

LeMone/Burke/Bauldoff, *Medical-Surgical Nursing* 6th Edition Test Bank

Chapter 2

Question 1

Type: MCSA

After purchasing a personal computer for use at home, the nurse enrolls in classes at the local community college to learn more about using the device. Which building block of informatics competencies is this nurse demonstrating?

1. Computer literacy
2. Information literacy
3. Relationship analysis
4. Computer integration

Correct Answer: 1

Rationale 1: The building blocks of informatics competencies begin with computer literacy or becoming familiar with a personal computer.

Rationale 2: Information literacy is the ability to locate, evaluate, and use appropriate information effectively.

Rationale 3: The nurse who is highly skilled in information and management technology skills is able to see relationships among data.

Rationale 4: The informatics specialist has additional knowledge and is able to integrate and applies information/computer science to nursing.

Global Rationale: The building blocks of informatics competencies begin with computer literacy or becoming familiar with a personal computer. Information literacy is the ability to locate, evaluate, and use appropriate information effectively. The nurse who is highly skilled in information and management technology skills is able to see relationships among data. The informatics specialist has additional knowledge and is able to integrate and applies information/computer science to nursing.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: VI.A. 1. Explain why information and technology skills are essential for safe patient care

AACN Essentials Competencies: IV. 1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice

NLN Competencies: Context and Environment; Knowledge; Functionality of clinical and financial systems (data entry, documentation, data retrieval); interoperability of systems

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 1. Identify the role of nursing informatics in nursing care.

MNL Learning Outcome:

Page Number: 18

Question 2

Type: MCSA

While participating in the electronic communication committee, the nurse makes a recommendation to alter one aspect of the system to support nursing documentation. Which informatics competency is this nurse practicing?

1. Implement policies relevant to best practice.
2. Analyze and interpret information as part of planning care.
3. Use informatics applications designed for nursing practice.
4. Demonstrate expertise as a content expert in system design.

Correct Answer: 4

Rationale 1: Implementing policies relevant to best practice is a basic informatics competency for all nurses.

Rationale 2: Analyzing and interpreting information as part of planning care is a basic informatics competency for all nurses.

Rationale 3: Using informatics applications designed for nursing practice is a basic informatics competency for all nurses.

Rationale 4: Making a recommendation to alter an aspect of the computer system demonstrates expertise as a content expert in system design.

Global Rationale: Making a recommendation to alter an aspect of the computer system demonstrates expertise as a content expert in system design. Basic informatics competencies for all nurses include implementing policies relevant to best practice, analyzing and interpreting information as part of planning care, and using informatics applications designed for nursing practice.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: VI.C. 4. Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

AACN Essentials Competencies: IV. 1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice

NLN Competencies: Context and Environment; Knowledge; Functionality of clinical and financial systems (data entry, documentation, data retrieval); interoperability of systems;

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 1. Identify the role of nursing informatics in nursing care.

MNL Learning Outcome:

Page Number: 18

Question 3

Type: MCMA

The manager is evaluating a beginning nurse's ability to use the computerized documentation system. Which observations indicate that the beginning nurse needs additional training on the computer?

Standard Text: Select all that apply.

1. Documented care for one patient in 20 minutes
2. Input patient safety data on the appropriate screen
3. Stated laboratory results not available when they were entered 4 hours earlier
4. Retrieved a recent peer-reviewed article supporting an aspect of one patient's care
5. Commented that a paper chart is the only legal and reliable form of documentation

Correct Answer: 1, 3, 5

Rationale 1: An informatics competency for the beginning nurse is demonstrating basic computer literacy and the ability to use desktop applications and electronic communication. Spending 20 minutes to document care for one patient does not indicate basic use of computers.

Rationale 2: Inputting patient safety data on the appropriate screen indicates performance of the informatics competency of supporting patient safety initiatives using information technology.

Rationale 3: An informatics competency for the beginning nurse is demonstrating basic computer literacy and the ability to use desktop applications and electronic communication. Stating that laboratory results were not available when they were entered 4 hours earlier indicates the nurse did not know how to retrieve the results.

Rationale 4: Retrieving an article to support an aspect of patient care indicates performance of the informatics competency of knowledge to support clinical and administrative processes to support evidence-based practice.

Rationale 5: An informatics competency for the beginning nurse is demonstrating basic computer literacy and the ability to use desktop applications and electronic communication.

Commenting that a paper chart is the only legal and reliable form of communication indicates that the nurse is unable to recognize the role of informatics in nursing.

Global Rationale: An informatics competency for the beginning nurse is: demonstrate basic computer literacy and the ability to use desktop applications and electronic communication. Spending 20 minutes to document one patient's care, stating that previously entered laboratory values were unavailable, and believing that paper is the only legal form of documentation indicate that the nurse needs additional training on the computer. Inputting patient safety data and retrieving an article indicate that training has been effective.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: VI.B. 2. Apply technology and information management tools to support safe processes of care

AACN Essentials Competencies: IV. 1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice

NLN Competencies: Context and Environment; Knowledge; Functionality of clinical and financial systems (data entry, documentation, data retrieval); interoperability of systems;

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 1. Identify the role of nursing informatics in nursing care.

MNL Learning Outcome:

Page Number: 18

Question 4

Type: MCMA

The staff development trainer is preparing a seminar for experienced nurses on the computerized clinical documentation system. What should the trainer include in this presentation?

Standard Text: Select all that apply.

1. Strategies to locate information quickly
2. Tips on using the computers and software efficiently
3. Reasons the documentation system supports patient care
4. Approaches to identify relationships among data elements
5. Case studies to analyze data patterns to make clinical judgments

Correct Answer: 4, 5

Rationale 1: Strategies to locate information quickly would be essential for a beginning nurse to learn.

Rationale 2: Tips to use the computer and software efficiently would be essential for a beginning nurse to learn.

Rationale 3: Reasons the documentation system supports patient care would be essential for a beginning nurse to learn.

Rationale 4: An informatics competency for an experienced nurse is the ability to see relationships among data elements.

Rationale 5: An informatics competency for an experienced nurse is the ability to execute clinical judgments based on observed data patterns.

Global Rationale: For experienced nurses the trainer should include information about identifying relationships among data elements and ways to analyze data patterns to make clinical judgments. These actions support the informatics competencies for experienced nurses. Strategies to locate information quickly, tips for using the computer, and reasons for using a computerized documentation system support the informatics competencies for a beginning nurse.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: VI.B. 2. Apply technology and information management tools to support safe processes of care

AACN Essentials Competencies: IV. 1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice

NLN Competencies: Context and Environment; Knowledge; Functionality of clinical and financial systems (data entry, documentation, data retrieval); interoperability of systems

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 1. Identify the role of nursing informatics in nursing care.

MNL Learning Outcome:

Page Number: 18

Question 5

Type: MCSA

A patient asks why the nurse is playing with an iPad in the midst of providing care. What should the nurse respond to this patient?

1. "I'm just typing in notes to remember what care I provided to you."
2. "This is just a way for nurses to communicate instead of calling out to each other."
3. "I just needed to check and make sure I did everything that you needed at this time."
4. "This is a part of the computer system that is used to confidentially document your care."

Correct Answer: 4

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Rationale 1: The nurse is doing more than typing notes to remember what care was provided to the patient.

Rationale 2: The computerized documentation system is not a communication device used between nurses.

Rationale 3: The computer is used for more than determining if all needed care was provided.

Rationale 4: When providing patient care the nurse should explain the computer, why and how it is used, and how the patient's confidential information is protected.

Global Rationale: When providing patient care the nurse should explain the computer, why and how it is used, and how the patient's confidential information is protected. The nurse is doing more than typing notes to remember what care was provided to the patient. The computerized documentation system is not a communication device used between nurses. The computer is used for more than determining if all needed care was provided.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: VI.B. 2. Apply technology and information management tools to support safe processes of care

AACN Essentials Competencies: IV. 1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice

NLN Competencies: Context and Environment; Knowledge; Functionality of clinical and financial systems (data entry, documentation, data retrieval); interoperability of systems

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2. Describe the role of information technology such as computers and related software in nursing care.

MNL Learning Outcome:

Page Number: 19

Question 6

Type: MCSA

The computerized clinical documentation system installed in a healthcare organization has a feature that alerts staff to potential safety hazards. Which computer message should the nurse interpret as a safety warning when providing patient care?

1. Warning: Scan the bar code on the item before using for patient care
2. Warning: Click on automatic calculation before leaving the graphic sheet section
3. Warning: Leaving the computer unattended for 1 minute will result in data not being saved
4. Warning: Administering this medication exceeds the maximum safe amount of acetaminophen

Correct Answer: 4

Rationale 1: Scanning the bar code on an item before using for patient care will ensure that the patient is charged for the item. This is not a safety hazard.

Rationale 2: Clicking on automatic calculation before leaving the graphic sheet section ensures the documentation is complete. This is not a safety hazard.

Rationale 3: Leaving the computer unattended for 1 minute resulting in data being lost will cause the nurse to re-input the information. This is not a safety hazard.

Rationale 4: Electronic medical records have been shown to reduce errors. The record can be programmed to alert clinicians about potential medication errors such as exceeding a safe dose of acetaminophen.

Global Rationale: Electronic medical records have been shown to reduce errors. The record can be programmed to alert clinicians about potential medication errors such as exceeding a safe dose of acetaminophen. Scanning the bar code on an item before using for patient care will ensure that the patient is charged for the item. Clicking on automatic calculation before leaving the graphic sheet section ensures the documentation is complete. Leaving the computer unattended for 1 minute resulting in data being lost will cause the nurse to re-input the information. These are not safety hazards.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: VI.B. 2. Apply technology and information management tools to support safe processes of care

AACN Essentials Competencies: IV. 1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice

NLN Competencies: Context and Environment; Knowledge; Functionality of clinical and financial systems (data entry, documentation, data retrieval); interoperability of systems;

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2. Describe the role of information technology such as computers and related software in nursing care.

MNL Learning Outcome:

Page Number: 19

Question 7

Type: MCSA

While documenting care provided to a patient in the home, the nurse encounters a problem with the electronic medical record. Which action indicates that the nurse was able to troubleshoot and address the problem?

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

1. Followed the steps in the technical difficulties guide and completed documentation
2. Closed the electronic medical record and documented care in a traditional hard-copy note
3. Telephoned the information technology department and reported a problem with the system
4. Used the patient's personal computer to access the electronic record to record documentation

Correct Answer: 1

Rationale 1: When integrating electronic documentation into practice, the nurse must be able to navigate manuals and troubleshoot problems to reduce care delays and frustrations if technical problems arise. Using the technical difficulties guide to complete documentation indicates that the nurse was able to troubleshoot and address the problem.

Rationale 2: Writing a traditional hard-copy note indicates that the nurse was not successfully able to troubleshoot and address the problem.

Rationale 3: Calling the information technology department to report a problem with the system indicates that the nurse was not successful at troubleshooting and addressing the problem.

Rationale 4: The patient's personal computer should not be used for clinical document because of confidentiality. This action indicates that the nurse was not successful at troubleshooting and addressing the problem.

Global Rationale: When integrating electronic documentation into practice, the nurse must be able to navigate and troubleshoot problems to reduce care delays and frustrations if technical problems arise. Using the technical difficulties guide and completed documentation indicates that the nurse was able to troubleshoot and address the problem. Writing a hard-copy note, calling the information technology department, and using the patient's personal computer all indicate that the nurse was not able to troubleshoot and address the problem.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: VI.B.4. Document and plan patient care in an electronic health record

AACN Essentials Competencies: IV.1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice

NLN Competencies: Knowledge and Science; Practice; Use Databases for practice, administrative, education, and/or research purposes; document via electronic health records; use software applications related to nursing practice

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 2. Describe the role of information technology such as computers and related software in nursing care.

MNL Learning Outcome:

Page Number: 19

Question 8

Type: MCMA

The nurse is a member of a committee charged with selecting a computerized clinical information system for an organization. Which features should the nurse recommend be included in this system to support patient care needs?

Standard Text: Select all that apply.

1. Standards of care
2. Quality improvement tracking database
3. Conditions of participation for health plans
4. Patient care policies and procedure manual
5. Clinical competency information and schedule

Correct Answer: 1, 2, 4, 5

Rationale 1: Although patient care is the most common use for information technology, other applications are useful in nursing practice such as storing and managing standards of care.

Rationale 2: Although patient care is the most common use for information technology, other applications are useful in nursing practice such as having a quality improvement tracking database.

Rationale 3: Conditions of participation for health plans would be applicable for the billing department and would not necessarily support patient care.

Rationale 4: Although patient care is the most common use for information technology, other applications are useful in nursing practice such as storing and managing policies and procedures.

Rationale 5: Although patient care is the most common use for information technology, other applications are useful in nursing practice such as storing, managing, and organizing annual clinical competency information.

Global Rationale: Although patient care is the most common use for information technology, other applications are useful in nursing practice such as storing and managing standards of care, tracking quality improvement, coordinating policies and procedures, and maintaining clinical competency information. Conditions of participation for health plans would be applicable for the billing department and will not necessarily support patient care.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: VI.C.2. Value technologies that support clinical decision-making, error prevention, and care coordination

AACN Essentials Competencies: IV.3. Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both patients and healthcare workers

NLN Competencies: Knowledge and Science; Practice; Use Databases for practice, administrative, education, and/or research purposes; document via electronic health records; use software applications related to nursing practice

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 2. Describe the role of information technology such as computers and related software in nursing care.

MNL Learning Outcome:

Page Number: 19

Question 9

Type: MCMA

The manager is on a committee that is investigating the implementation of evidenced-based practice for the nursing staff. Which outcomes should the manager highlight as expected when this approach is implemented?

Standard Text: Select all that apply.

1. Reduces costs
2. Promotes the best patient outcomes
3. Encourages healthcare worker retention
4. Reduces the cost of healthcare worker salaries
5. Reduces care variations between geographic locations

Correct Answer: 1, 2, 3, 5

Rationale 1: The use of EBP in nursing can help to reduce costs.

Rationale 2: The use of EBP in nursing can help to promote the best patient outcomes.

Rationale 3: The use of EBP in nursing can help to reduce care variations due to geographic locations.

Rationale 4: The use of EBP in nursing is not used to reduce the cost of healthcare worker salaries.

Rationale 5: The use of EBP in nursing can help to encourage healthcare worker retention.

Global Rationale: The use of EBP in nursing can help to reduce costs, promote the best patient care outcomes, reduce care variations due to geographic locations, and encourage healthcare worker retention. The use of EBP is not used to reduce the cost of healthcare worker salaries.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.C.3. Value the concept of EBP as integral to determining best clinical practice

AACN Essentials Competencies: III.1. Explain the interrelationships among theory, practice and research

NLN Competencies: Knowledge and Science; Knowledge; Defining what is evidence-based practice

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 3. Define evidence-based practice (EBP)

MNL Learning Outcome: Page Number: 20

Question 10

Type: MCMA

The nurse is implementing evidence-based practice when caring for a patient with a chronic illness. Which actions indicate that the nurse is implementing this approach appropriately?

Standard Text: Select all that apply.

1. Studies healthcare provider's written orders
2. Analyzes patient's requests for care approaches
3. Asks colleagues to identify best approaches to care
4. Plans intervention based upon researched information
5. Reviews findings from patient assessment and laboratory data

Correct Answer: 2, 4, 5

Rationale 1: The healthcare provider's written orders are not a step within the evidence-based practice process.

Rationale 2: Evidence-based practice (EBP) is defined as the practice of nursing in which the nurse makes clinical decisions on the basis of the best available current research evidence; clinical expertise, including internal evidence of patient findings; and the needs and preferences of the patient.

Rationale 3: Asking colleagues to identify best care approaches is not a step within the evidence-based practice process.

Rationale 4: Evidence-based practice (EBP) is defined as the practice of nursing in which the nurse makes clinical decisions on the basis of the best available current research evidence; clinical expertise, including internal evidence of patient findings; and the needs and preferences of the patient.

Rationale 5: Evidence-based practice (EBP) is defined as the practice of nursing in which the nurse makes clinical decisions on the basis of the best available current research evidence; clinical expertise, including internal evidence of patient findings; and the needs and preferences of the patient.

Global Rationale: Evidence-based practice (EBP) is defined as the practice of nursing in which the nurse makes clinical decisions on the basis of the best available current research evidence; clinical expertise, including internal evidence of patient findings; and the needs and preferences of the patient. Studying healthcare provider's orders and asking colleagues to identify best care approaches are not steps within the evidence-based practice process.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A. 2. Describe EBP to include the components of research evidence, clinical expertise and patient/family values

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Quality and Safety; Knowledge; Current best practices

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 3. Define evidence-based practice (EBP)

MNL Learning Outcome:

Page Number: 19-20

Question 11

Type: MCSA

The nurse manager is explaining evidence-based practice (EBP) to the staff during a weekly meeting. Which statement should the manager use when explaining this approach to care?

1. "EBP expedites the assessment phase of the nursing process."
2. "EBP is a problem-solving approach to clinical practice questions."
3. "EBP is quicker than using the nursing process when providing patient care."
4. "EBP demonstrates an interest in furthering the development of nursing science."

Correct Answer: 2

Rationale 1: EBP does not alter or influence any phase within the nursing process.

Rationale 2: EBP is a problem-solving approach to clinical practice questions.

Rationale 3: EBP is not used instead of the nursing process.

Rationale 4: EBP is not used to demonstrate an interest in furthering the development of nursing science.

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Global Rationale: EBP is a problem-solving approach to clinical practice questions. EBP does not alter or replace any phase or step of the nursing process. EBP is not used to demonstrate an interest in furthering the development of nursing science.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.2. Describe EBP to include the components of research evidence, clinical expertise and patient/family values

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining what is evidence-based practice

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 3. Define evidence-based practice (EBP).

MNL Learning Outcome:

Page Number: 20

Question 12

Type: MCMA

The Board of Directors for a major healthcare organization asks the Department of Patient Care Services to implement evidence-based practice. What reasons did the board most likely use to make this recommendation?

Standard Text: Select all that apply.

1. Rising cost for healthcare
2. Requests by the nursing staff
3. Expectation to do the right thing
4. Reduced numbers of hospital inpatients
5. Desire to engage in quality improvement

Correct Answer: 1, 3, 5

Rationale 1: The rising cost of healthcare is one reason that a climate for the evolution of evidence-based health care has been created.

Rationale 2: Requests by nursing staff is not necessarily a factor that has led to the board's decision by creating a climate for the evolution of evidence-based health care.

Rationale 3: The management principle of doing things right is one reason that a climate for the evolution of evidence-based health care has been created.

Rationale 4: The reduced numbers of hospital inpatients would not impact the decision to implement evidence-based practice.

Rationale 5: The desire for quality improvement is one reason that a climate for the evolution of evidence-based health care has been created.

Global Rationale: Rising health costs, the management principle of doing things right and the desire for quality improvement have created a climate for the evolution of evidence-based health care. It is unlikely that the board has made this decision based upon requests by the nursing staff. The numbers of inpatients in the hospital would not impact the decision to implement evidence-based practice.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.C.3. Value the concept of EBP as integral to determining best clinical practice

AACN Essentials Competencies: III.8. Acquire an understanding of the process for how nursing and related healthcare quality and safety measures are developed, validated, and endorsed

NLN Competencies: Knowledge and Science; Knowledge; Defining what is evidence-based practice

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 3. Define evidence-based practice (EBP).

MNL Learning Outcome:

Page Number: 20

Question 13

Type: MCSA

The nurse is identifying external evidence to be used when implementing evidence-based practice for a patient's care. What should the nurse use as external evidence?

1. Textbooks
2. Research studies
3. Standardized care plans
4. Patient teaching materials

Correct Answer: 2

Rationale 1: Textbooks are not a source for external evidence.

Rationale 2: External evidence comes from well-designed research studies.

Rationale 3: Standardized care plans are not a source for external evidence.

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank
Copyright 2015 by Pearson Education, Inc.

Rationale 4: Patient teaching materials are not a source for external evidence.

Global Rationale: External evidence comes from well-designed research studies. Textbooks, standardized care plans, and patient teaching materials are not sources for external evidence.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.2. Describe EBP to include the components of research evidence, clinical expertise and patient/family values

AACN Essentials Competencies: III.1. Explain the interrelationships among theory, practice and research

NLN Competencies: Knowledge and Science; Knowledge; Defining how the evidence on which practice is based is developed and by whom

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 4. Identify the components of EBP.

MNL Learning Outcome:

Page Number: 20

Question 14

Type: MCSA

The nurse reviews quality improvement results and outcomes evaluations before selecting evidence-based practice interventions for a patient's care. What information is the nurse using?

1. Issue of interest
2. Internal evidence
3. External evidence
4. Patient population

Correct Answer: 2

Rationale 1: Issue of interest is used to design the clinical question.

Rationale 2: Internal evidence is derived from quality improvement and outcomes evaluations.

Rationale 3: External evidence comes from well-designed research studies.

Rationale 4: The patient population is used to design the clinical question.

Global Rationale: Internal evidence is derived from quality improvement and outcomes evaluations. External evidence comes from well-designed research studies. The issue of interest and the patient population are used to design the clinical question.

Cognitive Level: Analyzing

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.2. Describe EBP to include the components of research evidence, clinical expertise and patient/family values

AACN Essentials Competencies: III.1. Explain the interrelationships among theory, practice and research

NLN Competencies: Knowledge and Science; Knowledge; Defining how the evidence on which practice is based is developed and by whom

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 4. Identify the components of EBP.

MNL Learning Outcome:

Page Number: 20

Question 15

Type: MCSA

The nurse is concluding actions taken when using evidence-based practice approaches to plan a patient's care. What should the nurse do to ensure that the planned care is of the highest quality?

1. Incorporate patient preferences and values
2. Transcribe the plan of care into the Kardex
3. Ask the manager to review the final plan of care
4. Discuss the plan of care with the healthcare provider

Correct Answer: 1

Rationale 1: Incorporating patient preferences and values provides individualization and is the benchmark for quality nursing care.

Rationale 2: Transcribing the plan of care into the Kardex does not ensure that the planned care is of the highest quality.

Rationale 3: Asking the manager to review the final plan of care does not ensure that the planned care is of the highest quality.

Rationale 4: Discussing the plan of care with the healthcare provider does not ensure that the planned care is of the highest quality.

Global Rationale: Incorporating patient preferences and values provides individualization and is the benchmark for quality nursing care. Transcribing the plan of care or asking the manager or healthcare provider to review the plan of care does not ensure that the planned care is of the highest quality.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise and evidence

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining how the evidence on which practice is based is developed and by whom

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 4. Identify the components of EBP.

MNL Learning Outcome:

Page Number: 20

Question 16

Type: MCMA

The nurse is planning to use evidence-based practice to plan a patient's care. What actions should the nurse include when using this approach?

Standard Text: Select all that apply.

1. Review internal evidence
2. Identify external evidence
3. Discuss patient preferences
4. Consider individual expertise
5. Analyze costs associated with care

Correct Answer: 1, 2, 3, 4

Rationale 1: EBP has been described as a problem-solving approach for clinical practice that includes the three foundational legs of external evidence, clinical expertise and internal evidence, and patient preferences and values.

Rationale 2: EBP has been described as a problem-solving approach for clinical practice that includes the three foundational legs of external evidence, clinical expertise and internal evidence, and patient preferences and values.

Rationale 3: EBP has been described as a problem-solving approach for clinical practice that includes the three foundational legs of external evidence, clinical expertise and internal evidence, and patient preferences and values.

Rationale 4: EBP has been described as a problem-solving approach for clinical practice that includes the three foundational legs of external evidence, clinical expertise and internal evidence, and patient preferences and values.

Rationale 5: Analysis of the costs for care is not a part of the evidence-based practice process.

Global Rationale: EBP has been described as a problem-solving approach for clinical practice that includes the three foundational legs of external evidence, clinical expertise and internal evidence, and patient preferences and values. Analysis of the costs for care is not a part of the evidence-based practice process.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise and evidence

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining how the evidence on which practice is based is developed and by whom

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 4. Identify the components of EBP.

MNL Learning Outcome:

Page Number: 20

Question 17

Type: MCSA

The nurse is determining the best internal evidence to use when planning evidence-based interventions for a patient's care. What should the nurse take into consideration when making this determination?

1. Opinions of authorities and reports of expert committees
2. Systematic reviews of descriptive and qualitative studies
3. Systematic reviews or meta-analyses of randomized controlled trials
4. Comparison of patient assessment and evaluation with quality improvement and outcome evaluations

Correct Answer: 4

Rationale 1: Opinions of authorities and reports of expert communities describe Level VII external evidence.

Rationale 2: Systematic reviews of descriptive and qualitative studies describe Level V external evidence.

Rationale 3: Systematic reviews or meta-analyses of randomized controlled trials describe Level I external evidence.

Rationale 4: Internal evidence is the incorporation of patient assessments and evaluations with quality improvement and outcomes evaluations.

Global Rationale: Internal evidence is the incorporation of patient assessments and evaluations with quality improvement and outcomes evaluations. Opinions of authorities and reports of expert committees, systematic reviews of descriptive and qualitative studies, and systematic reviews or meta-analyses of randomized controlled trials are various levels of external evidence.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise and evidence

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining how the evidence on which practice is based is developed and by whom

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 5. Describe internal evidence and patient preferences in relationship to EBP.

MNL Learning Outcome:

Page Number: 20

Question 18

Type: MCMA

What should a nurse who is reviewing interventions for a patient's health problem keep in mind when selecting applicable interventions?

Standard Text: Select all that apply.

1. Length of stay
2. Medical diagnosis
3. Patient experience
4. Patient circumstances
5. Prescribed treatments

Correct Answer: 3, 4

Rationale 1: Length of stay is not used to influence a nurse's choice of interventions with evidence-based practice.

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Rationale 2: Medical diagnosis is not used to influence a nurse's choice of interventions with evidence-based practice.

Rationale 3: It is the patient experience and circumstances that influence a nurse's choice of nursing intervention.

Rationale 4: It is the patient experience and circumstances that influence a nurse's choice of nursing intervention.

Rationale 5: Prescribed treatments are not used to influence a nurse's choice of interventions with evidence-based practice.

Global Rationale: It is the patient experience and circumstances that influence a nurse's choice of nursing intervention. Length of stay, medical diagnosis, and prescribed treatments are not used to influence a nurse's choice of interventions with evidence-based practice.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise and evidence

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining how the evidence on which practice is based is developed and by whom

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 5. Describe internal evidence and patient preferences in relationship to EBP.

MNL Learning Outcome:

Page Number: 20

Question 19

Type: MCSA

The nurse is a member of the quality improvement committee within a healthcare organization. What action indicates that the information from this committee is being used to support evidence-based practice?

1. Quality improvement indicators address the largest volume of patient safety hazards.
2. Outcomes from quality improvement studies supersede patient preferences and values.
3. Committee participants support the use of evidence-based practice when planning patient care.
4. Results from quality improvement studies are being used as internal evidence for interventions.

Correct Answer: 4

Rationale 1: Addressing the largest volume of patient safety hazards does not indicate that the information from the committee is being used to support evidence-based practice.

Rationale 2: Using the outcomes to supersede patient preferences and values does not indicate that the information from the committee is being used to support evidence-based practice.

Rationale 3: Personal opinion regarding the use of evidence-based practice does not indicate that the information from the committee is being used to support this problem solving approach.

Rationale 4: Internal evidence is derived from quality improvement evaluations. Using the results from quality improvement studies as internal evidence for interventions indicates that the information from this committee is being used to support evidence-based practice.

Global Rationale: Internal evidence is derived from quality improvement evaluations. Addressing the largest volume of patient safety hazards, using outcomes to supersede patient preferences, or personal opinions regarding the use of evidence-based practice do not indicate that the information from the committee is being used to support evidence-based practice.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise and evidence

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining how the evidence on which practice is based is developed and by whom

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 5. Describe internal evidence and patient preferences in relationship to EBP.

MNL Learning Outcome:

Page Number: 20

Question 20

Type: MCSA

The nurse manager determines that a staff nurse planned quality care for an assigned patient. What did the manager observe to come to this conclusion?

1. Incorporation of patient preferences
2. Accurate calculation of intake and output
3. Delegation of tasks to unlicensed assistive personnel
4. Logging out of the computer system after documenting

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Correct Answer: 1

Rationale 1: The incorporation of patient preferences and values to individualize care is a benchmark for quality nursing care.

Rationale 2: Accurately calculating intake and output does not necessarily mean quality care was planned.

Rationale 3: Delegating tasks to unlicensed assistive personnel does not indicate that quality care was planned.

Rationale 4: Logging out of the computer system after documenting does not indicate that quality care was planned.

Global Rationale: The incorporation of patient preferences and values to individualize care is a benchmark for quality nursing care. Calculating intake and output, delegating tasks, and logging out of the computer system do not necessarily indicate that the nurse planned quality care for the patient.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise and evidence

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining how the evidence on which practice is based is developed and by whom

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 5. Describe internal evidence and patient preferences in relationship to EBP.

MNL Learning Outcome:

Page Number: 20

Question 21

Type: MCSA

The nurse is having difficulty identifying keywords to use when searching a database for evidence-based practice interventions. What should the nurse use to help with the identification of keywords?

1. The nursing process
2. Terms from the PICOT question
3. Identified levels for external evidence

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

4. NANDA-approved nursing diagnoses phrases

Correct Answer: 2

Rationale 1: The nursing process is not identified as an approach to identify keywords when searching a database for evidence-based practice interventions.

Rationale 2: The terms from the PICOT question may be used as keywords.

Rationale 3: Levels for external evidence are not identified as an approach to identify keywords when searching a database for evidence-based practice interventions.

Rationale 4: NANDA-approved nursing diagnosis phrases are not identified as an approach to identify keywords when searching a database for evidence-based practice interventions.

Global Rationale: The terms from the PICOT question may be used as keywords. The nursing process, levels for external evidence, and nursing diagnosis phrases are not identified as approaches to identify keywords when searching a database for evidence-based practice interventions.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.4. Describe reliable sources for locating evidence reports and clinical practice guidelines

AACN Essentials Competencies: III.4. Evaluate the credibility of sources of information, including but not limited to databases and Internet resources

NLN Competencies: Context and Environment; Knowledge; access and search of databases

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 6. List important citation sources used to locate appropriate external evidence

MNL Learning Outcome:

Page Number: 21-22

Question 22

Type: MCSA

The nurse desires to obtain as much information about clinical guidelines as possible in preparation for an educational program on evidence-based practice. Which database should the nurse use to achieve this goal?

1. Cochrane Collaboration
2. National Guideline Clearinghouse
3. PubMed from the National Library of Medicine
4. Cumulative Index of Nursing and Allied Health Literature (CINAHL)

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Correct Answer: 2

Rationale 1: The Cochrane Collaboration is a large database that requires the user to register.

Rationale 2: The National Guideline Clearinghouse provides an open access database of clinical guidelines.

Rationale 3: PubMed from the National Library of Medicine is a large database.

Rationale 4: The Cumulative Index of Nursing and Allied Health Literature (CINAHL) is a large database.

Global Rationale: The National Guideline Clearinghouse provides an open access database of clinical guidelines. PubMed from the National Library of Medicine, Cumulative Index of Nursing and Allied Health Literature (CINAHL), and the Cochrane Collaboration are large databases.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A. 4. Describe reliable sources for locating evidence reports and clinical practice guidelines

AACN Essentials Competencies: III. 4. Evaluate the credibility of sources of information, including but not limited to databases and Internet resources

NLN Competencies: Context and Environment; Knowledge; access and search of databases

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 6. List important citation sources used to locate appropriate external evidence

MNL Learning Outcome:

Page Number: 22

Question 23

Type: MCMA

The nurse needs to access the Cumulative Index of Nursing and Allied Health Literature (CINAHL). Where should the nurse go to access this database?

Standard Text: Select all that apply.

1. Public library
2. Medical school library
3. Library within the hospital
4. Public school district library
5. Library at the local university

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Correct Answer: 1, 2, 3, 5

Rationale 1: Subscriptions may be needed to access some benefits of databases. Academic libraries as well as many medical and hospital libraries maintain such subscriptions. Public libraries may also have access.

Rationale 2: Subscriptions may be needed to access some benefits of databases. Academic libraries as well as many medical and hospital libraries maintain such subscriptions. Public libraries may also have access.

Rationale 3: Subscriptions may be needed to access some benefits of databases. Academic libraries as well as many medical and hospital libraries maintain such subscriptions. Public libraries may also have access.

Rationale 4: Public school district libraries are not identified as having access to these types of databases.

Rationale 5: Subscriptions may be needed to access some benefits of databases. Academic libraries as well as many medical and hospital libraries maintain such subscriptions. Public libraries may also have access.

Global Rationale: Subscriptions may be needed to access some benefits of databases. Academic libraries as well as many medical and hospital libraries maintain such subscriptions. Public libraries may also have access. Public school district libraries are not identified as having access to these types of databases.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.4. Describe reliable sources for locating evidence reports and clinical practice guidelines

AACN Essentials Competencies: III. 4. Evaluate the credibility of sources of information, including but not limited to databases and Internet resources

NLN Competencies: Context and Environment; Knowledge; access and search of databases

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 6. List important citation sources used to locate appropriate external evidence.

MNL Learning Outcome:

Page Number: 22

Question 24

Type: MCSA

While preparing for a clinical conference the nurse accesses the computer for evidence-based practice information. What information indicates that the nurse used the National Guideline Clearinghouse?

1. Opinions of experts who have cared for patients with similar problems
2. Copies of clinical guidelines that address a patient's particular problems
3. Results of descriptive studies performed on patients with similar problems
4. Analyses of controlled trials conducted with patients having similar problems

Correct Answer: 2

Rationale 1: Opinions of experts would be obtained from a database search.

Rationale 2: The National Guideline Clearinghouse provides an open access database of clinical guidelines.

Rationale 3: Results of descriptive studies would be obtained from a database search.

Rationale 4: Analyses of controlled trials would be obtained from a database search.

Global Rationale: The National Guideline Clearinghouse provides an open access database of clinical guidelines. Expert opinion, descriptive study results, and analyses of controlled trials would be obtained from a database search.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.4. Describe reliable sources for locating evidence reports and clinical practice guidelines

AACN Essentials Competencies: III.4. Evaluate the credibility of sources of information, including but not limited to databases and Internet resources

NLN Competencies: Context and Environment; Knowledge; access and search of databases

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 6. List important citation sources used to locate appropriate external evidence.

MNL Learning Outcome:

Page Number: 22

Question 25

Type: MCMA

The nurse is comparing the nursing process with the research process. Which steps should the nurse identify as being similar?

Standard Text: Select all that apply.

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

1. Set goals
2. Analyze the data
3. Evaluate the results
4. Collect data for evidence
5. Determine nursing diagnoses

Correct Answer: 1, 2, 3, 4

Rationale 1: For both processes goals are set, data is analyzed, results are evaluated, and data is collected for evidence.

Rationale 2: For both processes goals are set, data is analyzed, results are evaluated, and data is collected for evidence.

Rationale 3: For both processes goals are set, data is analyzed, results are evaluated, and data is collected for evidence.

Rationale 4: For both processes goals are set, data is analyzed, results are evaluated, and data is collected for evidence.

Rationale 5: Determining nursing diagnoses is a part of the nursing process.

Global Rationale: For both processes goals are set, data is analyzed, results are evaluated, and data is collected for evidence. Determining nursing diagnoses is a part of the nursing process.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining the relationships between research and science building, and between research and EBP

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 7. Compare and contrast the steps of the nursing and evidence-based practice processes.

MNL Learning Outcome:

Page Number: 21

Question 26

Type: MCMA

The nurse is reviewing steps performed within the research process. Which actions indicate that the nurse worked through the step equivalent to the nursing diagnosis phase of the nursing process?

Standard Text: Select all that apply.

1. Analyzed results
2. Collected information
3. Chose an appropriate theory
4. Conducted a literature review
5. Identified a research question

Correct Answer: 3, 4

Rationale 1: Analyzing results is comparable to the evaluation phase of the nursing process.

Rationale 2: Collecting information is comparable to the implementation phase of the nursing process.

Rationale 3: Conducting a literature review and choosing an appropriate theory are actions of the research process that are comparable to the nursing diagnosis phase of the nursing process.

Rationale 4: Conducting a literature review and choosing an appropriate theory are actions of the research process that are comparable to the nursing diagnosis phase of the nursing process.

Rationale 5: Identifying a research question is comparable to the assessment phase of the nursing process.

Global Rationale: Conducting a literature review and choosing an appropriate theory are actions of the research process that are comparable to the nursing diagnosis phase of the nursing process. Analyzing results is comparable to the evaluation phase of the nursing process. Collecting information is comparable to the implementation phase of the nursing process. Identifying a research question is comparable to the assessment phase of the nursing process.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining the relationships between research and science building, and between research and EBP

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 7. Compare and contrast the steps of the nursing and evidence-based practice processes.

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Question 27
Type: MCMA

The nurse is completing the evaluation phase of the nursing process. What actions should the nurse perform that would be comparable to using the research process?

Standard Text: Select all that apply.

1. Analyzing results
2. Reporting findings
3. Conducting analysis
4. Conducting literature review
5. Identifying a research question

Correct Answer: 1, 2, 3

Rationale 1: Conducting an analysis, analyzing results, and reporting findings are actions within the research process that are comparable to the evaluation phase of the nursing process.

Rationale 2: Conducting an analysis, analyzing results, and reporting findings are actions within the research process that are comparable to the evaluation phase of the nursing process.

Rationale 3: Conducting an analysis, analyzing results, and reporting findings are actions within the research process that are comparable to the evaluation phase of the nursing process.

Rationale 4: Conducting a literature review is comparable to the nursing diagnosis phase of the nursing process.

Rationale 5: Identifying a research question is comparable to the assessment phase of the nursing process.

Global Rationale: Conducting an analysis, analyzing results, and reporting findings are actions within the research process that are comparable to the evaluation phase of the nursing process. Conducting a literature review is comparable to the nursing diagnosis phase of the nursing process. Identifying a research question is comparable to the assessment phase of the nursing process.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining the relationships between research and science building, and between research and EBP

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 7. Compare and contrast the steps of the nursing and evidence-based practice processes.

MNL Learning Outcome:

Page Number: 21

Question 28

Type: MCMA

The nurse is participating in the research process. Which actions indicate that the nurse successfully completed the identification of a research question?

Standard Text: Select all that apply.

1. The nurse analyzed results.
2. The nurse reported findings.
3. The nurse conducted a literature review.
4. The nurse utilized knowledge of nursing.
5. The nurse reflected on clinical experiences.

Correct Answer: 4, 5

Rationale 1: Analyzing results is a part of the final phase of the research process.

Rationale 2: Reporting findings is a part of the final phase of the research process.

Rationale 3: Conducting a literature review is a part of the problem/purpose identification.

Rationale 4: When identifying a research question, the nurse should utilize nursing knowledge and clinical experiences.

Rationale 5: When identifying a research question, the nurse should utilize nursing knowledge and clinical experiences.

Global Rationale: When identifying a research question, the nurse should utilize nursing knowledge and clinical experiences. Analyzing results is a part of the final phase of the research process. Reporting findings is a part of the final phase of the research process. Conducting a literature review is a part of the problem/purpose identification.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Client Need Sub: Management of Care

QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining the relationships between research and science building, and between research and EBP

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 7. Compare and contrast the steps of the nursing and evidence-based practice processes.

MNL Learning Outcome:

Page Number: 21

Question 29

Type: MCSA

The nurse decides that a clinical guideline would be helpful when planning the care of a patient. What should the nurse do to obtain this guideline?

1. Access a nursing literature database
2. Search through a nursing procedure textbook
3. Telephone a clinical guidelines company for assistance
4. Conduct a computer search on a clinical guidelines website

Correct Answer: 4

Rationale 1: Accessing a nursing literature database will not provide the needed information on clinical guidelines.

Rationale 2: Searching through a nursing procedure textbook would be time consuming.

Rationale 3: Telephoning a clinical guidelines company for assistance would be time consuming.

Rationale 4: To obtain clinical guideline information, the nurse should conduct a search on a clinical guidelines website.

Global Rationale: To obtain clinical guideline information, the nurse should conduct a search on a clinical guidelines website. Accessing a nursing literature database will not provide the needed information on clinical guidelines. Searching through a nursing procedure textbook or telephoning a clinical guidelines company for assistance would be time consuming.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

QSEN Competencies: III.B.5. Locate evidence reports related to clinical practice topics and guidelines

AACN Essentials Competencies: IV.6. Evaluate data from all relevant sources, including technology, to inform the delivery of care

NLN Competencies: Knowledge and Science; Knowledge; Electronic databases; literature retrieval; evaluating data for validity and reliability; evidence and best practices for nursing

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Discuss the role of information technology in the evidence-based practice process.

MNL Learning Outcome:

Page Number: 21-22

Question 30

Type: MCSA

The nurse is reviewing content from the PICOT question format to identify terms to search when accessing information from a database. Which content should the nurse use as keyword(s) for this search?

1. Outcome
2. Assessment
3. Patient home address
4. Patient discharge plan

Correct Answer: 1

Rationale 1: PICOT is an acronym for terms to be included in the clinical question. These terms include patient population, intervention or issue of interest, comparison intervention or group, outcome, and time frame.

Rationale 2: Assessment is not a part of the PICOT format.

Rationale 3: Patient home address is not a part of the PICOT format.

Rationale 4: Patient discharge plan is not a part of the PICOT format.

Global Rationale: PICOT is an acronym for terms to be included in the clinical question. These terms include patient population, intervention or issue of interest, comparison intervention or group, outcome, and time frame. Assessment, patient home address, and patient discharge plan are not parts of the PICOT format.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.5. Locate evidence reports related to clinical practice topics and guidelines

AACN Essentials Competencies: IV.6. Evaluate data from all relevant sources, including technology, to inform the delivery of care

NLN Competencies: Knowledge and Science; Knowledge; Electronic databases; literature retrieval; evaluating data for validity and reliability; evidence and best practices for nursing

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Discuss the role of information technology in the evidence-based practice process.

MNL Learning Outcome:

Page Number: 20

Question 31

Type: MCSA

The nurse is writing a paper on a research project as part of a class assignment. What should the nurse do to obtain the most current information about the research topic?

1. Ask the librarian to identify journals appropriate for the research topic.
2. Discuss ideas and content with classmates for inclusion in the research project.
3. Access a database and search for information appropriate for the research topic.
4. Study the class research textbook for information that would apply to the research topic.

Correct Answer: 3

Rationale 1: Asking the librarian for help might not be time efficient.

Rationale 2: Discussing ideas and content with classmates is not the most appropriate approach.

Rationale 3: The nurse should access a database and search for information appropriate for the research topic.

Rationale 4: The class research textbook might not have information appropriate for the research topic.

Global Rationale: The nurse should access a database and search for information appropriate for the research topic. Asking the librarian for help might not be time efficient. Discussing ideas and content with classmates is not the most appropriate approach. The class research textbook might not have information appropriate for the research topic.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.5. Locate evidence reports related to clinical practice topics and guidelines

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

AACN Essentials Competencies: IV.6. Evaluate data from all relevant sources, including technology, to inform the delivery of care

NLN Competencies: Knowledge and Science; Knowledge; Electronic databases; literature retrieval; evaluating data for validity and reliability; evidence and best practices for nursing

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Discuss the role of information technology in the evidence-based practice process.

MNL Learning Outcome:

Page Number: 22

Question 32

Type: MCSA

The nurse needs to locate external evidence to support evidence-based practice interventions for a patient's care. What action indicates that the nurse maximized the use of technology to locate this evidence?

1. The nurse focused the search on appropriate and applicable nursing diagnoses.
2. The nurse identified specific data points when searching a clinical guidelines website.
3. The nurse input medical subject heading terms when searching through a database.
4. The nurse emphasized the expected patient outcomes when searching through a database.

Correct Answer: 3

Rationale 1: Focusing on nursing diagnoses may or may not provide the nurse with the needed information.

Rationale 2: Focusing on data points may or may not provide the nurse with the needed information.

Rationale 3: Effective literature searching is a necessary foundation to locating appropriate external evidence. Selection of an appropriate database is central to efficient literature searching. Use of medical subject heading (MeSH) terms expedites the searching process.

Rationale 4: Focusing on patient outcomes may or may not provide the nurse with the needed information.

Global Rationale: Effective literature searching is a necessary foundation to locating appropriate external evidence. Selection of an appropriate database is central to efficient literature searching. Use of medical subject heading (MeSH) terms expedites the searching process. Focusing on nursing diagnoses, data points, or patient outcomes may or may not provide the nurse with the needed information.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Client Need Sub: Management of Care

QSEN Competencies: III.B.5. Locate evidence reports related to clinical practice topics and guidelines

AACN Essentials Competencies: IV.6. Evaluate data from all relevant sources, including technology, to inform the delivery of care

NLN Competencies: Knowledge and Science; Knowledge; Electronic databases; literature retrieval; evaluating data for validity and reliability; evidence and best practices for nursing

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 8. Discuss the role of information technology in the evidence-based practice process.

MNL Learning Outcome:

Page Number: 22

Question 33

Type: SEQ

The nurse is conducting a qualitative research study. In which order should the nurse complete the steps of the research process?

Standard Text: Click and drag the options below to move them up or down.

1. Develop overall approach
2. Identify problem of interest
3. Confirm and close the study
4. Develop emergent research design
5. Interpret data throughout the study

Correct Answer: 2, 1, 4, 3, 5

Rationale 1: This step occurs second, after the problem is identified.

Rationale 2: This step occurs first.

Rationale 3: This step occurs fourth, after the overall approach is developed.

Rationale 4: This step occurs third, after the emergent research design is developed.

Rationale 5: This is the final step in the process.

Global Rationale: When conducting a qualitative research study the nurse should identify the problem of interest, develop the overall approach, develop the emergent research design, confirm and close the study, and interpret the data throughout the study.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Client Need Sub: Management of Care

QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes

AACN Essentials Competencies: III.2. Demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice

NLN Competencies: Knowledge and Science; Knowledge; Elements of the research process and methods of scientific inquiry

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 9. Describe the essential steps of the research process and common statistical methods used in nursing evidence.

MNL Learning Outcome:

Page Number: 22

Question 34

Type: MCSA

The nurse is analyzing outcomes at the conclusion of a quantitative research study. On which variable is the nurse focusing?

1. Dependent
2. Conceptual
3. Operational
4. Independent

Correct Answer: 1

Rationale 1: The dependent variable is the presumed effect from the manipulation of the independent variable. In other words, the dependent variable is often the outcome of interest.

Rationale 2: The conceptual variable defines the qualities of the variable of interest.

Rationale 3: The operational variable describes how a variable is measured.

Rationale 4: The independent variable is the reason for the change in the outcome.

Global Rationale: The dependent variable is the presumed effect from the manipulation of the independent variable. In other words, the dependent variable is often the outcome of interest. The conceptual variable defines the qualities of the variable of interest. The operational variable describes how a variable is measured. The independent variable is the reason for the change in the outcome.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes

AACN Essentials Competencies: III.2. Demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice

NLN Competencies: Knowledge and Science; Knowledge; Elements of the research process and methods of scientific inquiry

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 9. Describe the essential steps of the research process and common statistical methods used in nursing evidence.

MNL Learning Outcome:

Page Number: 22-23

Question 35

Type: MCSA

The nurse is designing a study to determine why some patients with diabetes develop foot ulcers while others do not. When reviewing this research question, what should the nurse highlight as the sample population?

1. Patients with diabetes
2. Foot ulcer development
3. Patients with foot ulcers
4. Patients without foot ulcers

Correct Answer: 1

Rationale 1: The sample is the most accessible group of the population. For this research question the most accessible group of the population would be patients with diabetes.

Rationale 2: Ulcer development is the outcome.

Rationale 3: Patients may have foot ulcers but not have diabetes.

Rationale 4: There is no reason for the nurse to study patients without foot ulcers.

Global Rationale: The sample is the most accessible group of the population. For this research question the most accessible group of the population would be patients with diabetes. Patients may have foot ulcers but not have diabetes. There is no reason for the nurse to study patients without foot ulcers.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A. 1. Demonstrate knowledge of basic scientific methods and processes

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

AACN Essentials Competencies: III. 2. Demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice

NLN Competencies: Knowledge and Science; Knowledge; Elements of the research process and methods of scientific inquiry

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 9. Describe the essential steps of the research process and common statistical methods used in nursing evidence

MNL Learning Outcome:

Page Number: 23

Question 36

Type: MCSA

The nurse is designing a quantitative research project where the data will be collected at one point in time. Which type of data collection process is the nurse planning to use?

1. Prospective
2. Longitudinal
3. Retrospective
4. Cross-sectional

Correct Answer: 4

Rationale 1: Prospective data collection is the collection of data about variables that are occurring at the time of the data collection.

Rationale 2: Longitudinal data collection occurs at two or more points in time.

Rationale 3: Retrospective is the collection of data about variables that have already occurred.

Rationale 4: Cross-sectional data collection occurs at one point in time.

Global Rationale: Cross-sectional data collection occurs at one point in time. Prospective data collection is the collection of data about variables that are occurring at the time of the data collection. Longitudinal data collection occurs at two or more points in time. Retrospective is the collection of data about variables that have already occurred.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes

AACN Essentials Competencies: III.2. Demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice

NLN Competencies: Knowledge and Science; Knowledge; Elements of the research process and methods of scientific inquiry

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 9. Describe the essential steps of the research process and common statistical methods used in nursing evidence.

MNL Learning Outcome:

Page Number: 23

Question 37

Type: MCSA

The nurse is evaluating the success of using evidence-based interventions for patient care. What should the nurse do to determine if these interventions were successful?

1. Analyze outcomes
2. Review plan of care
3. Strategize actions to delegate
4. Identify use of pain medication

Correct Answer: 1

Rationale 1: It is important to measure outcomes to determine the impact of EBP change.

Rationale 2: Reviewing the plan of care will not help the nurse determine if evidence-based interventions were successful.

Rationale 3: Strategizing actions to delegate will not help the nurse determine if evidence-based interventions were successful.

Rationale 4: Identifying the use of pain medications will not help the nurse determine if evidence-based interventions were successful.

Global Rationale: It is important to measure outcomes to determine the impact of EBP change. Reviewing the plan of care, strategizing actions to delegate, or identifying the use of pain medication will not help the nurse determine if evidence-based interventions were successful.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.7. Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining the relationships between research and science building, and between research and EBP

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 10. Describe common steps to implementing EBP in medical-surgical nursing.

MNL Learning Outcome:

Page Number: 24

Question 38

Type: MCSA

The nurse is implementing evidence-based practice when providing patient care. Which action indicates that the nurse implemented this process appropriately?

1. The nurse ended the process by formulating a searchable question.
2. The nurse formulated a searchable question before searching the literature.
3. The nurse applied the result to clinical practice before searching the literature.
4. The nurse evaluated the outcomes of applied evidence before appraising the literature.

Correct Answer: 2

Rationale 1: Formulating a searchable question is not the last step in the process.

Rationale 2: The nurse should formulate a searchable question before searching the literature.

Rationale 3: The literature should be searched before applying the result to clinical practice.

Rationale 4: The literature should be appraised before evaluating the outcomes of applied evidence.

Global Rationale: The literature should be searched before applying the result to clinical practice. Formulating a searchable question is the first step in the process. The literature should be searched before applying the result to clinical practice and evaluating the outcomes of applied evidence.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.6. Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care

AACN Essentials Competencies: III.2. Demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice

NLN Competencies: Knowledge and Science; Knowledge; Defining the relationships between research and science building, and between research and EBP

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 10. Describe common steps to implementing EBP in medical-surgical nursing.

LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank

Copyright 2015 by Pearson Education, Inc.

Question 39

Type: MCSA

The nurse is evaluating outcomes from evidence-based interventions provided to a patient with chronic obstructive lung disease. Which outcome indicates that a positive change occurred in this patient?

1. Patient set a date to quit smoking.
2. Patient uses emergency bronchodilator every 4 hours.
3. Patient states that antibiotics are to be taken until all symptoms subside.
4. Patient explains that adverse effects of prescribed medications are to be expected.

Correct Answer: 1

Rationale 1: When evaluating outcomes, the goal is positive changes in patient outcomes that impact healthcare quality. Smoking cessation in the patient with chronic obstructive lung disease would be a positive change that impacts the quality of healthcare.

Rationale 2: Using emergency bronchodilators indicates that the patient is poorly controlled.

Rationale 3: Stating that antibiotics are to be taken until symptoms subside indicates the need for additional teaching about infection control measures.

Rationale 4: Adverse effects of medications are not to be expected. This indicates that additional teaching is required.

Global Rationale: When evaluating outcomes, the goal is positive changes in patient outcomes that impact healthcare quality. Smoking cessation in the patient with chronic obstructive lung disease would be a positive change that impacts the quality of healthcare. Using emergency bronchodilators indicates that the patient is poorly controlled. Stating that antibiotics are to be taken until symptoms subside indicates the need for additional teaching about infection control measures. Adverse effects of medications are not to be expected. This indicates that additional teaching is required.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.1. Participate effectively in appropriate data collection and other research activities

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining the relationships between research and science building, and between research and EBP

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 10. Describe common steps to implementing EBP in medical-surgical nursing.

MNL Learning Outcome: 5.9.4. Utilize the nursing process in care of client.

Page Number: 24

Question 40

Type: SEQ

The manager is designing a presentation to introduce the nursing staff to the implementation of evidence-based practice. In which order should the manager explain the steps of this process?

Standard Text: Click and drag the options below to move them up or down.

1. Evaluate the outcomes
2. Search the literature efficiently
3. Appraise the literature critically
4. Formulate a searchable question
5. Apply the result to clinical practice or patient

Correct Answer: 4, 2, 3, 5, 1

Rationale 1: This is the last step in the process.

Rationale 2: This occurs after the searchable question is formulated.

Rationale 3: This occurs after the literature has been searched.

Rationale 4: This is the first step in the process.

Rationale 5: This occurs after the literature has been appraised.

Global Rationale: The steps to implementing evidence-based practice in nursing are as follows:

1) Formulate a searchable question. 2) Search the literature efficiently. 3) Appraise the literature critically. 4) Apply the result to clinical practice or patient. 5) Evaluate the outcomes of the applied evidence in the practice or patient.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.B.1. Participate effectively in appropriate data collection and other research activities

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care
NLN Competencies: Knowledge and Science; Knowledge; Defining the relationships between research and science building, and between research and EBP

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 10. Describe common steps to implementing EBP in medical-surgical nursing.

MNL Learning Outcome:

Page Number: 24

Question 41

Type: MCMA

The nurse is reviewing the Institute of Medicine's framework for healthcare that leads to practical improvements. Which qualities should the nurse identify as being supported by this framework?

Standard Text: Select all that apply.

1. Safety
2. Timeliness
3. Cost reduction
4. Patient-centeredness
5. Elimination of healthcare-associated infections

Correct Answer: 1, 2, 4

Rationale 1: The Institute of Medicine has described a framework for healthcare that can lead to practical improvements. It emphasizes safety, effectiveness, patient centeredness, timeliness, equity, and efficiency.

Rationale 2: The Institute of Medicine has described a framework for healthcare that can lead to practical improvements. It emphasizes safety, effectiveness, patient centeredness, timeliness, equity, and efficiency.

Rationale 3: Cost reduction has not been identified by the Institute of Medication's framework for practical improvements in healthcare.

Rationale 4: The Institute of Medicine has described a framework for healthcare that can lead to practical improvements. It emphasizes safety, effectiveness, patient centeredness, timeliness, equity, and efficiency.

Rationale 5: Elimination of healthcare-associated infections has not been identified by the Institute of Medication's framework for practical improvements in healthcare.

Global Rationale: The Institute of Medicine has described a framework for healthcare that can lead to practical improvements. It emphasizes safety, effectiveness, patient centeredness, timeliness, equity, and efficiency. Cost reduction and elimination of healthcare-associated infections have not been identified by the Institute of Medication's framework for practical improvements in healthcare.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: IV.A.1. Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice

AACN Essentials Competencies: II.9. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive indicators in the microsystem of care

NLN Competencies: Knowledge and Science; Knowledge; Relationships between knowledge/science and quality and safe patient care

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 11. Discuss ethical considerations in EBP.

MNL Learning Outcome:

Page Number: 25

Question 42

Type: MCSA

The manager is concerned that a staff nurse is not appropriately implementing evidence-based practice with patient care. What did the manager observe to come to this conclusion?

1. Clinical expertise is included.
2. Patient situations are individualized.
3. Data is researched before implementing.
4. Interventions are applied to all patients assigned.

Correct Answer: 4

Rationale 1: Clinical expertise is a component of EBP.

Rationale 2: Individualizing patient situations is a component of EBP.

Rationale 3: Researching data is a component of EBP.

Rationale 4: EBP is meant to be applied at the local level; it is not to be generalized like research.

Global Rationale: EBP is meant to be applied at the local level; it is not to be generalized like research. Clinical expertise, individualized patient situations, and researching data are components of EBP.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III A.1. Demonstrate knowledge of basic scientific methods and processes

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining what is evidence-based practice

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 11. Discuss ethical considerations in EBP

MNL Learning Outcome:

Page Number: 25

Question 43

Type: MCSA

Prior to implementing evidence-based interventions when providing patient care, the nurse reviews the actions for scientific value. What is the purpose of this nurse's action?

1. Maximizing the utilization of resources
2. Ensuring the actions are applied at the global level
3. Ensuring that activities are worth doing to be ethical
4. Guaranteeing that the patient will not have an untoward effect

Correct Answer: 3

Rationale 1: Maximizing the utilization of resources is not an action when determining scientific value.

Rationale 2: Ensuring actions are applied at the global level is not an action when determining scientific value.

Rationale 3: When ensuring the scientific value of an evidence-based intervention, the nurse is making sure that the activity is worth doing to be ethical.

Rationale 4: Guaranteeing that the patient will not have an untoward effect is not an action when determining scientific value.

Global Rationale: When ensuring the scientific value of an evidence-based intervention, the nurse is making sure that the activity is worth doing to be ethical. Maximizing the utilization of LeMone/Burke/Bauldoff/Gubrud, *Medical-Surgical Nursing* 6th Edition Test Bank
Copyright 2015 by Pearson Education, Inc.

resources, ensuring actions are applied at the global level, and guaranteeing that the patient will not have an untoward effect are not actions to determine scientific value.

Cognitive Level: Analysis

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III A.1. Demonstrate knowledge of basic scientific methods and processes

AACN Essentials Competencies: III. 6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining what is evidence-based practice

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 11. Discuss ethical considerations in EBP

MNL Learning Outcome:

Page Number: 25

Question 44

Type: MCSA

The nurse learns that topical medication and heat have been used to treat stage 3 pressure ulcers. What should the nurse consider before implementing this treatment approach?

1. How long the heat should be applied to the area
2. If the patient can withstand the application of heat
3. What medication should be used in the wound bed
4. If the treatment approach is ethical and evidence-based

Correct Answer: 4

Rationale 1: If this were an evidence-based approach, the length of time to apply the heat would be defined.

Rationale 2: This is not an evidence-based intervention for wound care. Questioning if the patient can withstand heat is not appropriate.

Rationale 3: If this were an evidence-based approach, the medication to use in the wound bed would be defined.

Rationale 4: EBP has a basis in ethical principles. However, not all approaches used to improve quality are evidenced based or ethical.

Global Rationale: EBP has a basis in ethical principles. However, not all approaches used to improve quality are evidenced based or ethical. Evidence-based approaches would provide all

necessary information such as length of time to apply heat and medication to use in the wound bed. Questioning if the patient can withstand the application of heat to the area is not appropriate.

Cognitive Level: Application

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes

AACN Essentials Competencies: III.6. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing, and evaluating outcomes of care

NLN Competencies: Knowledge and Science; Knowledge; Defining what is evidence-based practice

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 11. Discuss ethical considerations in EBP

MNL Learning Outcome:

Page Number: 25