

## Chapter 1: Foundations for Medical-Surgical Nursing

### Multiple Choice

*Identify the choice that best completes the statement or answers the question.*

- \_\_\_\_\_ 1. Which type of nursing is the root of all other nursing practice areas?
  - 1. Pediatric nursing
  - 2. Maternal child nursing
  - 3. Medical-surgical nursing
  - 4. Mental health–psychiatric nursing
  
- \_\_\_\_\_ 2. Which competency did the Nursing Executive Center of the Advisory Board identify as the greatest academic-practice gap for new graduate nurses?
  - 1. Knowledge of pharmacology
  - 2. Interpretation of assessment data
  - 3. Knowledge of pathophysiology
  - 4. Decision making
  
- \_\_\_\_\_ 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?
  - 1. Mandatory number of clinical hours
  - 2. Increased credits in all entry level courses
  - 3. Residency programs
  - 4. Additional science prerequisite courses
  
- \_\_\_\_\_ 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?
  - 1. Developing a question
  - 2. Disseminating the findings
  - 3. Conducting a review of the literature
  - 4. Evaluating outcomes of practice change
  
- \_\_\_\_\_ 5. Which statement regarding the use of the nursing process in clinical practice is accurate?
  - 1. "The nursing process is closely related to clinical decision making."
  - 2. "The nursing process is used by all members of the interprofessional team to plan care."
  - 3. "The nursing process has four basic steps: assessment, planning, implementation, and evaluation."
  - 4. "The nursing process is being replaced by the implementation of evidence-based practice."
  
- \_\_\_\_\_ 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?
  - 1. Search for the best evidence.
  - 2. Evaluate the quality of the evidence.
  - 3. Integrate the evidence into unit practice.

4. Disseminate the evidence to the staff on the unit.
- \_\_\_\_\_ 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?
1. Randomized controlled study
  2. Quasi-experimental study
  3. Case-control study
  4. Cohort study
- \_\_\_\_\_ 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?
1. Level IV
  2. Level V
  3. Level VI
  4. Level VII
- \_\_\_\_\_ 9. The nurse is reviewing evidence from a quasi-experimental research study. Which level of evidence should the nurse identify for this research study?
1. Level I
  2. Level II
  3. Level III
  4. Level IV
- \_\_\_\_\_ 10. Which level of evidence should the nurse identify when reviewing evidence from a single descriptive research study?
1. Level IV
  2. Level V
  3. Level VI
  4. Level VII
- \_\_\_\_\_ 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?
1. The Joint Commission (TJC)
  2. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  3. The Nursing Executive Center of the Advisory Board
  4. American Nurse Credentialing Center Magnet<sup>®</sup> Recognition program
- \_\_\_\_\_ 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?
1. Licensure requirements of staff
  2. Patient participation in plan of care
  3. Communication between providers and staff
  4. Staffing ratios

- \_\_\_\_\_ 13. Which statement should the nurse make when communicating the “S” in the SBAR approach for effective communication?
1. “The patient presented to the emergency department at 0200 with lower left abdominal pain.”
  2. “The patient rated the pain upon admission as a 3 on a 10-point numerical scale.”
  3. “The patient has no significant issues in the medical history.”
  4. “I believe the patient needs to be prescribed a medication for pain.”
- \_\_\_\_\_ 14. The staff nurse is communicating with the change nurse about the change of status of the patient. The nurse would begin her communication with which statement if correctly using the SBAR format?
1. “The patient’s heart rate is 110.”
  2. “I think this patient needs to be transferred to the critical care unit.”
  3. “The patient is a 68-year-old man admitted last night.”
  4. “The patient is complaining of chest pain.”
- \_\_\_\_\_ 15. Which action should the nurse implement when providing patient care in order to support The Joint Commission’s (TJC) National Patient Safety Goals (NPSG)?
1. Silencing a cardiorespiratory monitor
  2. Identifying each patient using one source
  3. Determining patient safety issues on admission
  4. Decreasing the amount of pain medication administered
- \_\_\_\_\_ 16. Which nursing action exemplifies the Quality and Safety Education for Nursing (QSEN) competency of safety?
1. Advocating for a patient who is experiencing pain
  2. Considering the patient’s culture when planning care
  3. Evaluating patient learning style before implementing discharge instructions
  4. Assessing the right drug before administering a prescribed patient medication
- \_\_\_\_\_ 17. The medical-surgical nurse is providing patient care. Which circumstance would necessitate the nurse verifying the patient’s identification using at least two sources?
1. Before delivering a meal tray
  2. Before passive range of motion
  3. Before medication administration
  4. Before documenting in the medical record
- \_\_\_\_\_ 18. The nurse is providing care to several patients on a medical-surgical unit. Which situation would necessitate the nurse to use SBAR during the hand-off process?
1. Wound care
  2. Discharge to home
  3. Transfer to radiology
  4. Medication education
- \_\_\_\_\_ 19. The medical-surgical nurse transports a patient to the surgical suite for a hip replacement surgery. Which action does the nurse complete during the “time-out” process with the surgical team?
1. Verifying the patient’s informed consent is signed
  2. Identifying the patient by asking, “Are you Mrs. Smith?”

3. Asking the patient, "Which side are you having surgery on today?"
4. Ensuring the patient's surgical checklist is complete and placed on the medical record

- \_\_\_\_\_ 20. The medical-surgical nurse prepares to transfer a patient to the rehabilitation unit. Which is the best nursing action to enhance patient safety in this situation?
1. Identify the patient using two identifiers.
  2. Perform hand hygiene before touching the patient.
  3. Conduct a time-out when handing off care to the new unit.
  4. Provide a written handoff communication using the SBAR method.
- \_\_\_\_\_ 21. Which interprofessional role does the nurse often assume when providing patient care in an acute care setting?
1. Social worker
  2. Primary healthcare provider
  3. Care coordinator
  4. Rehabilitation specialist

### Multiple Response

*Identify one or more choices that best complete the statement or answer the question.*

- \_\_\_\_\_ 22. Which professional nursing organizations provide certification in medical-surgical nursing? *Select all that apply.*
1. Academy of Medical Surgical Nursing
  2. American Nurse Credentialing Center
  3. Beryl Institute
  4. Medical Surgical Nursing Certification Board
  5. Nursing Executive Center
- \_\_\_\_\_ 23. The staff nurse is teaching a group of student nurses the situations that necessitate hand-off communication. Which student responses indicate the need for further education related to this procedure? *Select all that apply.*
1. "A hand-off is required before administering a medication."
  2. "A hand-off is required during change of shift."
  3. "A hand-off is required for a patient who is transferred to the surgical suite."
  4. "A hand-off is required whenever the nurse receives a new patient assignment."
  5. "A hand-off is required before family visitation."
- \_\_\_\_\_ 24. In preparing an educational program on Quality and Safety Education for Nursing (QSEN), the nurse incorporates which competencies? *Select all that apply.*
1. Patient-centered care
  2. Legal implications of nursing care
  3. Evidence-based practice
  4. Informatics
  5. Cost containment measures

- \_\_\_\_\_ 25. Which actions by the nurse enhance patient safety during medication administration? *Select all that apply.*
1. Answering the call bell while transporting medications for a different patient
  2. Identifying the patient using two sources before administering the medication
  3. Holding a medication if the patient's diagnosis does not support its use
  4. Holding a medication because it arrived from the pharmacy 2 hours after the scheduled administration time
  5. Having another nurse verify the prescribed dose of insulin the patient is to receive
- \_\_\_\_\_ 26. The nurse provides care to patients on the medical-surgical unit. Which nursing actions support the Joint Commission's National Patient Safety Goals when providing patient care? *Select all that apply.*
1. Silencing a patient's cardiorespiratory monitor while the family visits
  2. Asking the unlicensed assistive personnel to remove clutter from the patient's room
  3. Using the SBAR method to provide patient information to radiology before transfer
  4. Encouraging the patient's healthcare provider to wash the hands before assessing a surgical wound
  5. Identifying the patient before administering medication by asking, "What is your date of birth?"
- \_\_\_\_\_ 27. The medical-surgical nurse assumes care for a patient who is receiving continuous cardiac monitoring. Which actions by the nurse enhance safety for this patient? *Select all that apply.*
1. Silencing the alarm during family visitation
  2. Assessing the alarm parameters at the start of the shift
  3. Responding to the alarm in a timely fashion
  4. Decreasing the alarm volume to enhance restful sleep
  5. Adjusting alarm parameters based on specified practitioner prescription
- \_\_\_\_\_ 28. The nurse is planning an interprofessional care conference for a patient who is approaching discharge from the hospital. Which members of the interprofessional team should the nurse invite to attend? *Select all that apply.*
1. Physician
  2. Pharmacist
  3. Unit secretary
  4. Social worker
  5. Home care aide
- \_\_\_\_\_ 29. The nurse manager wants to designate a member of the nursing team as the care coordinator for a patient who will require significant care during the hospitalization. Which skills should this nurse possess in order to assume this role? *Select all that apply.*
1. Clinical reasoning
  2. Communication skills
  3. Advanced life support training
  4. Documentation skills
  5. Intravenous therapy skills

## Chapter 1: Foundations for Medical-Surgical Nursing

### Answer Section

#### MULTIPLE CHOICE

1. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 1. Describing the role and competencies of medical-surgical nursing

Chapter page reference: 2

Heading: Introduction

Integrated Processes: N/A

Client Need: N/A

Cognitive Level: Knowledge [Remembering]

Concept: Nursing Roles

Difficulty: Easy

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

PTS: 1

CON: Nursing Roles

2. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 1. Describing the role and competencies of medical-surgical nursing

Chapter page reference: 2-3

Heading: Competencies in Medical-Surgical Nursing

Integrated Processes: N/A

Client Need: N/A

Cognitive Level: Knowledge [Remembering]

Concept: Nursing Roles

Difficulty: Easy

	Feedback
1	28% of nursing executives identified knowledge of pharmacological implications of medications as the largest academic practice gap.
2	18% of nursing executives identified interpretation of assessment data as the largest academic practice gap.
3	34% of nursing executives identified knowledge of pathophysiology of patient conditions as the largest academic practice gap.

4	20% of nursing executives identified decision making based on the nursing process as the largest academic practice gap.
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PTS: 1 CON: Nursing Roles

3. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 1. Describing the role and competencies of medical-surgical nursing

Chapter page reference: 2-3

Heading: Competencies in Medical-Surgical Nursing

Integrated Processes: N/A

Client Need: N/A

Cognitive Level: Comprehension [Understanding]

Concept: Healthcare System

Difficulty: Moderate

	Feedback
1	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.
2	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.
3	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.
4	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 System

4. ANS: 1

Chapter number and title: 1, Foundations of Medical-Surgical Practice

Chapter learning objective: 2. Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 3-4

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
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1	The first step of evidence-based practice is to develop a question based on the clinical issue.
2	The last step of evidence-based practice is to disseminate findings.
3	The second step of evidence-based practice is to conduct a review of the literature, or current evidence, available.
4	The fifth step of evidence-based practice is to evaluate the outcomes associated with the practice change.

PTS: 1 CON: Evidence-Based Practice

5. ANS: 1

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 1. Describing the role and competencies of medical-surgical nursing

Chapter page reference: 3

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: Critical Thinking

Difficulty: Moderate

	Feedback
1	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.
2	The nursing process is not used by all members of the interprofessional team to plan care.
3	The nursing process has five, not four, basic steps: assessment, diagnosis, planning, implementation, and evaluation.
4	The nursing process is not being replaced by the implementation of evidence-based practice.

PTS: 1 CON: Critical Thinking

6. ANS: 1

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 2. Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 3-4

Heading: Evidence-Based Nursing Care

Integrated Processes: N/A

Client Need: N/A

Cognitive Level: Comprehension [Remembering]

Concept: Evidence-Based Practice

Difficulty: Easy



	Feedback
1	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.
2	The third step of evidence-based practice is to evaluate the quality of the evidence.
3	The fourth step of evidence-based practice is to integrate the evidence into practice.
4	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. ANS: 1

Chapter number and title: 1, Foundations for Medical Surgical Practice

Chapter learning objective: 2. Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 3-4

Heading: Evidence-Based Nursing Care

Integrated Processes: N/A

Client Need: N/A

Cognitive Level: Comprehension [Understanding]

Concept: Evidence-Based Practice

Difficulty: Moderate

	Feedback
1	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.
2	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.
3	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.
4	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. ANS: 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 2. Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 3-4

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
1	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.
2	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.
3	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.
4	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. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 2. Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 3-4

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
1	A systemic review of randomized controlled studies, not a quasi-experimental research study, is identified as Level I.
2	Evidence from at least one randomized control study, not a quasi-experimental research study, is identified as Level II.
3	A quasi-experimental research study is identified as Level III.
4	Evidence from case-control or cohort studies, not a quasi-experimental research

	study, is identified as a Level IV.
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PTS: 1 CON: Evidence-Based Practice

10. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 2. Discussing the incorporation of evidence-based practices into medical-surgical nursing

Chapter page reference: 3-4

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
1	Evidence from case-control or cohort studies, not a single descriptive research study, is identified as a Level IV.
2	Evidence from systemic reviews of descriptive or qualitative studies, not a single descriptive research study, is identified as Level V.
3	Evidence from a single descriptive research study is identified as Level VI.
4	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. ANS: 2

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 3. Explaining the importance of patient-centered care in the management of medical-surgical patients

Chapter page reference: 4-5

Heading: Patient-Centered Care in the Medical-Surgical Setting

Integrated Processes: N/A

Client Need: N/A

Cognitive Level: Comprehension

Concept: Healthcare System

Difficulty: Moderate

	Feedback
1	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.
2	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.
3	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.
4	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 System

12. ANS: 2

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 3. Explaining the importance of patient-centered care in the management of medical-surgical patients

Chapter page reference: 4-5

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 System

Difficulty: Moderate

	Feedback
1	Although The Joint Commission (TJC) may review credentials of all providers and staff, this is not an aspect of patient-centered care.
2	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.
3	Although important to patient safety and satisfaction, communication between staff and providers is not an aspect of patient-centered care as evaluated by TJC.
4	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 System

13. ANS: 1

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 5. Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 5

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]

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Concept: Communication

Difficulty: Difficult

	Feedback
1	The “S” reflects the patient’s current situation, which is communicated by providing a brief statement of the issue. This statement by the nurse exemplifies the current situation.
2	The “A” reflects the patient’s assessment data. This statement by the nurse exemplifies the patient’s assessment data.
3	The “B” reflects the patient’s medical history. This statement by the nurse exemplifies communicating the patient’s history related to the current problem.
4	The “R” reflects specific actions needed to address the situation. This statement by the nurse exemplifies the actions implemented to address current level of pain.

PTS: 1 CON: Communication

14. ANS: 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 5. Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 5

Heading: Patient Safety Outcomes/Box 1.6 The SBAR Approach for Effective Communication

Integrated Processes: Nursing Process: Planning

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive Level: Analysis [Analyzing]

Concept: Communication

Difficulty: Difficult

	Feedback
1	This statement is the “A” in the SBAR communication. This is an assessment finding by the staff nurse.
2	This statement is the “R” in the SBAR communication. This is the recommendation by the staff nurse.
3	This statement is the “B” in the SBAR communication. This is the background information.
4	This statement is the “S” in the SBAR communication. This is the situation information.

PTS: 1 CON: Communication

15. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 4. Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies

Chapter page reference: 5-6

Heading: Patient Safety Outcomes

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Integrated Processes: Nursing Process: Implementation  
 Client Need: Safe and Effective Care Environment/Management of Care  
 Cognitive Level: Application [Applying]  
 Concept: Safety  
 Difficulty: Moderate

	Feedback
1	Safely using alarms is a National Patient Safety Goal (NPSG) identified by The Joint Commission (TJC). Silencing a cardiorespiratory monitor is not a nursing action that supports this NPSG.
2	Patient identification using two separate resources is a NPSG identified by TJC. Identifying a patient using only one source does not support this NPSG.
3	Identification of patient safety risks is a NPSG identified by the TJC. Determining patient safety issues on admission supports this NPSG.
4	Safe use of medication is an NPSG identified by TJC. Decreasing the amount of pain medication administered does not support this NPSG.

PTS: 1 CON: Safety

16. ANS: 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing  
 Chapter learning objective: 4. Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies  
 Chapter page reference: 5-6  
 Heading: Patient Safety Outcomes/Box 1.8 Quality and Safety Education for Nursing (QSEN) Competencies  
 Integrated Processes: Nursing Process: Implementation  
 Client Need: Safe and Effective Care Environment/Management of Care  
 Cognitive Level: Application [Applying]  
 Concept: Safety  
 Difficulty: Difficult

	Feedback
1	Advocating for a patient who is in pain exemplifies the Quality and Safety Education for Nursing (QSEN) competency of patient-centered care, not safety.
2	Considering the patient's cultural background exemplifies the QSEN competency of patient-centered care, not safety.
3	Evaluating the patient's learning style before implementing discharge instructions exemplifies the QSEN competency of patient-centered care, not safety.
4	Assessing the right drug before administering a prescribed medication exemplifies the QSEN competency of safety.

PTS: 1 CON: Safety

17. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Practice

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Chapter learning objective: 4. Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies

Chapter page reference: 5-6

Heading: Patient Safety Outcomes

Integrated Processes: Nursing Process: Planning

Client Need: Safe and Effective Care Environment/Safety and Infection Control

Cognitive Level: Application [Applying]

Concept: Safety

Difficulty: Moderate

	Feedback
1	Although the nurse should take care to deliver the meal tray to the correct patient, this circumstance does not require verification of patient identity through two sources.
2	Although the nurse should take care to implement passive range of motion on the correct patient, this circumstance does not require verification of patient identity through two sources.
3	Accurate patient identification is required throughout the patient experience, especially during assessments, while preparing patients for procedures and surgical procedures, and during medication administration. The nurse should identify a patient using two sources before medication administration.
4	Although the nurse should take care to document patient care in the correct medical record, this circumstance does not require verification of patient identity through two sources.

PTS: 1 CON: Safety

18. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 5. Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 5-6

Heading: Patient Safety Outcomes

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive Level: Application [Applying]

Concept: Communication

Difficulty: Moderate

	Feedback
1	Effective staff communication is essential to safe patient care, especially during hand-offs. Implementation of wound care is not an example of a hand-off situation.
2	Effective staff communication is essential to safe patient care, especially during hand-offs. Discharge to home is not an example of a hand-off situation.
3	Effective staff communication is essential to safe patient care, especially during

	hand-offs. Patient transfer to another unit of the hospital necessitates a change in who is responsible for direct patient care; therefore, this situation would necessitate the need for SBAR during the hand-off process.
4	Effective staff communication is essential to safe patient care, especially during hand-offs. Medication education is not an example of a hand-off situation.

PTS: 1 CON: Communication

19. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 4. Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies

Chapter page reference: 5-6

Heading: Patient Safety Outcomes

Integrated Processes: Communication and Documentation

Client Need: Safe and Effective Care Environment

Cognitive Level: Application Concept: Quality Improvement

Concept: Quality Improvement

Difficulty: Moderate

	Feedback
1	Verifying that the patient's informed consent is signed is done before transporting the patient to the surgical suite.
2	Although identification of the patient is completed during the "time-out" process, this is not the method the nurse uses when identifying the patient. The patient is asked to state his or her first and last name along with their date of birth.
3	Identifying the correct anatomical site for the procedure is an action the nurse completes during the "time-out" process. Asking the patient to state which side the surgery will be completed on is an appropriate action by the nurse in this situation.
4	Ensuring the patient's surgical checklist is completed and placed on the medical record is done before transporting the patient to the surgical suite.

PTS: 1 CON: Quality Improvement

20. ANS: 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 5. Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 5-6

Heading: Patient Safety Outcomes

Integrated Processes: Communication and Documentation

Client Need: Safe and Effective Care Environment

Cognitive Level: Application [Applying]

Concept: Safety



Difficulty: Moderate

	Feedback
1	Although the patient must be identified using two identifiers before medication administration and surgical procedures, this is not the best nursing action to enhance patient safety during a transfer from one unit to another.
2	Although hand hygiene should be performed before and after touching a patient, this is not the best nursing action to enhance patient safety during a transfer from one unit to another.
3	A time-out is a procedure implemented to enhance safety for the patient before a surgical procedure. This action is not appropriate when transferring a patient from the medical-surgical unit to the rehabilitation unit.
4	Effective staff communication is integral to safe patient care, particularly during “hand-offs” such as a change of shift report, receiving patients, and transferring patients to other departments. The SBAR is one approach that decreases communication barriers and focuses on a standard way to state the situation, background, assessment, and recommendation.

PTS: 1 CON: | Safety

21. ANS: 3

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 5. Describing the role of interprofessional collaboration and teamwork in the provision of care.

Chapter page reference: 6-7

Heading: Interprofessional Collaboration and Communication

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive Level: Comprehension [Understanding]

Concept: Nursing Roles

Difficulty: Easy

	Feedback
1	A social worker is a professional who completed a specific educational program. Registered nurses may share some responsibilities but are not social workers.
2	Primary healthcare providers may be physicians, advance practice registered nurses, and physician’s assistants, who are responsible for the management of the patient. These roles require education and licensure beyond that of a registered nurse.
3	Medical-surgical nurses are members of interprofessional healthcare teams and in acute care settings are often in the role of care coordinator working with other disciplines, including physicians, advance practice registered nurses, pharmacists, and social workers.
4	Although the nurse may have responsibilities in regard to the patient’s activity, the rehabilitation specialist has formal education in this area.

PTS: 1

CON: Nursing Roles

## MULTIPLE RESPONSE

22. ANS: 2, 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 1. Describing the role and competencies of medical-surgical nursing

Chapter page reference: 2

Heading: Introduction

Integrated Processes: N/A

Client Need: N/A

Cognitive Level: Knowledge [Remembering]

Concept: Nursing Roles

Difficulty: Easy

	Feedback
1	This is incorrect. The Academy of Medical-Surgical Nurses is the only professional nursing organization dedicated to medical-surgical nursing but does not offer certification.
2	This is correct. Certification in medical-surgical nursing is available through the American Nurses Credentialing Center (ANCC); registered nurses with this certification are entitled to the credential of registered nurse–board certified (RN-BC).
3	This is incorrect. The Beryl Institute is an organization that fosters patient-centered care through the “patient experience” that is influenced by all the interactions and experiences encountered. They are not a certification organization.
4	This is correct. Nurses earn the credential certified medical-surgical registered nurse (CMSRN) through the Medical Surgical Nursing Certification Board
5	This is incorrect. The Nursing Executive Center serves nursing administrators through data collection around best practices, strategic initiatives, and operational issues. They are not a certification body.

PTS: 1

CON: Nursing Roles

23. ANS: 1, 5

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 5. Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 5-6

Heading: Patient Safety Outcomes

Integrated Processes: Communication and Documentation

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive Level: Analysis [Analyzing]

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Concept: Quality Improvement  
 Difficulty: Difficult

	Feedback
1	This is correct. This response indicates the need for further education related to this procedure. Hand-off communication is not required before the administration of medication. The nurse would, however, verify the patient's identity using two sources.
2	This is incorrect. This response does not indicate the need for further education related to this procedure. Hand-off communication is required when patient care is transferred from one provider to another, such as during the change of shift.
3	This is incorrect. This response does not indicate the need for further education related to this procedure. Hand-off communication is required when patient care is transferred from one provider to another, such as when a patient is transferred to the surgical suite.
4	This is incorrect. This response does not indicate the need for further education related to this procedure. Hand-off communication is required when patient care is transferred from one provider to another, such as anytime the nurse receives a new patient assignment.
5	This is correct. This response indicates the need for further education related to this procedure. Hand-off communication is not required before family visitation.

PTS: 1 CON: Quality Improvement

24. ANS: 1, 3, 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 4. Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies

Chapter page reference: 5-6

Heading: Patient Safety Outcomes/Box 1.9 QSEN Competencies

Integrated Processes: Nursing Process: Planning

Client Need: Safe and Effective Care Environment/Management of Care

Cognitive Level: Knowledge [Remembering]

Concept: Nursing Roles

Difficulty: Easy

	Feedback
1	This is correct. Patient-centered care is a Quality and Safety Education for Nursing (QSEN) competency. Other QSEN competencies include teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.
2	This is correct. Evidence-based practice is a QSEN Competency.
3	This is incorrect. Legal considerations are not a specific QSEN competency.
4	This is correct. Informatics is a QSEN competency.
5	This is incorrect. Cost containment is not a specific QSEN competency.

PTS: 1 CON: Nursing Roles

25. ANS: 2, 3, 5

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 4. Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies

Chapter page reference: 5-6

Heading: Patient Safety Outcomes

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Safety and Infection Control

Cognitive Level: Application [Applying]

Concept: Safety

Difficulty: Difficult

	Feedback
1	This is incorrect. Interruptions should be minimized during the medication administration process; therefore, the nurse should not answer the call bell for another patient while transporting medications for administration.
2	This is correct. Verification of the right patient is one of the rights of medication administration; therefore, the nurse would identify the patient using two sources before the administration of medication.
3	This is correct. The nurse should ensure that the rationale for all medications are associated with the patient condition; therefore, this action enhances patient safety during medication administration.
4	This is incorrect. Medications should be administered as prescribed, and if a medication is not available to be administered at the prescribed time, the provider needs to be contacted about when to administer the next dose and whether any other time adjustments need to be made.
5	This is correct. Verifying the dose of a high-risk medication, such as insulin, enhances patient safety during medication administration.

PTS: 1 CON: Safety

26. ANS: 2, 3, 4, 5

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 4. Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies

Chapter page reference: 5-6

Heading: Patient Safety Outcomes

Integrated Processes: Nursing Process: Implementation, Communication and Documentation

Client Need: Safe and Effective Care Environment

Cognitive Level: Analysis [Analyzing]

Concept: Quality Improvement

Difficulty: Difficult

	Feedback
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1	This is incorrect. Cardiorespiratory alarms are set specifically for the patient who is being monitored with this equipment. Silencing the monitor during family visits increases the likelihood that changes in the patient's status will be missed because the alarm will not sound when changes occur.
2	This is correct. Removing clutter from the patient's room decreases the risk of accidental falls and enhances patient safety.
3	This is correct. The SBAR method of documentation enhances communication between the patient's healthcare providers.
4	This is correct. Encouraging hand hygiene decreases the risk of patient infection.
5	This is correct. Two sources of data are required when identifying the patient. Asking the patient for their date of birth is an appropriate nursing action that enhances safety when providing care.

PTS: 1 CON: Quality Improvement

27. ANS: 2, 3, 5

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 5. Discussing implications to medical-surgical nurses of Quality and Safety Education for Nurses (QSEN) competencies

Chapter page reference: 5-6

Heading: Patient Safety Outcomes

Integrated Processes: Nursing Process: Implementation

Client Need: Safe and Effective Care Environment/Safety and Infection Control

Cognitive Level: Application [Applying]

Concept: Safety

Difficulty: Difficult

	Feedback
1	This is incorrect. Monitor alarms should be audible even during family visitation. Inaudible alarms may impede patient safety.
2	This is correct. The nurse should assess the alarm parameters, comparing with the prescribed settings, at the start of each shift. This action enhances patient safety.
3	This is correct. The nurse should respond to all alarms in a timely fashion, which enhances patient safety.
4	This is incorrect. Monitor alarms should be audible at all times, even when the patient is asleep, to enhance patient safety.
5	This is correct. The nurse should adjust alarm parameters based on specific practitioner prescriptions. This action enhances safety.

PTS: 1 CON: Safety

28. ANS: 1, 2, 4

Chapter number and title: 1, Foundations of Medical-Surgical Nursing

Chapter learning objective: 5. Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care

Chapter page reference: 6-7

Heading: Interprofessional Collaboration and Communication

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Integrated Processes: Nursing Process: Planning  
 Client Need: Safe and Effective Care Environment/Management of Care  
 Cognitive Level: Comprehension [Understanding]  
 Concept: Collaboration  
 Difficulty: Easy

	Feedback
1	This is correct. The physician is a member of the interprofessional team and should be invited to participate in the care conference.
2	This is correct. The pharmacist is a member of the interprofessional team and should be invited to participate in the care conference.
3	This is incorrect. The unit secretary is not a member of the interprofessional team and therefore would not require an invitation to attend the care conference.
4	This is correct. The social worker is a member of the interprofessional team and therefore should be invited to participate in the care conference.
5	This is incorrect. The home care aide, although a member of the interprofessional team, would not benefit from attending a care conference while the patient is hospitalized.

PTS: 1 CON: Collaboration

29. ANS: 1, 2, 4

Chapter number and title: 1, Foundation of Medical-Surgical Nursing Practice  
 Chapter learning objective: 5. Describing the role of interprofessional collaboration and teamwork in the provision of safe, quality patient care  
 Chapter page reference: 6-7  
 Heading: Interprofessional Collaboration and Communication  
 Integrated Processes: Nursing Process: Planning  
 Client Need: Safe and Effective Care Environment/Management of Care  
 Cognitive Level: Analysis [Analyzing]  
 Concept: Collaboration  
 Difficulty: Difficult

	Feedback
1	This is correct. Effective clinical reasoning is a skill required for the nurse to assume the role of care coordinator.
2	This is correct. Effective communication is a skill required for the nurse to assume the role of care coordinator.
3	This is incorrect. Although advanced life support training is important, these competencies are not required for the nurse to assume the role of care coordinator.
4	This is correct. Effective documentation, a form of communication, is a skill required for the nurse to assume the role of care coordinator.
5	This is incorrect. Effective intravenous skills are not required for the nurse to assume the role of care coordinator.

PTS: 1 CON: Collaboration

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