Maternal Child Nursing 6th edition McKinney Test Bank

SKU: 9780323697880-TEST-BANK

MULTIPLE CHOICE

1. Which principle of teaching should the nurse use to ensure learning in a family situation?
   a. Motivate the family with praise and positive reinforcement.
   b. Present complex subject material first, while the family is alert and ready to learn.
   c. Families should be taught using medical jargon so they will be able to understand the technical language used by physicians.
   d. Learning is best accomplished using the lecture format.

   ANS: A
   Praise and positive reinforcement are particularly important when a family is trying to master a frustrating task, such as breastfeeding. Learning is enhanced when the teaching is structured to present the simple tasks before the complex material. Even though a family may understand English fairly well, they may not understand the medical terminology or slang terms. A lively discussion stimulates more learning than a straight lecture, which tends to inhibit questions.

   PTS: 1 DIF: Cognitive Level: Remembering OBJ: Nursing Process: Planning
   MSC: Client Needs: Health Promotion and Maintenance

2. When addressing the questions of a newly pregnant woman, the nurse can explain that the certified nurse-midwife is qualified to perform:
   a. regional anesthesia.
   b. cesarean deliveries.
   c. vaginal deliveries.
   d. internal versions.

   ANS: C
   The nurse-midwife is qualified to deliver infants vaginally in uncomplicated pregnancies. The other procedures must be performed by a physician or other medical provider.

   PTS: 1 DIF: Cognitive Level: Remembering
   OBJ: Integrated Process: Teaching-Learning
   MSC: Client Needs: Safe and Effective Care Environment

3. Which nursing intervention is an independent (nurse-driven) function of the nurse?
   a. Administering oral analgesics
   b. Teaching the woman perineal care
   c. Requesting diagnostic studies
   d. Providing wound care to a surgical incision

   ANS: B

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Nurses are responsible for various independent functions, including teaching, counseling, and intervening in nonmedical problems. Interventions initiated by the physician and carried out by the nurse are called dependent functions. Administering oral analgesics is a dependent function; it is initiated by a physician or other provider and carried out by the nurse. Requesting diagnostic studies is a dependent function. Providing wound care is a dependent function; it is usually initiated by the physician or other provider through direct orders or protocol.

PTS: 1 DIF: Cognitive Level: Understanding
OBJ: Integrated Process: Teaching-Learning
MSC: Client Needs: Health Promotion and Maintenance

4. Which response by the nurse to the woman's statement, "I'm afraid to have a cesarean birth," would be the most therapeutic?
   a. "What concerns you most about a cesarean birth?"
   b. "Everything will be OK."
   c. "Don't worry about it. It will be over soon."
   d. "The doctor will be in later, and you can talk to him."

ANS: A
Focusing on what the woman is saying and asking for clarification are the most therapeutic responses. Stating that "everything will be ok" or "don't worry about it" belittles the woman's feelings and might be providing false hope. Telling the patient to talk to the doctor does not allow the woman to verbalize her feelings when she desires.

PTS: 1 DIF: Cognitive Level: Applying
OBJ: Integrated Process: Communication and Documentation
MSC: Client Needs: Psychosocial Integrity

5. To evaluate the woman's learning about performing infant care, the nurse should
   a. demonstrate infant care procedures.
   b. allow the woman to verbalize the procedure.
   c. observe the woman as she performs the procedure.
   d. routinely assess the infant for cleanliness.

ANS: C
The woman's ability to perform the procedure correctly under the nurse's supervision is the best method of evaluation. Demonstration is an excellent teaching method but not an evaluation method. During verbalization of the procedure, the nurse may not pick up on techniques that are incorrect. It is not the best tool for evaluation. Observing the infant for cleanliness does not ensure the proper procedure is carried out. The nurse may miss seeing unsafe techniques being used.

PTS: 1 DIF: Cognitive Level: Evaluating OBJ: Nursing Process: Evaluation
MSC: Client Needs: Health Promotion and Maintenance

6. What situation is most conducive to learning?
   a. A teacher who speaks very little Spanish is teaching a class of Latino students.
   b. A class is composed of students of various ages and educational backgrounds.
   c. An auditorium is being used as a classroom for 300 students.
   d. An Asian nurse provides nutritional information to a group of pregnant Asian

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women.

ANS: D
Teaching is a vital function of the professional nurse. A patient's language and culture influence the learning process; thus a situation that is most conducive to learning is one in which the teacher has knowledge and understanding of the patient's language and cultural beliefs. The ability to understand the language in which teaching is done determines how much the patient learns. Patients for whom English is not their primary language may not understand idioms, nuances, slang terms, informal usage of words, or medical words. The teacher should be fluent in the language of the student. Developmental levels and educational levels influence how a person learns best. In order for the teacher to best present information, the class should be composed of the same levels. A large class is not conducive to learning. It does not allow for questions, and the teacher is not able to see the nonverbal cues from the students to ensure understanding.

PTS: 1 DIF: Cognitive Level: Applying OBJ: Nursing Process: Planning
MSC: Client Needs: Psychosocial Integrity

7. What is the primary role of practicing nurses in the research process?
   a. Designing research studies
   b. Collecting data for other researchers
   c. Identifying researchable problems
   d. Seeking funding to support research studies

ANS: C
Nursing generates and answers its own questions based on evidence within its unique subject area. Nurses of all educational levels are in a position to find researchable questions based on problems seen in their practice area. Designing research studies is generally left to nurses with advanced degrees. Collecting data may be part of a nurse's daily activity, but not all nurses will have this opportunity. Seeking funding goes along with designing and implementing research studies.

PTS: 1 DIF: Cognitive Level: Understanding
OBJ: Integrated Process: Teaching-Learning
MSC: Client Needs: Safe and Effective Care Environment

8. The step of the nursing process in which the nurse determines the appropriate interventions for the identified nursing diagnosis is called
   a. assessment.
   b. planning.
   c. intervention.
   d. evaluation.

ANS: B
The third step in the nursing process involves planning care for problems that were identified during assessment. The first step of the nursing process is assessment, during which data are collected. The intervention phase is when the plan of care is carried out. The evaluation phase is determining whether the goals have been met.

PTS: 1 DIF: Cognitive Level: Remembering OBJ: Nursing Process: Planning
MSC: Client Needs: Safe and Effective Care Environment

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9. Which goal is most appropriate for demonstrating effective parenting?
   a. The parents will demonstrate correct bathing by discharge.
   b. The mother will make an appointment with the lactation specialist prior to discharge.
   c. The parents will place the baby in the proper position for sleeping and napping by 2300 on postpartum day 1.
   d. The parents will demonstrate effective parenting by discharge.

   ANS: D
   Outcomes and goals are not the same. Goals are broad and not measurable and so must be linked to more measurable outcome criteria. Demonstrating effective parenting is one such goal. The other options are measurable outcome indicators that help determine if the goal has been met.

   PTS: 1 DIF: Cognitive Level: Evaluating OBJ: Nursing Process: Planning
   MSC: Client Needs: Safe and Effective Care Environment

10. Which nursing intervention is correctly written?
   a. Encourage turning, coughing, and deep breathing.
   b. Force fluids as necessary.
   c. Assist to ambulate for 10 minutes at 8 AM, 2 PM, and 6 PM.
   d. Observe interaction with infant.

   ANS: C
   This intervention is the most specific and details what should be done, for how long, and when. The other interventions are too vague.

   PTS: 1 DIF: Cognitive Level: Understanding OBJ: Nursing Process: Planning
   MSC: Client Needs: Safe and Effective Care Environment

11. What part of the nursing process includes the collection of data on vital signs, allergies, sleep patterns, and feeding behaviors?
   a. Assessment
   b. Planning
   c. Intervention
   d. Evaluation

   ANS: A
   Assessment includes gathering baseline data. Planning is based on baseline data and physical assessment. Implementation is the initiation and completion of nursing interventions. Evaluation is the last step in the nursing process and involves determining whether the goals were met.

   PTS: 1 DIF: Cognitive Level: Remembering
   OBJ: Nursing Process: Assessment
   MSC: Client Needs: Safe and Effective Care Environment

12. The nurse who coordinates and manages a patient's care with other members of the health care team is functioning in which role?
   a. Teacher
   b. Collaborator
   c. Researcher

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d. Advocate

ANS: B
The nurse collaborates with other members of the health care team, often coordinating and managing the patient's care. Care is improved by this interdisciplinary approach as nurses work together with dietitians, social workers, physicians, and others. Education is an essential role of today's nurse. The nurse functions as a teacher during prenatal care, during maternity care, and when teaching parents of children regarding normal growth and development. Nurses contribute to their profession's knowledge base by systematically investigating theoretic for practice issues and nursing. A nursing advocate is one who speaks on behalf of another. As the health professional who is closest to the patient, the nurse is in an ideal position to humanize care and to intercede on the patient's behalf.

PTS: 1 DIF: Cognitive Level: Remembering OBJ: Nursing Process: Planning
MSC: Client Needs: Safe and Effective Care Environment

13. Which statement about alternative and complementary therapies is true?
a. Replace conventional Western modalities of treatment
b. Are used by only a small number of American adults
c. Allow for more patient autonomy but also may carry risks
d. Focus primarily on the disease an individual is experiencing

ANS: C
Being able to choose alternative and complementary health products and practices does allow for patient autonomy, but the major concern is risk as patients may not disclose their use or substances may interact with other medications the patient is taking. Alternative and complementary therapies are part of an integrative approach to health care for most people, although some may choose only these types of therapies. An increasing number of American adults are seeking alternative and complementary health care options. Alternative healing modalities offer a holistic approach to health, focusing on the whole person and not just the disease.

PTS: 1 DIF: Cognitive Level: Understanding
OBJ: Integrated Process: Culture and Spirituality
MSC: Client Needs: Physiologic Integrity

14. Which step in the nursing process identifies the basis or cause of the patient's problem?
a. Intervention
b. Expected outcome
c. Nursing diagnosis
d. Evaluation

ANS: C
A nursing diagnosis states the problem and its cause ("related to"). Interventions are actions taken to meet the problem. Expected outcome is a statement of how the goal will be measured. Evaluation determines whether the goal has been met.

PTS: 1 DIF: Cognitive Level: Remembering OBJ: Nursing Process: Planning
MSC: Client Needs: Safe and Effective Care Environment

MULTIPLE RESPONSE

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1. Nurses often assume the role of an educator. Which strategies would be best to use for a nurse working with a new mother? (*Select all that apply.*)
   a. Computer-based learning
   b. Videos
   c. Printed material
   d. Group discussion
   e. Lecture

   ANS: A, B, C, D
   To be effective as an educator, the nurse must tailor education to specific needs and characteristics of the patient. Computer-based learning, videos, printed material, and group discussions have all been shown to be effective teaching strategies. Lecture is probably the least effective method as it does not allow for participation.

   PTS: 1 DIF: Cognitive Level: Remembering
   OBJ: Integrated Process: Teaching-Learning
   MSC: Client Needs: Health Promotion and Maintenance

2. The nurse who uses critical thinking understands that the steps of critical thinking include (*Select all that apply.*)
   a. therapeutic communication.
   b. examining biases.
   c. setting priorities.
   d. managing data.
   e. evaluating other factors.

   ANS: B, D, E
   The five steps of critical thinking include *recognizing assumptions, examining biases, analyzing the need for closure, managing data,* and *evaluating other factors such as emotions and environmental factors.* Therapeutic communication is a skill that nurses must have to carry out the many roles expected in the profession; however, it is not one of the steps of critical thinking. Setting priorities is part of the planning phase of the nursing process.

   PTS: 1 DIF: Cognitive Level: Remembering
   OBJ: Nursing Process: Planning | Nursing Process: Implementation
   MSC: Client Needs: Safe and Effective Care Environment

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