

***Evidence-Based Sexual and Reproductive Health Care***

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**Chapter 1. Clinical Governance in the United Kingdom and the U.S. Natinal  
Strategy for Quality Improvement: Interrelationships with the Principles of  
Evidence-Based Practice**

1. Which concept serves as the underpinning for clinical governance?
  - A. Accountability
  - B. Concerted decision-making
  - C. Collaboration
  - D. Evidence-based practice

Answer: D

Rationale: Clinical governance, which is a United Kingdom-based health services accountability system, is underpinned by evidence-based practice (EBP). To meet expected professional standards, practitioners must understand the link between EBP and clinical governance.

2. According to the 2013 description of clinical governance by the United Kingdom's Department of Health (DH), the seven core elements of clinical governance include:

- A. openness.
- B. shared accountability.
- C. leadership.
- D. joint decision-making.

Answer: A

Rationale: As defined by the United Kingdom's Department of Health (DH), clinical governance includes clinical effectiveness; education and training; research and development; clinical audit; openness; risk management; and information management. Although leadership is not stated as a core element of clinical governance, leadership occurs at all levels of the health service structure. As such, the principles of shared accountability and joint decision-making should be addressed at each level.

3. Which action best demonstrates the nurse practitioner's support for clinical governance?

- A. Assuming joint responsibility for successful patient outcomes.
- B. Emphasizing the importance of autonomy during patient care.
- C. Adhering to computer algorithms to make practice decisions.
- D. Eliminating role boundaries between specialty practitioners.

Answer: A

Rationale: Essentially, clinical governance represents joint responsibility and accountability for clinical success. Thus, professional self-regulation and practitioner judgments should not be replaced by clinical governance because these are critical components of health care and promote high-quality clinical care. Among healthcare professional disciplines, an inherent ambition to establish distinctive delineations of their specialism can create obstacles for a unified or shared accountability among multidisciplinary teams. While collaboration among healthcare professionals may require some degree of flexibility with role boundaries, accountability becomes obscured where role boundaries are blurred.

4. The midwife designs a plan for ensuring accountability related to clinical governance. Which activity does the midwife include when addressing the domain of structural accountability?

- A. Annual reports.
- B. Care delivery procedures based on national guidelines.
- C. Financial resourcing.
- D. Dissemination of findings related to clinical audits.

Answer: C

Rationale: Structural accountability includes financial resourcing. Program accountability includes development of annual reports, and the coordination and dissemination of findings from clinical audits conducted within particular areas of care and service provision. Process accountability includes implementing care delivery procedures that are based on appropriate, nationally stipulated guidelines and policies.

5. A healthcare organization implements strategies for ensuring accountability. Which strategy aligns with the domain of program accountability?

- A. An employee education allowance for attending continuing education conferences.
- B. A quality improvement program aimed at increasing adherence to hand hygiene protocols.
- C. A collaborative effort to implement the clinical governance agenda and principles.
- D. An education session that centers on employment standards and guidelines.

Answer: B

Rationale: Program accountability is the mechanism of quality improvement relating to specific activities. Structural accountability includes collaborative implementation of the clinical governance agenda and principles. In addition, structural accountability ensures that the practitioners gain adequate familiarity with employment standards, policies, procedures, and guidelines. Structural accountability also includes making appropriate provisions for the necessary education and training of employees, as well as providing opportunities for continuing professional development.

6. The advanced nurse practitioner (ANP) is developing an evidence-based practice (EBP) initiative to promote smoking cessation among pregnant patients. From which source of information does the ANP obtain the best available evidence?
- A. Current personal preferences of the target population.
  - B. Systematic reviews.
  - C. Practice endorsement by an authorized professional body.
  - D. Expert opinion.

Answer: B

Rationale: Findings from systematic reviews provide insight into the best available evidence and serve as the basis for EBP. In the current practice climate, substantive evidence also may include expert opinion; endorsement of practice by an authorized professional body; and organization and committee reports. The circumstances, requirements, and personal preferences of patients or identified groups of care and service users may also constitute acceptable forms of evidence if indisputably substantiated.

7. The nurse leader aims to develop a policy that is reflective of the United States National Quality Strategy (NQS) priorities. Which recommendation does the nurse propose?
- A. Maintaining private reporting schemes.
  - B. Eliminating value-based insurance models.
  - C. Incorporating rapid-cycle learning.
  - D. Increasing the focus on specialty care.

Answer: C

Rationale: Policies and infrastructure that support the NQS priorities include promoting innovation and rapid-cycle learning. Priorities of the NQS also include public reporting schemes, value-based insurance models, and increasing the focus on primary care.

8. The midwife delivers a presentation about core elements of clinical governance in the healthcare setting. Which example does the nurse midwife use to illustrate the core element of risk management?
- A. Development of patient socioeconomic profiles.
  - B. Collection of patient demographic information.
  - C. Incident reporting systems.
  - D. Storage of clinical data.

Answer: C

Rationale: The core element of risk management includes the system of reporting faults, specific incidents, and slip-ups in procedures. The core element of information management includes the standard data compiled about the general population, communities, and specific groups in terms

of demographic and socioeconomic profiles. Information management also includes the collection, handling, storage, and use of all clinical information.

9. Which information must be included in a Patient Group Directive (PGD)?

- A. A nurse's endorsement.
- B. A formal prescription.
- C. A patient record number.
- D. A pharmacist's signature.

Answer: D

Rationale: Current stipulations for PGDs require the signature of registered authorized practitioners—in particular, a physician or pharmacist—and they must be endorsed by the appropriate authorizing body stated in the PGD guidelines. A named registered practitioner who is functioning under the regulations of a professional body may supply and/or administer a specific medicine to individuals of identified patient groups. Thus, a formal prescription for a particular patient may not be required.

10. Which objective represents the primary purpose for standardizing guidelines, and procedures for sexual and reproductive health (SRH) treatment?

- A. Decreasing the transmission of contagious diseases.
- B. Preventing the recurrence of sexually-transmitted health alterations.
- C. Promoting adherence to recommended screening guidelines.
- D. Ensuring incorporation of best available evidence in patient treatments.

Answer: D

The key rationale for standardizing the principles, guidelines, and procedures for treatment is to ensure that the treatments provided for specific sexually transmitted infections (STIs) are based on best available evidence. In addition, standardization allows for accomplishing control and prevention of spread and recurrence of specific infections among members of the community. The interactions between sexual health physicians, other practitioners, and the patients help encourage uptake of available sexual health services, including screening.

## **Chapter 2. Overview of the Key Concepts and Guiding Principles of EBP as Applied in Sexual and Reproductive Health Care**

1. Evidence-based practice (EBP) is best described as taking into consideration a combination of factors, including:

- A. intuitive knowledge.
- B. patient expectations.
- C. mainstream practices.
- D. professional experience.

Answer: B

Rationale: Patient values, which are incorporated into evidence-based practice (EBP), include the individual's anxieties and desires, personal expectations, and preferences. EBP emphasizes putting an end to impulsive and unreasoned decision-making based on unfounded intuition or on the mainstream, unquestioned practices. While intuitive knowledge acquired from several years of experience in a specific clinical specialty may arguably constitute evidence, this is questionable. Years of experience alone as evidence may lack the desired substantiation of seminal findings from extensive research.

2. Which question does the advanced nurse practitioner (ANP) ask to evaluate the meaningfulness of an intervention?

- A. Is the intervention applicable?
- B. Is the intervention practical?
- C. Does the intervention produce a favorable experience?
- D. Does the intervention achieve the expected outcome?

Answer: C

Rationale: As described by Jordan, Lockwood, Aromataris, and Munn (2016) the FAME (Feasibility, Appropriateness, Meaningfulness, Effectiveness) scale underpins different healthcare research endeavors as well as providing a structure and framework that guides and directs different types of reviews. Feasibility refers to the practicability and viability of an intervention in a particular context. Appropriateness pertains to whether or not the intervention is applicable to the situation. Meaningfulness requires consideration of the extent to which the intervention produces a favorable experience for an individual or patient group. Effectiveness speaks to the intervention's promotion of achievement of the expected outcomes.

3. The advanced nurse practitioner (ANP) appraises several forms of evidence for credibility. Which information source does the ANP recognize as representing the highest level of evidence?

- A. Case reports.
- B. Qualitative descriptive studies.
- C. Committee reports.
- D. Randomized controlled trials.

Answer: D

Rationale: Randomized controlled trials (RCTs) rank highest when rating the credibility of research studies. The lower end evidence includes qualitative descriptive studies, case reports, and committee reports.

4. The midwife uses a hierarchical rating system to classify evidence. Which type of evidence does the midwife consider to be least rigorous?

- A. Multiple time series.
- B. Cohort studies.
- C. Uncontrolled experiments.
- D. Non-randomized controlled trials.

Answer: A

Rationale: According to Harris et al. (2001), evidence from multiple time series with or without the intervention is included among the least rigorous form of evidence (Level II.3). More rigorous forms of evidence include well-designed controlled trials without randomization (Level II.1), followed by well-designed cohort or case-control analytic studies (Level II.2).

5. When conducting critical appraisal of research for possible utilization in clinical practice, which step does the advanced practice nurse (APN) complete first?

- A. Perform a literature search.
- B. Develop a clinical question.
- C. Synthesize the research study data.
- D. Assess credibility of the clinical findings.

Answer: B

Rationale: Conducting a critical appraisal of research evidence begins with the development of a clinical question. Next, the appraiser conducts an extensive search of the literature to identify and retrieve research reports relating to the problem/phenomenon of concern. After the methodical selection of unbiased papers, the appraiser should examine each of the reports to assess the credibility, reliability, soundness, and accuracy of the findings from the individual studies. Finally, the process of synthesizing and consolidating the data and findings from the studies allows for confirming and strengthening the researchers' claims about specific evidence relating to the problem.

6. Consideration of the researcher's explanation regarding the testing of the data collection instrument represents critical appraisal of which aspect of the research evidence?

- A. Methodology.
- B. Informed consent.
- C. Confidentiality.
- D. Statistical analysis.

Answer: A

Rationale: When conducting a critical appraisal of research evidence, considerations related to methodology include the clarity of the researcher's explanation regarding testing of the data collection instrument. Appraisal of the method of statistical analysis is relevant to data analysis. Appraisal of ethical considerations includes evaluating matters related to informed consent and confidentiality.

7. When reviewing a published research study, the nurse midwife expects the abstract to contain which information?

- A. Data collection instrument.
- B. Observational field notes.
- C. Letters for ethical approval.
- D. Statement of objectives.

Answer: D

Rationale: The abstract of a research study provides concise information about the main objectives/purpose of the research, the methods, results/key findings, and the conclusion. The data collection instrument, observational field notes, and letters for ethical approval are included in the appendices of the paper.

8. Critical appraisal of a research study's conclusions and recommendations includes examination of:

- a. relevance of implications for clinical practice.
- b. compatibility of figures to research data sets.
- c. tabulation of sociodemographic information.
- d. narrative presentation of group compositions.

Answer: A

Rationale: Critical appraisal of a research study's conclusions and recommendations includes evaluation of the relevance and practicality of the implications for clinical practice. Critical appraisal of the data presentation includes considerations related to compatibility of figures to data sets, tabulation of sociodemographic information, and narrative presentation of group compositions.

9. To examine the internal validity of a research study, which question does the nurse midwife consider?

- A. Was the random sampling of the study participants adequately diverse and truly representative of the identified population?
- B. Were the design, methodology and methods sufficiently rigorous and clear-cut to have inhibited extraneous and confounding variables?
- C. Could the changes in the outcome of the study be ascribed to alternative reasons or factors that were not explored in the study?
- D. Is there clear evidence that the hypothesized observation was actually detected, clearly observed, and measured in the analysis?

Answer: C

Rationale: Evaluation of internal validity includes considering whether or not changes in the study outcome may be linked to reasons or factors that were not discussed in the study.

Considerations related to external validity include the sample population's representativeness of the larger population, as well as inhibition of the effects of extraneous variables by way of rigorous design, methodology, and methods. Construct validity refers to the provision of clear evidence that the speculated or hypothesized observation—the key construct—was actually detected, clearly observed, and measured in the analysis.

10. Critical appraisal of a research paper includes evaluating auditability, which refers to:

- A. adequacy of documentation of the research process.
- B. portrayal of contexts of the data sources.
- C. defensibility of the selected research design.
- D. protection of the research study participants' anonymity.

Answer: A

Rationale: To evaluate a research paper's auditability, the appraiser considers the adequacy of documentation of the research process. Consideration of the contexts of data sources is relevant to appraisal of the analysis. Appraisal of the design includes considering the research design's defensibility. Protection of the research study participants' anonymity is an aspect of ethical considerations.