Battaglia and Steele's Small Animal Emergency and Critical Care for Veterinary Technicians 5th edition Battaglia Test Bank

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Test Bank - Chapter 01

Q1: A nurse makes a final nursing diagnosis based on careful investigation and analysis of all datasets available: the patient's recent history, visible signs, and laboratory results. Which is being employed?

A. Shared mental model
B. Culture of safety
C. Critical thinking (Correct)
D. Communication

Rationale: The American Philosophical Association (APA) defines critical thinking as purposeful, self-regulatory judgment that uses cognitive tools such as interpretation, analysis, evaluation, inference, and explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations on which judgment is based. Applying critical thinking to everyday practice is imperative to be able to provide excellent patient care. Communication is critical in conveying accurate interpretation to fellow practitioners and client education, while a shared mental model is accomplished through effective communication, collaboration, appropriate staffing and delegation, recognition, and leadership. A key goal of this model is a culture of safety in which team members can perform their duties knowing errors will be addressed respectfully and without a focus on placing blame.

Q2: Which is the first step in Tanner's Clinical Judgment Model?

A. Communicating
B. Responding
C. Interpreting
D. Noticing (Correct)

Rationale: Tanner's Clinical Judgment model is a rubric based on four concepts: Noticing, Interpretation, Responding, and Reflection. The first step is noticing. This involves recognizing signs, observations, and information that deviate from what is considered normal; the second step is interpreting this, defining what an appropriate response would be, and then prioritizing the data to develop a plan. The third step is responding appropriately with confidence, leadership, and clear communication. The final step is reflection, which evaluates not only the decisions made but also how the plan was instituted, as well as patient response.

Q3: How does concept mapping most contribute to developing critical thinking skills?

A. It examines how key concepts relate to one another. (Correct)
B. It exercises the left brain to develop creativity.
C. It recognizes what deviates from the norm.
D. It defines an appropriate response.

Rationale: Concept mapping helps develop critical thinking skills by examining key concepts and how they relate to one another. This exercises the right brain (not the left), which is the creative hemisphere. Concept mapping is important for the productive and analytical phases of creative

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thinking. Recognizing what deviates from the norm is an important initial phase of this kind of analysis, and it is part of "noticing," the first step in Tanner's Clinical Judgment model. Defining an appropriate response comes after mapping and interpretation.

Q4: A hospital staff cooperates in effective collaboration, agreeing on protocols, appropriate staffing and delegation roles, and building in a system of recognition, communication, and leadership. What strategy is being employed?

A. Shared mental model (Correct)

B. Culture of safety

C. Critical thinking

D. Communication

Rationale: A shared mental model is accomplished through effective communication, collaboration, appropriate staffing and delegation, recognition, and leadership. A chief goal of this model is a culture of safety, in which team members can perform their duties knowing errors will be addressed respectfully without a focus on placing blame. Critical thinking refers to the ability to rationally make a decision regarding the patient based on thorough consideration of what is discovered through investigating, analyzing, and evaluating information gathered. Communication is critical in conveying accurate interpretation to fellow practitioners and in good client education.

Q5: Besides the ultimate goal of patient safety, what purpose do I-PASS and SBAR have in common?

A. They both set up systems of processing pension plans.

B. They both set up systems of clinical observation in admissions.

C. They both set up systems of effective verbal and written communication. (Correct)

D. They both set up distinct, easy-to-access emergency department protocols.

Rationale: One of the most common problems associated with clinical errors has been communication failure. For that reason, the SBAR and I-PASS were each developed to provide consistency in how information is shared. The SBAR (S-Situation, B-Background, A-Assessment, R-Recommendation) is a quick and concise method for ensuring consistency in how to provide information about a patient. I-PASS (Introduction, Patient Summary, Action List, Situation Awareness/Contingency Planning, Synthesis by Receiver) has been shown to improve how information is delivered and received. Neither has anything to do with pension plans or systems of clinical observation, and although they can contribute to emergency efficiency, they do not establish emergency protocols.

Q6: In which scenario would you most likely prefer the SBAR to the I-PASS?

A. 5-year-old Lab mix with urinary catheter is whimpering as night staff comes on duty.

B. 12-year-old cat in intensive care after abdominal surgery is sleeping through shift change.

C. Puppy with abscess has become fractious after recovery from surgery; he will need his next tranquilizer 2 hours after shift change.

D. Veterinarian is in surgery and unable to respond when an inpatient begins to demonstrate pacing and moaning. Surgeon requests that doctor on call be contacted. (Correct)

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Rationale: The SBAR is preferred when passing on information to a physician for immediate recommendations and directives. SBAR stands for these steps: S-Situation, B-Background, A-Assessment, R-Recommendation. In this case, the veterinarian on call will need to know the situation, the background, and all assessments to date. Because the technician is closer to the situation, a recommendation is offered, with the final decision resting with the veterinarian. In each of the other scenarios, information was being passed on about a patient during a shift change, and the recipient would repeat the information back to be clear on that patient's needs. I-PASS stands for these steps: Introduction, Patient Summary, Action List, Situation Awareness/Contingency Planning, Synthesis by Receiver.

Q7: In which scenario would you most likely prefer the I-PASS to the SBAR?

A. A surgeon is examining one postoperative patient when the technician observes and assesses a second postoperative patient who appears agitated and decides the surgeon is needed right away.
B. The veterinarian is not on duty when an animal is brought in in critical condition. After history and assessment, the technician calls the surgeon, who is in transit, about possible sedation.
C. The veterinarian is in surgery and unable to respond when an inpatient begins to demonstrate pacing and moaning. The surgeon requests that the doctor on call be contacted.
D. A patient in critical care needs frequent checks and a monitoring of possible signs of infection during the shift ahead. (Correct)

Rationale: The I-PASS is most helpful in passing on accurate patient care information to another technician or caregiver, and tends to be related to overall ongoing care as opposed to a new or immediate development requiring immediate response. In this case, crucial patient care information is being passed on at the time of a shift change, and the recipient will repeat the information back to be clear on that patient's needs. I-PASS stands for these steps: Introduction, Patient Summary, Action List, Situation Awareness/Contingency Planning, Synthesis by Receiver. The SBAR is preferred when passing on information to a physician for immediate recommendations and directives. SBAR stands for these steps: S-Situation, B-Background, A-Assessment, R-Recommendation. Because the technician is closer to the situation, a recommendation is offered, with the final decision resting with the veterinarian.

Q8: Which best describes moral distress in a veterinary technician?

A. Anxiety or stress after assisting with euthanasia (Correct)
B. Emotional numbness in the emergency room
C. Loss of sense of humor and ability to sleep
D. Avoidance behaviors and over-reactivity

Rationale: Moral distress occurs when one is unable or forced to take action that is contrary to personal and professional values. Anxiety or stress may be apparent after participation in the event. The other behaviors described here—emotional numbness, loss of sense of humor and ability to sleep, avoidance behaviors, and over-reactivity—are more characteristic of an ongoing, repeated exposure to stressful situations and are classic signs of compassion fatigue instead.

Q9: Which best defines compassion fatigue?

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A. Distress over being forced to take actions that are contrary to one's personal morals

B. Distress over being unable to act in line with one's professional values

C. Emotional exhaustion from prolonged exposure to suffering or death (Correct)

D. Disgust with clients' excessive anthropomorphism of their pets

Rationale: Compassion fatigue has been defined as deep physical, emotional, and spiritual exhaustion that comes from the repeated exposure, for extended periods of time, to suffering, death, and supporting people who are experiencing intense emotions. Moral distress occurs when one is aware of the appropriate ethical action to take but is unable or forced to take action that is contrary to personal and professional values.

Q10: Which is the best advice one might offer a colleague who confesses to having compassion fatigue?

A. "I admire your passion, but this is clearly not the right profession for you."

B. "I think it's great that you're talking about it. Keep it up. And take a little time to take good care of yourself, maybe by practicing meditation or relaxation techniques." (Correct)

C. "I love your commitment. Have you considered switching to work in a pet store where you would have contact only with healthy animals and happy clients?"

D. "Stay strong. You need to either report any actions you consider unethical or else reassess your own professional values."

Rationale: Veterinary technicians involved with caring for critically ill and injured patients need to make caring for themselves a priority. Wellness is one of the components to being successful. Without a state of well-being, it will be difficult to incorporate critical thinking daily. When we are exhausted and feeling frustrated, we tend to use our limited energy to complete the minimal requirements. That doesn't mean we're in the wrong line of work, nor does it mean that work that is traumatic is always unethical. Instead, we need to take time to talk through our feelings, and take care of our physical, spiritual, and physical health so that fatigue does not lead to absolute burnout.

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