

Urden: Priorities in Critical Care Nursing, 6th Edition

Chapter 03: Patient and Family Education

Test Bank

MULTIPLE CHOICE

1. The main principle assumption of adult learning theory is that adults:

- a. are responsible for their own learning.
- b. focus on current problem resolution.
- c. are motivated from internal pressures.
- d. must be ready to learn.

ANS: D

Even with unlimited inventive teaching methods, well thought-out education materials, and time, learning will not take place if the patient or family is not ready, willing, and able to learn.

DIF: Cognitive Level: Comprehension REF: 20

OBJ: Nursing Process: Assessment TOP: Patient and Family Education

MSC: NCLEX: Health Promotion and Maintenance

2. The first step of the teaching-learning process involves:

- a. gathering data to assist in the assessment of learning needs.
- b. identifying major learning needs for the patient.
- c. identifying learning needs related to medical diagnosis.
- d. evaluating the effects of prior teaching.

ANS: A

The first step of the teaching-learning process is assessment, which involves gathering data to assist the nurse in meeting the patient's and family's needs.

DIF: Cognitive Level: Comprehension REF: 20

OBJ: Nursing Process: Assessment TOP: Patient and Family Education

MSC: NCLEX: Health Promotion and Maintenance

3. Which of the following educational content areas is appropriate during the first hours of hospitalization?

- a. Pathophysiology of the admitting diagnosis
- b. Dietary modifications
- c. Purpose of bedside equipment
- d. Medication side effects

ANS: C

Initial interventions are targeted to promote comfort and familiarity with the environment and surroundings. The plan should focus on survival skills, orientation to the environment and equipment, communication of prognosis, procedure explanations, and the immediate plan of care.

DIF: Cognitive Level: Analysis REF: Table 3-1

OBJ: Nursing Process: Planning

TOP: Patient and Family Education MSC: NCLEX: Health Promotion and Maintenance

4. How should the nurse respond when a patient asks if he or she is going to die?
- Avoid the question by leaving the room.
 - Defer the question to the physician.
 - Answer honestly and sensitively in simple terms with information that is understandable.
 - Speak with the family first before answering the patient.

ANS: C

During this time of elevated stress, the nurse may have to refocus the patient/family to help concentrate efforts on coping with the present instead of dwelling on possibilities of the future. Not addressing these immediate concerns could result in further anxiety, affect ability to cope, and prevent open and honest communication.

DIF: Cognitive Level: Application REF: 21

OBJ: Nursing Process: Intervention TOP: Patient and Family Education

MSC: NCLEX: Psychosocial Integrity

5. Content and method of presentation in the critical care unit will vary because:
- of the different admitting diagnoses.
 - of the uniqueness of each patient's clinical and emotional status.
 - most patients are on the ventilator and cannot talk.
 - patients are heavily sedated and may not comprehend teaching.

ANS: B

Determination of the content taught in the critical care unit depends on the patient's clinical and emotional status and varies with each patient.

DIF: Cognitive Level: Comprehension REF: 23

OBJ: Nursing Process: Planning

TOP: Patient and Family Education MSC: NCLEX: Health Promotion and Maintenance

6. Mr. M is in the critical care unit with the onset of tuberculosis. HIV/AIDS was diagnosed 1 year ago. When talking with the nurse about preventing the spread of tuberculosis, Mr. M told the nurse that he has not taken any precautions regarding HIV or tuberculosis. Which educational objective is **best** stated for Mr. M?

- a. Patient will know at least two ways to prevent the spread of tuberculosis within 1 week.
- b. Patient will understand how HIV is spread within 3 days.
- c. Patient will realize that improper precautions will spread his disease to others.
- d. Patient will state two methods of transmission for tuberculosis within 2 days.

ANS: D

Terms such as *know*, *understand*, *realize*, and *appreciate* are open to many interpretations and are difficult to measure. Active verbs such as identify, state, list, or demonstrate should be used.

DIF: Cognitive Level: Synthesis REF: 21

OBJ: Nursing Process: Planning

TOP: Patient and Family Education MSC: NCLEX: Health Promotion and Maintenance

7. Which of the following teaching methods is inappropriate in the critical care unit?
- a. Informal teaching sessions at the bedside
 - b. Lecture presentation on a topic
 - c. Individual discussion with the patient and family
 - d. Demonstration of a procedure or technique

ANS: B

Lecture is the presentation of information in a highly structured format to a group. This style of teaching is inappropriate for acutely ill individuals in the critical care unit.

DIF: Cognitive Level: Analysis REF: 23

OBJ: Nursing Process: Planning

TOP: Patient and Family Education MSC: NCLEX: Health Promotion and Maintenance

8. Group discussions for patients are most effective if the patients:
- a. have a variety of medical diagnoses.
 - b. are in the acute phase of their illness.
 - c. are in the hospital only 3 days or less.
 - d. are at similar stages of adaptation.

ANS: D

Hospitalized patients with similar problems and at similar stages of adaptation can benefit from discussion groups.

DIF: Cognitive Level: Comprehension REF: 23

OBJ: Nursing Process: Planning

TOP: Patient and Family Education MSC: NCLEX: Health Promotion and Maintenance

9. A nurse has taught a patient with asthma how to administer his daily inhaler. How would the nurse evaluate the teaching-learning process?

- a. Using teaching aides
- b. Identifying teaching strategies
- c. Directly observing the patient using his inhaler
- d. Documenting the teaching session in the patient's record

ANS: C

Observation and return demonstration represent the evaluation of choice for the skills-learning domain. For the patient/family to be “checked off” on a particular skill, they should be able to perform it independently, using the nurse only as a resource for questions.

DIF: Cognitive Level: Evaluation REF: 23

OBJ: Nursing Process: Evaluation

TOP: Patient and Family Education MSC: NCLEX: Health Promotion and Maintenance

10. Mr. J has been in the intensive care unit (ICU) for 20 days with a diagnosis of sepsis and acute respiratory distress syndrome. He is ready for transfer to the progressive care unit but is apprehensive. He has communicated to the nurse that he does not want to leave the ICU because he is afraid that his needs will not be met in the progressive care unit. Which educational objective would be best to use in this situation?

- a. Mr. J will state two reasons why he is being transferred by the end of the day.
- b. Mr. J will confront his fears and deal with them within 1 day of transfer.
- c. Mr. J will state the name of his “new” nurse by the end of the day.
- d. Mr. J will be introduced to at least two of his “new” caregivers by time of transfer.

ANS: D

Mr. J needs to trust the new caregivers on the progressive care unit. Introducing the new caregivers will help decrease his anxiety about an unfamiliar environment.

DIF: Cognitive Level: Application REF: Table 3-1

OBJ: Nursing Process: Planning

TOP: Patient and Family Education MSC: NCLEX: Health Promotion and Maintenance

11. Useful and effective written patient education materials are:

- a. aimed at a high school comprehension level.
- b. geared toward the educational level of the patient/family.
- c. comprehensive and minutely detailed.
- d. characterized by medical terminology.

ANS: B

Low literacy levels are considered to be a barrier to successful patient/family education and the teaching-learning process. Typical patient education materials are written at or above the eighth-grade or ninth-grade reading level and may be out of reach for many people. Almost 20% of the U.S. adult population have low literacy skills and read at or below the fifth-grade level. To help overcome the problem of low literacy, it is recommended that patient education materials be written at or below the fifth-grade reading level.

DIF: Cognitive Level: Application REF: 23

OBJ: Nursing Process: Planning

TOP: Patient and Family Education MSC: NCLEX: Health Promotion and Maintenance

12. The critical care nurse should begin discharge planning:

- a. no more than 24 hours before the patient's discharge from the hospital.
- b. on admission, regardless of the patient's condition.
- c. when the patient states he or she is ready for discharge.
- d. at least by the third day after admission.

ANS: B

Discharge planning is also part of the education process and should start with admission to the hospital. Instructions for home care, also known as aftercare, should be given before the day of discharge to avoid the decreased retention of education that occurs with information overload.

DIF: Cognitive Level: Comprehension REF: Table 3-1

OBJ: Nursing Process: Planning

TOP: Patient and Family Education MSC: NCLEX: Health Promotion and Maintenance

13. Which of the following statements best describes the teaching-learning process?

- a. It follows the distinct order of the nursing process, with each step of the process separate and without repetition.
- b. It requires formal blocks of learning time that are planned during the shift.
- c. It is a continuous activity that occurs during hospitalization and beyond.
- d. It ends at the point of discharge.

ANS: C

In the teaching-learning process, the steps of the nursing process (assessment, diagnosis, goals, interventions, and evaluation) may occur simultaneously and repetitively. The teaching-learning process is a dynamic, continuous activity that occurs throughout the entire hospitalization and may continue after the patient has been discharged.

DIF: Cognitive Level: Comprehension REF: 20

OBJ: Nursing Process: Implementation TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance

14. Group discussion as a patient teaching strategy for educating both a patient with a new diagnosis of diabetes and a patient who has had the disease for years:
- is an efficient use of the nurse's time.
 - will address the same teaching topics with both patients.
 - will be effective because both patients undoubtedly have identical goals.
 - is not an appropriate teaching strategy.

ANS: D

Educational needs of the two patients will differ. Group discussion is only effective when the goals of the education plan are the same for all patients involved. A patient with a new diagnosis of diabetes will require education on topics that are potentially well known to a patient diagnosed years ago.

DIF: Cognitive Level: Comprehension REF: 23
OBJ: Nursing Process: Assessment TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance

15. A mechanically ventilated patient with an endotracheal tube in the critical care unit is being actively weaned and is off sedation medication. As he begins to wake up for the first time since his admission, he becomes increasingly agitated, pulling at his gown, kicking his feet, and grimacing. The nurse responds to the situation by:
- medically treating the patient to sedate him again.
 - putting him in restraints because his issues are behavioral.
 - telling him to stop moving around before he extubates himself.
 - quickly providing emotional comfort to reduce the patient's anxiety and telling him simple facts to help him understand the situation.

ANS: D

A patient awaking from sedation to an environment that is unfamiliar, threatening, and potentially painful needs assurance that he or she is being cared for in a safe environment. Education should be geared toward the reduction of immediate stress, anxiety, and fear.

DIF: Cognitive Level: Knowledge REF: Table 3-1
OBJ: Nursing Process: Implementation TOP: Patient and Family Education
MSC: NCLEX: Safe and Effective Care Environment: Management of Care

16. A lack of true understanding can often be misread by the nurse as noncompliance. Which of the following statements demonstrates an effective questioning method to assess a patient's understanding?
- Do you take all your medications?
 - Can you tell me what you know about your different heart medications?
 - You know this is your blood pressure pill, right?

d. Why are you noncompliant with your medications?

ANS: B

Open-ended questions provide the nurse an opportunity to assess actual knowledge gaps, rather than assume knowledge by obtaining a "yes" or "no" response. These types of questions also assist the patient and family to tell their story of the illness and communicate their perceptions of the experience. Questions that elicit only a "yes" or "no" response close off communication and do not provide for an interactive teaching-learning session. Asking why the patient is noncompliant will not assess the patient's understanding of their medications

DIF: Cognitive Level: Knowledge REF: 24

OBJ: Nursing Process: Assessment TOP: Patient and Family Education

MSC: NCLEX: Health Promotion and Maintenance

17. The nurse is planning to teach a 76-year-old patient about wound care. How can the nurse enhance the patient's ability to learn?

- a. Provide addresses of websites that contain information related to wound care
- b. Exclude family members from the session
- c. Use color-coded materials
- d. Make the information relevant to the patient's condition

ANS: D

Learning can be enhanced by selecting content that holds value and relevance to the individual. Nurses should choose content that is perceived by the learner as important in maintaining quality of life and should try to relate what they are teaching to the individual's previous life experiences.

DIF: Cognitive Level: Analysis REF: 25

OBJ: Nursing Process: Assessment TOP: Patient and Family Education

MSC: NCLEX: Health Promotion and Maintenance

18. A patient has just been diagnosed with lung cancer following a needle biopsy. The nurse plans teaching for the patient to meet the goal of:

- a. preventing the recurrence of the tumor.
- b. learning skills to live with the disease.
- c. selecting and using treatment options.
- d. minimizing adverse effects of treatment.

ANS: C

Education during this time frame should be directed toward the reduction of immediate stress, anxiety, and fear, rather than future lifestyle alterations or rehabilitation needs. The plan should focus on survival skills, orientation to the environment and equipment, communication of prognosis, procedure explanations, and the immediate plan of care.

DIF: Cognitive Level: Analysis REF: 25
OBJ: Nursing Process: Assessment TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance

19. While admitting a patient to the critical care unit, the nurse learns that the patient is unable to read. This information will guide the nurse in determining:
- which instructional strategies should be used in teaching.
 - the degree of the patient's motivation to learn.
 - what information the patient will be able to understand.
 - that the family must be included in the teaching process.

ANS: A

If the patient is illiterate provide frequent examples and use teach-back or return demonstration when providing patient education. Pictures, diagrams and audio or videotapes can also be useful for these patients.

DIF: Cognitive Level: Analysis REF: 25
OBJ: Nursing Process: Intervention TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance

20. When the patient says, "I don't know what is happening! I'm so scared!" the nurse can predict that the critical care patient is feeling:
- confident.
 - overwhelmed.
 - collaborative.
 - receptive.

ANS: B

Patients and families may be so overwhelmed by what they see or have already been told that they may be unable to identify their own learning needs.

DIF: Cognitive Level: Analysis REF: 20
OBJ: Nursing Process: Assessment TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance

MULTIPLE RESPONSE

1. The nurse can give value to the needs of the patient/family and provide some degree of control over the situation by doing which of the following? (Select all that apply)
- Restricting family members to visiting only during specified times of day
 - Asking family members if they would like to participate in physical care of the patient, with the patient's permission
 - Spending time explaining procedures to family members and encouraging them to ask questions
 - Excluding family members from team conferences about the patient

ANS: B, C

Involving patients and families in the assessment process gives value to their needs and assists them in gaining some control over a situation in which they may feel powerless. Active participation and control stimulate the motivation to receive information and make the overall education process more satisfying; in essence, the patient/family will learn more.

DIF: Cognitive Level: Synthesis REF: 20

OBJ: Nursing Process: Implementation TOP: Patient and Family Education

MSC: NCLEX: Health Promotion and Maintenance

2. Factors that have a negative effect on ability to learn include which of the following? (Select all that apply)

- a. Alteration in mental status
- b. Adequate tissue perfusion
- c. Pain, fatigue, anxiety
- d. Feeling rested and refreshed

ANS: A, C

Several factors affect the ability, willingness, and readiness to learn, as well as the ability to cope with and adapt to the current situation. These include physiological, psychological, sociocultural, financial, and environmental factors.

DIF: Cognitive Level: Comprehension REF: 24

OBJ: Nursing Process: Intervention TOP: Patient and Family Education

MSC: NCLEX: Health Promotion and Maintenance

3. Which of the following items are domains of learning? (Select all that apply)

- a. Attitude
- b. Psychological
- c. Knowledge
- d. Skills

ANS: A, C, D

Learning has three domains: knowledge, skills, and attitude.

DIF: Cognitive Level: Knowledge REF: 20

OBJ: Nursing Process: Assessment TOP: Patient and Family Education

MSC: NCLEX: Health Promotion and Maintenance

4. Mr. G is a 79-year-old man who received a liver transplant 3 days ago. He is extubated and hemodynamically stable. His wife is coming for a visit, and the nurse has some time to discuss immune suppression drug therapy with both of them. Mr. G is hearing- and sight-impaired. His wife brought his hearing aids 2 days ago and will bring his glasses today. Which of the following teaching strategies should the nurse use? (Select all that apply)

- a. Patient education channel
- b. Written materials
- c. Lecture
- d. Discussion

ANS: A, B, D

Lecture is not the strategy of choice for this situation; it does not work well in the ICU. Teaching must be done at the bedside by using as many of the senses as possible.

DIF: Cognitive Level: Synthesis REF: 23

OBJ: Nursing Process: Intervention TOP: Patient and Family Education

MSC: NCLEX: Health Promotion and Maintenance

MATCHING

Match the following teaching strategies with the most appropriate situation.

- a. Discussion
- b. Demonstration and practice
- c. Audio-visual media
- d. Written
- e. Computer-assisted

1. Ms. T is scheduled for a cardiac catheterization this afternoon. The nurse wants to provide her with some basic information before going in the room to talk about her specific procedure.

2. Ms. H is visiting her mother. When the nurse walks into the room to check on the infusion pump alarm, the mother asks, "Why does that machine keep beeping?"

3. Mr. L is being discharged tomorrow and needs to learn how to change the collection bag on his new colostomy.

4. Mr. H is a 17-year-old patient with a new diagnosis of diabetes. The nurse needs to help him understand his disease and treatment.

5. The nurse has been progressively working with Mr. Q on the exercises he needs to do at home when he is discharged. The nurse wants to ensure he will remember what to do when he is at home.

1. ANS: C DIF: Cognitive Level: Analysis REF: 25
OBJ: Nursing Process: Intervention TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance
2. ANS: A DIF: Cognitive Level: Analysis REF: 25
OBJ: Nursing Process: Intervention TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance
3. ANS: B DIF: Cognitive Level: Analysis REF: 25
OBJ: Nursing Process: Intervention TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance
4. ANS: E DIF: Cognitive Level: Analysis REF: 25
OBJ: Nursing Process: Intervention TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance
5. ANS: D DIF: Cognitive Level: Analysis REF: 25
OBJ: Nursing Process: Intervention TOP: Patient and Family Education
MSC: NCLEX: Health Promotion and Maintenance