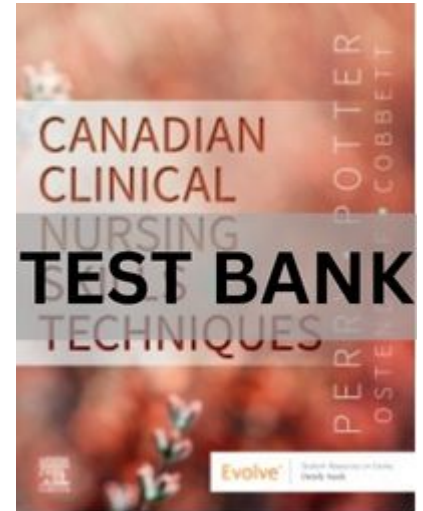


Canadian Clinical Nursing Skills and Techniques, 1st Edition Test Bank

Chapter 01: Evidence-Informed Nursing Practice

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MULTIPLE CHOICE

1. Evidence-informed practice is a problem-solving approach to making decisions about patient care that is grounded in
 - a. the latest information found in textbooks.
 - b. systematically conducted research studies.
 - c. tradition in clinical practice.
 - d. quality improvement and risk-management data.

ANS: B

The best evidence comes from well-designed, systematically conducted research studies described in scientific journals. Portions of a textbook often become outdated by the time it is published. Many health care settings do not have a process to help staff adopt new evidence in practice, and nurses in practice settings lack easy access to risk-management data, relying instead on tradition or convenience. Some sources of evidence do not originate from research. These include quality improvement and risk-management data, infection control data, retrospective or concurrent chart reviews, and clinicians' expertise. Although non-research-based evidence is often very valuable, it is important that you learn to rely more on research-based evidence.

DIF: Cognitive Level: Comprehension REF: Purpose

OBJ: Differentiate between evidence-based and evidence-informed practice.

TOP: Evidence-Based Practice

KEY: Nursing Process Step: Assessment

MSC: NCLEX: Safe and Effective Care Environment (management of care)

2. When evidence-informed practice is used, patient care will be
 - a. standardized for all.
 - b. unhampered by patient culture.
 - c. variable according to the situation.
 - d. safe from the hazards of critical thinking.

ANS: C

Using your clinical expertise and considering patients' cultures, values, and preferences ensures that you will apply available evidence in practice ethically and appropriately. Even when you use the best evidence available, application and outcomes will differ; as a nurse, you will develop critical thinking skills to determine whether evidence is relevant and appropriate.

DIF: Cognitive Level: Application

REF: Purpose

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OBJ: Differentiate between evidence-based and evidence-informed practice.

TOP: Evidence-Based Practice

KEY: Nursing Process Step: Assessment

MSC: NCLEX: Safe and Effective Care Environment (management of care)

3. When a PICO(TS) question is developed, the letter that corresponds with the usual standard of care is
- P.
 - I.
 - C.
 - O.

ANS: C

C = Comparison of interest. What standard of care or current intervention do you usually use now in practice?

P = Patient population of interest. Identify your patient by age, gender, ethnicity, disease, or health problem.

I = Intervention of interest. What intervention (e.g., treatment, diagnostic test, and prognostic factor) do you think is worthwhile to use in practice?

O = Outcome. What result (e.g., change in patient's behaviour, physical finding, and change in patient's perception) do you wish to achieve or observe as the result of an intervention?

DIF: Cognitive Level: Understanding REF: Ask a Clinical Question

OBJ: Explain the components of a PICO(TS) question.

TOP: PICO

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe and Effective Care Environment (management of care)

4. A well-developed PICO(TS) question helps the nurse
- search for evidence.
 - include all five elements of the sequence.
 - find as many articles as possible in a literature search.
 - accept standard clinical routines.

ANS: A

The more focused a question that you ask is, the easier it is to search for evidence in the scientific literature. A well-designed PICOT question does not have to include all five elements, nor does it have to follow the PICOT sequence. Do not be satisfied with clinical routines. Always question and use critical thinking to consider better ways to provide patient care.

DIF: Cognitive Level: Analysis REF: Ask a Clinical Question

OBJ: Explain the components of a PICO(TS) question.

TOP: Evidence-Based Practice

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe and Effective Care Environment (management of care)

5. The nurse is not sure that the procedure the patient requires is the best possible for the situation. Using which of the following resources would be the quickest way to review research on the topic?
- CINAHL
 - PubMed
 - MEDLINE
 - The Cochrane Database

ANS: D

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The Cochrane Community Database of Systematic Reviews is a valuable source of synthesized evidence (i.e., preappraised evidence). The Cochrane Database includes the full text of regularly updated systematic reviews and protocols for reviews currently happening. MEDLINE, CINAHL, and PubMed are among the most comprehensive databases and represent the scientific knowledge base of health care.

DIF: Cognitive Level: Synthesis REF: Search for the Best Evidence
OBJ: Discuss the process for critiquing evidence in the literature.
TOP: Evidence-Based Practice KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment (management of care)

6. The nurse is getting ready to develop a plan of care for a patient who has a specific need. The best source for developing this plan of care would probably be
- The Cochrane Database.
 - MEDLINE.
 - NGC.
 - CINAHL.

ANS: C

The National Guidelines Clearinghouse (NGC) is a database supported by the Agency for Healthcare Research and Quality (AHRQ). It contains clinical guidelines—systematically developed statements about a plan of care for a specific set of clinical circumstances involving a specific patient population. The NGC is a valuable source when you want to develop a plan of care for a patient. The Cochrane Community Database of Systematic Reviews, MEDLINE, and CINAHL are all valuable sources of synthesized evidence (i.e., preappraised evidence).

DIF: Cognitive Level: Synthesis REF: Search for the Best Evidence
OBJ: Discuss the process for critiquing evidence in the literature.
TOP: Evidence-Informed Practice KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment (management of care)

7. The nurse has done a literature search and found 25 possible articles on the topic that he or she is studying. To determine which of those 25 best fit his or her inquiry, the nurse first should look at
- the abstracts.
 - the literature reviews.
 - the “Methods” sections.
 - the narrative sections.

ANS: A

An abstract is a brief summary of an article that quickly tells you whether the article is research based or clinically based. An abstract summarizes the purpose of the study or clinical query, the major themes or findings, and the implications for nursing practice. The literature review usually gives you a good idea of how past research led to the researcher’s question. The “Methods” or “Design” section explains how a research study is organized and conducted to answer the research question or to test the hypothesis. The narrative of a manuscript differs according to the type of evidence-informed article—clinical or research.

DIF: Cognitive Level: Application REF: Critique the Evidence
OBJ: Discuss the process for critiquing evidence in the literature.
TOP: Randomized Controlled Trials KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment (management of care)

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8. The nurse wants to determine the effects of cardiac rehabilitation program attendance on the level of depression in individuals who have had a myocardial infarction. The type of study that would best capture this information would be a
- randomized controlled trial.
 - qualitative study.
 - case-control study.
 - descriptive study.

ANS: B

Qualitative studies examine individuals' experiences with health problems and the contexts in which these experiences occur. A qualitative study is best in this case of an individual nurse who wants to examine the effectiveness of a local program. Randomized controlled trials involve close monitoring of control groups and treatment groups to test an intervention against the usual standard of care. Case-control studies typically compare one group of participants with a certain condition against another group without the condition to look for associations between the condition and predictor variables. Descriptive studies focus mainly on describing the concepts under study.

DIF: Cognitive Level: Synthesis

REF: Search for the Best Evidence

OBJ: Discuss ways to apply evidence in nursing practice.

TOP: Randomized Controlled Trials

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe and Effective Care Environment (management of care)

9. Six months after an early mobility protocol was implemented, the incidence of deep vein thrombosis in patients has been decreased. This is an example of what stage in the evidence-informed practice process?
- Asking a clinical question
 - Applying the evidence
 - Evaluating the practice decision
 - Communicating your results

ANS: C

After implementing a practice change, your next step is to evaluate the effect. You do this by analyzing the outcomes data that you collected during the pilot project. Outcomes evaluation tells you whether your practice change improved conditions, created no change, or worsened conditions.

DIF: Cognitive Level: Application

REF: Knowledge-To-Action Framework

OBJ: Discuss ways to apply evidence in nursing practice.

TOP: Evidence-Based Practice

KEY: Nursing Process Step: Evaluation

MSC: NCLEX: Safe and Effective Care Environment (safety and infection control)

10. A systematic review explains whether the evidence that you are searching for exists and whether there is good cause to change practice. In _____, all entries include information on systematic reviews.
- CINAHL
 - MEDLINE
 - The Cochrane Database
 - The National Guidelines Clearinghouse

ANS: C

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A systematic review explains whether the evidence that you are searching for exists and whether there is good cause to change practice. In the Cochrane Database, all entries include information on systematic reviews.

DIF: Cognitive Level: Synthesis REF: Search for the Best Evidence
OBJ: Discuss ways to apply evidence in nursing practice. TOP: Systematic Reviews
KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment (management of care)

11. Which of the following are the gold standard for research?
- Randomized controlled trials (RCTS)
 - Systematic reviews
 - Case-control studies
 - Cohort studies

ANS: A

Individual randomized controlled trials (RCTs) are the gold standard for research. An RCT establishes cause and effect and is excellent for testing therapies.

DIF: Cognitive Level: Understanding REF: Search for the Best Evidence
OBJ: Discuss the process for critiquing evidence in the literature.
TOP: Randomized Controlled Trials KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment (management of care)

12. The researcher explains how to apply findings in a practice setting for the types of participants studied in the _____ section of a research article.
- Abstract
 - Introduction
 - Methods
 - Results

ANS: D

A research article includes a section called “Results” or “Findings” that explains whether the findings from the study have clinical implications. The researcher explains how to apply findings in a practice setting for the types of participants studied.

DIF: Cognitive Level: Application REF: Critique the Evidence
OBJ: Discuss the process for critiquing evidence in the literature.
TOP: Randomized Controlled Trials KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment (management of care)

13. Which of the following is the extent to which a study’s findings are valid, reliable, and relevant to your patient population of interest?
- Scientific rigour
 - Ethics
 - Peer review
 - Knowledge translation

ANS: A

Scientific rigour is the extent to which a study’s findings are valid, reliable, and relevant to your patient population of interest.

DIF: Cognitive Level: Application REF: Search for the Best Evidence

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OBJ: Discuss the process for critiquing evidence in the literature.

TOP: Randomized Controlled Trials KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe and Effective Care Environment (management of care)

14. Which is the intervention in the following PICO(TS) question: “In children with asthma, does humidified oxygen decrease the frequency of prn salbutamol when compared with regular oxygen?”
- Asthma
 - Humidified oxygen
 - Regular oxygen
 - Salbutamol

ANS: B

The intervention being studied is humidified oxygen. Children with asthma is the population; regular oxygen is the comparison; prn salbutamol is the outcome.

DIF: Cognitive Level: Application REF: Ask a Clinical Question

OBJ: Explain the components of a PICO(TS) question.

TOP: Randomized Controlled Trials KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe and Effective Care Environment (management of care)

15. Which is the outcome in the following PICO(TS) question: “Does family-centred care decrease the rate of hospital readmissions in patients who have suffered from a myocardial infarction, compared with standard discharge practices?”
- Family-centred care
 - Patients who have suffered from a myocardial infarction
 - Rate of hospital readmissions
 - Standard discharge practices

ANS: C

The outcome that will be observed is the rate of hospital readmissions. Family-centred care is the intervention; patients who have suffered from a myocardial infarction is the population; standard discharge practices is the comparison.

DIF: Cognitive Level: Application REF: Ask a Clinical Question

OBJ: Explain the components of a PICO(TS) question.

TOP: Randomized Controlled Trials KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe and Effective Care Environment (management of care)

MULTIPLE RESPONSE

1. To use evidence-informed practice (EIP) appropriately, you need to collect the most relevant and best evidence and to critically appraise the evidence you gather. This process also includes (*Select all that apply.*)
- asking a clinical question.
 - applying the evidence.
 - evaluating the practice decision.
 - communicating your results.

ANS: A, B, C, D

EIP comprises six steps (Melnyk and Fineout-Overholt, 2010):

1. Ask a clinical question.
2. Search for the most relevant and best evidence that applies to the question.

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- Critically appraise the evidence you gather.
- Apply or integrate evidence along with one's clinical expertise and patient preferences and values in making a practice decision or change.
- Evaluate the practice decision or change.
- Communicate your results.

DIF: Cognitive Level: Analysis REF: Knowledge-To-Action Framework
OBJ: Discuss how scientific evidence improves the relevance and efficacy of nursing skills.
TOP: Evidence-Based Practice KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment (management of care)

- In a clinical environment, evidence-informed practice (EIP) has the ability to improve (*Select all that apply.*)
 - the quality of care provided.
 - patient outcomes.
 - clinician satisfaction.
 - patients' perceptions.

ANS: A, B, C, D

EIP has the potential to improve the quality of care that nurses provide, patient outcomes, and clinicians' satisfaction with their practice. Your patients expect nursing professionals to be informed and to use the safest and most appropriate interventions. Use of evidence enhances nursing, thereby improving patients' perceptions of excellent nursing care.

DIF: Cognitive Level: Application REF: Purpose
OBJ: Discuss how scientific evidence improves the relevance and efficacy of nursing skills.
TOP: Randomized Controlled Trials KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment (management of care)

- Which of the following could be considered as an intervention in a PICO(TS) question? (*Select all that apply.*)
 - Family-centred care
 - Acetaminophen
 - Women with breast cancer
 - Decreased pain scores

ANS: A, B

Family-centred care and medication (such as acetaminophen) are considered interventions. Women with breast cancer would be considered a patient or population. Decreased pain scores would be considered an outcome.

DIF: Cognitive Level: Application REF: Ask a Clinical Question
OBJ: Explain the components of a PICO(TS) question.
TOP: Randomized Controlled Trials KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment (management of care)

Chapter 02: Transitions in Care

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MULTIPLE CHOICE

- The patient is scheduled to go home after having coronary angioplasty. What would be the most effective way to provide discharge teaching to this patient?

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- a. Provide him with information on health care websites.
- b. Provide him with written information on what he has to do.
- c. Sit and carefully explain what is required before his follow-up.
- d. Use a combination of verbal and written information.

ANS: D

For discharge teaching, use a combination of verbal and written information. This most effectively provides patients with standardized care information, which has been shown to improve patient knowledge and satisfaction.

DIF: Cognitive Level: Application REF: Skill 2.3 (Teaching)
OBJ: Identify the ongoing needs of patients in the discharge planning process.
TOP: Admission to Discharge Process KEY: Nursing Process Step: Implementation
MSC: NCLEX: Safe and Effective Care Environment

2. While preparing for the patient's discharge, the nurse uses a discharge planning checklist and notes that the patient is concerned about going home because she has to depend on her family for care. The nurse realizes that successful recovery at home is often based on
 - a. the patient's willingness to go home.
 - b. the family's perceived ability to care for the patient.
 - c. the patient's ability to live alone.
 - d. allowing the patient to make her own arrangements.

ANS: B

Discharge from a facility is stressful for a patient and family. Before a patient is discharged, the patient and family need to know how to manage care in the home and what to expect with regard to any continuing physical problems. Family caregiving is a highly stressful experience. Family members who are not properly prepared for caregiving are often overwhelmed by patient needs, which can lead to unnecessary hospital readmissions.

DIF: Cognitive Level: Analysis REF: Skill 2.3: Discharging Patients
OBJ: Identify the ongoing needs of patients in the discharge planning process.
TOP: Medication Reconciliation KEY: Nursing Process Step: Assessment
MSC: NCLEX: Psychosocial Integrity

3. The patient arrives in the emergency department and is complaining of severe abdominal pain and vomiting, and is severely dehydrated. The physician prescribes intravenous (IV) fluids for the dehydration and an IV antiemetic for the patient. However, the patient states that she is fearful of needles and adamantly refuses to have an IV started. The nurse explains the importance of and rationale for the prescribed treatment, but the patient continues to refuse. What should the nurse do?
 - a. Summon the nurse technician to hold the arm down while the IV is inserted.
 - b. Use a numbing medication before inserting the IV.
 - c. Document the patient's refusal and notify the physician.
 - d. Tell the patient that she will be discharged without care unless she complies.

ANS: C

Patients have the right to accept or reject medical treatment. The patient has the right to refuse treatment. Refusal should be documented and the health care provider consulted about alternate treatment.

DIF: Cognitive Level: Application REF: Box 2.3: Patients' Rights
OBJ: Describe the role communication plays in maintaining continuity of care through a patient's

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admission, transition, and discharge from an acute care agency.

TOP: Patient Self-Determination Act KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe and Effective Care Environment

4. An unconscious patient is admitted through the emergency department. How and when is identification of the patient made?
- Determined only when the patient is able
 - Postponed until family members arrive
 - Given an anonymous name under the “blackout” procedure
 - Determined before treatment is started

ANS: B

If a patient is unconscious, identification often is not made until family members arrive.

Delaying treatment can cause deterioration of the patient’s condition. Blackout procedures are intended mainly to protect crime victims.

DIF: Cognitive Level: Application REF: Skill 2.1 (Admission Process)

OBJ: Describe the role communication plays in maintaining continuity of care through a patient’s admission, transition, and discharge from an acute care agency. TOP: The Unconscious Patient

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity

5. During admission of a patient, the nurse notes that the patient speaks another language and may have difficulty understanding English. What should the nurse do to facilitate communication?
- Use hand gestures to explain.
 - Request and wait for an interpreter.
 - Work with the family to gather information.
 - Complete as much of the admission assessment as possible using simple phrases.

ANS: B

If patient does not speak, read, or understand English, arrange for a professional translator to help with the nursing assessment. Use telephone interpreter services as a supplemental system when an interpreter is needed instantly or when services are needed in an unusual or infrequently encountered language. Translation services are preferable to using caregiver or family members to promote effective communication.

DIF: Cognitive Level: Application REF: Skill 2.1 (Admission Process)

OBJ: Describe the role communication plays in maintaining continuity of care through a patient’s admission, transition, and discharge from an acute care agency.

TOP: The Patient Who Does Not Speak English

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe and Effective Care Environment

6. The patient has been admitted to the emergency department after being physically abused. She is frightened that her attacker may find her in the hospital and try to kill her. What should the nurse tell her?
- She is safe in the hospital, and she needs to provide her name.
 - She can be admitted to the hospital without anyone knowing it.
 - Her records will be used as evidence in the trial.
 - Because she has come to the hospital, she has to be examined by the doctor.

ANS: B

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A patient who has been a victim of crime can be admitted anonymously under an agency's "blackout" or "do not publish" procedure.

DIF: Cognitive Level: Analysis REF: Skill 2.1 (Admission Process)
OBJ: Explain the role of a patient's caregiver in the admission, transition, or discharge process.
TOP: Victim of Crime KEY: Nursing Process Step: Implementation
MSC: NCLEX: Psychosocial Integrity

7. The patient is admitted to the critical care unit (CCU) after having been in a motor vehicle accident. He was intubated in the emergency department and needs to receive two units of packed red blood cells. He is conscious but is indicating that he is in pain by guarding his abdomen. To admit this patient, the nurse first will focus on
- examining the patient and treating the pain.
 - orienting the family to the CCU visitation policy.
 - making sure that the consent forms are signed.
 - informing the patient of his rights.

ANS: A

When a critically ill patient reaches a hospital's nursing division, the patient immediately undergoes extensive examination and treatment procedures. Little time is available for the nurse to orient the patient and family to the division or to learn of their fears or concerns.

DIF: Cognitive Level: Analysis REF: Skill 2.1 (Admission Process)
OBJ: Explain the role of a patient's caregiver in the admission, transition, or discharge process.
TOP: Role of the Nurse KEY: Nursing Process Step: Implementation
MSC: NCLEX: Physiological Integrity

8. The nurse is admitting the patient to the medical unit. The patient indicates that he has had several surgeries in the past and has had diabetes for the past 15 years. He also stated that he is allergic to morphine. What does this information prompt the nurse to do next?
- Provide the patient with an allergy armband and document his allergies.
 - Postpone routine admission procedures immediately.
 - Ask the patient if he wants a smoking room.
 - Have all family or friends leave the room.

ANS: A

Provide the patient with an allergy armband listing allergies to foods, drugs, latex, or other substances; document allergies according to hospital policy. Postpone routine admission procedures only if the patient is having acute physical problems. Smoking is prohibited throughout the hospital, and family or friends can remain if the patient wishes to have them assist with changing into a hospital gown or pajamas.

DIF: Cognitive Level: Analysis REF: Skill 2.1 (Admission Process)
OBJ: Explain the role of a patient's caregiver in the admission, transition, or discharge process.
TOP: Allergies KEY: Nursing Process Step: Implementation
MSC: NCLEX: Physiological Integrity

9. At what age is separation anxiety a common problem?
- School-aged children
 - Preschoolers
 - Middle infancy
 - Newborns