Interpersonal Relationships 8th edition Arnold Test Bank

SKU: 9780323544801-TEST-BANK

MULTIPLE CHOICE

1. A nurse manager is teaching a group of nurses about patient safety. The nurse manager teaches the nurses that safety is defined as "avoidance, prevention, and amelioration of adverse outcomes or injuries stemming from the process of health care itself." What is the source of this definition?
   a. Hippocratic oath
   b. National Patient Safety Foundation
   c. American Association of Colleges of Nursing
   d. American Nurses Association's Code of Ethics

   ANS: B
   The National Patient Safety Foundation defines safety as "avoidance, prevention, and amelioration of adverse outcomes or injuries stemming from the process of healthcare itself."

   DIF: Cognitive Level: Knowledge TOP: Step of the Nursing Process: All Phases
   MSC: Client Needs: Management of Care

2. When conducting an in-service on serious medical errors, the nurse teaches that nearly 70% of sentinel events are related to
   a. lack of education.
   b. inadequate resources.
   c. minimal rest periods.
   d. miscommunication.

   ANS: D
   Multiple studies have pinpointed miscommunication as a major causative agent in sentinel events, that is, errors resulting in unnecessary death and serious injury. Miscommunication is the root cause in nearly 70% of sentinel events.

   DIF: Cognitive Level: Understanding TOP: Step of the Nursing Process: All Phases
   MSC: Client Needs: Management of Care

3. When working on a nursing unit, the nurse recognizes that incomplete communication errors most often occur during
   a. staff meetings.
   b. the night shift.
   c. a handoff procedure.
   d. medication administration.

   ANS: C
   It is estimated that 70% of reported errors are preventable. "Preventable" means the error occurs through a medical intervention, not because of the patient's illness. Fatigue is repeatedly cited as a factor contributing to errors. The most common cause of error is incomplete communication during the very many "handoffs" transferring responsibility for client care to another care provider, another unit, or agency. It is estimated that in one day a client may experience up to eight handoffs.

Interpersonal Relationships 8th edition Arnold Test Bank

DIF: Cognitive Level: Understanding TOP: Step of the Nursing Process: All Phases
MSC: Client Needs: Management of Care

4. A student nurse is learning about how to reduce errors and increase safety. The nursing instructor recognizes that further teaching is warranted when the student nurse states which of the following?
   a. "When communicating with patients, I will be clear."
   b. "I will be timely in my communication with patients."
   c. "I will promote communication with patients that is ambiguous."
   d. "When communicating with patients, I will ensure the patient understood."

   ANS: C
   Standardization of communication is an effective tool to avoid incomplete or misleading messages. Standardization needs to be institutionalized at the system level and implemented consistently at the staff level. Safe communication about patient care matters needs to be clear, unambiguous, timely, accurate, complete, open, and understood by the recipient to reduce errors.

   DIF: Cognitive Level: Analyzing TOP: Step of the Nursing Process: All Phases
   MSC: Client Needs: Management of Care

5. The nurse manager sets a goal to establish a new safety culture on a hospital unit. The nurse manager recognizes that basic components in establishing a new safety culture include
   a. support of effective health care teamwork.
   b. encouragement of individualism.
   c. discouragement of new concepts.
   d. promotion of a hierarchical system.

   ANS: A
   A major international effort is underway to prioritize safety goals by improving communication about patients among his or her various providers. The aim is to reduce patient mortality, decrease medical errors, and promote effective health care teamwork.

   DIF: Cognitive Level: Application TOP: Step of the Nursing Process: All Phases
   MSC: Client Needs: Management of Care

6. A nurse attends an in-service aimed to educate staff about reporting hospital errors. The nurse demonstrates understanding when listing which of the following as being NOT consistent with creating a culture of safety?
   a. Creating a way to advise and compensate harmed patients
   b. Supporting care providers after adverse events
   c. Ensuring the negative consequences of disclosing errors serve as a guide
   d. Installing a nonpunative reporting system

   ANS: C
   Many health care providers express concern about reporting errors or near miss incidents. The system needs to be redesigned to be nonpunitive if we are to create a culture of safety. A culture of safety is characterized by installing a strong, nonpunative reporting system; supporting care providers after adverse events; and developing a method to inform and compensate patients who were harmed.

Interpersonal Relationships 8th edition Arnold Test Bank

DIF: Cognitive Level: Analyzing TOP: Step of the Nursing Process: All Phases
MSC: Client Needs: Management of Care

7. When educating a newly diagnosed patient about management of diabetes mellitus, the nurse recognizes that health care–related communication
   a. does not lead to errors within the hospital.
   b. is generally well understood by most patients.
   c. is not an important component of patient care.
   d. can cause patients to misunderstand information.

   ANS: D
   It is important to make verbal and written information as simple as possible. Nurses need to assess the health literacy level of each patient. Nurses should provide privacy to avoid embarrassment and obtain feedback or "teach-backs" to determine the patient's understanding of teaching: Simplify, Clarify, Verify!

   DIF: Cognitive Level: Understanding TOP: Step of the Nursing Process: All Phases
   MSC: Client Needs: Management of Care

8. A nurse manager reminds staff that if an adverse event occurs, everyone's focus needs to be on
   a. how the aviation industry would handle things.
   b. correcting system flaws to avoid future events.
   c. the fact that only a tiny fraction of unsafe care incidents are reported.
   d. determining what staff member(s) made the error.

   ANS: B
   Create a new climate of safety in which agencies, policies, and employees maintain a vigilant, proactive attitude toward adverse events. Recognizing that human error occurs, everyone's focus needs to be on correcting system flaws to avoid future adverse events, rather than finding the one to blame.

   DIF: Cognitive Level: Application TOP: Step of the Nursing Process: All Phases
   MSC: Client Needs: Management of Care

9. When educating a student nurse about safety communication improvement solutions, the nursing instructor recognizes that additional teaching is warranted when the student nurse lists which of the following as a safety communication improvement solution?
   a. Adopting technology-oriented tools
   b. Using standardized verbal and electronic communication tools
   c. Disempowering patients to be partners in safer care
   d. Participating in team training communication seminars

   ANS: C
   While a nurse's clinical judgment remains a valid, essential aspect of communication, other safety communication improvement solutions include using standardized verbal and electronic communications tools, participating in team-training communication seminars, adopting technology-oriented tools, and empowering patients to be partners in safer care. Communication that promotes patient safety needs to include both communication of concise critical information and active listening.

   DIF: Cognitive Level: Application TOP: Step of the Nursing Process: All Phases

Interpersonal Relationships 8th edition Arnold Test Bank

MSC: Client Needs: Management of Care

10. The nurse is teaching the student nurse about how to use SBAR when calling a physician. The student nurse verbalizes understanding of SBAR when stating that SBAR is
    a. used as a situational briefing.
    b. utilized strictly within the hospital setting.
    c. not used in e-mails due to HIPAA rules.
    d. never recorded within the patient's chart.

    ANS: A
    SBAR is used as a situational briefing, so the team is "on the same page." It is used across all types of agencies, groups, and even in e-mails. SBAR simplifies verbal communication between nurses and physicians because content is presented in an expected format. Some hospitals use laminated SBAR guidelines at the telephones for nurses to use when calling physicians about changes in patient status and requests for new orders. Documenting the new order is the only part of SBAR that gets recorded.

    DIF: Cognitive Level: Application TOP: Step of the Nursing Process: All Phases
    MSC: Client Needs: Management of Care

11. A nurse recognizes that strategies for clear, accurate communication to promote patient safety include which of the following?
    a. Establishing a safe environment
    b. Maintaining a climate of closed communication
    c. Using unique interdisciplinary communication tools
    d. Using communication tools that promote vague communication

    ANS: A
    Clear, accurate communication is the bedrock of safe care. Accurate, clear communication and best practice are indicators of quality of care and serve to maintain a safe environment.

    DIF: Cognitive Level: Understanding TOP: Step of the Nursing Process: All Phases
    MSC: Client Needs: Management of Care

12. What tool for safer care is designed to increase cognitive decision-making skills, increase technical proficiency, and enhance teamwork, including communication skills?
    a. Clinical situation simulations
    b. SBAR
    c. Checklists
    d. Team training models

    ANS: A
    The development and refinement of communication and practice skills are provided with clinical situation simulations. Students learn in a safe low stakes simulation lab. The simulations can be low fidelity with model patients or high fidelity with computerized human patient simulators. The students can practice their communication, critical thinking and clinical judgment skills. Since the instructor is present with several students in the lab, there is a more dynamic experience than the one-on-one in clinical settings. Students should feel free to attempt assessments, get feedback and improve over time.

    DIF: Cognitive Level: Understanding TOP: Step of the Nursing Process: All Phases
    MSC: Client Needs: Management of Care

Interpersonal Relationships 8th edition Arnold Test Bank

13. When calling a healthcare provider, the nurse provides name, what unit and what hospital the call is being made from, the patient's name, and that the patient is having trouble breathing. The nurse is demonstrating which step in the SBAR format for communicating with a patient's physician?
    a. Situation
    b. Assessment
    c. Background
    d. Recommendation

    ANS: A
    An example of the situation component of SBAR reporting is: "Dr. Preston, this is Wendy Obi, evening nurse on 4G at St. Simeon Hospital, calling about Mr. Lakewood, who's having trouble breathing." An example of the assessment component of SBAR reporting is: "I don't hear any breath sounds in his right chest. I think he has a pneumothorax." An example of the background component of SBAR reporting is: "Kyle Lakewood, DOB 7/1/60, a 53-year-old man with chronic lung disease, admitted 12/25, who has been sliding downhill × 2 hours. Now he's acutely worse: VS heart rate 92, respiratory rate 40 with gasping, B/P 138/94, oxygenation down to 72%." An example of the recommendation component of SBAR reporting is: "I need you to see him right now. I think he needs a chest tube."

    DIF: Cognitive Level: Understanding TOP: Step of the Nursing Process: All Phases
    MSC: Client Needs: Management of Care

14. The nurse is caring for a patient who is becoming increasingly short of breath. The nurse decides to call the physician. Which of the following should the nurse initially do when speaking with the physician?
    a. State the problem
    b. Tell what is needed
    c. State the patient's allergies
    d. Relate the patient's background

    ANS: A
    During the situation component of SBAR, the nurse identifies herself, the patient, and the problem. During the recommendation component of SBAR, the nurse tells what is needed. During the background component of SBAR, the nurse relates the patient's background.

    DIF: Cognitive Level: Analyzing TOP: Step of the Nursing Process: All Phases
    MSC: Client Needs: Management of Care

15. When communicating with a patient's physician, the nurse suggests ordering a STAT chest X-ray for a patient who is experiencing dyspnea. This is an example of which component of the SBAR format for communicating with the patient's physician?
    a. Situation
    b. Assessment
    c. Background
    d. Recommendation

    ANS: D

Interpersonal Relationships 8th edition Arnold Test Bank

During the recommendation component of SBAR, the nurse states an informed suggestion for the continued care of the patient by proposing an action and stating what is needed and in what time frame it needs to be completed. During the situation component of SBAR, the nurse identifies herself, the patient, and the problem. During the assessment component of SBAR, the nurse states a conclusion that is based on what she thinks is wrong. During the background component of SBAR, the nurse relates the patient's background.

DIF: Cognitive Level: Application TOP: Step of the Nursing Process: All Phases
MSC: Client Needs: Management of Care

16. When a night shift nurse completes a shift, she gives a report about her patients to the oncoming day shift nurse. When beginning the report, the night shift nurse introduces herself and states her role, states the patient's name, identifiers, age, sex, and location. Which of the following should the nurse do next?
    a. State critical lab reports, allergies, and alerts
    b. List current medications and patient's family history
    c. Talk about any anticipated changes in the plan of care
    d. Relate patient's chief complaint, vital signs, symptoms, and diagnosis

    ANS: D
    When using the acronym "I PASS the BATON," the nurse should first introduce herself and state her role; then state the patient's name, identifiers, age, sex, and location; and then go over the patient's assessment, including the chief complaint, vital signs, symptoms, and diagnosis.
    The fifth step in "I PASS the BATON" is safety concerns, which include critical lab reports, allergies, and alerts. The sixth step in "I PASS the BATON" is background, which includes comorbidities, previous episodes, current medications, and family history. The final step in "I PASS the BATON" is next, in which the plan is stated, including what will happen next, and includes any anticipated changes.

    DIF: Cognitive Level: Analyzing TOP: Step of the Nursing Process: All Phases
    MSC: Client Needs: Management of Care

17. When using the acronym "I PASS the BATON," the nurse demonstrates understanding by beginning with an introduction; then stating the patient's name, identifiers, age, sex, and location; then discussing the assessment of the patient; and then talking about
    a. safety concerns related to the patient.
    b. the situation, including current status.
    c. a summary of the patient's medications.
    d. a synopsis of the patient's psychosocial needs.

    ANS: B
    After assessment, the next step using the acronym "I PASS the BATON" is situation, which includes current status, level of certainty, recent changes, and response to treatment. When using the acronym "I PASS the BATON," safety concerns comes immediately after situation. A summary of the patient's current medications occurs during the background step when using the acronym "I PASS the BATON." A synopsis of the patient's psychosocial needs is not part of the acronym "I PASS the BATON."

    DIF: Cognitive Level: Application TOP: Step of the Nursing Process: All Phases
    MSC: Client Needs: Management of Care

Interpersonal Relationships 8th edition Arnold Test Bank

MULTIPLE RESPONSE

1. When educating staff about how to reduce errors and increase safety, the nurse manager emphasizes the importance of communication that is *(Select all that apply.)*
   a. clear.
   b. vague.
   c. timely.
   d. accurate.
   e. unambiguous.

   ANS: A, C, D, E
   Changes in communication to reduce errors and increase safety need to be institutionalized at the system level and implemented consistently at the staff level. Safe communication about patient care matters needs to be clear, unambiguous, timely, accurate, complete, open, and understood by the recipient to reduce errors. Safe communication about patient matters should be clear, not vague.

   DIF: Cognitive Level: Understanding TOP: Step of the Nursing Process: All Phases
   MSC: Client Needs: Management of Care

2. The nurse manager is educating the unit staff about ways to promote safer clinical practice. The nurse manager emphasizes that this can be done through the incorporation of which of the following? *(Select all that apply.)*
   a. Correlation
   b. Cooperation
   c. Collaboration
   d. Cultural sensitivity
   e. Communication clarity

   ANS: B, C
   Beyond individual changes to create safer climates for our patients, we need to advocate for organizational system changes. Leadership is needed to incorporate the "3 Cs," which promote safer clinical practice:
   o Communication clarity
   o Collaboration
   o Cooperation

   DIF: Cognitive Level: Understanding TOP: Step of the Nursing Process: All Phases
   MSC: Client Needs: Management of Care

Interpersonal Relationships 8th edition Arnold Test Bank