques to facilitate the mind's capacity to affect the body and various symptoms. Biofeedback is one type of mind-body therapy. Biological therapies use naturally occurring substances such as herbal medicine. Body-based therapies are based on manipulation or movement of one or more body parts. Energy therapy uses energy fields to increase the flow of energy throughout the body.

PTS:1DIF:Analyze

REF:NCCAM Categories of Complementary and Alternative Therapies

4.A client tells the nurse that his health has improved since he started practicing tai chi. The nurse realizes this alternative medicine approach:

1. is a modern form of yoga.
2. uses breathing, movement, and posture. 3.enhances the flow of prana.
4. improves the flow of chi through the meridians of the body. ANS: 4

Tai chi improves the flow of chi through the meridians of the body to enhance health and promote healing. Tai chi is an ancient ritual movement that involves concentration, strength, flexibility, breathing, and the use of symbolic movements. Tai chi originated in China. Yoga originated in the Hindu culture. Yoga uses breathing, movement, and postures to enhance the flow of prana.

PTS: 1 DIF: Analyze REF: Tai Chi

5. After an assessment, the nurse believes a client would benefit from the care of a chiropractor. Which of the following health problems could be addressed with this form of alternative therapy?

1.Headache 2.Sinusitis 3.Anemia 4.Kidney stones

ANS: 1

Chiropractic therapy is useful to treat back pain, neck pain, joint pain of the arms or legs, headaches, and other neuromuscular complaints. Chiropractic therapy is not indicated for sinusitis, anemia, or kidney stones.

PTS:1 DIF:Analyze REF:Chiropractic Therapy

6.When asked about an armband that a pregnant client is wearing, the client tells the nurse that it helps reduce morning sickness. The nurse realizes this client is utilizing which form of alternative medicine?

1.Acupressure 2.Acupuncture 3.Reiki 4.Guided imagery

ANS: 1

Acupressure is the stimulation of pressure points on the body to affect a body response. Antiemetic armbands are one example of an acupressure device. Acupuncture uses needles to stimulate identified points to affect a body response. Reiki is the manipulation of energy fields. Guided imagery is the use of relaxation and mental visualization to improve mood or physical well-being.

PTS: 1 DIF: Analyze REF: Acupressure

7.A client tells the nurse that she is having a series of massages to break up scar tissue created from back surgery which have caused uneven hip and shoulder height. The nurse realizes the type of massages the client is receiving would be:

1. shiatsu.
2. rolfing.
3. therapeutic.
4. relaxation.

ANS: 2

Rolfing is a form of deep tissue massage and manipulation to correct body posture. Usually 10 sessions are required to completely restore the bodys alignment. Shiatsu is a combination of acupressure, massage, stretching, and joint manipulation to unblock the flow of chi. Therapeutic massage will not break up scar tissue. Relaxation is not a type of massage.

PTS: 1 DIF: Analyze REF: Rolfing

8.A client tells the nurse that he believes watching old comedy movies has helped him achieve a quick recovery from orthopedic surgery. The nurse realizes this client has been using which of the following forms of complementary alternative medicine?

- 1.Meditation 2.Prayer 3.Humor 4.Music

ANS: 3

Humor is a frequently used complementary alternative medicine therapy and one of the therapies most often used to promote wellness. Humor increases the ability to cope with pain, enhance immune function, enhance respiratory function, and reduce preprocedural anxiety.

PTS: 1 DIF: Analyze REF: Humor

9.A client tells the nurse that she is not concerned about recovering from an acute illness since she has several people from her church praying for her health. The nurse realizes this client is utilizing which form of complementary alternative medicine?

- 1.Denial 2.Wishful thinking
- 3.Intercessory prayer 4.Positive thinking

ANS: 3

Intercessory prayer is defined as a group that holds their focused thought for healing on behalf of someone else. Denial, wishful thinking, and positive thinking are not forms of complementary alternative medicine.

PTS:1DIF:AnalyzeREF:Intercessory Prayer

10.A client tells the nurse that he ingests only herbal preparations and not medications prescribed from a physician. Which of the following should the nurse respond to this client?

1. How long have you been using herbal preparations?
2. Are you aware of the side effects of using herbal preparations? 3.They must be working.
- 4.They are probably less expensive than other medications. ANS: 2

The nurse must assess the client for herbal use and participate in knowledgeable client education on

the potential effects of herbal preparations. The length of time the client has been using herbal

preparations may or may not be significant. The nurse should not comment on the effectiveness of the preparations or the cost.

PTS:1DIF:ApplyREF:Herbal Therapies

11.The nurse is providing a client with a massage in order to create which of the following benefits? 1.Reduce blood glucose level

2.Increase heart rate 3.Reduce blood pressure 4.Enhance appetite

ANS: 3

Massage reduces heart rate, reduces blood pressure, increases energy, and increases immune system activity. Massage does not reduce blood glucose level, increase heart rate, or enhance appetite.

PTS:1DIF:ApplyREF:Massage Therapy

12.A client tells the nurse that she is interested in learning yoga to help with chronic back and leg pain. Which of the following should the nurse respond to this client?

1.Local organizations have yoga classes and training programs that you could attend. 2.Yoga is not as good acupuncture.

3.Tai chi is probably better for you. 4.Have you considered weight training?

ANS: 1

Nurses can encourage clients to participate in yoga by finding a local organization that has yoga teachers and training programs. This is what the nurse should respond to the client. Yoga has other benefits that acupuncture may not have. The nurse should not encourage the client to utilize one type of mind-body therapy over another. The client did not express an interest in weight training so the nurse should not make that suggestion.

13.The client tells the nurse that his practitioner recommended whirlpool baths to relieve chronic back spasms. The nurse realizes the client is participating in which type of complementary alternative medicine approach?

1.Naturopathy 2.Homeopathy 3.Osteopathy 4.Herbal

ANS: 1

Naturopathy is a medical system that focuses on supporting health rather than fighting diseases. An example of a naturopathic treatment is hydrotherapy. Homeopathy is a medical system that is used for wellness and prevention and utilizes natural substances such as herbs to treat health concerns.

Heroic medicine is the use of aggressive medical practices or methods of treatment.

Osteopathy uses a full spectrum of medical treatments to include medication, surgery, and manipulation.

#### MULTIPLE RESPONSE

1.A client tells the nurse that she uses alternative forms of health care to help with her chronic health problems. The nurse realizes that which of the following would be considered alternative forms of health care? (Select all that apply.)

1.Acupuncture 2.Chiropractic 3.Weight lifting 4.Cycling 5.Massage 6.Yoga

ANS: 1, 2, 5, 6

Complementary alternative medicine therapies are numerous and include acupuncture, chiropractic, massage, and yoga. Weight lifting and cycling are not complementary alternative medicine therapies.

2.A client tells the nurse that he rarely sees a physician and relies upon complementary alternative medicine therapies to address ailments. Which of the following should the nurse be aware of regarding these different types of therapies? (Select all that apply.)

1.Potential benefits of complementary alternative medicine therapies 2.Cost of complementary alternative medicine therapies 3.Frequency of use

4.Drug interactions 5.Location of providers 6.Length of time used

ANS: 1, 2, 4

Nurses need to be knowledgeable about the different potential benefits of complementary alternative medicine therapies including costs, client knowledge, and drug interactions.

Frequency

of use, location of providers, and length of time used are not necessarily important for the nurse to be aware.

3.A client tells the nurse that her primary care physician is an osteopath. The nurse realizes that this physician will utilize which of the following approaches when providing care to the client? (Select all that apply.)

1.Hypnosis 2.Manipulation 3.Tai chi 4.Surgery 5.Yoga 6.Medications

ANS: 2, 4, 6

Osteopathy originally used manipulative techniques for correcting physical abnormalities thought to cause disease. Osteopathy now uses the full spectrum of medicine, including the use of surgery and medications in addition to manipulation to treat illnesses.

4.The nurse is using guided imagery to help reduce a clients pain level. When using this alternative medicine approach, which of the following client senses can be used? (Select all that apply.)

1.Visual 2.Auditory 3.Kinesthetic 4.Cognitive 5.Gustatory 6.Olfactory

ANS: 1, 2, 3, 5, 6

When using guided imagery, all five senses can be used to include visual, auditory, kinesthetic, gustatory, and olfactory. Cognitive is not one of the five senses.

5.The nurse has identified the diagnosis of Disturbed Energy Field as appropriate for a client. Which of the following are identified causes for the slowing or blocking of this clients energy field? (Select all that apply.)



1.Pathological 2.Socioeconomic 3.Situational 4.Treatment-related 5.Environmental

6.Maturational ANS: 1, 3, 4, 6

The nursing diagnosis of Disturbed Energy Field is defined as a disruption of the flow of energy which can be due to pathological, situational, treatment-related, or maturational factors.

Socioeconomic and environmental factors do not disrupt the flow of energy.

## Chapter 18. Basic Skills for Teaching and the Advanced Practice Nurse

### MULTIPLE CHOICE

1. In 1900, the primary reason for hospital-based nursing education programs was to
  - a. educate nurses to care for patients in hospitals.
  - b. provide educational opportunities for women.
  - c. staff the hospitals that operated the education programs.
  - d. provide standardized preparation for nurses.

ANS: C

### Feedback

- A Most nurses worked in homes and very few worked in hospitals.
- B The education for women was not a value of society at the time.
- C In the hospitals there were few paid staff nurses, and most of the care was provided by the nursing students.

D The programs of study varied in length, and each school set its standards and requirements.

2. Which of the following nursing leaders is credited with being one of the earliest nursing educators in the world?

- a. Isabel Hampton Robb
- b. Mary Adelaide Nutting
- c. Melinda Anne Richards
- d. Annie W. Goodrich

ANS: B

Feedback

A Robb studied nursing education.

B Mary Adelaide Nutting was a professor at Teachers College in 1907, and she was also the first nursing professor.

C Richards was the first trained nurse educated in the United States.

D Goodrich became the first dean of the Yale School of Nursing in 1924.

3. The Goldmark Report focused on what aspect of nursing?

- a. Consistency in length of nursing education programs
- b. Consistency in theory content across diploma programs
- c. Desirability of establishing schools of nursing within academic settings
- d. Increasing numbers of physicians teaching in nursing programs

ANS: C

#### Feedback

- A Consistency in length of programs was not an issue.
- B Content was not the issue.
- C The Goldmark Report focused on clinical learning experiences of students, hospital control of schools of nursing, desirability of establishing schools of nursing in universities, lack of funding for nursing education, and lack of qualified faculty.
- D Nursing curriculum with instruction by physicians was not encouraged.

4. Which American university opened the first nursing school as a separate department within the university?

- a. Harvard
- b. Teachers College
- c. Columbia
- d. Yale ANS: D

#### Feedback

- A Harvard was not the first American university to open a nursing school as its own department.
- B Teachers College was not the first American university to open a nursing school as its own department.
- C Columbia was not the first American university to open a nursing school as its own department.
- D In 1924, Yale University was the first American university to open a school of nursing as its own department.

5. Which of the following recommendations resulting from the 1934 study Nursing Schools Today and Tomorrow still has relevance today?

- a. Nursing students should be trained on the job.

- b. Nursing students should be used to staff hospitals on the weekends.
- c. Nurses should be highly educated.
- d. Nurses with highly developed instincts do not require standards of practice.

ANS: C

#### Feedback

- A Nurses should be highly educated in a university setting.
- B Students should not be used to staff hospitals.
- C The study made five recommendations: nursing education should be established within higher education; nurses should be highly educated; students should not be used to staff hospitals; standards of practice should be established; and students should meet minimal qualifications for graduation.
- D Standards of practice should be established.

6. The earliest type of formal nursing education program was the
- a. diploma program.
  - b. associate degree program.
  - c. bachelors degree program.
  - d. grandfathered acceptance as registered nurse (RN).

ANS: A

#### Feedback

- A Diploma programs of nursing began in the late 1800s and were the earliest form of nursing education.
- B Associate nursing degree programs began in 1952.

C Bachelors degree programs began in 1909 but became commonplace only in the mid-1900s.

D Nurses are not grandfathered into licensure.

7. The single most important reason for the decline in the number of hospital-based diploma programs was

- a. shift in hospital occupancy from acute care to home care.
- b. increase in hospital-based medical residency programs competing for educational dollars.
- c. beginning of associate degree programs that were shorter in length.
- d. diploma educations position outside the mainstream of higher education.

ANS: D

Feedback

A The increase in complexity of health care led to the need for more advanced educational preparation for nurses.

B Although it became more difficult for hospitals to fund diploma programs, this was not the most important reason for their decline.

C The advent of associate degree programs led to the decline in diploma programs, because associate degree programs are located in academic settings.

D The movement of nursing education into the educational mainstream, that is, colleges and universities, was responsible for the rapid decrease in diploma programs.

8. Which of the following is a primary reason for the initial slow growth of bachelors degree nursing programs in the United States?

- a. Belief that hands-on training received in hospital-based diploma programs was superior to the theoretical-focused content in bachelors degree programs

- b. Belief that hospital-based diploma programs were more scientifically based
- c. Belief that students prepared in hospital-based diploma programs were more compassionate caregivers
- d. Belief that hospital-based education programs facilitated career mobility

ANS: A

Feedback

- A There was a great deal of acceptance of the hands-on teaching received in diploma programs.
- B Bachelors degree programs are more theoretically focused.
- C There is no difference in perception of caring between the programs.
- D Bachelors degree education facilitates career mobility.

9. The 1948 Brown Report recommended which of the following?

- a. Limit enrollment of men and minorities in nursing programs.
- b. Students admitted to nursing programs should not be required to meet admission requirements of the university.
- c. Schools of nursing should be associated with teaching hospitals.
- d. Schools of nursing should be located in institutions of higher learning.

ANS: D

Feedback

- A The Brown Report recommended that more men and minorities be recruited into nursing.

- B The Brown Report recommendations did not address admission requirements of universities.
- C The Brown Report recommended moving nursing education into academic settings.
- D The Brown Report recommended that schools of nursing be moved to institutions of higher learning.

10. Which of the following is true about bachelors of science in nursing (BSN) education?

- a. Faculty must be BSN prepared.
- b. It is recommended by professional organizations as preparation for entry into practice.
- c. It requires 3 years to complete.
- d. Faculty are not given full faculty status in the university.

ANS: B

## Chapter 19. Culture as a Variable in Practice

### MULTIPLE CHOICE

1. Which illness has the characteristics of an acute illness?
- a. Exercise-induced asthma
  - b. Type 2 diabetes
  - c. Influenza
  - d. Cleft palate

ANS: C

Feedback

A Exercise-induced asthma is a chronic condition because it requires ongoing health care services and affects the person for his or her entire life.

B Type 2 diabetes is a chronic condition because it requires ongoing health care services and affects the person for his or her entire life.

C Influenza symptoms are short-lived, and the person returns to his or her previous level of wellness.

D Cleft palate is a chronic condition because it requires ongoing health care services and affects the person for his or her entire life.

2. Which illness has the characteristics of a chronic illness?

- a. Lupus
- b. Bronchitis
- c. Chicken Pox
- d. Gastroenteritis

ANS: A

Feedback

A Lupus requires long-term treatment and impacts a person for his or her entire life. Previously, the life expectancy was as short as a few months after diagnosis.

B Bronchitis is an acute illness with symptoms that are short-lived, and the person returns to his or her previous level of wellness once he or she is no longer ill.

C Chicken pox is an acute illness with symptoms that are short-lived, and the person returns to his or her previous level of wellness once he or she is no longer ill.



D Gastroenteritis is an acute illness with symptoms that are short-lived, and the person returns to his or her previous level of wellness once he or she is no longer ill.

3. Which statement about acute illness is true?

- a. Most people with acute illness develop chronic illness.
- b. Most people with acute illness return to their previous level of wellness.
- c. All people with an acute illness need medical care.
- d. Acute illnesses are usually catastrophic in nature.

ANS: B

Feedback

A Some people do go on to develop a chronic illness after an acute one, but unless there are complications, most people with acute illness return to their previous level of wellness.

B Most people with acute illness return to their previous level of wellness.

C Many acute illnesses do not require medical intervention.

D While some acute illnesses are catastrophic in nature, not all acute illnesses are.

4. What is the primary difference between acute illness and chronic illness?

- a. In acute illness, symptoms begin suddenly, progress quickly, and subside quickly.
- b. In acute illness, symptoms begin suddenly, progress gradually, and do not subside.
- c. In chronic illness, symptoms begin gradually, progress suddenly, and subside quickly.
- d. In chronic illness, symptoms begin suddenly, require ongoing management, and subside quickly.

ANS: A

## Feedback

A Acute illness is defined as severe symptoms that appear suddenly, progress steadily, and subside quickly.

B Chronic illness symptoms progress gradually and generally do not subside. C Chronic illness symptoms progress gradually and generally do not subside. D Chronic illness symptoms begin gradually.

5. A patient with diabetes who refuses to change eating patterns may be in which stage of adjustment?

- a. Denial and disbelief
- b. Irritability and anger
- c. Attempting to gain control
- d. Acceptance and participation

ANS: A

## Feedback

A Denial and disbelief is the first stage in adjustment to an illness. It is characterized by belief that the symptoms do not really represent illness and will go away.

B Irritability and anger are characteristics of the second stage of illness acceptance. It is characterized by anger at the body for not functioning properly or by anger displaced onto others.

C The person in the attempting to gain control stage usually seeks help and knowledge as ways to gain control.

D The acceptance and participation stage occurs when the patient is ready to participate in decisions about treatment.

6. A patient states, I am so upset that I need a knee replacement. I should have done those exercises that the physical therapist told me to do years ago. In which stage of illness is the patient?

- a. Disbelief and denial
- b. Irritability and anger
- c. Attempting to gain control
- d. Depression and despair

ANS: B

#### Feedback

A The person in the disbelief and denial stage believes that the symptoms do not really represent illness and will go away.

B Irritability and anger is the second stage of illness acceptance. It is characterized by anger at the body for not functioning properly or by anger at self or others.

C The person in the attempting to gain control stage usually seeks help and knowledge as ways to gain control.

D At the depression and despair stage, the patient may experience many losses, and depression is the response.

7. A patient states, I do not understand why I keep getting these headaches. I have seen a nurse practitioner and two specialists. I have taken several medications, but the headaches keep coming back. In which stage of illness is the patient?

- a. Disbelief and denial
- b. Irritability and anger
- c. Attempting to gain control
- d. Acceptance and participation

ANS: C

Feedback

A The person in the first stage believes that the symptoms do not really represent illness and will go away.

B At the second stage the person is angry at the body for not functioning properly or displaces anger onto self or others.

C Attempting to gain control is the third stage in adjustment to an illness. The person in this stage usually seeks help and knowledge as ways to gain control.

D The fifth stage occurs when the patient is ready to participate in decisions about treatment.

8. A patient states, There is no hope. Theyre going to keep me here until I die. Cant you give me my medication more often? Im going to die anyway. In which stage of illness is this patient?

a. Disbelief and denial

b. Irritability and anger

c. Attempting to gain control

d. Depression and grief

ANS: D

Feedback

A The person in the first stage believes that the symptoms do not really represent illness and will go away.

B At the second stage the person is angry at the body for not functioning properly or displaces anger onto self or others.

C The person in the third stage usually seeks help and knowledge as ways to gain control.

D Depression and grief is the fourth stage in the adjustment to an illness. The person at this stage may experience many losses, and depression is the response.

9. A patient states, I have knowledge about my diet and how to do my insulin injections, so I can get on with my life. In which stage of illness is this patient?

- a. Disbelief and denial
- b. Irritability and anger
- c. Attempting to gain control
- d. Acceptance and participation

ANS: D

#### Feedback

A The person in the first stage believes that the symptoms do not really represent illness and will go away.

B At the second stage the person is angry at the body for not functioning properly or displaces anger onto self or others.

C The person in the third stage usually seeks help and knowledge as ways to gain control.

D Acceptance and participation is the final stage in the adjustment to an illness. A person in this stage is ready to participate in decisions about treatment.

10. A contemporary view of the sick role includes

- a. patient as partner with the health care provider.
- b. patient as submissive to the health care provider.
- c. patient noncompliant with the health care provider.
- d. moving away from cultural values when making health care decisions.

ANS: A

Feedback

- A A contemporary view of the sick role includes partnering with patients in making health care decisions.
- B Patient as submissive to health care provider is a paternalistic perspective.
- C Patients are expected to want to get well, and the patient who wants to get well will comply with the prescribed treatment.
- D All health care needs to be culturally sensitive.

11. A patient tells the nurse, Ill let you do whatever you think is best for me. The patient does very little independently without calling for assistance. The nurses conclude that the patient is demonstrating which personality characteristic?

- a. Acceptance
- b. Sense of control
- c. Coping
- d. Dependence

ANS: D

Feedback

- A The person demonstrating acceptance will acknowledge the situation.
- B The person demonstrating sense of control would be actively seeking ways to manage the situation.
- C The person who is coping is looking to decrease the threat in the situation or to increase his or her resources to deal with the threat.
- D Some people assume a passive attitude and rely on others to care for them. This can occur with or without illness.

12. A patient diagnosed with breast cancer responded by gathering information about treatment options and becoming involved in a self-help group. The nurse assesses that the patient is demonstrating which personality characteristic?

- a. Independence
- b. Hardiness
- c. Self-control
- d. Tolerance

ANS: B

Feedback

- A Independence is not requiring or needing to rely on someone else.
- B Hardiness is the ability to feel capable of handling stressful life events. Hardy people are likely to perceive themselves as having some control over a situation even when they are ill.
- C Self-control is the ability to manage oneself in the situation.
- D Tolerance is the capacity to endure or adapt to a situation.

13. A patient was diagnosed with ovarian cancer 5 years ago. She underwent chemotherapy and radiotherapy, but cancer returned 2 years ago with metastases to the bone and possibly the lung. She says the cancer is no longer curable, but treatable. During this time the patient's daughter was critically injured in a car accident and now lives with a traumatic brain injury, needing round-the-clock care. Her husband had an affair. She continues to work and volunteers with various community groups. Which phenomenon is the patient demonstrating?

- a. Resourcefulness
- b. Independence
- c. Acceptance

d. Resilience

ANS: D

Feedback

A The patient has not demonstrated that her ability to continue work and activities is due to her use of resources.

B Independence is not requiring or needing to rely on someone else.

C Acceptance means the person acknowledges the situation for what it is.

D Resilience is the successful adaptation despite challenging or threatening circumstances. The patient has faced difficult, adverse, and traumatic events in her life but continues to participate and contribute.

14. A patient in whom metastatic cancer is diagnosed tells the nurse, God has never let me down before. Ill pray for strength. This patients illness behavior is being influenced by

a. resiliency.

b. sense of control.

c. spirituality.

d. depression.

ANS: C

Feedback

A Resiliency is survival under trying circumstances.

B Sense of control is feeling that one can control a situation.

C Spirituality is an inner strength related to a belief in and connectedness to a higher power.

D Depression involves feelings of loss, grief, and despair.



15. A patient in whom cancer has just been diagnosed tells the nurse, Just get out of here and leave me alone! Let me suffer alone. God is punishing me. The nurse determines that the most appropriate nursing diagnosis for this patient is

- a. risk for loneliness.
- b. powerlessness.
- c. dysfunctional grieving.
- d. spiritual distress.

ANS: D

#### Feedback

A The risk for loneliness is when a person may experience a vague sense of unpleasantness.

B Powerlessness is a perceived lack of control in the current situation. This patient may feel powerless, but the reference to Gods punishment makes spiritual distress a more likely diagnosis.

C Dysfunctional grieving is the unsuccessful use of intellectual and emotional responses to deal with a loss.

D Spiritual distress is the inability to experience and integrate meaning and purpose in life through connectedness with self, others, or a power greater than oneself.

#### Chapter 20. Conflict Resolution in Advanced Practice Nursing

1. Two nurses disagree on the approach to be taken when caring for a hostile patient. One nurse feels the patient should be treated in the same manner that the patient treats the nurse. The second nurse feels that the patient should be further assessed to determine the possible cause of the patients hostility. These nurses are experiencing which type of conflict?

- a. Intrapersonal conflict c. Organizational conflict
- b. Interpersonal conflict d. System conflict

ANS: B

In interpersonal conflict, the source of disagreement may be between two people or groups or work teams. Intrapersonal conflict is the type of conflict that occurs within the individual. Organizational conflict is often referred to as intergroup conflict. Conflict can be defined as a disagreement about something of importance to each person involved.

PTS: 1 DIF: Analysis REF: TYPES OF CONFLICT

2. The conflict resolution technique in which each side gives up something and gains something is called:

- a. avoiding. c. competing.
- b. accommodating. d. compromising.

ANS: D

In compromising, each side gives up something and gains something. Avoiding is ignoring the conflict. In accommodating, one side gives in to the other side. In competing, two or three sides are forced to compete for the decision.

PTS: 1 DIF: Comprehension

REF: CONFLICT MANAGEMENT

3. Which conflict resolution technique has the advantage of being the best solution for the conflict and encompassing all important goals to all sides?

- a. Competing c. Collaboration
- b. Confrontation d. Negotiating

ANS: C

The advantage of the collaboration conflict resolution technique is that it is the best solution for the conflict, and it encompasses all important goals to all sides. In competing, the advantage is that it produces a winner and is good when time is short and stakes are high. The advantage of confrontation is that it does not allow conflict to take root. In negotiating, stakes are very high, the solution is rather permanent, and it often involves powerful groups.

PTS: 1 DIF: Comprehension

REF: CONFLICT MANAGEMENT

4. Which conflict resolution technique might have the disadvantage of becoming bigger than anticipated and being more important to one person or group than to others?

- a. Collaboration c. Competing
- b. Confrontation d. Avoiding

ANS: D

The disadvantage of avoiding is that it can become bigger than anticipated, and it might be more important to one person or group than to others. In collaboration, the disadvantage is that it takes a lot of time and requires commitment in order to succeed. The disadvantage of

confrontation is that it may leave an impression that conflict is not tolerated, and it may make something big out of nothing. In competing, the disadvantage is that it produces a loser, which may cause anger and resentment on the losing side.

PTS: 1 DIF: Comprehension

REF: CONFLICT MANAGEMENT

5. The two biggest problems in health care today are related to:
- a. centralized patient data and flow of information.
  - b. patient safety and soaring health care costs.
  - c. physician/patient conflicts and consumer groups.
  - d. clinical expertise and conflict management skills.

ANS: B

The two biggest problems in health care today are related to patient safety and soaring costs.

PTS: 1 DIF: Comprehension REF: INNOVATION

6. A conflict management technique where both sides work together to develop an optimal outcome is called:
- a. avoiding.
  - b. competing.
  - c. confronting.
  - d. collaborating.

ANS: D

Collaborating is when both sides work together to develop an optimal outcome. Avoiding is ignoring the conflict. Competing is when two or three sides are forced to compete, and it produces a winner. Confronting is an obvious movement to stop conflict at the very start.

PTS: 1 DIF: Comprehension

REF: CONFLICT MANAGEMENT

7. The nurse manager wants to change the care delivery model from one of team nursing to that of primary nursing. The nurse manager decides to approach the change using Havelocks model. Which steps would need to be completed during Havelocks planning stage?

- a. Gaining acceptance    c. Acquiring resources
- b. Choosing a solution    d. Stabilizing and self-renewal

ANS: C

According to Havelocks model of change, the nurse manager would acquire resources during the planning stage. Other steps to be accomplished during this stage include building relationships and diagnosing the problem. Gaining acceptance and choosing a solution are steps in the moving stage. Stabilizing and self-renewal occur during the refreezing stage.

PTS: 1 DIF: Application REF: TRADITIONAL CHANGE THEORIES

8. A new graduate nurse has been having difficulty working with one of the older nurses and has requested to be assigned to the evening shift. Which approach to conflict management has the new nurse chosen?

- a. Avoiding    c. Competing
- b. Collaboration    d. Accommodation

ANS: A

The new graduate has chosen to avoid the older nurse by being transferred to the evening shift. Avoidance is common and it may be on a conscious or unconscious level. There may be circumstances where avoidance is appropriate such as: (1) one of the parties is leaving so the conflict will resolve itself, (2) the conflict is not solvable and not all that important, and (3) there are other more important issues at stake and conflict management is not worth the time and energy required at this point. A better solution would be for the new graduate to discuss the situation with the older nurse.

PTS: 1 DIF: Analysis REF: CONFLICT MANAGEMENT

9. The local hospital in your area has begun to implement evidence-based nursing care. The last patient care unit to implement the change has frequently been skeptical and suspicious about the change. According to Rogers's theory, these individuals would be considered which of the following?

- a. Rejectors      c. Innovators
- b. Laggards      d. Late majority

ANS: B

Laggards are the last group to adopt a change. They prefer tradition and stability to innovation and tend to be somewhat suspicious of change. Rejectors openly oppose and reject change. They may be surreptitious or covert in their opposition and may even hinder the change process to the point of sabotage. Innovators embrace change, enjoy the challenge of change, and often lead change. The late majority, often known as the followers, are often skeptics, but they adopt change after expressing their negative feelings.

PTS: 1 DIF: Analysis REF: RESPONSES TO CHANGE

10. A group of Nurse Practitioners have been informed that changes are being planned for a new computerized charting system. The NPs are excited about the change and have offered to lead the change. According to Rogers, these NPs would be considered which of the following?

- a. Innovators      c. Early majority
- b. Early adopters      d. Laggards

ANS: A

According to Rogers, the NPs would be considered Innovators. Innovators embrace change, enjoy the challenge of change, and often lead change. Early adopters are open and receptive to change, but they are not obsessed with it. Early majority enjoy and prefer the status quo, but they do not want to be left behind; consequently, they adopt change before the average person. Laggards are the last group to adopt a change. They prefer tradition and stability to innovation, and they are somewhat suspicious of change.

PTS: 1 DIF: Analysis REF: RESPONSES TO CHANGE

11. The nurse manager knows that for change to be successful which of the following must occur?

- a. Autocratic approach must be used.
- b. Only RNs should be involved in the change process.
- c. Empowerment of those involved in the change must occur.
- d. Physicians should be the initiators of change on the unit.

ANS: C

For change to be successful, the change agent must empower people to control the change project as it affects their lives. Those most affected by the change must be involved in assessing, planning, implementing, and evaluating the change.

PTS: 1 DIF: Application REF: THE CHANGE AGENT

#### MULTIPLE RESPONSE

1. You have had concerns regarding the charting method used on your unit. You decide a change needs to be made and begin the change process using Lippitts model. Which steps are included in this model? Select all that apply.

- a. Diagnosing the problem
- b. Assessing the motivation and capacity for change
- c. Eliminating the routines and habits of people affected by the change
- d. Choosing the solution
- e. Choosing an appropriate role for the change agent
- f. Maintaining change after it has been started

ANS: A, B, E, F

Lippitts phases of change include diagnosing the problem, assessing the motivation and capacity for change, choosing an appropriate role for the change agent, and maintaining change after it has been started. Choosing the solution is a step in Havelocks model. It is not suggested that eliminating the routines and habits of people affected by the change should be eliminated. Incorporating the routines and habits of those affected by the change would facilitate acceptance of the change.

PTS: 1 DIF: Application REF: TRADITIONAL CHANGE THEORIES



2. In your role of change agent, which of the following approaches would be important? Select all that apply.

- a. Maintain a positive attitude
- b. Look for possible conflicts
- c. Constantly check the timeline for targeted activities
- d. Map out a tentative timeline
- e. Back away from any possible conflict
- f. Select the change project team carefully

ANS: A, C, D, F

Your approach as change agent should include maintaining a positive attitude, mapping out a tentative timeline, selecting the change project team carefully, and checking the timeline for targeted activities. You would not look for possible conflicts, but if conflict occurs, you should never back away from it.

PTS: 1 DIF: Application REF: TABLE 13-5 CHANGE AGENT APPROACHES

3. The nursing staff have been informed that changes will be implemented. The most common people issue related to change includes which of the following? Select all that apply.

- a. Fear of leadership
- b. Fear of making mistakes
- c. Fear of job loss
- d. Fear of promotion
- e. Competition
- f. Fear of not being valued

ANS: C, F

Driving and restraining forces related to change include political issues, technology issues, cost and structural issues, and people issues. The most common people issues include fear of job loss and fear of not being valued.

## Chapter 21. Leadership for APNs: If Not Now, When?

### Multiple Choice

167. A nurse sees the “big picture” regarding multiple aspects of care. He or she begins evaluating projects with a clinical information committee at his or her hospital system. They focus on how the project will interoperate with many departments at the hospital. This is best defined as which type of leadership?

- a. Health policy leadership
- b. Clinical leadership
- c. Professional leadership
- d. Systems leadership

ANS: D

Systems leadership includes leading at the organizational or delivery system level and requires a multifaceted understanding of systems. Professional leadership overlaps with systems leadership but has less of a specific focus on the larger picture of systems.

168. An APRN joins a committee at his or her hospital system involved in improving clinical outcomes. This is best defined as which type of leadership?

- a. Clinical leadership

- b. Systems leadership
- c. Professional leadership
- d. Health policy leadership

ANS: A

Clinical leadership focuses on the needs and goals of the patient and family and ensures quality

patient care is achieved. This may also be considered an example of professional leadership but clinical leadership is the most correct answer.

169. An APRN joins state organization for nurses and begins actively participating. This is best defined as which type of leadership?

- a. Health policy leadership
  - b. Systems leadership
  - c. Clinical leadership
  - d. Professional leadership
- ANS: D

Professional leadership is best defined as the active participation in interprofessional organizations that are typically organized at the local, state, or national level.

170. An APRN advocates for the development of laws regarding independent authority of APRNs in his or her state. This is best defined as which type of leadership?

- a. Health policy leadership
- b. Systems leadership

- c. Clinical leadership
- d. Professional leadership

ANS: A

Participation or involvement in policymaking that affects patient care, health care funding, and national priorities in health among other issues make up health policy leadership.

171. Which strategy for implementing leadership competency involves the personal vision, goals and objectives, and the APRN role?

- a. Promoting collaboration
- b. Leadership portfolio
- c. Networking
- d. Followship

ANS: B

Developing a leadership component as part of a professional portfolio is helpful to novice APRNs who desire to individualize continuing development of leadership competency consistent with their personal vision, goals, timeline, and APRN role in the practice setting.

172. Which leadership model asserted that transformational leaders constantly ask themselves and their team questions about what the goal is, how to try things differently, and what are the costs of maintaining the status quo?

- a. Sense
- b. Covey
- c. Vernon

- d. DePree

ANS: C

Vernon (2015) asserted that transformational leaders constantly ask themselves and their team questions about what the goal is, how to try things differently, and what are the costs of maintaining the status quo.

173. Which leadership model defined leadership as an art form in which the leader does what is required in the most effective and humane way?

- a. Sense
- b. Vernon
- c. Covey
- d. DePree

ANS: D

DePree (2011) defined leadership as an art form in which the leader does what is required in the most effective and humane way.

174. Which of the following is defined as the overall interaction between an individual's leadership style and the features of the environment or situation in which he or she is operating?

- a. Professional leadership
- b. Roving leadership
- c. Appreciative inquiry
- d. Situational leadership

ANS: D

Situational leadership is defined as the interaction between an individual's leadership style and the features of the environment or situation in which he or she is operating. Roving leadership is an expanded definition that describes the participatory process in which leadership may shift among team members.

175. Rather than focusing on a problem, which leadership model seeks to find positives through conversations and relationship building?

- a. Roving leadership
- b. Appreciative inquiry
- c. Systems leadership
- d. Situational leadership

ANS: B

Appreciative inquiry seeks to find positives through appreciative conversations and relationship building.

176. A well-trusted and liked clinician at an institution speaks to groups of APRNs about his or her experiences as a means to influence others to improve. This is an example of which type of leadership?

- a. Opinion leadership
- b. Appreciative inquiry
- c. Roving leadership
- d. Spiritual leadership

ANS: A

Opinion leaders are clinicians who are identified by their colleagues as likeable, trustworthy, and influential (Flodgren et al., 2007).

177. An APRN is leading others about success and informs a group that it is okay to make mistakes. This is an example of which characteristic of APRN leadership?

- a. Innovation
- b. Mentoring
- c. Likeability
- d. Fiscal responsibility
- e. Empowering others

ANS: E

Empowering others is a defining characteristic of APRN leadership. Other ways to empower others to succeed include sharing information, creating clear goals and objectives, teaching it is okay to make mistakes, creating an environment that celebrates both successes and failures, support of a learning environment, and letting teams become the hierarchy.

178. Which of the following broad qualities is a necessary attribute of APRN leaders?

- a. Failure to mentor
- b. Horizontal violence
- c. Risk taking
- d. Documentation

ANS: C

Risk taking is a broad quality that is a necessary attribute of APRN leaders. This includes getting involved, demonstrating self-confidence and assertiveness, creative thinking, a willingness to fail, and coping with change among others.

179. Which of the following are the three defining characteristics of APRN leadership?(Select all that apply.)

- a. Likeability
- b. Mentoring
- c. Innovation
- d. Empowering others
- e. Fiscal responsibility

ANS: B, C, D

The three defining characteristics of APRN leadership are mentoring, empowering others, and innovation.

## Chapter 22. Information Technology and the Advanced Practice Nurse

### MULTIPLE CHOICE

1. Approximately how many Americans rely on the Internet when choosing a school for themselves or a child?



- a. 10 million      c. 21 million
- b. 17 million      d. 28 million

ANS: B

The PEW Internet & American Life Project found that approximately 17 million Americans rely on the Internet when choosing a school for themselves or a child. In general, a total of 21 million Americans rely on the Internet in a crucial or important way for career training.

PTS: 1 DIF: Knowledge REF: INTRODUCTION

2. A nurse manager tells the staff that there will be an increasing use of nursing informatics in the clinical setting. The nurse manager explains that, according to the 1998 definition formulated by the International Medical Informatics Association-Nursing Informatics (IMIA-NI), nursing informatics is defined as:

- a. a formal educational program in nursing informatics or a graduate program with a nursing informatics focus by an institution of higher learning.
- b. differentiated practice representative of the specialty and recognized for certification by at least one organized body through external testing.
- c. the integration of nursing, its information, and information management with information processing and communication technology to support the health of people worldwide.
- d. a designation applied to any nurses who have successfully educated themselves using formal and/or informal resources and taken a credentialing test for specialty designation.

ANS: C

The IMIA-NI's definition of nursing informatics is the integration of nursing, its information, and information management with information processing and communication technology to support the health of people worldwide.

PTS: 1 DIF: Application REF: NURSING INFORMATICS

3. Nurses use informatics in order to:
- a. play computer games for entertainment.
  - b. foster collaboration among nurses and others who are interested in nursing informatics.
  - c. provide management training for nurses interested in communication technology.
  - d. substitution, innovation, and transformation of patient care, nursing administration, or educational preparation.

ANS: D

Nurses use informatics for substitution, innovation, transformation of patient care, nursing administration, or educational preparation.

PTS: 1 DIF: Knowledge REF: NURSING INFORMATICS

4. The Informatics Nurse Specialist is expected to:
- a. demonstrate the competencies enumerated in the Standard of Practice for Nursing Informatics, as outlined by the ANA.
  - b. serve as the departments IT go-to person.
  - c. have a bachelors degree in nursing informatics.
  - d. share knowledge and best practices of informatics by teaching seminars and holding training sessions for hospital employees.

ANS: A

The Informatics Nurse Specialist is expected to demonstrate the competencies enumerated in the Standard of Practice for Nursing Informatics as outlined by the ANA (2008).

PTS: 1 DIF: Comprehension

REF: THE SPECIALTY OF NURSING INFORMATICS

5. Interoperability is:

- a. the success of the health team in working cooperatively to address patient health care needs.
- b. hospital managements means of communicating directives and protocols to staff.
- c. the integration of differing health care systems, such as paper charts, point-of- care data entry, PDAs, and medication orders, to all function together to increase patient health and reduce provider error.
- d. the ability of a computer to connect with other computers in various settings in a secure, accurate, and efficient way without special effort on the part of the user and without any restricted access or implementation.

ANS: D

Interoperability refers to the ability of a computer to connect with other computers in various settings in a secure, accurate, and efficient way without special effort on the part of the user and without any restricted access or implementation.

PTS: 1 DIF: Knowledge REF: NEED FOR NURSING INFORMATICS

6. Many industries have reaped the benefits of their Information Technology (IT) investments. The adoption and diffusion of information systems in the health care arena has been growing:

- a. more slowly. c. twice as fast.
- b. more quickly. d. about the same.

ANS: A

According to Menachemi, Randeree, Burke, and Ford (2008), the adoption and diffusion of information systems in the health care arena has been growing more slowly than in other sectors.

PTS: 1 DIF: Knowledge REF: NEED FOR NURSING INFORMATICS

7. The position of National Coordinator for Health Information Technology was created through an Executive Order in:

- a. 2000. c. 2004.
- b. 2001. d. 2010.

ANS: C

The position of National Coordinator for Health Information Technology was created through an Executive Order in 2004.

PTS: 1 DIF: Application REF: NEED FOR NURSING INFORMATICS

8. A nurse is helping implement the recommendations of the Institute of Medicines (IOM) sweeping quality initiative for reform of the health care system. The nurse is focusing on the recommendation that requires care to be based on continuous healing relationships. In order to do this, which of the following should occur?

- a. Access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits
- b. Care should be based on the best available scientific knowledge and not vary illogically from clinician to clinician
- c. Information should be available to patients and their families that allows them to make informed decisions
- d. Health system should not waste resources or patient time

ANS: A

Care based on continuous healing relationships is characterized by access to care 24 hours a day, every day, provided over the Internet, by telephone, and by other means in addition to face-to-face visits. The recommendation for evidence-based decision making is characterized by receiving care based on the best available scientific knowledge. The need for transparency implies health care systems should make information available to patients and their families. Continuous decrease in waste is characterized by the health systems not wasting resources or patients time.

PTS: 1 DIF: Analysis REF: EVIDENCE FROM THE LITERATURE

9. Which group offered the following definition of nursing informatics? Nursing informatics is a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge and wisdom into nursing practice.

- a. AMIA c. NSNA
- b. ANCC d. ANA

ANS: D

This is the ANAs definition of nursing informatics.

PTS: 1 DIF: Application

REF: THE SPECIALTY OF NURSING INFORMATICS

10. The Informatics Nurse Specialist functions in the role of:
- a. entrepreneur, patient advocate, ethics committee member, and lobbyist.
  - b. policy developer, patient advocate, social worker, and researcher.
  - c. project manager, consultant, educator, and researcher.
  - d. development supporter, physician advocate, ethics committee member, and lobbyist.

ANS: C

The Informatics Nurse Specialist may function in the role of project manager, consultant, educator, researcher, development supporter, policy developer, and entrepreneur.

PTS: 1 DIF: Comprehension

REF: THE SPECIALTY OF NURSING INFORMATICS

11. QSEN is an initiative focused on:
- a. computer literacy for nurses.

- b. reform in nursing education in the areas of quality and safety.
- c. statistics for nurses working in environmental health care.
- d. improving patient satisfaction in the areas of safety and wellness.

ANS: B

Quality and Safety Education for Nurses (QSEN) was developed as part of a Robert Wood Johnson- funded project designed to facilitate reform in nursing education in the areas of quality and safety.

QSEN is a comprehensive resource for quality and safety education for nurses. PTS: 1 DIF: Application REF: EVIDENCE FROM THE LITERATURE

12. An RN asks a nurse educator how long graduate studies in nursing informatics have been available. The nurse educator explains that the first masters programs in nursing informatics was established at the University of Maryland in:

- a. 1989.
- b. 1992.
- c. 1994.
- d. 1998.

ANS: A

The first masters program in nursing informatics (NI) was established at the University of Maryland in 1989, followed by a doctoral program in 1992.

PTS: 1 DIF: Application REF: FORMAL PROGRAMS IN INFORMATICS

13. A nurse wishes to gain more knowledge about informatics in an informal manner. The nurse understands that this can be done through:

- a. seminars and scholarly journals.

- b. masters program in nursing informatics.
- c. doctoral program in nursing informatics.
- d. bachelors program in computer technology.

ANS: A

Seminars, annual conferences, joining nursing informatics groups, and subscribing to scholarly journals are all informal ways to pursue education in nursing informatics. Masters, doctoral, and MBA programs describe formal education.

PTS: 1 DIF: Application REF: INFORMAL EDUCATION

14. A nurse returns to practice after 15 years in retirement. Her life savings became depleted due to several poor investments and an Internet scam. It has been several years since the nurse worked on a patient care unit. During orientation the nurse asked the instructor, Are patient charts still kept at the front desk? The best response by the instructor would be that the hospital has integrated informatics into patient care and they now use:

- a. CIS. c. FAX.
- b. EHR. d. e-mail.

ANS: B

The instructor would inform the nurse that the hospital now uses electronic health records (EHR). Clinical information systems (CIS) consist of a collection of software programs and associated hardware that supports the entry, retrieval, update, and analysis of patient care information and associated clinical information related to patient care. FAX machines and e-mail are not patient records but tools for communicating.

PTS: 1 DIF: Analysis



REF: HEALTH INFORMATION SYSTEMS IMPORTANT TO NURSING

15. A client is concerned about whether private matters shared between the client and the health care workers will be disclosed to others. The nurse understands that the act of limiting disclosure of a clients private matters is known as which of the following?

- a. Privacy c. Confidentiality
- b. Security d. Identifier

ANS: C

Confidentiality refers to the act of limiting disclosure of private matters. Privacy refers to the right of an individual to keep information about oneself from being disclosed to anyone. Security refers to the means to control access and protect information from accidental or intentional disclosure to unauthorized persons and the alteration, destruction, or loss of information. A persons computer identity can be determined by many types of data in addition to common identifiers such as name and number.

PTS: 1 DIF: Application REF: SECURITY

16. A student nurse asks a nurse educator about the beginnings of modern computing. The nurse educator informs the student that the first phase (Phase I) of modern computing is considered which of the following?

- a. PC era c. Mainframe era
- b. UC era d. Calm technology

ANS: C

Phase I of the history of modern computing is called the mainframe era, in which many people shared one computer. Phase II in modern computing is the PC era, which is characterized by one

person to one computer. Phase III is the era of ubiquitous computing (UC), in which there will be many computers for each person. This era will result in calm technology in which computers do not cause stress and anxiety for the user.

PTS: 1 DIF: Comprehension

REF: DEVELOPMENT OF MODERN COMPUTING

17. A new treatment modality involves putting people inside a computer-generated world. The nurse understands that this is considered:

- a. ubiquitous computing.
- b. virtual reality.
- c. personal computing.
- d. smart toilet.

ANS: B

Virtual reality puts people inside a computer-generated world, and ubiquitous computing puts the computer out in the world with people. Personal computing is characterized by one person to one computer. Smart toilet is ubiquitous computing that includes an online, real-time health monitoring system.

PTS: 1 DIF: Application REF: VIRTUAL REALITY

18. The PHR is maintained by the:

- a. hospital.
- c. physician.

- b. nurse. d. patient.

ANS: D

A PHR is typically a health record that is initiated and maintained by an individual. An ideal PHR would provide a complete and accurate summary of the health and medical history of an individual by gathering data from many sources and making this information accessible online to anyone who has the necessary electronic credentials to view the information.

PTS: 1 DIF: Application

REF: HEALTH INFORMATION SYSTEMS IMPORTANT TO NURSING

19. What type of information is contained in a PHR?

- a. Family history, address, social security number, age
- b. Immunizations, allergies, siblings, parents
- c. Insurance, social security number, age, address
- d. Medications, allergies, lab results, insurance

ANS: D

PHRs provide an avenue for patients to track their personal health information such as doctors visits, medications, allergies, lab results, surgeries, immunization records, chronic illnesses, hospitalizations, family history, insurance, medical directives, and vision and dental information.

PTS: 1 DIF: Comprehension

REF: HEALTH INFORMATION SYSTEMS IMPORTANT TO NURSING

20. A nurse looking for a good interfacing approach with an Internet-positive patient would choose which of the following approaches?

- a. Read Internet information promptly
- c. React in a positive manner
- b. Refuse Internet material
- d. React in a derogatory manner

ANS: C

Approach Internet-positive patients in the following manner: react positively, inform patients that time constraints will not permit you to read the information on the spot, never refuse Internet material, and never be derogatory.

PTS: 1 DIF: Application REF: EVIDENCE FROM THE LITERATURE

21. A nursing student is interested in determining which authors have completed research on the concept of empathy. For the most reliable information, the student should do which of the following?

- a. Ask the teacher
- b. Conduct a search using CINAHL or MEDLINE
- c. Ask the nurses in the clinical area
- d. Ask a friend who graduated from nursing school 20 years ago

ANS: B

The nursing student should conduct a search using CINAHL or MEDLINE. Scientific and research information usually require literature resources that can be found in databases such as CINAHL

or MEDLINE. Asking a teacher, nurses in the clinical area, or a friend will most likely only provide limited information.

PTS: 1 DIF: Application

REF: INTERNET AND SEARCHING FOR EVIDENCE

22. PHR refers to:

- a. physician hotline resource.
- b. patient health referral.
- c. personal health record.
- d. personnel healthcare recruitment.

ANS: C

Personal Health Record (PHR) is a universally accessible, layperson comprehensible, lifelong tool for managing relevant health information, promoting health maintenance and assisting with chronic disease management via an interactive, common data set of electronic health information and e- health tools.

PTS: 1 DIF: Application

REF: HEALTH INFORMATION SYSTEMS IMPORTANT TO NURSING

23. A nurse conducting a review of the literature wants to narrow the search to traditional medical viewpoints on the topic. The nurse should do which of the following?

- a. Refine the Internet search with filters
- b. Only visit libraries in research universities
- c. Ask the librarian what the traditional views are

- d. Read every article published over the last 20 years

ANS: A

The nurse should refine the Internet search with filters. Filtering is mechanically blocking Internet content from being retrieved through the identification of key words and phrases.

PTS: 1 DIF: Application

REF: USING THE INTERNET FOR CLINICAL PRACTICE

24. A nurse educator evaluates the students understanding of the benefits related to the use of electronic health records (EHR). Which response by a student would indicate that further teaching is required?

- a. Consumer empowerment
- b. Information becomes available to the public
- c. Better access to health information
- d. Complete and accurate health information

ANS: B

There are three main benefits to health providers and patients when the EHR is used. These benefits include consumer empowerment, better access to health information, and complete and accurate health information. Information does not become available to the public because this would be a violation of HIPAA.

PTS: 1 DIF: Application REF: NEED FOR NURSING INFORMATICS

25. Which of the following organizations was created to develop and implement a national strategy for health care quality measurement and reporting?

- a. Leap Frog Group      c. National Institute of Health
- b. National Quality Forum      d. American Nurses Credentialing Center

ANS: B

The National Quality Forum was created to develop and implement a national strategy for health care quality measurement and reporting. The Leap Frog Group works with employer groups to encourage transparency and easy access to health care information. The American Nurses Credentialing Center certifies nurses for specialty areas, and the National Institute of Health funds biomedical research.

PTS: 1 DIF: Knowledge REF: THE NATIONAL QUALITY FORUM

MULTIPLE RESPONSE

1. Mobile applications for health information technology are increasing, in part due to the many benefits that these programs offer. Some of these benefits include which of the following? Select all that apply.

- a. Inexpensive      d. Privacy offered by hand-held device
- b. Portable      e. Training manuals included with device
- c. Easy to hide      f. Easy to use anytime

ANS: A, B, F

Mobile applications in health care are generally inexpensive, portable, and easy to use anytime. They are also viewed as intuitive and user-friendly, so most people can download and use the

many computer applications available for them quickly without much training or basic computer literacy.

PTS: 1 DIF: Application REF: MOBILE APPLICATIONS

2. Information literacy refers to the ability to do which of the following? Select all that apply.

- a. Understand how information is organized
- b. Identify when information is needed
- c. Identify what information is needed
- d. Publish accurate data and research on a specific health care topic
- e. Network several computers in a single facility location
- f. Evaluate the information sources critically

ANS: A, B, C, F

Information literacy is the ability to identify when and what information is needed, understand how the information is organized, identify the best sources of information for a given need, locate those information sources, evaluate the information sources critically, and share that information as appropriate (ANA, 2008).

PTS: 1 DIF: Comprehension

REF: USING THE INTERNET FOR CLINICAL PRACTICE

3. What are some of the benefits provided by Electronic Health Records (EHR)? Select all that apply.



- a. Consumer empowerment
- b. Better access to health information
- c. Quick access of a patients information by family members
- d. Increased privacy
- e. Complete and accurate health information
- f. Ease of access of a patients health records by employers

ANS: A, B, E

Some of the benefits provided by EHR are consumer empowerment, better access to health information, and complete and accurate health information. Because of HIPAA guidelines, neither family members nor employers have easy access to patients health records. Methods to address the sensitive nature of EHR as they relate to confidentiality issues are still being addressed.

#### Chapter 23. Writing for Publication

180. An APRN questions the status quo and seeks out solutions that innovate upon practices at the hospital system where he or she is employed. This approach best defines which of the following?

- a. Modicum
- b. Freelancer
- c. Entrepreneurship
- d. Intrapreneurship
- e. Professionalism

ANS: D

Intrapreneurship by an APRN is the practice of innovation and creation of ideas that improve an existing institution or facility. A modicum is a small or limited amount of something.

181. An APRN begins his or her first job. Later he or she creates an independent network of APRNs eventually creating a new practice group that charges for services. This approach best defines which of the following?

- a. Professionalism
- b. Entrepreneurship
- c. Modicum
- d. Intrapreneurship
- e. Independent contractor

ANS: B

Entrepreneurship can take many forms for the APRN. It is the practice of building a business or practice that often is larger than themselves.

182. Which of the following factors likely has the largest impact on the success of intrapreneurship for an APRN in a health care environment?

- a. Financial support
- b. Level of education obtained
- c. Cash flow
- d. Organizational environment

ANS: D

Intrapreneurial success can depend on many factors, but the organizational environment, support, and flexibility often create the largest barriers to success in the health care industry. The other examples are more likely factors in entrepreneurship.

183. Which of the following examples would be best suited for an APRN seeking an intrapreneurial approach to practice?

- a. Innovating new ideas and strategies in a hospital system
- b. Providing services for an organization on a salaried basis
- c. Negotiating the purchase of an existing health care practice
- d. Starting his or her own outpatient clinic
- e. Volunteering at health care clinic for the underserved

ANS: A

Intrapreneurship by an APRN is the practice of innovation and creation of ideas that improve an existing institution or facility, often challenging the status quo.

184. Which of the following examples would be best suited for an APRN seeking an entrepreneurial approach to practice?

- a. Volunteering at health care clinic for the underserved
- b. Innovating new ideas to improve cost-effectiveness in a hospital system
- c. Obtaining a job as a staff APRN in a critical care unit
- d. Starting his or her own outpatient clinic
- e. Developing methods to decrease overtime costs in a hospital ICU

ANS: D

Entrepreneurship can take many forms for the APRN. It is the practice of building a business or practice that often is larger than themselves. Simply obtaining a job is not the best example of entrepreneurship. Innovating inside of an existing facility or business is best defined as intrapreneurship.

185. Which of the following is most likely an entrepreneurship activity?

- a. Developing telehealth services
- b. Using informatics to develop and implement new models of care delivery
- c. CRNA-owned anesthesia company
- d. CRNA-managed anesthesia services

ANS: C

Each of the examples could be construed as entrepreneurship; however, the formation of a company or clearly providing services for a fee is the best example. The other examples are examples of intrapreneurship as they are likely performed in an existing organization.

186. Which of the following is most likely an intrapreneurship activity?

- a. A nurse-midwifery consultant
- b. CRNA-owned anesthesia company
- c. Interprofessional health care business ventures
- d. CRNA-managed anesthesia services

ANS: D

Only the example that clearly defines an innovation or challenge to the status quo at an existing company organization would classify as intrapreneurship.

187. An APRN has enlisted the services of a professional recruiter for a job search. Which of the following could create a disadvantage when utilizing a recruiter?

- a. Recruiters are often more connected to multiple organizations
- b. Recruiters often have unpublished job opportunities
- c. A recruiter typically only gets paid based on successful placement of a candidate
- d. A recruiter may have an in-depth understanding of practice conditions

ANS: C

Using the services of a recruiter often has many advantages. However, it is important to highlight that all recruiters and staffing agencies are not created equal. Recruiters often receive payment only for candidates who are successfully placed in positions and may hold an institution's success in higher regard to that of the interviewee. Recruiters should be used when there is a full understanding of the risks and benefits.

188. An APRN is interested in employment at a facility that does not currently have any posted job openings, which of the following should the APRN do?

- a. Send his or her résumé
  - b. Send an inquiry letter
  - c. Send his or her curriculum vitae
  - d. Wait until a job opening is posted
- ANS: B

An inquiry letter is the best option. Inquiry letters may be sent individually or with an accompanying résumé highlighting the interest of the applicant for employment.

189. An APRN is applying for a new job. The prospective employer requires submission of a concise one-page document summarizing the APRN's experience and education. Which of the following should the APRN submit?

- a. Inquiry letter
- b. Cover letter
- c. Curriculum vitae
- d. Résumé

ANS: D

A résumé is typically a one-page document that outlines the applicant's experience. A curriculum vitae (CV) is a longer format document outlining the experiences and accomplishments of the applicant, typically without length restrictions. An inquiry letter is a submission to a prospective employer. A cover letter is a one-page document that is included with a résumé or CV.

190. Which of the following can be used by an APRN as a strategy to answer behavior-based and hypothetical questions?

- a. STATE Model®
- b. SHARE Model®
- c. CARE Model®
- d. DARE Model®

ANS: B

The SHARE Model® provides a strategy for answering behavior-based and hypothetical questions by (1) describing a specific situation, (2) identifying hindrances or challenges, (3)

explaining the action taken, (4) discussing the results or outcomes, and (5) evaluating or summarizing what was learned.

191. Which of the following is the most important factor an APRN should know prior to requesting flexibility in a salary?

- a. Interviewer's perception of APRNs
  - b. Local area salary range
  - c. Number of practicing APRNs
  - d. APRN's last salary
- ANS: B

Although all of the items are important when negotiating salary ranges, local and regional geographic areas have varying needs or demands for APRN roles. Knowing the local area salary range for the position is paramount prior to accepting or negotiating salaries.

192. Which of the following is applicable if an APRN accepts an agreement to work as an independent contractor at a health care organization?

- a. APRN maintains behavioral control and organization maintains financial control of services provided
- b. Organization can require the APRN to work specific hours
- c. Organization maintains behavioral and financial control of services provided
- d. APRN maintains behavioral and financial control of services provided

ANS: D

The Internal Revenue Service places specific restrictions and regulations for independent contractors. Independent contractors must maintain behavioral and financial control of services provided for the classification.

193. An APRN is reviewing a contract with a potential employer and encounters a “covenant not to compete.” Which of the following is the best explanation of the purpose of these clauses?

- a. Protect investments by organizations in a geographical area
- b. Prevent competition from reasonable sources
- c. Prevent APRNs to earn a reasonable income
- d. Protect organizations from litigation in the future

ANS: A

Noncompete clauses are designed to protect an organization’s intellectual property, know-how, reputation, or investments in a geographical area or region. They typically require specific restrictions that require distance, length of time, and scope of limitations to be enforceable. Broad restrictions that prevent an APRN from earning a reasonable income are typically not upheld in a court of law.

194. An APRN has received an employment contract from a potential employer for his or her first job. The contract is 22 pages long and the APRN does not understand some of the terminology. Which of the following is the best next step by the APRN?

- a. Review the contract with a colleague who works at the organization
- b. Hire a contract attorney who specializes in health care employment contracts
- c. Request to review the contract with the organization’s attorney
- d. Review the contract entirely and research specific terms independently
- e. Read the contract and sign it since the organization may not hire the APRN if they refuse



ANS: B

Employment contracts can be confusing. As a new APRN the best option is to hire an attorney who specializes in health care employment contracts to review the contract.

195. An APRN is reviewing an employment contract as it pertains to malpractice insurance coverage. The insurance offers payment for claims but only if the claim occurs and is reported during the policy coverage period of time. This describes which type of coverage?

- a. Institutional liability coverage
- b. Occurrence coverage
- c. Tail coverage
- d. Claims-made coverage

ANS: D

Claims-made malpractice insurance covers claims that occur during the policy coverage period but only if the claim is also reported during the same policy period. Tail coverage must be purchased additionally to cover claims that may be reported after the policy period has ended.

196. An APRN is reviewing an employment contract as it pertains to malpractice insurance coverage. The insurance offers payment for claims that occur during the policy period and generally has no restrictions regarding when the claims are reported. This describes which type of coverage?

- a. Tail coverage
- b. Claims-made coverage
- c. Occurrence coverage
- d. Personal balloon liability coverage

ANS: C

Occurrence malpractice insurance covers claims that occur during the policy coverage period and has no restriction of time regarding when the claim must be reported.

197. An APRN who has practiced for 20 years is nearing retirement. He or she has no plans to continue working at his or her practice. Which of the following insurance malpractice types would be of greatest interest to the APRN at this time?

- a. Institutional liability coverage
  - b. Tail coverage
  - c. Occurrence coverage
  - d. Claims-made coverage
- ANS: B

When an APRN is changing jobs or nearing retirement they should obtain tail coverage malpractice insurance. Some employment contracts include this and can be a large financial incentive. Tail coverage covers claims that are made during a previous policy period but are reported after the policy has ended. Tail coverage is typically purchased in addition to claims-made policies.

198. Which of the following will most likely increase the success of employment of an APRN in a new market? (Select all that apply.)

- a. Sending multiple résumés
- b. Joining local or national organizations
- c. Volunteer opportunities
- d. Understanding geographical limitations

ANS: B, C, D

APRNs are typically well suited to enter the job market but commonly encounter many hurdles. Professional networking whether through peers, volunteer opportunities, online support groups, or national organizations as well as understanding geographic limitations or restrictions can further the APRN's success. Simply sending multiple résumés is inappropriate without adequate understanding of the APRN's unique value to an organization or institution, geographic restrictions, and other issues that may arise.

## Chapter 24. Measuring Advanced Practice Nurse Performance: Outcome Indicators, Models of Evaluation and the Issue of Value

### MULTIPLE CHOICE

1. The plan-do-study-act cycle begins with:
  - a. three questions.
  - b. four stages.
  - c. five agendas.
  - d. two concepts.

ANS: A

The plan-do-study-act (PDSA) cycle, a process improvement tool, starts with three questions: 1) What are we trying to accomplish?, 2) How will we know that a change is an improvement?, and 3) What changes can we make that will result in improvement?

PTS: 1 DIF: Comprehension

REF: THE PLAN DO STUDY ACT CYCLE

2. A staff nurse asks the nurse manager, What does the mnemonic FOCUS in FOCUS methodology stand for? The best response by the nurse manager is that it stands for:

- a. Focus, Organize, Clarify, Understand, Substantiate.
- b. Focus, Opportunity, Continuous, Utilize, Substantiate.
- c. Focus, Organize, Clarify, Understand, Solution.
- d. Focus, Opportunity, Continuous (process), Understand, Solution.

ANS: C

The FOCUS methodology uses a stepwise process for how to move through the improvement process. The five steps involved are 1) focus on an improvement idea, 2) organize a team that knows the work process, 3) clarify the current process, 4) understand the degree of change needed, and 5) solution (select a solution for improvement).

PTS: 1 DIF: Comprehension

REF: THE FOCUS METHODOLOGY

3. The nurse manager recognizes that the goal of studying outcomes is to:
- a. determine staff needs.
  - b. identify potential problems.
  - c. predict the quality of patient care.
  - d. incorporate change in nursing practice.

ANS: B

By studying outcomes, the nurse manager is able to identify potential areas of concern (problems). The outcomes can be short or long term and may lead to an investigation of the structure and process to determine any root causes for a negative outcome.

PTS: 1 DIF: Application

REF: GENERAL PRINCIPLES OF QUALITY IMPROVEMENT

4. An educator wants to determine if the nursing students know the work of W. Edwards Deming. Which statement by the students would indicate that the students know the focus of Deming's work?

- a. Pioneer of the continuous quality improvement movement
- b. Quality expert known for his studies on surgical and ambulatory care
- c. Father of risk management
- d. Guru of the PDSA movement

ANS: A

W. Edwards Deming is one of the primary pioneers of the continuous quality improvement movement. Some of the contributions to the science of improvement made by Deming are appreciating a system, understanding variation, and applying knowledge and psychology.

PTS: 1 DIF: Application REF: INTRODUCTION

5. A local hospital is implementing a systematic process of organization-wide participation and partnership in planning and implementing improvement methods to test evidence-based practices at all levels of the services. The hospital is most likely implementing which of the following?

- a. QI      c. QM
- b. QA      d. TM

ANS: A

QI (quality improvement) is an organization (system-wide) process of organization-wide participation and partnership in planning and implementing improvement methods to understand and meet customer needs and expectations. It is proactive in its approach, and other terms that may be used interchangeably for QI are TQM (total quality management) and PI (process improvement).

PTS: 1 DIF: Application REF: INTRODUCTION

6. A nursing instructor is evaluating a student's understanding of the primary difference between QA and QI. Which response by the student would indicate that the student understood?

- a. QI is reactive, and QA is proactive.
- b. QA's emphasis is on maintaining minimum standards of care, and QI's emphasis is upon identifying real and potential problems.
- c. QA documents quality, and QI reports incidents and errors.
- d. QI is more a single program, and QA is more a management approach.

ANS: B

The primary focus of QA (quality assurance) is upon maintaining the minimum standards of care, and it tends to be reactive rather than proactive. The main focus of QI (quality improvement) is on the identification of real and potential problems, and it tends to be proactive instead of reactive.

PTS: 1 DIF: Application

REF: THE EVOLUTION OF QUALITY IMPROVEMENT INITIATIVES

7. Which of these general principles of total quality management does not necessarily belong?

- a. Quality is achieved by the participation of everyone.
- b. Focusing on the work process develops improvement opportunities.
- c. Improving the service of quality is a continuous process.
- d. Decisions to improve or change a process are based on the majority rule.

ANS: D

Some of the general principles of quality improvement are that quality is achieved through the participation of everyone in the organization, improvement opportunities are developed by focusing upon the work process, the improvement of the quality of services is an ongoing (continuous) process, and decisions to change or improve a system or process are made based on data (not on majority rule).

PTS: 1 DIF: Comprehension

REF: GENERAL PRINCIPLES OF QUALITY IMPROVEMENT

8. A staff development trainer wants to determine if a group of nurses knows the primary difference between QA and TQM. Which response by the nurses would indicate that further teaching is needed?

- a. There is no difference between QA and TQM since the primary focus of both is doing it right.
- b. The primary focus of TQM is doing the right thing.
- c. The primary focus of QA is doing it right.

d. The primary focus of QA is doing it right. The primary focus of TQM is doing the right thing.

ANS: A

The primary focus of quality assurance (QA) methods is upon doing it right, and it involves such methods as chart audits, reviewing incident reports, and determining whether performance conforms to standards. Quality improvement (also called total quality management TQM) focuses on doing the right thing, and it uses such methods as building quality performance into the work process and meeting the needs of the customer proactively.

PTS: 1 DIF: Application REF: TOTAL QUALITY MANAGEMENT

9. An effective nurse manager adopts several quality improvement methods in the management of the ICU. The managers approach is based on the understanding that some of the primary benefits to this approach includes which of the following?

- a. Empowers staff and provides an outlet for critical theory
- b. Views every problem as an opportunity to improve and to improve staff satisfaction
- c. Decreases necessary expenses from lost business and helps customers think you care about them
- d. Involves staff in how work is planned and done and increases the customers perception that you care by designing processes that meet the providers needs

ANS: B

Some principle benefits of adopting quality improvement methods include viewing every problem as a possible opportunity for improvement; involving staff in how the work is designed and delivered (improves staff satisfaction); empowering staff to identify and implement improvement, resulting in increased patient outcomes; and increasing the customers perception that you care by designing health care processes to meet customer needs, as opposed to the health care providers needs.



PTS: 1 DIF: Application

REF: GENERAL PRINCIPLES OF QUALITY IMPROVEMENT

10. A set of causes and conditions that repeatedly come together in a series of steps to transfer inputs into outcomes is called:

- a. CQI. c. QA.
- b. a process. d. a movement.

ANS: B

This definition of a process (Bandyopadhyay and Hayes, 2009) provides a means for understanding how work processes encompass steps and result in outcomes. Deming (2000) also noted that every activity, every job is part of a process. CQI and QA are all comprised of different work processes aimed toward obtaining improved outcomes to specified concerns.

PTS: 1 DIF: Comprehension

REF: FOCUS ON IMPROVEMENT OF THE HEALTH CARE WORK PROCESS

11. A group of nurses is working with the Quality Assurance Department to improve the quality of care in the hospital. These nurses would recognize that one of the hospitals external customers would include which of the following?

- a. Staff nurse c. Joint Commission (JC)
- b. Pharmacist d. Hospital chaplain

ANS: C

External customers are those people who are outside the (health care) organization and receive the output of the organization such as patients, regulatory agencies (Joint Commission, the Department of Health), the community the organization serves, and private practitioners. Internal customers are those people who work within the organization and received output of other employees such as nurses, pharmacists, hospital chaplains, and therapists.

PTS: 1 DIF: Application REF: CUSTOMERS IN HEALTH CARE

12. An independent group of items, people, or procedures with a common purpose is called a(n):

- a. process.      c. system.
- b. goal.      d. organization.

ANS: C

Systems are independent groups of people, processes, or items with a common purpose or goal. Organizations are made up of various systems such as different departments (i.e., radiology, laboratory, and cardiology) or processes (i.e., QI or risk management departments).

PTS: 1 DIF: Knowledge REF: IMPROVEMENT OF THE SYSTEM

13. The credit for the cycle of continuous improvement is given to:

- a. W. Edwards Deming.      c. Joseph M. Juran.
- b. Philip B. Crosby.      d. Walter Shewhart.

ANS: D

Walter Shewhart, the director of Bell Laboratories in the mid 1920s, has been credited with the concept of the cycle of continuous improvement, which advocates that the process of quality improvement (QI) is an ongoing process because it is linked to customer needs and judgments. W. Edwards Deming, Philip B. Crosby, and Joseph M. Juran are all well-known pioneers of the continuous quality movement, and all have made important contributions to the science of improvement.

PTS: 1 DIF: Knowledge REF: A CONTINUOUS PROCESS

14. The nurses on your unit want to ensure that the care provided to patients has value to both the patients and the hospital. In this situation, value involves which of the following?

- a. Philosophy      c. Beliefs about something
- b. Function of quality outcomes and cost      d. Price for a particular item or service

ANS: B

The repercussions of quality improvement for patient care can be measured by the overall value of that care. Value itself is a function of both quality outcomes and cost; for example, outcomes can be a patient's return to functional status (or mortality/morbidity), and the cost is a combination of both the indirect and direct patient care needs.

PTS: 1 DIF: Application REF: IMPLICATIONS FOR PATIENT CARE

15. The nurse manager poses the following question to a group of staff nurses, What changes can we make that will result in improvement? The nurse manager's question is an integral part of which of the following?

- a. TQM      c. FOCUS

- b. PI d. PDSA

ANS: D

This question is one of three that are utilized at the beginning of each application of the PDSA (plan-do-study-act) methodology for improvement. Other questions include What are we trying to accomplish? and How will we know that a change is an improvement?

PTS: 1 DIF: Application REF: IMPLICATIONS FOR PATIENT CARE

16. The goal of the local hospital is to increase the ability to predict the effect that one or more planned changes in the provision of patient care will have an impact. The hospital would most likely implement which of the following?

- a. FOCUS c. PDSA
- b. QA d. Risk Management

ANS: C

The PDSA (plan-do-study-act) methodology is used to analyze the potential effect of a certain change or changes if they had been implemented. It involves who will do what, when will they do it, and where will they do it in relation to the proposed change(s).

PTS: 1 DIF: Application REF: THE PLAN DO STUDY ACT CYCLE

17. The Quality Improvement Team has begun assessing and analyzing the care given to TB patients. This is an example of which organizational strategy for quality and process improvement?

- a. Benchmarking

- b. Identifying opportunities for system change following a sentinel event review
- c. Using a storyboard
- d. Meeting regulatory requirements

ANS: A

Benchmarking is a continual and collaborative discipline of measuring and comparing the results of key work processes with those of the best performers, and it uses those best processes (practices) to improve work design and patient care delivery. It identifies gaps in performance and provides options for improvement. A benchmarking study can be clinical (reviewing outcomes of patient care such as in the case of the TB patients), financial (examining the length of stay), and operational (assessing the function of the ER or case management system). If a TB patient had died

unexpectedly in the OR or ER and contaminated staff, then the analysis of this particular case could be termed a sentinel event, and a storyboard may have been used in the descriptive process. By reporting a sentinel event, one would be complying with regulatory requirements.

PTS: 1 DIF: Application REF: BENCHMARKING

18. A client is preparing for discharge after a month-long hospitalization for complications of his cardiac surgery and diabetes. He tells his nurse that he forgot to mention that he takes Viagra at home and asks if it is still okay to take it. His question is directly related to which of these four of the six National Patient Safety Goals set forth by the Joint Commission (formerly JCAHO)?

- a. Communication      c. Medication safety
- b. Patient identification   d. Medication reconciliation

ANS: D

The Joint Commissions Patient Safety Goal # 8 concerns medication reconciliation, which is accurately and completely reconcile medications across the continuum of care. Mr. Zs question concerning his Viagra use reveals his use of a medication that he neglected to mention to his health care provider. This information should be given to his health care provider and to the pharmacist before he is discharged, and he should be informed not to take his Viagra until he hears from his health care provider about what to do.

PTS: 1 DIF: Analysis REF: REGULATORY REQUIREMENTS

19. A sentinel event is:

- a. a major change in a patients status.
- b. an unexpected incident involving a death or serious physical or psychological injury to a patient.
- c. a way to identify processes for improvement based upon analysis of their care over a long period of time.
- d. an occurrence involving a sentinel or someone who is watching.

ANS: B

A sentinel event is an unexpected occurrence involving a death or serious physical or psychological injury to a patient. The results of the analysis of a sentinel event generally lead to process improvement, but they tend to be based upon the events surrounding the individual occurrence.

PTS: 1 DIF: Comprehension

REF: SENTINEL EVENT REVIEW

20. A nursing instructor evaluates the nursing students knowledge of the type of statistical graphs used to determine relationships and outcomes related to analyzing quality improvement

data. Which response by a student regarding a method to use would indicate that further teaching is needed?

- a. Time series charts      c. Histogram charts
- b. Pareto charts      d. Fishbone diagrams

ANS: C

Some types of charts used by quality improvement initiatives to examine data are time series charts, Pareto charts, histograms (not histogram), fishbone diagrams, and pie charts.

PTS: 1 DIF: Application REF: INTERPRETING DATA

21. A nurse manager implementing a FOCUS process understands that each work process should be evaluated for which of the following?

- a. Redundancy and value      c. Simplicity and frequency
- b. Clarity and simplicity      d. Currency and researchability

ANS: A

The nurse manager implementing a FOCUS process would understand that each work process should be evaluated for redundancy and value. If a step of the work process is repeated or does not have any value for the customer, it should be eliminated.

PTS: 1 DIF: Application REF: THE FOCUS METHODOLOGY

22. Your patient was admitted for a minor elective surgery. Two hours after the patient was sent to surgery, you received a call that the patient died. The patient's death would be considered which of the following?

- a. Accident      c. Careless event
- b. Sentinel event   d. Faultless incident

ANS: B

When a patient dies while having a minor elective surgery, this would be considered a sentinel event. A sentinel event is an unexpected incident involving a death or serious physical or psychological injury to a patient.

PTS: 1 DIF: Application REF: SENTINEL EVENT REVIEW

23. You are a member of the hospital's Quality Improvement (QI) team. You are interested in determining how quality in the organization has improved over time. Which of the following would most effectively provide you with this information?

- a. Histograms      c. Time series charts
- b. Pie charts      d. Bar charts

ANS: C

Time series charts will allow you to see changes in quality over time. These charts will also allow you to determine whether a process is in control, meaning the process has normal variation rather than dramatic changes that are not predictable.

PTS: 1 DIF: Application REF: TIME SERIES DATA



24. A hospital is using the FOCUS methodology to exam issues related to quality improvement. If, during the step of clarifying, it is determined that resources are not in one service alone, which of the following approaches would be best?

- a. Ignore the issue
- b. Send ideas to the Quality Management department
- c. Continue to the next step of the process
- d. Ask a group of nurses and physicians to determine why this is occurring

ANS: B

If, during the step of clarifying, it is determined that resources are not in one service alone, the best approach would be to send ideas to the Quality Management department. The issue should be addressed before continuing with the steps in the FOCUS process.

PTS: 1 DIF: Analysis REF: FIGURE 20-3 FLOW DIAGRAM

25. A patient is admitted to the mental health unit because of suicidal ideations and several suicide attempts in the past. As the nurse manager, you realize that the patient is a safety risk, and you assign one of the staff members to do a 1 to 1 with the client. After lunch, the patient informs the staff member of the need to use the bathroom. After several minutes, the staff member knocks on the bathroom door, but there is no answer. The staff member immediately presses the emergency call light and pushes the door open only to find that the patient has hung herself. The patient's death would be considered which of the following?

- a. Unfortunate accident c. Grievous error
- b. What the patient really wanted d. Sentinel event

ANS: D

The patient's death would be considered a sentinel event. A sentinel event is an unexpected incident involving a death or serious physical or psychological injury to a patient. Because the staff member was assigned as a 1 to 1, the patient should not have ever been out of the staff member's sight.

PTS: 1 DIF: Analysis REF: SENTINEL EVENT REVIEW

#### MULTIPLE RESPONSE

1. The nurse manager is conducting an in-service with the staff regarding quality improvement. Which principles of quality improvement would the manager most likely include? Select all that apply.
  - a. The priority is to benefit patients and all other internal and external customers.
  - b. Quality is achieved through the participation of everyone in the organization.
  - c. Improvement opportunities are developed by focusing on the work process.
  - d. Decisions to change or improve a system or process are made based on data.
  - e. It is difficult to improve the quality of service in a health care facility that is financed by federal dollars.
  - f. Improvement of the quality of service should be implemented biannually.

ANS: A, B, C, D

Quality improvement is a continuous process and should be implemented by all health care organizations. Quality improvement benefits internal and external customers. Quality is achieved

through the efforts of all individuals in the organization. Opportunities are developed by focusing on the work process. Organizational changes or improvements are based on obtained data.

PTS: 1 DIF: Comprehension

REF: GENERAL PRINCIPLES OF QUALITY IMPROVEMENT

2. Which of the following are the focus of quality improvement (doing the right thing)?  
Select all that apply.

- a. Meeting the needs of the customer proactively
- b. Building quality performance into the work process
- c. Employing a scientific approach and using data for assessment and problem solving
- d. Assessing the work process to identify opportunities for improved performance
- e. Reviewing only chart audits and incident reports
- f. Improving health care performance and changing the health care system continuously as a management strategy, not just when standards are not met

ANS: A, B, C, D, F

All of the options are part of the focus of quality improvement except option e. By only reviewing chart audits and incident reports, limited data would be obtained. Quality improvement requires obtaining data from numerous sources.

PTS: 1 DIF: Comprehension

REF: TABLE 20-1 DIFFERENCE IN FOCUS BETWEEN QUALITY ASSURANCE AND QUALITY IMPROVEMENT

3. Your hospital is using the Clinical Value Compass to determine quality. The hospital would most likely include which of the following indicators related to clinical status? Select all that apply.

- a. Mortality      d. Morbidity
- b. Direct cost    e. Infection rate
- c. Indirect cost   f. Staffing cost

ANS: A, D, E

Using a Clinical Value Compass, indicators related to clinical status would include mortality, morbidity, and infection rate. Other indicators would include incidence of nursing sensitive outcomes such as cardiac arrest. Direct, indirect, and staffing are indicators of cost and not of clinical status.

Chapter 25. Advanced Practice Registered Nurses: Accomplishments, Trends, and Future Development

Multiple Choice

199. Which of the following are components of the LACE network that support implementation of the Consensus Model for APRN regulation?

- a. Licensure, acceptance, certification, and education
- b. Liability, acknowledgment, compliance, and excellence
- c. Licensure, accreditation, compliance, and education
- d. Licensure, accreditation, certification, and education

ANS: D

The organizations that make up the LACE network include those for licensure, accreditation, certification, and education. They work together to move forward the process of implementation of the Consensus Model.

200. Which of the following is an optional process for educational organizations to obtain?

- a. Licensure
- b. Certification
- c. Credentialing
- d. Accreditation

ANS: D

Accreditation is an optional process for educational institutions in many instances.

Accreditation is performed by outside agencies that review the processes and strategies of the institution thereby creating a metric of the quality of education.

201. Which of the following provides authorization through a state agency to engage in the APRN role?

- a. Licensure
- b. Certification
- c. Accreditation
- d. Regulation
- e. Credentialing

ANS: A

Licensure is completed by state agencies to provide authorization to engage in the APRN role. Certification is often a prerequisite to licensure.

202. Which of the following must an APRN undergo to validate their knowledge, skills, and abilities to perform their desired role?

- a. Credentialing
- b. Regulation
- c. Accreditation
- d. Licensure
- e. Certification

ANS: E

Certification involves a formal process to review a candidate's knowledge, skills, and abilities to perform a specific role. This formal process is often completed through examination in the APRN role.

203. Which of the following is the process of collecting and verifying an individual's professional qualifications that may grant their eligibility to sit for an examination?

- a. Regulation
- b. Accreditation
- c. Credentialing
- d. Certification
- e. Licensure

ANS: C

Credentialing is an umbrella term that refers to regulatory mechanisms that can be applied broadly to individuals, programs, or organizations (Styles, 1998).

204. An APRN has recently graduated from his or her program of choice, obtained national certification, and is applying for licensure in his or her home state. Which of the following is true regarding prescriptive authority?

- a. Requires additional CE requirements to maintain
- b. Provided in all states with APRN licensure
- c. Requires separate licensure
- d. Varies among individual states and regulating agencies

ANS: D

Prescriptive authority remains as a regulatory hurdle for APRNs. Requirements for obtaining prescriptive authority vary among states and have various requirements to maintain licensure.

205. An APRN has obtained prescriptive authority in his or her state and obtained Drug Enforcement Administration (DEA) number. All of the following pertain to controlled substances except:

- a. An APRN individually cannot prescribe controlled substances without a DEA number
- b. DEA numbers are site-specific and an APRN must obtain a DEA number for each site where he or she prescribes controlled substances
- c. Obtaining a DEA number authorizes the prescription of controlled substances without additional regulation
- d. An APRN who does not prescribe controlled substances is not required to obtain a DEA number

- e. A DEA number authorizes prescription of controlled substances as it pertains to state regulation

ANS: C

DEA numbers authorize the prescription of controlled substances but are still regulated by both federal and state regulations. APRNs may be subjected to additional regulation in the state where he or she practices.

206. All of the factors must be present for a malpractice case to demonstrate negligence by an APRN except:

- a. Direct causation must be linked to the APRN
- b. The patient must be under the direct care of the APRN
- c. A duty of care must be owed to the injured party
- d. Damages or sustained injuries to the patient
- e. The accepted standard of care was breached

ANS: B

Four factors must be established for the basis of a malpractice claim including a duty of care being owed, a breach of accepted standards of care, resulting damages or injury to the patient, and direct causation that is linked to the APRN. The patient does not have to be under the direct care of the provider to be included in a malpractice suit.

207. Which of the following requires compliance with HIPAA while functioning as an APRN?

- f. Transmission of health information for payment of medical claims
- g. All of the above



- h. Transmission of health information in any form
- i. Regular care of patients
- j. Discussion of patient conditions with consultants

ANS: B

The Health Insurance Portability and Accountability Act (HIPPA) originally became law in 1996 and mandates all medical professionals adhere to patient privacy standards when pertaining to personally identifiable patient information, regardless of transmission method.

## Chapter 23: An Integrative Review of APRN Outcomes and Performance Improvement Test Bank

### Multiple Choice

208. All of the following are purposes for patient outcomes to be reported except:

- a. Improve care delivery
- b. Satisfy federal requirements
- c. Supplemental revenue stream
- d. Improve patient outcomes

ANS: C

It is a requirement of both federal and state regulatory agencies that outcomes are measured and reported. Additionally, they allow institutions to improve patient outcomes and improve care that is delivered through careful analysis. Measuring outcomes does not correlate with additional revenue, but instead with the maximum revenue available. A percentage of payments are withheld and, upon successfully reporting and achieving outcomes that meet the benchmarks set forth by The Patient Protection and Affordable Care Act's Value-Based

Purchasing initiative, the additional withheld funds are then dispersed. The percentage withheld of Diagnosis-Related Group (DRG) payments in 2017 was 2%. This practice will likely change under MACRA in 2019.

209. Which of the following is an identified reason for not tracking APRN-specific outcomes today?

- a. Fear of superior APRN outcomes
- b. Underutilization of APRNs
- c. Lack of funding
- d. Lack of systems matching provider to patient

ANS: D

While all of the factors may contribute to the lack of tracking and reporting APRN-specific outcomes, a lack of ability for institutions to match specific patients to APRN-specific provided

care is the largest identified challenge as of the writing of this text. The importance of APRN-provided care will continue to need to be validated and reinforced.

210. A conceptual model that was developed in Canada for ACNPs and adapted from a nurse role effectiveness model comprised of primary components that focus on structure, process, and outcome is best known as:

- a. Nurse Practitioner Role Effectiveness Model
- b. Outcomes Evaluation Model
- c. Hamrick Model
- d. Donabedian Model

ANS: A

The Nurse Practitioner Role Effectiveness Model was developed in Canada as a derivative of the Donabedian Model and adapted the nurse role effectiveness model.

211. The Donabedian Model identifies which of the following as predicting a higher likelihood of successfully identifying APRN impact on outcomes?

- a. Comparing components directly to physician care
- b. Inclusion of at least two components
- c. Measuring components nationwide
- d. Isolation of a single component

ANS: B

The inclusion of all or at least two of the components of the Donabedian Model is correlated with

a more successful identification of an APRN's impact on care delivery outcomes.

212. Multiple studies have compared APRN care to physician care in the United States and Canada. What have these results mostly shown?

- a. The care provided is equivalent across all categories
- b. The care provided is mostly equivalent, with patient satisfaction from APRN care superior to physician care in some studies.
- c. Physician care is superior to APRN care
- d. APRN care is superior to physician care

ANS: B

APRN care as compared to physician care has shown that APRN care is equivalent and in some outcomes such as patient satisfaction, APRN care is higher.

213. Which of the following should be the focus of APRN care in the future?

- a. National APRN outcomes compared to physician outcomes
- b. APRN patient wait times
- c. APRN mortality rates
- d. The unique aspects of APRN-provided care

ANS: D

Many studies have demonstrated that APRN care is comparable to physicians and other providers. The future benefit for furthering the APRN role should be to highlight the unique aspects of APRN- provided care and benefits for further expansion of the role.

214. In an analysis of CNM-provided services compared to physicians, which of the following was reported in 2006 when analyzing pregnant women and cesarean delivery rates?

- a. Physician and CNM care showed no difference in deliveries
- b. Physician care resulted in 1.7 times less cesarean deliveries
- c. APRN care resulted in 1.7 times more live births
- d. CNM care resulted in 1.7 times less cesarean deliveries

ANS: D

A 2006 report showed that when comparing CNM to physician care, patients cared for by CNMs were 1.7 times less likely to undergo cesarean delivery.

215. All of the following factors make comparisons between APRN and physician productivity difficult except:

- a. Inequality of APRN role
- b. Lack of focus on patient outcomes
- c. Unequal provider reimbursement rates
- d. Increased time spent with patients by APRNs

ANS: A

Comparing APRN to physician productivity is especially difficult. A lack of focus on patient outcomes and primary focus on reimbursement rates often skew an analysis since APRNs historically spend more time with their patients than physicians. Conversely, an inequality of roles is a specific reason of why productivity must be measured to validate APRN practice rather than a barrier to measure productivity.

## Chapter 26. Starting a Practice and Practice Management

1. In 1999, the IOM reported that at least 44,000 people die in hospitals each year as a result of which of the following?

- a. Falls
- b. Medical errors
- c. Unaffordable health care

- d. Lack of access to primary care

ANS: B

The 1999 IOM report *To Err Is Human: Building a Safer Health System* revealed that at least 44,000 and as many as 98,000 people die in hospitals each year due to preventable medical errors.

2. The American Recovery and Reinvestment Act was signed by President Barack Obama in 2009 and mandated which of the following for health care?

- a. National standards for APRNs
- b. EHR use
- c. Increased funding for APRN education programs
- d. Expansion of the APRN role

ANS: B

The American Recovery and Reinvestment Act provided up to \$29 billion for the adoption and utilization of EHRs in health care facilities and also led to the development of meaningful use requirements of electronic medical records by January 1, 2014, to maintain Medicaid and Medicare funding levels.

3. The requirement that outlines that a facility must utilize an EHR and technology that meets government criteria, exchanges standardized health data and information, advances clinical processes, and reports quality measures is defined as:

- a. Adverse event reduction
- b. Meaningful use

- c. Informatics
- d. Health care standardization

ANS: B

Meaningful use is the specific utilization of technology in health care to improve outcomes, engage patients and families in their own care, improve care coordination, increase population health, and improve diagnostic accuracy while decreasing costs and test duplication.

4. In 2016, the Office of National Coordinator for Health Information Technology devised a 10- year road map detailing which of the following?

- a. Interoperability
- b. HIPAA
- c. EHR utilization
- d. Adverse events

ANS: A

The Interoperability Road Map released in 2016 highlights the importance for connectedness among EHRs to improve access to patient records and test results to increase continuity of care.

5. The design and implementation of health information exchanges (HIE) offer the opportunity for which of the following?

- a. Decreased cost of testing
- b. Access to standardized health data
- c. Reduced dependence of EHR vendors
- d. Increased billing efficiency

ANS: B

Health information exchanges offer access to medical records and patient health data so that they may be accessed by providers at any time. This allows for increased continuity of care and decreases the need for duplicate testing whether it be inside of an organization or nationwide.

6. Improved documentation through more detail by an APRN will directly affect which of the following coding types as related to increased reimbursement?

- a. CPT
- b. SNOMED CT
- c. MS-DRG
- d. RxNorm
- e. LOINC

ANS: C

Medicare Severity Diagnosis-Related Groups (MS-DRGs) are utilized by hospitals for reimbursement for a patient's hospitalization costs. They are weighted on the detail of the examination and level of medical decision making as represented solely by the documentation completeness.

7. Alphanumeric designations maintained by the World Health Organization that correlate with nearly every procedure, diagnosis, symptom, and cause of death are known as which of the following?

- a. LOINC
- b. SNOMED CT
- c. ICD-10-CM
- d. CPT



- e. HCPCS

ANS: C

The WHO maintained the ICD taxonomy, now in its tenth revision.

8. Which of the following coding taxonomies is used worldwide to best identify medical laboratory tests and clinical observations?

- a. MS-DRG
- b. RxNorm
- c. CPT
- d. SNOMED CT
- e. LOINC

ANS: E

LOINC is a naming taxonomy that focuses on medical laboratory tests and clinical observations. In 2015 an alpha version forged from an agreement with SNOMED CT allowed for a more powerful integration of these two taxonomies.

9. Which of the following provides a standardized naming convention allowing for semantic interoperability between systems for pharmaceuticals from the National Library of Medicine?

- a. ICD-10-CM
- b. RxNorm
- c. ICD-10-PCS
- d. CPT

- e. MS-DRG

ANS: B

RxNorm is a normalized data set maintained by the National Library of Medicine to allow for interoperability between systems for pharmaceutical trade names, brand names, and dosages.

10. Documentation through the use of ICD or SNOMED CT codes allows for documentation to be queried. This is best described as:

- a. Discrete or unstructured data
- b. Nondiscrete or structured data
- c. Nondiscrete or unstructured data
- d. Discrete or structured data

ANS: D

Discrete or structured data that are “coded” through the use of systems such as ICD, SNOMED CT, and others allow for compilation, evaluation, and analysis of the information in a quick and efficient way.

11. Documentation that is hand written in long form or dictated without the use of diagnosis codes cannot be easily queried. This is best described as:

- a. Discrete or unstructured data
- b. Nondiscrete or unstructured data
- c. Discrete or structured data
- d. Nondiscrete or structured data

ANS: B

Nondiscrete or unstructured data refer to information that is not systematically organized such as dictated reports, handwritten progress notes, or those that contain natural language. This type of data requires additional effort and time for analysis and compilation.

12. An APRN wishes to become familiar with all of the reporting measures or metrics required by his or her specific practice. Which of the following would be the best resource for this information?

- a. National Institutes of Health
- b. The Joint Commission
- c. National Quality Forum
- d. Medicaid Adult Health Care Quality Measures Program

ANS: C

The National Quality Forum (NQF) Community Tool to Align Measurement provides a resource and hyperlinks to quality measures and the information they collect.

13. Many reporting requirements of APRNs require data that are patient, provider, or facility specific and reported to CMS directly from the organization. Which of the following aggregates the subjective patient experience information regarding the care received?

- a. MACRA
- b. CAHPS
- c. NQF
- d. HIPAA

ANS: C

The Consumer Assessment of Health Care Providers (CAHPS) is a format for surveying patients to collect their patient experiences. They include those on providers (CAHPS), hospitals, home health agencies, and hospice care (HCAHPS), among others. CAHPS is not a measure of patient satisfaction but a measure for patient experience that is made available to the public.

14. Which of the following legislation will change Medicare payments beginning January 1, 2019, away from the existing fee-for-service system to one that is based on as well as rewards quality in care?

- a. CAHPS
- b. Values-Based Modifier
- c. MACRA
- d. Meaningful use

ANS: C

The Medicare Access and CHIP Reauthorization Act took effect on January 1, 2017, with final implementation on January 1, 2019. This combines three existing programs: the Physician Quality Reporting System (PQRS), the Value-Based Payment Modifier, and meaningful use into one system that provides both financial incentives and penalties based on quality of care, outcomes, and efficiencies. The initial 2 years are intended to collect and analyze data and for hospital systems and providers to see the future impact to their reimbursement.

15. In an effort to further link care, such as that provided by an APRN to patient outcomes and reporting measures, which of the following additional requirements was included in MACRA?

- a. Individual billing by each provider

- b. Limiting the number of specialists for each area of care per patient
- c. Assigning patient-provider relationship identifiers
- d. Estimating percentages of time care was given by each provider

ANS: C

MACRA mandated the assignment reporting the relationships of patients to providers' NPI numbers to CMS for the purpose of individualizing care reports.

16. What is the purpose of the TIGER Competencies as applicable for an APRN?

- a. Identify new quality outcomes metrics specific for APRNs
- b. Increase awareness for health literacy in technology-challenged geographic areas
- c. Improve nursing practice, education, and delivery of patient care through the use of HIT
- d. Implement standardization for EHR documentation for APRNs

ANS: C

The Technology Informatics Guiding Education Reform (TIGER) initiative was formed in 2004 to bring together nursing stakeholders to collaborate to improve nursing practice, education, and delivery of patient care through the use of HIT. This involves recommendations for basic computer competencies, information literacy, and information management.

17. The practice of designing measurement process, collecting and analyzing data, and presenting the data back to stakeholders in a timely and understandable manner is known as which of the following?

- a. Information technology

- b. Scientific theory
- c. Scientific method
- d. Data analytics

ANS: D

Data analytics is the process of designing processes, collecting and analyzing data, and then presenting the same data in an understandable manner. It specifically focuses on the identification of metrics and analysis of those metrics to be formed into reports.

18. An APRN is reviewing his or her CAHPS scores for his or her facility and personal provider number. The patient experience information is displayed as a list of monthly percentage of hospital readmissions. This is best described as:

- a. Statistical process control
- b. Predictive analytics
- c. Descriptive analytics
- d. Prescriptive analytics

ANS: C

Descriptive analytics describes a retrospective trend or outcome. They are simply values based on data that are displayed as a means to identify positive or negative deviation above or below a target, typically in percentages, rates, means, and ratios. Descriptive analytics answers the question: "What has happened?" Descriptive analytics that are displayed in a graphic format over time is an example of a statistical process control analysis.

19. An APRN is reviewing outcomes measures regarding the number of falls at the facility where he or she is employed. The APRN utilizes several tools to identify possible interventions for improvement. Which of the following would best be used for indicating possible changes in falls in the future?

- a. Prescriptive analytics
- b. Data mining
- c. Statistical process control analysis
- d. Predictive analytics
- e. Descriptive analytics

ANS: D

Predictive analytics uses previous trends to identify interventions that can be implemented to impact results in the future. Predictive analytics are heavily being utilized for outcomes like readmission rates as EHRs allow for quicker analysis of large groups of data to implement education strategies. Predictive analytics best answers the question: "What could happen?"

20. An APRN wishes to analyze his or her patients in a primary care practice. He or she wishes to identify patient trends of vitals and laboratory results and then automatically intervene to recommend global changes in case based on evidence-based practice to improve quality metrics. This type of data analysis is best known as which of the following?

- a. Descriptive analytics
- b. Statistical process control analysis
- c. Prescriptive analytics
- d. Predictive analytics
- e. Data mining

ANS: C

Prescriptive analytics best answers the question: "What should we do?" This type of dataanalysis is not too far off in the health care information technology world as EHR use and widespread interoperability of systems increase. Automatically suggesting diagnosis,

treatments, calculating risks, and other metrics for the APRN are no doubt to be the new standard of care.

## Chapter 27. The Advanced Practice Nurse as Employee or Independent Contractor: Legal and Contractual Considerations

216. Which of the following scenarios is an example of patient engagement?

- a. Physical therapy
- b. APRN prescribing the lowest effective dose of medication
- c. Coaching about weight loss
- d. Patient maintaining follow-up appointments

ANS: D

Patient engagement includes the actions and initiatives that are the sole responsibility of the patients regarding their own health maintenance and monitoring. A patient is responsible for things such as attending appointments, taking health measurements at home, and adhering to medication regimes.

217. Which of the following is an example of patient guidance?

- a. Increased self-awareness after reflecting on bad habits
- b. Education provided about a new medication side effect
- c. Patient-set agenda for weight loss
- d. Patient taking medications as prescribed

ANS: B



Patient guidance requires the provision of advice or education. Patient coaching involves agenda setting, awareness raising, actions and goal setting, and accountability. A patient taking medications as prescribed is an example of patient engagement.

218. A newly diagnosed diabetic patient does not know what types of foods are best to consume to help control his or her disease. An APRN teaches the patient about food choices and options. This is an example of:

- a. Patient coaching through patient education
- b. Patient guidance through empathy
- c. Patient guidance through patient education
- d. Patient coaching through awareness raising

ANS: C

This is an example of patient education, a component of patient guidance, since advice or education was provided to the patient. Empathy would be if the APRN provided guidance after a deep understanding of the reasoning for not understanding food choices. Patient coaching does not involve providing education or advice.

219. A domestic violence victim presents to the emergency department. The victim was struck by his or her partner several times with a baseball bat and suffered multiple broken ribs and lacerations to the face. Which of the following coaching and guidance skills should the APRN use for this patient first?

- a. Build strengths
- b. Cultivate a culture of empathy
- c. Create a safe environment

- d. Support small changes

ANS: C

Coaching and guidance skills are not always used in the same order. While all of the skills may be used in a patient who is the victim of domestic violence it is important that these patients feel safe. Creating a safe environment is paramount to establishing a therapeutic relationship and fostering changes in the future.

220. Which of the following is an example of patient coaching versus patient guidance?

- a. APRN education of smoking health risks
- b. Obtaining daily weight measurements
- c. Informational guide for weight loss
- d. Questioning that inspires self-awareness

ANS: D

Patient coaching involves agenda setting, awareness raising, actions and goal setting, and accountability. Raising awareness typically involves deep listening from the APRN as the APRN asks questions that challenge the patient's mindset and assumptions about an issue.

221. Which of the following theories or research supporting APRN guidance and counseling defines a framework based on loving kindness that focuses on the science of caring and moving from carative to caritas (love)?

- a. Transtheoretical Model
- b. Watson's Model of Caring
- c. Midrange Theory of Integrative Nurse Coaching

- d. Positive Psychology
- e. Nightingale's Environmental Theory

ANS: B

Watson's Model of Caring defines a framework based on loving kindness that focuses on the science of caring and moving from carative to caritas (love). This is the process of relating to others in an authentically present way, going beyond the ego (Watson, 2017).

222. Which theory or research supporting APRN guidance and counseling fundamentally states that external factors associated with patients' surroundings greatly affect their lives, their development, and their biologic and physiologic processes?

- a. Watson's Model of Caring
- b. Positive Psychology
- c. Midrange Theory of Integrative Nurse Coaching
- d. Transtheoretical Model
- e. Nightingale's Environmental Theory

ANS: E

Nightingale's Environmental Theory centers on the basis that external factors associated with patients' surroundings greatly affect their lives, their development, and their biologic and physiologic processes.

223. Which model supporting APRN guidance and counseling defines a nursing role with the patient at the center to assist him or her with health goals, changing lifestyle behaviors, and implementing integrative modalities?

- a. Positive Psychology
- b. Nightingale's Environmental Theory
- c. Watson's Model of Caring
- d. Transtheoretical Model
- e. Midrange Theory of Integrative Nurse Coaching

ANS: E

The authors of the Midrange Theory of Integrative Nurse Coaching identified five components that place clients/patients at the center over five components: (1) self-reflection, self-assessment, self-evaluation, and self-care; (2) integral perspectives and change; (3) integrative lifestyle health and well-being; (4) awareness and choice; and (5) listening with HEART (healing, energy, awareness, resiliency, and transformation) (Dossey et al., 2015, p. 29).

224. What is the most important first step for an APRN prior to coaching a patient?

- a. Asking permission
- b. Liability release
- c. Providing guidance
- d. Prepare an action plan

ANS: D

Medical providers should first ask for permission to provide coaching about an issue. If the patient does not give permission the APRN should then provide guidance.

225. A 40-year-old female has smoked two packs of cigarettes per day for the past 25 years. She has no current health issues. When questioned by the APRN if she is interested in quitting she immediately states, "I like smoking, and I'm still healthy. I don't want to quit." Which stage of change best classifies this patient's willingness to stop smoking?

- a. Contemplation
- b. Precontemplation
- c. Preparative
- d. Action
- e. Maintenance

ANS: B

The patient is in the precontemplation phase based on the information provided and is either not ready or resistant to change. It appears she may not understand the risks of her actions to her health, does not wish to acknowledge them, or does not believe she is capable of quitting. Further exploring should be done by the APRN to build a therapeutic relationship to foster change.

226. A 40-year-old female has smoked two packs of cigarettes per day for the past 25 years. She has no current health issues. When questioned by the APRN if she is interested in quitting she immediately states, "I like smoking, and I'm still healthy. I don't want to quit." Which of the following is the next best step by the APRN?

- a. Document her response
- b. Assess her knowledge of smoking cessation programs
- c. Educate her about the health risks of smoking
- d. Understand her level of understanding about the health risks of smoking

ANS: B

It appears the patient is in the precontemplation phase based on the information provided. Further questioning should be done to first assess her understanding about the health risks of smoking. After providing education an assessment of her willingness to quit should be

completed. You would not want to educate her about the health risks if she is already aware of them, nor understand her knowledge of smoking cessation programs if she is not ready to quit.

227. A male patient with uncontrolled diabetes visits the APRN in the health clinic. After discussion about the patient's uncontrolled disease the patient becomes emotional. The patient states he has tried before and wants to do better but has never been able to afford diabetic testing supplies. He does not currently take his prescribed insulin because he is aware that if he administers it without being able to check his blood glucose he could suffer serious health consequences. This patient is best classified as which stage of change?

- a. Contemplation
- b. Precontemplation
- c. Action
- d. Preparative
- e. Maintenance

ANS: D

This patient is in the action preparative stage of change. In this stage the patient is ready to take action but previous barriers (blood glucose monitoring costs) prevented the patient from taking action on any proposed plan previously. To move the patient into action all barriers whether real or perceived must be overcome.

228. An APRN is evaluating a female patient who is morbidly obese in a follow-up evaluation for weight loss. The patient states that she was doing well with weight loss until she went on a vacation. Since returning she has been gaining weight again. Which best characterizes the state of change this patient is experiencing?

- a. Action

- b. Preparative
- c. Contemplation
- d. Maintenance
- e. Precontemplation

ANS: D

The maintenance stage of change includes ongoing monitoring of the patient's adherence to the

plan and any relapses or difficulties the patient may occur.

229. Which of the following questions would be best used by the APRN regarding accountability when coaching a patient?

- a. "What do you need from our time together?"
- b. "What will you do if you go off your plan?"
- c. "What's going to get in your way?"
- d. "What would your life be like if you achieved your goal?"

ANS: B

The accountability portion of the coaching phase involves helping the person use resources, not just pursue goals alone. The patient should implement technology and supportive others as well as be able to confirm that they are meeting their agenda. The other options are applicable to earlier coaching phases.

230. A patient has identified a weight loss goal of 100 pounds that he or she wishes to lose to reach a healthy weight. The patient has failed multiple weight loss attempts in the past. The APRN is coaching this patient regarding their weight loss plan. Which of the following skills should the APRN use for best success in this patient?

- a. Accountability
- b. Support small changes
- c. Raise awareness
- d. Use courage to challenge ANS: B

All of the skills for coaching should be used but this patient has a very large ambitious goal with previous failures. It would be best to support small changes in this patient. This will allow the patient to gain confidence in his or her own success to promote success of his or her larger goal.

## Chapter 28. The Law, The Courts, and the Advanced Practice Registered Nurse

### MULTIPLE CHOICE

1. Which of the following is an example of civil law?
  - a. Possession of marijuana
  - b. Assault and battery
  - c. Giving alcohol to a minor
  - d. Child custody case

ANS: D

### Feedback

- A Possession of marijuana is an example of a violation of criminal law: possession of an illegal substance.
- B Assault and battery comes under the purview of criminal law.



- C Giving alcohol to a minor is an example of a violation of criminal law.
- D Civil law recognizes and enforces the rights of individuals, such as disputes over legal rights or duties of individuals in relation to one another. A child custody case is an example of civil law.

DIF: Cognitive Level: Comprehension REF: p. 68

2. The nurse practice act of a state defines the scope and responsibilities of nursing practice in that state. Which of the following is true regarding nurse practice acts?

- a. They determine the educational requirements for licensure.
- b. They describe the process for gaining membership to a professional organization.
- c. They regulate how many professional nursing organizations may be formed.
- d. They define the practice of medicine in relation to nursing.

ANS: A

Feedback

- A Nurse practice acts define the minimum educational qualifications and other requirements for licensure.
- B Nurse practice acts do not describe the process for admission to the state board of nursing.
- C Nurse practice acts do not regulate nursing organizations.
- D Nurse practice acts have no authority over medical practice issues.

DIF: Cognitive Level: Comprehension REF: p. 69

3. Which of the following falls under the jurisdiction of the state board of nursing?

- a. Approving or reject applications for new nursing education programs
- b. Expanding the provisions of the nurse practice act
- c. Reducing the provisions of the nurse practice act
- d. Right to suspend the need for licensure of registered nurses (RNs) in times of extreme shortage

ANS: A

Feedback

- A Schools of nursing must have state approval from the state board of nursing to operate.
- B The state board of nursing can enforce the nurse practice act but cannot expand it.
- C The state board of nursing can enforce the nurse practice act but cannot reduce it.
- D The state board of nursing does not have the authority to suspend the licensure requirement for any reason.

DIF: Cognitive Level: Comprehension REF: p. 71

- 4. The most common reason that nurses are disciplined by the state board of nursing is
  - a. making medication errors.
  - b. following unsafe nursing practice.
  - c. practicing while impaired.
  - d. abandoning patients.

ANS: C

Feedback

- A Medication errors are not the most common cause of nurses having their licenses suspended.
- B Unsafe nursing practice is a reason to have a license suspended but not the most common reason.
- C The most common reason that the state board suspends a nurses license is for practicing while impaired.
- D Abandoning patients is not the most common reason for suspending nursing licenses.

DIF: Cognitive Level: Knowledge REF: p. 71

5. What is the primary function of the National Council of State Boards of Nursing (NCSBN)?
- a. Overseeing decisions made by state boards of nursing
  - b. Developing the NCLEX-RN and NCLEX-PN licensing examinations
  - c. Administering the NCLEX examination at testing centers
  - d. Overseeing granting licensure by endorsement

ANS: B

Feedback

A The NCSBN does not have the authority to oversee state boards of nursing. B The NCSBN develops the test plan and items for the NCLEX examination. C States, not the NCSBN, administer the NCLEX examination.

D State boards of nursing, not the NCSBN, grant licensure through endorsement.

DIF: Cognitive Level: Comprehension REF: p. 71

6. Which of the following actions by the nurse constitutes professional malpractice?

- a. Administering a preoperative sedative in the patient holding area instead of in the patients room
- b. Failing to notify the physician of a potassium level of 4 mEq/L
- c. Placing the head of the bed flat when a patient is receiving a tube feeding, causing the patient to aspirate the mixture
- d. Administering a routine medication 10 minutes late because of a unit emergency

ANS: C

#### Feedback

- A Administering a preoperative sedative in the patient holding area instead of in the patients room does no harm to the patient.
- B Failing to notify the physician of a potassium level of 4 mEq/L does not necessarily do harm to the patient.
- C The reasonable nurse would know that the head of the bed must be elevated when the patient is receiving a tube feeding.
- D No harm resulted from administering a routine medication 10 minutes late because of a unit emergency.

DIF: Cognitive Level: Analysis REF: p. 72

7. The nurse forgets to give the patient a dose of antibiotic. Later in the shift, the patient goes into cardiac arrest and dies. What element is lacking to support malpractice?

- a. Duty of care
- b. Breach of duty
- c. Specific injury
- d. Proximate cause ANS: D

#### Feedback

- A There is nothing to support that the nurse did not assume the duty of care of the patient.
- B Although the nurse breached her duty by not administering the antibiotic, there also has to be support that this action caused the injury.
- C Although one might claim injury (cardiac arrest and death), the link to the nurses action is not supported.
- D There is no support that failing to administer the antibiotic caused the cardiac arrest and death.

DIF: Cognitive Level: Analysis REF: p. 73

8. Analysis of cases of reported negligence from 1995 to 2001 demonstrated that the majority of cases occurred in which patient care setting?

- a. Acute care
- b. Psychiatric
- c. Nursing homes and long-term care facilities
- d. Home health

ANS: A

#### Feedback

A The majority of negligence cases (60%) occurred in acute care settings. B Psychiatric settings accounted for only 8% of the cases of negligence. C Nursing homes accounted for 18% of the cases of negligence.

D Home health settings accounted for only 2% of the cases of negligence.

DIF: Cognitive Level: Knowledge REF: p. 74

9. A competent resident in a long-term care facility refuses an ordered antidepressant medication. The nurse believes the patient needs the medication because he is clearly showing signs of depression and dissolves the medication in juice without telling the patient. This illustrates negligence by failure to

- a. follow the standard of care.
- b. assess and monitor a patient.
- c. communicate with a patient.
- d. document.

ANS: C

Feedback

A The standard of care was followed as related to the giving of an ordered medication.

B The nurse assessed the patient and determined he still needed the medication because he was showing signs of depression.

C The nurse did not communicate with the patient to determine why he did not want to take the medication. Based on the information she gathered, further actions could have been taken.

D There is no evidence that the nurse did not document the administration of the medication.

DIF: Cognitive Level: Application REF: p. 75

10. A nursing student got a thank-you card from a patient's family and had another student take a photo of the student with the family. The student asks the nursing instructor if it would be alright to post the photo on Facebook. Which response by the instructor is best?

- a. Yes, as long as you ask the family if that would be OK.
- b. I think that would be OK, but you should check hospital policy.
- c. No, posting pictures of patients and families on social media sites is not acceptable.
- d. No, that could lead to a malpractice suit by the patient or family.

ANS: C

#### Feedback

A Confidentiality and Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations place severe restrictions on nurses use of social media sites. The student should not post the photo.

B The hospital probably has a policy regarding the use of social media sites, but the student should also be instructed to check the nursing schools policies as well.

Most such policies prohibit or severely restrict what nurses and students can post. Even if there are no policies in place, the student should not post the photo due to ethical and HIPAA considerations.

C The student would be wise to not post the photo on any social media site. Posts are neither private or inaccessible once deleted.

D In order to prove a claim of malpractice, four elements are needed; duty, breach of duty, harm, and causation. This would most likely not be a case of malpractice.

DIF: Cognitive Level: Analysis REF: p. 79

11. The nurse giving medications to a pediatric patient notes that an order for a medication is considerably larger than the usual dose. She looks up the medication in a pharmacology book and finds she is correct about the dosage. Which action should the nurse take?

- a. Documenting the findings in the chart after giving the medication
- b. Calling the nursing supervisor and ask what to do next

- c. Calling the pharmacist to obtain the usual dosage
- d. Notifying the physician of her findings before giving the medication

ANS: D

#### Feedback

A Documentation is important, but the order needs to be clarified before the medication is administered.

B Although seeking advice from the supervisor is helpful, the nurse still needs to clarify the order with the physician who wrote it.

C Although the pharmacist can check the dosage calculation and provide supportive information to the nurse, he or she is unable to change the order; only the physician can do that.

D The nurse notifying the physician of her findings before giving the medication allows the physician to clarify the order if written incorrectly or to clarify his rationale for the increased amount.

DIF: Cognitive Level: Analysis REF: p. 75

12. Which of the following nursing responsibilities can never be delegated?

- a. Complex tasks
- b. Evaluation
- c. Medication administration
- d. Accountability

ANS: D



## Feedback

- A Complex tasks can be delegated if the person has been trained to perform the task.
- B While an unlicensed assistive personnel (UAP) is not qualified to evaluate results, if the nurse delegates something to another RN, the second RN is responsible for evaluating the results and acting appropriately.
- C Medication administration in some states can be delegated (to a limited degree) to UAPs.
- D Professional accountability cannot be delegated.

DIF: Cognitive Level: Comprehension REF: p. 75

13. The RN asked a nursing assistant to monitor several postoperative patients. Which of the following instructions to the nursing assistant demonstrate appropriate delegation?

- a. Take vital signs every 2 hours, and report to me anything outside of the norms.
- b. Assess pain using a 10-point scale, and record the score on the chart.
- c. Record the urine output, and report to me if they have not voided within 4 hours.
- d. Record the amount of drainage on the dressing on the bedside record.

ANS: C

## Feedback

- A The nursing assistant is told to report anything outside of the norms. An RN should not assume that the nursing assistant knows the specific norms the RN is referring to.
- B The nursing assistant should know if there are specific scores that the RN wishes to know about.
- C This is the most appropriate instruction because the nursing assistant not only knows what to do but also what specific information to report.
- D The RN needs to know the amount of drainage to determine whether any further actions are needed.

DIF: Cognitive Level: Application REF: p. 76

14. The RN delegates changing a sterile dressing over a central line to a licensed practical/vocational nurse (LPN/LVN). The LPN/LVN contaminated the site during the dressing change, and an infection developed in the patient. Which of the following statements is true?

- a. The LPN/LVN is guilty of malpractice.
- b. The RN is ultimately responsible for acts he or she delegates.
- c. The hospital cannot be held responsible for the acts of its employees.
- d. A malpractice suit cannot be brought as no harm came to the patient.

ANS: B

Feedback

A Guilt has to be determined in a court of law. The LPN/LVN can be held responsible for actions in relation to the LPN/LVN scope of practice in the state.

B The RN is responsible for tasks delegated to both licensed and unlicensed personnel.

C The hospital can be held responsible for employees not correctly following policies related to the standards of quality care.

D The patient was harmed.

DIF: Cognitive Level: Comprehension REF: p. 74

15. Which of the following is a legitimate defense to a charge of assault and battery?

- a. Presence of a medical order
- b. Knowledge of what is best for the patient

- c. Informed consent
- d. Living will

ANS: C

Feedback

- A The presence of a medical order does not negate the need for informed consent.
- B Even if the treatment is in the patients best interest, without informed consent it cannot be done.
- C Informed consent is a viable defense against an accusation of assault and battery.
- D Having a living will does not replace the need for informed consent.

DIF: Cognitive Level: Knowledge REF: p. 80

16. In which of the following situations should the legality of an informed consent be questioned?

- a. Patient with dementia; consent given by spouse
- b. Patient who received a preoperative dose of Demerol before giving consent
- c. Patient who is anxious and asks many questions of the physician
- d. Patient who expresses concern about the cost of the procedure

ANS: B

Feedback

- A When the patient is incompetent, a spouse may give informed consent.
- B Patients cannot be sedated or impaired and legally give informed consent.

- C Patients have a right to ask questions of the health care team.
- D Questioning the cost does not negate the legality of the informed consent.

DIF: Cognitive Level: Application REF: p. 76

17. Which of the following is a nursing responsibility regarding informed consent?
- a. Canceling the procedure if the patient has questions
  - b. Explaining the procedure, risks, and treatment alternatives
  - c. Serving as a witness, ensuring that the patient does not feel coerced into a decision
  - d. Ensuring that the physician has completely explained the costs of the procedure

ANS: C

Feedback

- A The nurse does not have the responsibility to schedule or cancel medical procedures.
- B The physician has the responsibility of explaining the procedure, risks, and benefits.
- C The nurse can serve as a witness in informed consent.
- D The costs of the procedure are not required to be included in the physicians explanation.

DIF: Cognitive Level: Comprehension REF: p. 76

18. Which of the following actions is acceptable as an exception to a nurses obligation regarding confidentiality?
- a. Reporting certain diseases to public health authority
  - b. Discussing a patients care with someone who does not know the patient

- c. Leaving printouts of lab reports on the desk in the physicians lounge as a convenience
- d. Discussing a patients condition in a public place as long as the patients name is not mentioned

ANS: A

#### Feedback

- A Exceptions to confidentiality include reporting certain diseases to the appropriate public health authority.
- B It is inappropriate to discuss a patient with anyone outside of the treatment team.
- C Patient records must be kept private at all times.
- D Even if the patients name is not mentioned, discussing a patient in public is a violation of privacy because someone listening may be able to determine the patients identity from the discussion.

DIF: Cognitive Level: Knowledge REF: p. 77

19. Which patient rights are guaranteed by HIPAA?

- a. Patients are asked to sign a release of responsibility if their health care records inadvertently become a matter of public record.
- b. Patients sign a release protecting the health care provider and insurance company against computer file theft.
- c. Patients are protected against medical records being indiscriminately shared.
- d. Patients may receive a complete copy of their medical records at no cost.

ANS: C

#### Feedback

- A Patients health records are never to become a matter of public record.
- B Health care providers and insurance companies are not protected against computer theft.
- C HIPAA protects medical records: written, oral, and electronic.
- D Patients have access to their medical records through HIPAA, but they may be assessed a fee.

DIF: Cognitive Level: Comprehension REF: p. 78

20. A child is tested for genetic abnormalities. After the test results are delivered from the laboratory, a representative of the parents medical insurance company calls the nurses station and asks for the results of the tests. The nurses best response to this request is to

- a. refuse to give the information.
- b. tell the representative the status of the tests is unknown.
- c. give the results as reported because the insurance company is paying for the tests.
- d. tell the representative that the test results will need to be obtained from the physician who ordered them.

ANS: A

Feedback

- A On the basis of HIPAA guidelines, this information is for the patient and health care providers.
- B Nurses should not provide false information.
- C Giving the test results to the insurance company would violate the HIPAA guidelines.
- D Nurses should not provide false information.

## Chapter 29. Malpractice and the Advanced Practice Nurse

1. The Patient Self-Determination Act of 1991, as implemented today, is known as providing
  - a. informed consent.
  - b. advance directives.
  - c. patient bill of rights.
  - d. HIPAA protections.

ANS: B

### Feedback

- A Informed consent assures patient autonomy.
- B Advance directives describe an individual's preferences in regard to medical intervention should the individual become incapacitated, which was the primary intent of the Patient Self-Determination Act of 1991.
- C The patient bill of rights assures patients certain basic rights unrelated to becoming incapacitated.
- D HIPAA protects medical records from disclosure.

DIF: Cognitive Level: Comprehension REF: p. 82

2. Which of the following puts the nurse at increased risk for legal action?
  - a. Delegating a Foley catheter insertion to a LPN/LVN

- b. Documenting the exact words a patient uses when complaining.
- c. Not assessing a patient who is complaining of pain
- d. Caring for a postoperative patient who has a pulmonary embolus while being transferred to the chair

ANS: C

#### Feedback

- A Proper delegation does not increase risk for legal action.
- B Documenting in detail, including using direct quotations when appropriate, will protect the nurse from legal liability.
- C Failing to assess a patient constitutes an area of risk.
- D The embolus may have been unavoidable, and encouraging postoperative mobility meets the standard of care.

DIF: Cognitive Level: Application REF: p. 75 | Box 4-3

3. Which of the following chart entries represents a pitfall in documentation?
- a. Restless and combative; SaO<sub>2</sub> 87%
  - b. Patient demanding and difficult to please
  - c. Discovered in bathroom; instructed to ask for assistance before ambulating
  - d. Three-centimeter area of serosanguineous drainage noted on the dressing to the left hip

ANS: B

#### Feedback



- A Restless and combative; SaO<sub>2</sub> 87% is an acceptable chart entry.
- B The chart entry is subjective and nonspecific. It also contains judgments about the patient which could be interpreted as bias.
- C Discovered in bathroom; instructed to ask for assistance before ambulating is an acceptable chart entry; it is accurate and concise.
- D Three-centimeter area of serosanguineous drainage noted on the dressing to the left hip is complete, accurate, and concise.

DIF: Cognitive Level: Application REF: p. 83

4. The quality of nursing care is judged by whether nursing actions meet the standard of care. Which of the following is an example of meeting the standard of care?
- a. Demonstrating the use of the nursing process when charting
  - b. Following actions consistent with local practice
  - c. Monitoring a patient more closely if the equipment has occasionally malfunctioned
  - d. Bypassing medication checks to save time once the nurse is experienced

ANS: A

Feedback

- A Charting that includes assessment, planning, intervention, and evaluation must be present in the patients record.
- B National, not local, standards of practice should be used.
- C Nurses must use equipment properly and replace it when it is malfunctioning.
- D Proper medication safety checks are the standard of practice for all nurses, including those with experience.

DIF: Cognitive Level: Application REF: p. 83

5. Which of the following is an important step in preventing legal action against the nurse?
- a. Never make a mistake.
  - b. Deflect blame from yourself as much as possible.
  - c. Develop caring, therapeutic relationships with patients.
  - d. Avoid explaining care procedures to patients.

ANS: C

#### Feedback

- A It is not reasonable to expect that nurses will never make a mistake.
- B Nurses must have accountability for errors.
- C Establishing and maintaining good communication and rapport with patients not only is an aspect of best practice but also protects the nurse from lawsuits.
- D Nurses should explain all procedures to patients.

#### MULTIPLE RESPONSE

1. The American Nurses Association (ANA) published a guide for state nurses associations seeking to revise their nurse practice acts. According the ANA, which of the following should be included in these revisions? (Select all that apply.)
- a. Differentiation between advanced and generalist nursing practice
  - b. Authority for boards of nursing to oversee UAP
  - c. Specified frequency of revisions to the nurse practice acts
  - d. Authority for boards of nursing to regulate prescription writing by advanced practice nurses

- e. Nurses responsibility for delegating to LPN/LVNs

ANS: A, B, D, E

#### Feedback

**Correct** Differentiation between advanced and generalist nursing practice, authority for boards of nursing to oversee UAP, specified frequency of revisions to the nurse practice acts, authority for boards of nursing to regulate prescription writing by advanced practice nurses and nurses responsibility for delegating to LPN/LVNs are identified in the ANAs Model Practice Act published in 1996.

**Incorrect** The frequency of revision for the nurse practice acts is not addressed.

2. The central question in any charge of malpractice is whether the prevailing standard of care was met. Which of the following are considered part of the standard of nursing care? (Select all that apply.)

- a. Basic prudent nursing care is a standard.
- b. Health care providers determine standards of care in health care settings.
- c. Standards of care are never changing.
- d. Standards are based on the ethical principle of nonmaleficence.
- e. National standards of nursing practice are standards for all nurses.

ANS: A, D, E

#### Feedback

**Correct** The standard of care reflects a basic minimum level of prudent care for the nurse based on the ethical principle of nonmaleficence or to do no harm, and the national standards of nursing relevant to the situation at that time.

Incorrect Nurses, not other health care providers, are responsible for determining whether the standard of nursing care was met. As nursing practice develops, the standards of care change accordingly.

3. For a nursing malpractice action, essential characteristics of negligence must be present. Which of the following constitute these essential characteristics? (Select all that apply.)

- a. The nurse assumed the responsibility for the patients care.
- b. The nurse is found to have failed to meet the standard of care.
- c. The harm to the patient must be shown to have been caused by the failure to meet the standard of care.
- d. Harm to an individual has occurred.
- e. The nurses action involves acts of commission.

ANS: A, B, C, D

#### Feedback

Correct The nurse assuming the responsibility for the patients care, the nurse failing to meet the standard of care, harm occurring to an individual, and the harm being shown to have been caused by the failure to meet the standard of care are the four elements that need to be present to support the charge of malpractice.

Incorrect Malpractice can involve acts of either commission or omission.

4. The nurse receives reports on the following patients at the beginning of the shift. Which of the following care activities could be delegated to a nursing assistant? (Select all that apply.)

- a. Ambulating a patient who had an emergency appendectomy 8 hours ago, has stable vital signs, and needs to ambulate for the second time

- b. Assisting a patient who was in an automobile accident and whose right arm and leg are in traction with bathing
- c. Feeding a patient recovering from a stroke resulting in difficulty holding a spoon
- d. Taking vital signs, including blood pressure, for a patient with newly diagnosed diabetes and a history of hypertension
- e. Measuring a bed-bound patient's pressure ulcer and assessing the patient's risk for skin breakdown when turning the patient

ANS: A, B, C, D

#### Feedback

Correct Nursing assistants can assist with hygiene and activities of daily living, especially for patients in stable conditions.

Incorrect UAP cannot interpret data or assess patients, because assessment is part of the nursing process.

## Chapter 30. Ethics and the Advanced Practice Nurse

### MULTIPLE CHOICE

1. Which of the following situations is an example of moral distress?
  - a. You hear nurses in the lounge making off-color jokes about a patient. You are afraid to speak up for fear of retaliation.
  - b. You have been late for work a couple of times in the last 2 weeks, and your co-workers are covering for you.
  - c. You become romantically involved with a co-worker, which is against the unit policy, so you resign your position.

d. You purposefully use vague language when explaining a patient's condition to the family. Staff expects that the patient may be brain-dead, but test results are not yet conclusive.

ANS: A

Feedback

- A The definition of moral distress is distress that results from participating in a perceived moral wrongdoing due to situational constraints despite attempting to make a moral choice.
- B There is no breach of ethics in being late and having co-workers cover for you.
- C The person acts appropriately to the moral issue by resigning the position.
- D The person is acting appropriately under current circumstances.

2. According to Kohlberg's theory of moral development, adolescents who shoplift are operating in which level of moral development?

- a. Preconventional
- b. Conventional
- c. Postconventional
- d. Developmental

ANS: A

Feedback

- A In Kohlberg's preconventional level of moral development, the individual is inattentive to the norms of society and is self-centered.
- B In the conventional level, moral decisions conform to the norms of society.
- C In the postconventional level, the individual has a highly developed moral value system independent of group norms.
- D Developmental is not a level of moral development identified by Kohlberg.

3. According to Kohlbergs theory of moral development, individuals who act because it is the rule of society are operating in which level of moral development?

- a. Preconventional
- b. Conventional
- c. Postconventional
- d. Developmental

ANS: B

#### Feedback

A In Kohlbergs preconventional level of moral development, the individual is inattentive to the norms of society and is self-centered.

B In the conventional level, moral decisions conform to the norms of society.

C In the postconventional level, the individual has a highly developed moral value system independent of group norms.

D Developmental is not a level of moral development identified by Kohlberg.

4. Flight 93, hijacked on September 11, 2001, crashed into the Pennsylvania countryside because some of the passengers decided to try to take control of the plane and prevent it from being used as a weapon of mass destruction against structures in Washington, D.C. They decided to act despite grave danger to themselves. This is an example of which level of Kohlbergs theory of moral development?

- a. Preconventional
- b. Conventional
- c. Postconventional

- d. Conventional phase 4

ANS: C

Feedback

- A In the preconventional level, the persons self-interest takes precedence over group norms.
- B In the conventional level, the person conforms to group norms.
- C People in the postconventional level of moral development may ignore self- interest and group norms when making decisions and may sacrifice themselves for the group.
- D Phase 4 of the conventional level follows group and cultural norms.

5. According to Kohlbergs theory, which of the following is true of moral development?

- a. Participating in decision making promotes moral reasoning.
- b. Intellectual development has no effect on moral development.
- c. Participating in debates on ethical issues decreases moral development.
- d. Holding people responsible for their actions does not improve moral development.

ANS: A

Feedback

- A Kohlberg thought that certain conditions promote moral development, such as participating in decision making.
- B Kohlberg thought that intellectual development was necessary for advanced moral development.
- C Participating in debates on ethical issues does enhance moral development.
- D Taking responsibility for actions promotes moral development.



6. Gilligans theory on moral development differed from Kohlbergs theory because Gilligan considered which population not addressed by Kohlberg?

- a. Children
- b. Men
- c. Women
- d. Adolescents

ANS: C

Feedback

- A Kohlberg mostly tested his theory in men and boys.
- B Men were the focus of Kohlbergs theory.
- C Gilligan thought that Kohlbergs theory did not recognize the experience of women in moral development.
- D Gilligans theory did not focus on adolescents.

7. Which of the following ethical theories is illustrated by the example of following the Golden Rule, Do unto others as you wish them to do unto you?

- a. Deontology
- b. Principalism
- c. Utilitarianism
- d. Virtue ethics

ANS: A

Feedback

- A Deontology states that an act is moral if it originates from good will.
- B Principalism is the use of ethical principles in decision making.
- C Decisions are made based on what will do the greatest good for the greatest number of people. A main tenet of utilitarian ethics is that right or useful actions bring about the greatest good for the greatest number of people.
- D Virtue ethics refers to character traits of the decision maker, such as honesty, courage, kindness, and integrity.

8. Which of the following ethical theories is illustrated by the example of triage in disaster nursing?

- a. Deontology
- b. Principalism
- c. Utilitarianism
- d. Virtue ethics

ANS: C

Feedback

- A Deontology states that an act is moral if it originates from good will.
- B Principalism is the use of ethical principles in decision making.
- C Triage in disasters requires decisions to be made on how to do the greatest good for the greatest number of people. A main tenet of utilitarian ethics is that right or useful actions bring about the greatest good for the greatest number of people.
- D Virtue ethics refers to character traits of the decision maker, such as honesty, courage, kindness, and integrity.

9. Respecting the right of a patient with terminal cancer to refuse chemotherapy is based on a belief in the ethical principle of

- a. justice.
- b. autonomy.
- c. nonmaleficence.
- d. death with dignity.

ANS: B

Feedback

- A Justice refers to the equality of the allocation of services.
- B Autonomy is based on the principle that patients have the right to determine their own course of action.
- C Nonmaleficence refers to the responsibility to do no harm.
- D Death with dignity is not an ethical principle.

10. Respecting an elderly womans decision to stay in her own home is based on a belief in the ethical principle of

- a. justice.
- b. autonomy.
- c. nonmaleficence.
- d. death with dignity.

ANS: B

Feedback

- A Justice refers to the equality of the allocation of services.
- B Autonomy is based on the principle that patients have the right to determine their own course of action.
- C Nonmaleficence refers to the responsibility to do no harm.
- D Death with dignity is not an ethical principle.

11. A school nurse teaching school-aged children about water safety is an example of which ethical principle?

- a. Beneficence
- b. Justice
- c. Veracity
- d. Autonomy

ANS: A

#### Feedback

- A Beneficence can be seen as the doing of good.
- B Justice refers to the equal treatment of all.
- C Veracity is truth telling.
- D Autonomy refers to an individuals right to make his or her own decisions.

12. A nurse who advocates for a longer stay when a medically indigent patient is being prematurely discharged to reduce hospital cost is relying on which ethical principle?

- a. Justice
- b. Beneficence
- c. Autonomy

- d. Fidelity

ANS: A

#### Feedback

A Justice refers to the equal and fair allocation of services based on need.

According to this principle, the patient should receive the same care as others in the same condition, regardless of ability to pay.

B Beneficence simply refers to doing good.

C Autonomy asserts that individuals have the right to make their own decisions.

D Fidelity is an incomplete answer, because fidelity refers to faithfulness or honoring ones promises to patients.

13. The current emphasis on eliminating racially based health disparities is based on which of the following ethical principles?

- a. Double effect
- b. Fidelity
- c. Justice
- d. Veracity

ANS: C

#### Feedback

A Double effect is the concept that justifies inflicting harm if the intent is to produce an overall good effect.

B Fidelity refers to honoring ones promises to patients.

C The principle of justice states that equals should be treated the same.

D Veracity is telling the truth.

14. A nurse is turning a bedfast patient to prevent pressure ulcers. The patient complains that the process is painful. The nurse explains the reason for the turning schedule and completes the task.

This is an example of the ethical principle of

- a. autonomy.
- b. fidelity.
- c. nonmaleficence.
- d. veracity.

ANS: C

Feedback

- A Autonomy has to do with individuals being able to make their own decisions.
- B Fidelity refers to honoring ones commitments and promises.
- C Nonmaleficence is defined as the duty to do no harm. Although temporarily painful, not turning the patient would cause actual harm (physical damage), and so this nurse is acting on the principle of nonmaleficence.
- D Veracity refers to being truthful.

15. A patient who is terminally ill is experiencing great pain. To relieve the patients suffering, the nurse needs to administer larger doses of morphine. This relieves the pain but also inhibits respiration. Which principle justifies the risk of harm?

- a. Justice
- b. Fidelity

- c. Veracity
- d. Double effect

ANS: D

Feedback

- A Justice relates to equal treatment of all.
- B Fidelity is faithfulness to ones commitments.
- C Veracity is being truthful.
- D The principle of double effect addresses actions that may result in a negative effect if the end result is good. The end point justifies the risk of harm.

16. Taking a pediatric patient to the playroom on a promised time and day is based on the belief in the ethical principle of

- a. autonomy.
- b. fidelity.
- c. justice.
- d. veracity.

ANS: B

Feedback

- A Autonomy relates to the right of individuals to make their own decisions.
- B Fidelity is being faithful to commitments made to others.
- C Justice refers to the equal treatment of all.
- D Veracity is being truthful.

17. When nurses receive a patient assignment and accept reports on these patients, they are committed to providing care to those assigned to them. This is based on the ethical principle of

- a. beneficence.
- b. fidelity.
- c. justice.
- d. veracity.

ANS: B

Feedback

A Beneficence speaks to doing good.

B Fidelity is being faithful or keeping commitments made to others. In accepting the assignment, the nurse has committed to caring for the patients assigned to her or him.

C Justice is related to the equal treatment of all.

D Veracity refers to ones truthfulness.

18. Answering a terminally ill child's questions about his or her condition honestly is based on a belief in the ethical principle of

- a. autonomy.
- b. fidelity.
- c. justice.
- d. veracity.

ANS: D



Feedback

- A Autonomy relates to the right of an individual to make his or her own decisions.
- B Fidelity refers to being faithful to ones commitments.
- C Justice refers to the equal treatment of all.
- D Veracity is defined as telling the truth. Truthfulness is fundamental in the development and maintenance of trust in a relationship.

19. A father of four is admitted after an automobile accident in which two of the children were killed. Recognizing that he is in very serious condition, the nurse believes that it would be appropriate to avoid telling him about the death of his children unless he asks directly. This could be considered a violation of the ethical principle of

- a. beneficence.
- b. fidelity.
- c. justice.
- d. veracity.

ANS: D

Feedback

- A Beneficence is the expectation of doing good.
- B Fidelity refers to keeping commitments and promises.
- C Justice is the treatment of all equally.
- D Veracity is truth telling. The nurse is not lying but is not forthcoming with the information about the children.

20. Which of the following is the best description of a code of ethics?

- a. A document that describes the correct course of action and does not change regardless of societal changes
- b. A document that all professions must have even if not representative of practice
- c. A document that permits others to know what principles guide professional decision making
- d. A document widely open to interpretation by professionals in various settings

ANS: C

Feedback

- A Codes of ethics have been revised through the years to reflect changes in society.
- B Codes are useful only if upheld by members of the profession in their daily practice.
- C The Code of Ethics of nursing is an implied contract through which the profession informs society of the principles and rules by which it functions.
- D The Code of Ethics should be interpreted in a similar way regardless of practice setting.

21. A nurse is involved in an ethically challenging case. To use an ethical decision-making model, which step should the nurse perform first?

- a. Gather and examine all possible solutions.
- b. Identify the ethical dilemma in the case.
- c. Identify all parties who will be impacted by the decision.
- d. Gather all information important to the situation

ANS: B

Feedback

- A The first step in many ethical decision-making models is to identify the ethical dilemma. Examining all possible solutions comes after this step and gathering information.
- B The first step in many ethical decision-making models is to identify the ethical dilemma.
- C The first step in many ethical decision-making models is to identify the ethical dilemma. Identifying parties affected is not a specific step but is part of identifying the dilemma.
- D The first step in many ethical decision-making models is to identify the ethical dilemma. The next step would be to gather all data related to the situation.

#### MULTIPLE RESPONSE

1. Which of the following are activities in the ethical decision making process? (Select all that apply.)
- a. Avoid looking at legal cases or precedents related to the situation.
  - b. Determine if the people who are affected by the dilemma have value conflicts.
  - c. Brainstorm with others involved to identify all possible solutions.
  - d. Evaluate the action taken to determine whether it accomplished its purpose.
  - e. Discuss only acceptable solutions that are practical to implement.

ANS: B, C, D

#### Feedback

**Correct** Determining who is affected by the dilemma and identifying possible value conflicts among them, identifying all possible solutions, and evaluating the action taken to determine whether it accomplished its purpose clarify the situation and determine whether the selected action achieved its goal.

**Incorrect** A variety of materials including legal documents may help clarify the situation or help identify possible actions. Ethical decision making is not done in isolation. It may involve others

but especially must involve the patient and family. All possible solutions should be considered even if they are unusual, complex, or may be difficult to implement.