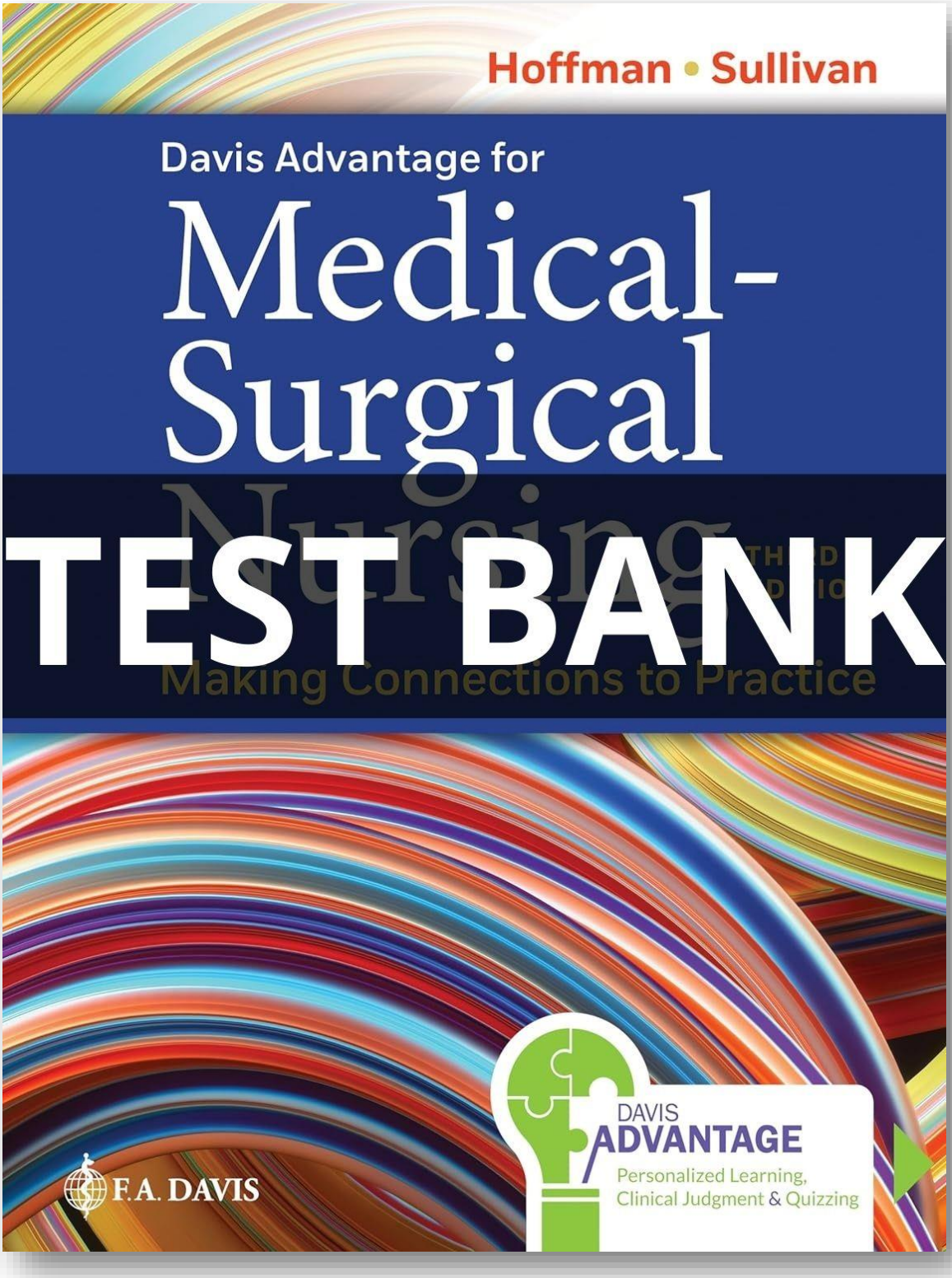
# Test Bank

## Davis Advantage for Medical-Surgical Nursing: Making Connections to Practice Third Edition by Janice J. Hoffman



# Chapter 1: Foundations for Medical-Surgical Nursing

**MULTIPLE CHOICE :**

1. Which type of nursing is the root of all other nursing practice areas?
   A. Pediatric nursing
   B. Maternal-child nursing
   C. Medical-surgical nursing
   D. Mental health–psychiatric nursing

ANS: C
Chapter number and title: 1, Foundations for Medical-Surgical Nursing
Chapter learning objective: 1. Describing the role and competencies of medical-surgical nursing
Chapter page reference: p. 2
Heading:
Introduction
Integrated
Processes: N/A
Client Need: N/A
Cognitive Level: Knowledge
[Remembering]Concept:
Professionalism
Difficulty: Easy

| | Feedback |
|---|---|
| **A** | Pediatric nursing is only focused on the care of younger persons. |
| **B** | Maternal-child nursing focuses on the care of pregnant women and families in the childbearing years. |
| **C** | Medical-surgical nursing is the root of all nursing practice as care provided here can be implemented in all other areas of nursing practice. |
| **D** | Mental health–psychiatric nursing focuses on emotional and behavioral concerns and disorders. |

PTS: 1 CON: Professionalism

2. Which competency did the Nursing Executive Center of the Advisory Board identify as the greatestacademic practice gap for new graduate nurses?
   A. Knowledge of pharmacology
   B. Interpretation of assessment data
   C. Knowledge of pathophysiology
   D. Decision making

ANS: C
Chapter number and title: 1, Foundations for Medical-Surgical Nursing
Chapter learning objective: 1. Describing the role and competencies of medical-surgical nursing
Chapter page reference: p. 3
Heading: Competencies in Medical-Surgical
NursingIntegrated Processes: N/A
Client Need: N/A

Cognitive Level: Knowledge [Remembering]
Concept: Professionalism
Difficulty: Easy

| | Feedback |
|---|---|
| A | 28% of nursing executives identified knowledge of pharmacological implications of medications as the largest academic practice gap. |
| B | 18% of nursing executives identified interpretation of assessment data as the largest academic practice gap. |
| C | 34% of nursing executives identified knowledge of pathophysiology of patient conditions as the largest academic practice gap. |
| D | 20% of nursing executives identified decision making based on the nursing process as the largest academic practice gap. |

PTS: 1 CON: Professionalism

3. In the Nursing Executive Center of the Advisory Board report, what recommendations are made to address the academic practice gap for new graduate nurses?
   A. Mandatory number of clinical hours
   B. Increased credits in all entry level courses
   C. Residency programs
   D. Additional science prerequisite courses

ANS: C
Chapter number and title: 1, Foundations for Medical-Surgical Nursing
Chapter learning objective: 1. Describing the role and competencies of medical-surgical nursing
Chapter page reference: p. 3
Heading: Competencies in Medical-Surgical Nursing
Integrated Processes: N/A
Client Need: N/A
Cognitive Level: Comprehension [Understanding]
Concept: Healthcare Systems
Difficulty: Moderate

| | Feedback |
|---|---|
| A | Clinical hours in nursing programs are not a specific recommendation related to the academic practice gap, and clinical hours are more related to state regulations, academic institutional policies, and accreditation standards. |
| B | Total credits of nursing programs are not a recommendation to address the academic practice gap. Credits are primarily based on state, university, or higher education regulatory bodies recommendations or requirements. |
| C | Suggested strategies to better prepare the nurse graduate for the realities of practice include the increased use of simulation in nursing education programs, extended transition-to-practice and residency programs, as well as the establishment of academic service partnerships. |

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|---|---|
| D | Prerequisite courses for nursing programs were not specifically addressed in relation to the academic practice gap. Decisions related to prerequisite courses are typically determined by school and/or university curriculum committees. |

PTS: 1 CON: Healthcare Systems

4. The medical-surgical nurse wants to determine if a policy change is needed for an identified clinical problem. Which is the nurse's ***first*** action?
   A. Developing a question
   B. Disseminating the findings
   C. Conducting a review of the literature
   D. Evaluating outcomes of practice change

   ANS: A
   Chapter number and title: 1, Foundations for Medical-Surgical Nursing
   Chapter learning objective: 3. Discussing the incorporation of evidence-based practices into medical-surgical nursing
   Chapter page reference: p. 4
   Heading: Evidence-Based Nursing Care/Box 1.3 Steps of Evidence-Based Practice
   Integrated Processes: Nursing Process: Implementation
   Client Need: Safe and Effective Care Environment/Management of Care
   Cognitive Level: Comprehension
   Concept: Evidence-Based Practice
   Difficulty: Moderate

| | Feedback |
|---|---|
| A | The first step of evidence-based practice is to develop a question based on the clinical issue. |
| B | The last step of evidence-based practice is to disseminate findings. |
| C | The second step of evidence-based practice is to conduct a review of the literature, or current evidence, available. |
| D | The fifth step of evidence-based practice is to evaluate the outcomes associated with the practice change. |

PTS: 1 CON: Evidence-Based Practice

5. Which statement regarding the use of the nursing process in clinical practice is accurate?
   A. "The nursing process is closely related to clinical decision making."
   B. "The nursing process is used by all members of the interprofessional team to plan care."
   C. "The nursing process has four basic steps: assessment, planning, implementation, and evaluation."
   D. "The nursing process is being replaced by the implementation of evidence-based practice."

   ANS: A
   Chapter number and title: 1, Foundations for Medical-Surgical Nursing
   Chapter learning objective: 1. Describing the role and competencies of medical-surgical nursing

Chapter page reference: pp. 3-4
Heading: Competencies Related to the Nursing Process
Integrated Processes: Nursing Process: Diagnosis
Client Need: Safe and Effective Care Environment/Management of Care
Cognitive Level: Comprehension [Understanding]
Concept: Caring
Difficulty: Moderate

| | Feedback |
|---|---|
| **A** | The nursing process is closely related to the nurse's decision making in the clinical environment because it requires understanding the relationships among physiology, pathophysiology, clinical manifestations, and management of patients. This statement is accurate. |
| **B** | The nursing process is not used by all members of the interprofessional team to plan care. |
| **C** | The nursing process has five, not four, basic steps: assessment, diagnosis, planning, implementation, and evaluation. |
| **D** | The nursing process is not being replaced by the implementation of evidence-based practice. |

PTS: 1 CON: Caring

6. The nurse develops a research question based on observations noted while providing care to patients on the medical-surgical unit. Which step does the nurse implement next during the process of evidence-based practice?
   A. Search for the best evidence.
   B. Evaluate the quality of the evidence.
   C. Integrate the evidence into unit practice.
   D. Disseminate the evidence to the staff on the unit.

ANS: A
Chapter number and title: 1, Foundations for Medical-Surgical Nursing
Chapter learning objective: 3. Discussing the incorporation of evidence-based practices into medical-surgical nursing
Chapter page reference: p. 4
Heading: Evidence-Based Nursing Care
Integrated Processes: N/A
Client Need: N/A
Cognitive Level: Comprehension [Remembering]
Concept: Evidence-Based Practice
Difficulty: Easy

| | **Feedback** |
|---|---|
| **A** | The first step of evidence-based practice is to develop a research question. Because the nurse has completed this, the next step is to search and collate the best evidence. |

| | |
|---|---|
| **B** | The third step of evidence-based practice is to evaluate the quality of the evidence. |
| **C** | The fourth step of evidence-based practice is to integrate the evidence into practice. |
| **D** | The final step of evidence-based practice is to disseminate the evidence. This step is completed only after the fifth step, which is evaluating the outcomes of the practice change. |

PTS: 1 CON: Evidence-Based Practice

7. The medical-surgical nurse identifies a clinical practice issue and wants to determine if there is sufficient evidence to support a change in practice. Which type of study provides the strongest evidence to support a practice change?
   A. Randomized controlled study
   B. Quasi-experimental study
   C. Case-control study
   D. Cohort study

   ANS: A
   Chapter number and title: 1, Foundations for Medical-Surgical Nursing
   Chapter learning objective: 3. Discussing the incorporation of evidence-based practices into medical-surgical nursing
   Chapter page reference: p. 5
   Heading: Evidence-Based Nursing Care
   Integrated Processes: N/A
   Client Need: N/A
   Cognitive Level: Comprehension [Understanding]
   Concept: Evidence-Based Practice
   Difficulty: Moderate

| | Feedback |
|---|---|
| **A** | Systematic reviews of randomized controlled studies (Level I) are the highest level of evidence because they include data from selected studies that randomly assigned participants to control and experimental groups. The lower numeric rating of the level of evidence indicates the highest level of evidence; therefore, this approach provides the strongest evidence to support a practice change. |
| **B** | Quasi-experimental studies also use control and experimental groups but do not include random assignment. They are considered Level III, so this study approach does not provide the strongest evidence to support a practice change. |
| **C** | Case-control studies include two groups and are considered Level IV. For this reason, this approach does not provide the strongest evidence to support a practice change. |
| **D** | Cohort studies use a cohort of people and follow them over the course of time in for development of disease/disorders. They are considered Level IV, so this approach does not provide the strongest evidence to support a practice change. |

PTS: 1 CON: Evidence-Based Practice

8. The nurse is evaluating the level of evidence found during a recent review of the literature. Which evidence carries the lowest level of support for a practice change?
   A. Level IV
   B. Level V
   C. Level VI
   D. Level VII

   ANS: D
   Chapter number and title: 1, Foundations for Medical-Surgical Nursing
   Chapter learning objective: 3. Discussing the incorporation of evidence-based practices into medical-surgical nursing
   Chapter page reference: p. 5
   Heading: Evidence-Based Nursing Care/ Box 1.4 Evaluating Levels of Evidence
   Integrated Processes: N/A
   Client Need: N/A
   Cognitive Level: Comprehension [Understanding]
   Concept: Evidence-Based Practice
   Difficulty: Moderate

| | Feedback |
|---|---|
| **A** | The lower the numerical value of the evidence, the greater the support for a change in practice. Level IV is evidence from case-control and cohort studies and does not carry the lowest level of support for a practice change. |
| **B** | The lower the numerical value of the evidence, the greater the support for a change in practice. Level V is evidence from systematic reviews of descriptive and qualitative studies and does not carry the lowest level of support for a practice change. |
| **C** | The lower the numerical value of the evidence, the greater the support for a change in practice. Level VI is evidence from a single descriptive or qualitative study and does not carry the lowest level of support for a practice change. |
| **D** | The lower the numerical value of the evidence, the greater the support for a change in practice. Level VII is the lowest level of evidence to support a practice change and is based on expert individual authorities or committees. |

   PTS: 1 CON: Evidence-Based Practice

9. The nurse is reviewing evidence from a quasi-experimental research study. Which level of evidence should the nurse identify for this research study?
   A. Level I
   B. Level II
   C. Level III
   D. Level IV

   ANS: C
   Chapter number and title: 1, Foundations for Medical-Surgical Nursing
   Chapter learning objective: 3. Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: p. 5
Heading: Evidence-Based Nursing Care/Box 1.4 Evaluating Levels of Evidence
Integrated Processes: N/A
Client Need: N/A
Cognitive Level: Comprehension [Understanding]
Concept: Evidence-Based Practice
Difficulty: Easy

| | Feedback |
|---|---|
| **A** | A systemic review of randomized controlled studies, not a quasi-experimental research study, is identified as Level I. |
| **B** | Evidence from at least one randomized control study, not a quasi-experimental research study, is identified as Level II. |
| **C** | A quasi-experimental research study is identified as Level III. |
| **D** | Evidence from case-control or cohort studies, not a quasi-experimental research study, is identified as a Level IV. |

PTS: 1 CON: Evidence-Based Practice

10. Which level of evidence should the nurse identify when reviewing evidence from a single descriptive research study?
    A. Level IV
    B. Level V
    C. Level VI
    D. Level VII

ANS: C
Chapter number and title: 1, Foundations for Medical-Surgical Nursing
Chapter learning objective: 3. Discussing the incorporation of evidence-based practices into medical-surgical nursing
Chapter page reference: p.5
Heading: Evidence-Based Nursing Practice/Box 1.4 Evaluating Levels of Evidence
Integrated Processes: Nursing Process: Implementation
Client Need: Safe and Effective Care Environment/Management of Care
Cognitive Level: Comprehension [Understanding]
Concept: Evidence-Based Practice
Difficulty: Easy

| | Feedback |
|---|---|
| **A** | Evidence from case-control or cohort studies, not a single descriptive research study, is identified as a Level IV. |
| **B** | Evidence from systemic reviews of descriptive or qualitative studies, not a single descriptive research study, is identified as Level V. |
| **C** | Evidence from a single descriptive research study is identified as Level VI. |
| **D** | Evidence from expert individual authorities or committees, not a single descriptive research study, is identified as Level VII. |

PTS: 1 CON: Evidence-Based Practice

11. To deliver patient-centered care, the nurse needs to understand the implications of findings from which organization that provides a standardized approach to the collection of data from patients regarding their experiences within the healthcare system?
    A. The Joint Commission (TJC)
    B. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
    C. The Nursing Executive Center of the Advisory Board
    D. American Nurse Credentialing Center Magnet® Recognition program

    ANS: B
    Chapter number and title: 1, Foundations for Medical-Surgical Nursing
    Chapter learning objective: 4. Explaining the importance of patient-centered care in the management of medical-surgical patients
    Chapter page reference: p. 6
    Heading: Patient-Centered Care in the Medical-Surgical Setting
    Integrated Processes: N/A
    Client Need: N/A
    Cognitive Level: Comprehension
    Concept: Healthcare Systems
    Difficulty: Moderate

| | Feedback |
|---|---|
| **A** | Patient-centered care is incorporated into The Joint Commission (TJC) Standards for Hospitals, but there is no specific scoring or report that provides details related to patient experiences. |
| **B** | The importance of patient-centered care is demonstrated by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). These scores, based on nine essential topics, are used to provide a standardized approach to collect data from patients about their experiences in hospitals. |
| **C** | The Nursing Executive Center serves nursing administrators through data collection around best practices, strategic initiatives, and operational issues. They do not provide specific scores in relation to patient-centered care. |
| **D** | The American Nursing Credentialing Center (ANCC's) Magnet® Recognition designation is awarded to healthcare facilities that demonstrate excellence in the recruitment, recognition, and retention of nursing staff as well as excellence in patient care and quality. This program does not provide specific scores related to patient experiences. |

    PTS: 1 CON: Healthcare Systems

12. The nurse manager is preparing a staff education presentation in preparation for The Joint Commission (TJC) visit. Which data does the nurse manager include that specifically address aspects of patient-centered care?
    A. Licensure requirements of staff
    B. Patient participation in plan of care
    C. Communication between providers and staff

D. Staffing ratios

ANS: B
Chapter number and title: 1, Foundations for Medical-Surgical Nursing
Chapter learning objective: 4. Explaining the importance of patient-centered care in the management of medical-surgical patients
Chapter page reference: p. 6
Heading: Patient-Centered Care in the Medical-Surgical Setting
Integrated Processes: Teaching and Learning
Client Need: Safe and Effective Care Environment/Management of Care
Cognitive Level: Application [Applying]
Concept: Healthcare Systems
Difficulty: Moderate

| | Feedback |
|---|---|
| **A** | Although The Joint Commission (TJC) may review credentials of all providers and staff, this is not an aspect of patient-centered care. |
| **B** | Aspects of patient-centered care are incorporated into TJC accreditation, including data related to patient participation in the plan of care and visitation rights. The vision statement of TJC focuses on promoting safe, high-quality, and best value healthcare across all healthcare settings. |
| **C** | Although important to patient safety and satisfaction, communication between staff and providers is not an aspect of patient-centered care as evaluated by TJC. |
| **D** | Staffing ratios are important to providing safe, effective care but are not specifically related to patient-centered care as monitored by TJC. |

PTS: 1 CON: Healthcare Systems

13. Which statement should the nurse make when communicating the "S" in the SBAR approach for effective communication?
A. "The patient presented to the emergency department at 0200 with lower left abdominal pain."
B. "The patient rated the pain upon admission as a 3 on a 10-point numerical scale."
C. "The patient has no significant issues in the medical history."
D. "I believe the patient needs to be prescribed a medication for pain."

ANS: A
Chapter number and title: 1, Foundations for Medical-Surgical Nursing
Chapter learning objective: 6. Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care
Chapter page reference: pp. 6-7
Heading: Patient Safety Outcomes/Box 1.6 The SBAR Approach for Effective Communication
Integrated Processes: Nursing Process: Implementation
Client Need: Safe and Effective Care Environment/Management of Care
Cognitive Level: Application [Applying]
Concept: Communication
Difficulty: Difficult