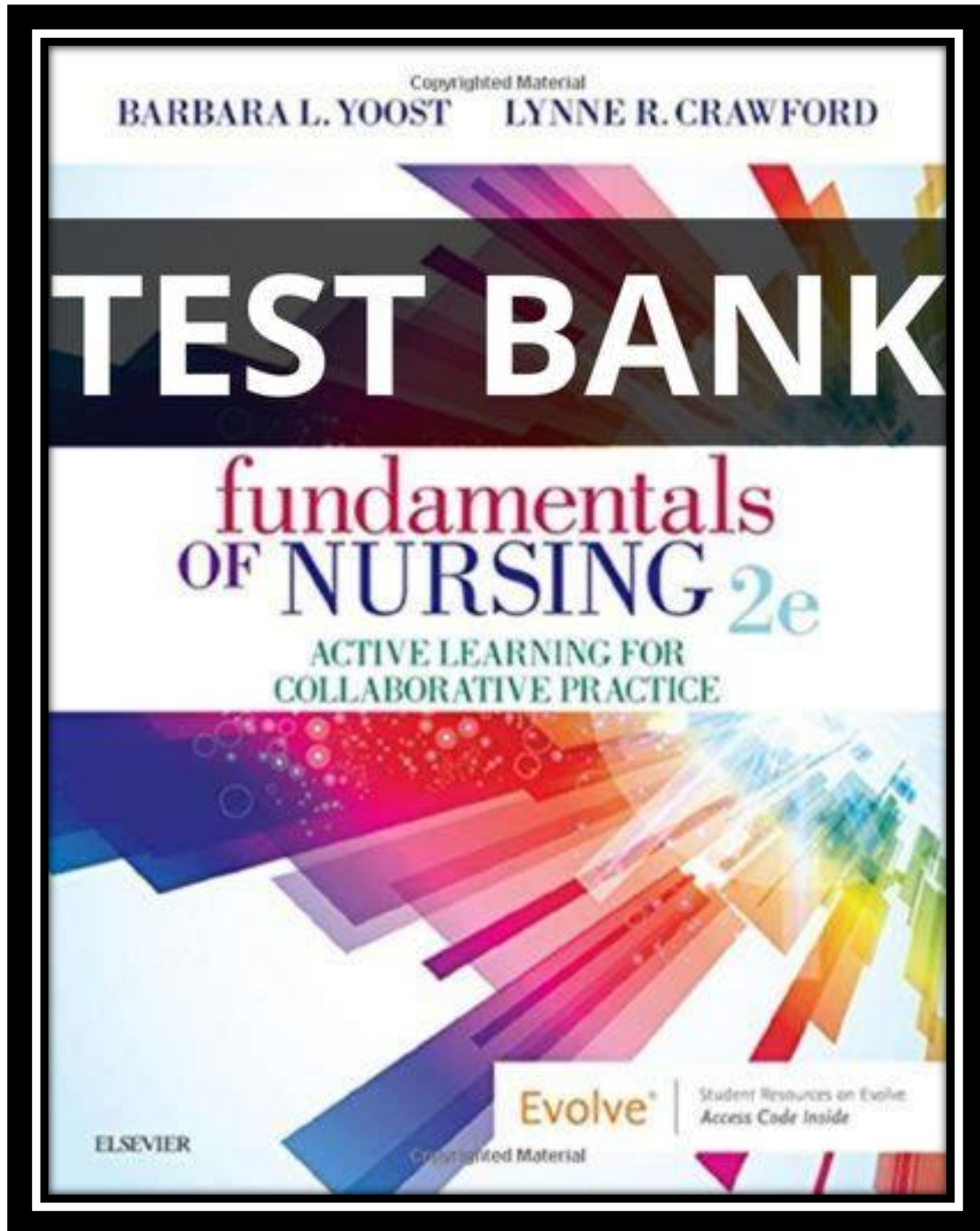


Test Bank

Fundamentals of Nursing 2nd Edition Yoost



Chapter 01: Nursing, Theory, and Professional Practice

Yoost & Crawford: Fundamentals of Nursing: Active Learning for Collaborative Practice, 2nd Edition

MULTIPLE CHOICE

1. A group of nursing students are discussing the impact of nonnursing theories in clinical practice. The students would be correct if they chose which theory to prioritize patient care?

- a. Erikson's Psychosocial Theory
- b. Paul's Critical-Thinking Theory
- c. Maslow's Hierarchy of Needs
- d. Rosenstock's Health Belief Model

ANS: C

Maslow's hierarchy of needs specifies the psychological and physiologic factors that affect each person's physical and mental health. The nurse's understanding of these factors helps with formulating Nursing diagnoses that address the patient's needs and values to prioritize care. Erikson's Psychosocial Theory of Development and Socialization is based on individuals' interacting and learning about their world. Nurses use concepts of developmental theory to critically think in providing care for their patients at various stages of their lives. Rosenstock (1974) developed the psychological Health Belief Model. The model addresses possible reasons for why a patient may not comply with recommended health promotion behaviors. This model is especially useful to nurses as they educate patients.

DIF: Remembering

OBJ: 1.5

TOP: Planning

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

NOT: Concepts: Care Coordination

2. A nursing student is preparing study notes from a recent lecture in nursing history. The student would credit Florence Nightingale for which definition of nursing?

- a. The imbalance between the patient and the environment decreases the capacity for health.
- b. The nurse needs to focus on interpersonal processes between nurse and patient.
- c. The nurse assists the patient with essential functions toward independence.
- d. Human beings are interacting in continuous motion as energy fields.

ANS: A

Florence Nightingale's (1860) concept of the environment emphasized prevention and clean air, water, and housing. This theory states that the imbalance between the patient and the environment decreases the capacity for health and does not allow for conservation of energy. Hildegard Peplau (1952) focused on the roles played by the nurse and the interpersonal process between a nurse and a patient. Virginia Henderson described the nurse's role as substitutive (doing for the person), supplementary (helping the person), or complementary (working with the person), with the goal of independence for the patient. Martha Rogers (1970) developed the Science of Unitary Human Beings. She stated that human beings and their environments are interacting in continuous motion as infinite energy fields.

DIF: Understanding OBJ: 1.4 TOP: Planning
MSC: NCLEX Client Needs Category: Health Promotion and Maintenance
NOT: Concepts: Health Promotion

3. The nurse identifies which nurse established the American Red Cross during the Civil War?

- a. Dorothea Dix
- b. Linda Richards
- c. Lena Higbee
- d. Clara Barton

ANS: D

Clara Barton practiced nursing in the Civil War and established the American Red Cross. Dorothea Dix was the head of the U.S. Sanitary Commission, which was a forerunner of the Army Nurse Corps. Linda Richards was America's first trained nurse, graduating from Boston's Women's Hospital in 1873, and Lena Higbee, superintendent of the U.S. Navy Nurse Corps, was awarded the Navy Cross in 1918.

DIF: Remembering OBJ: 1.3 TOP: Assessment
MSC: NCLEX Client Needs Category: Health Promotion and Maintenance
NOT: Concepts: Professionalism

4. The nursing instructor is researching the five proficiencies regarded as essential for students and professionals. The nursing instructor identifies which organization would be found to have added safety as a sixth competency?

- a. Quality and Safety Education for Nurses (QSEN)
- b. Institute of Medicine (IOM)
- c. American Association of Colleges of Nursing (AACN)
- d. National League for Nursing (NLN)

ANS: A

The Institute of Medicine report, *Health Professions Education: A Bridge to Quality (2003)*, outlines five core competencies. These include patient-centered care, interdisciplinary teamwork, use of evidence-based medicine, quality improvement, and use of information technology. QSEN added safety as a sixth competency. *The Essentials of Baccalaureate Education for Professional Nursing Practice* are provided and updated by the American Association of Colleges of Nursing (AACN) (2008). The document offers a framework for the education of professional nurses with outcomes for students to meet. The National League for Nursing (NLN) outlines and updates competencies for practical, associate, baccalaureate, and graduate nursing education programs.

DIF: Remembering OBJ: 1.1 TOP: Planning
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Care Coordination

5. The nurse manager is interviewing graduate nurses to fill existing staffing vacancies. When hiring graduate nurses, the nurse manager realizes that they will probably not be considered "competent" until they complete which task?

- a. They graduate and pass NCLEX.

- b. They have worked 2 to 3 years.
- c. Their last year of nursing school.
- d. They are actually hired.

ANS: B

Benner's model identifies five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. The student nurse progresses from novice to advanced beginner during nursing school and attains the competent level after approximately 2 to 3 years of work experience after graduation. To obtain the RN credential, a person must graduate from an approved school of nursing and pass a state licensing examination called the National Council Licensure Examination for Registered Nurses (NCLEX-RN) usually taken soon after completion of an approved nursing program.

DIF: Remembering

OBJ: 1.7

TOP: Planning

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

NOT: Concepts: Care Coordination

6. The prospective student is considering options for beginning a career in nursing. Which degree would best match the student's desire to conduct research at the university level?

- a. Associate Degree in Nursing (ADN)
- b. Bachelor of Science in Nursing (BSN)
- c. Doctor of Nursing Practice (DNP)
- d. Doctor of Philosophy in Nursing (PhD)

ANS: D

Doctoral nursing education can result in a Doctor of Philosophy (PhD) degree. This degree prepares nurses for leadership roles in research, teaching, and administration that are essential to advancing nursing as a profession. Associate Degree in Nursing (ADN) programs usually are conducted in a community college setting. The nursing curriculum focuses on adult acute and chronic disease; maternal/child health; pediatrics; and psychiatric/mental health nursing. ADN RNs may return to school to earn a bachelor's degree or higher in an RN-to-BSN or RN-to-MSN program. Bachelor's degree programs include community health and management courses beyond those provided in an associate degree program. A newer practice-focused doctoral degree is the Doctor of Nursing practice (DNP), which concentrates on the clinical aspects of nursing. DNP specialties include the four advanced practice roles of NP, CNS, CNM, and CRNA.

DIF: Remembering

OBJ: 1.9

TOP: Assessment

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

NOT: Concepts: Care Coordination

7. During a staff meeting, the nurse manager announces that the hospital will be seeking Magnet status. To explain the requirements for this award, the nurse manager will contact which organization?

- a. American Nurses Association (ANA)
- b. American Nurses Credentialing Center (ANCC)
- c. National League for Nursing (NLN)
- d. Joint Commission

ANS: B

The American Nurses Credentialing Center (ANCC) awards Magnet Recognition to hospitals that have shown excellence and innovation in nursing. The ANA is a professional organization that provides standards of nursing practice. The National League for Nursing (NLN) outlines and updates competencies for practical, associate, baccalaureate, and graduate nursing education programs. The Joint Commission is the accrediting organization for health care facilities in the United States.

DIF: Remembering

OBJ: 1.1

TOP: Assessment

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

NOT: Concepts: Care Coordination

8. The nurse is caring for a patient who refuses two units of packed red blood cells. When the nurse notifies the health care provider of the patient's decision, the nurse is acting in which role?

- a. Manager
- b. Change agent
- c. Advocate
- d. Educator

ANS: C

As the patient's advocate, the nurse interprets information and provides the necessary education. The nurse then accepts and respects the patient's decisions even if they are different from the nurse's own beliefs. The nurse supports the patient's wishes and communicates them to other health care providers. A nurse manages all of the activities and treatments for patients. In the role of change agent, the nurse works with patients to address their health concerns and with staff members to address change in an organization or within a community. The nurse ensures that the patient receives sufficient information on which to base consent for care and related treatment. Education becomes a major focus of discharge planning so that patients will be prepared to handle their own needs at home.

DIF: Applying

OBJ: 1.2

TOP: Implementation

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care

NOT: Concepts: Care Coordination

9. The nursing student develops a plan of care based on a recently published article describing the effects of bed rest on a patient's calcium blood levels. When creating the plan of care, the nursing student has the obligation to consider which action?

- a. Critically appraise the evidence and determine validity.
- b. Ensure that the plan of care does not alter current practice.
- c. Change the process even when there is no problem identified.
- d. Maintain the plan of care regardless of initial outcome.

ANS: A

Evidence-based practice (EBP) is an integration of the best-available research evidence with clinical judgment about a specific patient situation. The nurse assesses current and past research, clinical guidelines, and other resources to identify relevant literature. The application of EBP includes critically appraising the evidence to assess its validity, designing a change for practice, assessing the need for change and identifying a problem, and integrating and maintaining change while monitoring process and outcomes by reevaluating the application of evidence and assessing areas for improvement.

DIF: Applying OBJ: 1.2 TOP: Implementation

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Care Coordination

10. The nurse is delegating frequent blood pressure (BP) measurements for a patient admitted with a gunshot wound to a licensed practical nurse (LPN). When delegating, the nurse understands which fact?

- a. He/she may assume that the LPN is able to perform this task appropriately.
- b. The LPN is ultimately responsible for the patient findings and assessment.
- c. The LPN may perform the tasks assigned without further supervision.
- d. He/she retains ultimate responsibility for patient care and supervision is needed.

ANS: D

The RN retains ultimate responsibility for patient care, which requires supervision of those to whom patient care is delegated. In the process of collaboration, the nurse delegates certain activities to other health care personnel. The RN needs to *know* the scope of practice or capabilities of each health care member for delegation to be effective and safe.

DIF: Understanding OBJ: 1.2 TOP: Implementation
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Care Coordination

11. The nurse is preparing to discharge a patient admitted with fever of unknown origin. The patient states, "I never got past the fifth grade in school. Don't read much. Never saw much sense in it. But I do OK. I can read most stuff. But my doctor explains things good and doesn't think that my sickness is serious." Considering this patient response, what action should the nurse carry out?

- a. Provide discharge medication information from a professional source to provide the most information.
- b. Expect that the patient may return to the hospital if the discharge process is poorly done.
- c. Assume that the physician and the patient have a good rapport and that the physician will clarify everything.
- d. Defer offering the patient the opportunity to sign up for wellness classes due to the low literacy rate.

ANS: B

Low health literacy is associated with increased hospitalization, greater emergency care use, lower use of mammography, and lower receipt of influenza vaccine. A goal of patient education by the nurse is to inform patients and deliver information that is understandable by examining their level of health literacy. The more understandable health information is for patients, the closer the care is coordinated with need.

DIF: Applying OBJ: 1.2 TOP: Implementation

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment:
Management of Care

NOT: Concepts: Health Promotion

12. A nurse is caring for a patient who lost a large amount of blood during childbirth. The nurse provides the opportunity for the patient to maintain her activity level while providing adequate periods of rest and encouragement. Which nursing theory would the nurse most likely choose as a framework for addressing the fatigue associated with the low blood count?

- a. Watson Human Caring Theory
- b. Parse's Theory of Human Becoming
- c. Roy's Adaptation Model
- d. Rogers' Science of Unitary Human Beings

ANS: C

Roy's Adaptation Model is based on the human being as an adaptive open system. The person adapts by meeting physiologic-physical needs, developing a positive self-concept-group identity, performing social role functions, and balancing dependence and independence. Stressors result in illness by disrupting the equilibrium. Nursing care is directed at altering stimuli that are stressors to the patient. The nurse helps patients strengthen their abilities to adapt to their illnesses or helps them to develop adaptive behaviors. Watson's theory is based on caring, with nurses dedicated to health and healing. The nurse functions to preserve the dignity and wholeness of humans in health or while peacefully dying. Parse's theory is called the Human Becoming School of Thought. Parse formulated the Theory of Human Becoming by combining concepts from Martha Rogers' Science of Unitary Human Beings with existential-phenomenologic thought. This theory looks at the person as a constantly changing being, and at nursing as a human science. Martha Rogers (1970) developed the Science of Unitary Human Beings. She stated that human beings and their environments are interacting in continuous motion as infinite energy fields.

DIF: Applying OBJ: 1.4 TOP: Implementation

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment:
Management of Care

NOT: Concepts: Care Coordination

13. The nurse recognizes which nursing theorist who described the relationship between the nurse and the patient as an interpersonal and therapeutic process?

- a. Virginia Henderson
- b. Betty Neuman
- c. Imogene King
- d. Hildegard Peplau

ANS: D

Hildegard Peplau focused on the roles played by the nurse and the interpersonal process between a nurse and a patient. The interpersonal process occurs in overlapping phases: (1) orientation, (2) working, consisting of two subphases: identification and exploitation, and (3) resolution. Betty Neuman's Systems Model includes a holistic concept and an open-system approach. The model identifies energy resources that provide for basic survival, with lines of resistance that are activated when a stressor invades the system. Virginia Henderson described the nurse's role as substitutive (doing for the person), supplementary (helping the person), or complementary (working with the person), with the ultimate goal of independence for the patient. Imogene King developed a general systems framework that incorporates three levels of systems: (1) individual or personal, (2) group or interpersonal, and (3) society or social. The theory of goal attainment discusses the importance of interaction, perception, communication, transaction, self, role, stress, growth and development, time, and personal space. In this theory, both the nurse and the patient work together to achieve the goals in the continuous adjustment to stressors.

DIF: Remembering OBJ: 1.4 TOP: Assessment
MSC: NCLEX Client Needs Category: Physiological Integrity: Physiological Adaptation
NOT: Concepts: Health Promotion

14. When a nursing class volunteers to serve hot meals at a local homeless shelter on a Saturday afternoon, which term identifies this focus on serving the community?

- a. Altruism
- b. Accountability
- c. Autonomy
- d. Advocate

ANS: A

A profession provides services needed by society. Additionally, practitioners' motivation is public service over personal gain (altruism). Service to the public requires intellectual activities, which include responsibility. This accountability has legal, ethical, and professional implications. Members of a profession have autonomy in decision making and practice and are self-regulating in that they develop their own policies in collaboration with one another. As the patient's advocate, the nurse interprets information and provides the necessary education. The nurse then accepts and respects the patient's decisions even if they are different from the nurse's own beliefs.

DIF: Understanding OBJ: 1.6 TOP: Assessment
MSC: NCLEX Client Needs Category: Health Promotion and Maintenance
NOT: Concepts: Health Promotion

15. A patient is being discharged from the hospital with wound care dressing changes. The nurse recommends a referral for home health nursing care. The nurse is using which standard of practice?

- a. Assessment
- b. Diagnosis
- c. Planning
- d. Implementation

ANS: C

As a care provider, the nurse follows the nursing process to assess patient data, prioritize Nursing diagnoses, plan the care of the patient, implement the appropriate interventions, and evaluate care in an ongoing cycle. In recommending a referral, the nurse is, in effect, planning care.

DIF: Applying OBJ: 1.2 TOP: Planning

MSC: NCLEX Client Needs Category: Physiological Integrity: Basic Care and Comfort

NOT: Concepts: Care Coordination

16. The nurse administers a medication to the patient and then realizes that the medication had been discontinued. The error is immediately reported to the physician. The nurse recognizes which term that identifies complying with the standards of professional performance?

- a. Ethics
- b. Socialization
- c. Altruism
- d. Autonomy

ANS: A

Guiding the nurse's professional practice are ethical behaviors. Ethics is the standards of right and wrong behavior. The main concepts in nursing ethics are accountability, advocacy, autonomy (be independent and self-motivated), beneficence (act in the best interest of the patient), confidentiality, fidelity (keep promises), justice (relate to others with fairness and equality), nonmaleficence (do no harm), responsibility, and veracity (be truthful). Ethical guidelines direct the nurse's decision making in routine situations and in ethical dilemmas. Socialization to professional nursing is a process that involves learning the theory and skills necessary for the role of nurse. A profession provides services needed by society. Additionally, practitioners' motivation is public service over personal gain (altruism). Members of a profession have autonomy in decision making and practice and are self-regulating in that they develop their own policies in collaboration with one another.

DIF: Applying OBJ: 1.6 TOP: Implementation

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Safety and Infection Control

NOT: Concepts: Ethics

17. A newly licensed registered nurse is curious about the scope of care that he or she has in caring for patients undergoing conscious sedation. Which would be the best source of information for this nurse?

- a. National Student Nurses Association
- b. Nurse Practice Act
- c. ANA Standards of Professional Performance
- d. National League for Nursing

ANS: B

Nurse practice acts provide the scope of practice defined by each state or jurisdiction and set forth the legal limits of nursing practice. Nursing organizations enable the nurse to have access to current information and resources as well as a voice in the profession. Nursing organizations include the ANA, the NLN, the ICN, Sigma Theta Tau International Honor Society of Nursing, and the National Student Nurses Association (NSNA).

DIF: Remembering OBJ: 1.7 TOP: Assessment
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Health Care Law

18. The nursing student is writing a paper about the direct patient care role of advanced practice nurses. Which advanced practice role would the student include in the report?

- a. Nurse Administrator
- b. Clinical Nurse Leader
- c. Clinical Nurse Specialist
- d. Nurse Educator

ANS: C

There are four specialties in which nurses provide direct patient care in advanced practice roles: certified nurse midwife (CNM), nurse practitioner (NP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). Four additional advanced practice roles that do not always involve direct patient care are clinical nurse leader (CNL), nurse educator, nurse researcher, and nurse administrator.

DIF: Remembering OBJ: 1.9 TOP: Assessment
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Health Care Law

19. The nurse is determining the patient care assignments for a nursing unit. The nurse knows which responsibility may be delegated to the licensed practical nurse?

- a. Initiating the nursing care plans
- b. Formulating Nursing diagnoses
- c. Assessing a newly admitted patient
- d. Administering oral medications

ANS: D

LPNs, or LVNs in California and Texas, are not RNs. They complete an educational program consisting of 12 to 18 months of training, and then they must pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN) to practice as an LPN/LVN. They are under the supervision of an RN in most institutions and are able to collect data but cannot perform an assessment requiring decision making, cannot formulate a Nursing diagnosis, and cannot initiate a care plan. They may update care plans and administer medications except for certain IV medications.

DIF: Applying OBJ: 1.9 TOP: Implementation

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Health Care Law

20. The nursing student is taking a class in Nursing Research. In class the student has learned which term that identifies the most abstract level of knowledge?

- a. Metaparadigm
- b. Philosophy
- c. Conceptual framework
- d. Nursing theory

ANS: A

A metaparadigm, as the most abstract level of knowledge, is defined as a global set of concepts that identify and describe the central phenomena of the discipline and explain the relationship between those concepts. For example, the metaparadigm for nursing focuses on the concepts of person, environment, health, and nursing. The next level of knowledge is a philosophy, which is a statement about the beliefs and values of nursing in relation to a specific phenomenon such as health. The third level of knowledge is a nursing conceptual framework, or model, which is a collection of interrelated concepts that provides direction for nursing practice, research, and education. The fourth level of nursing knowledge is a nursing theory, which represents a group of concepts that can be tested in practice and can be derived from a conceptual model.

DIF: Remembering OBJ: 1.4 TOP: Assessment
MSC: NCLEX Client Needs Category: Health Promotion and Maintenance
NOT: Concepts: Professionalism

MULTIPLE RESPONSE

1. The nurse recognizes which statements contribute to the understanding that nursing is considered a profession? (*Select all that apply.*)

- a. Nursing requires specialized training.
- b. Nursing has a specialized body of knowledge.
- c. The ANA regulates nursing practice.
- d. Nurses make independent decisions within their scope of practice.
- e. Once licensure is complete, no further education is required.

ANS: A, B, D

A profession is an occupation that requires at a minimum specialized training and a specialized body of knowledge. Nursing meets these minimum requirements. Thus nursing is considered to be a profession. Members of a profession have autonomy in decision making and practice and are self-regulating in that they develop their own policies in collaboration with one another. Nursing professionals make independent decisions within their scope of practice and are responsible for the results and consequences of those decisions. A profession is committed to competence and has a legally recognized license. Members are accountable for continuing their education. The ANA is a professional organization that provides standards (not regulation) of nursing practice.

DIF: Remembering OBJ: 1.6 TOP: Assessment
MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care
NOT: Concepts: Professionalism

2. The Institute of Medicine (IOM) Report identified several goals for nursing in the United States. The nurse identifies that the IOM offered which suggestions? (*Select all that apply.*)

- a. Nurses should practice to the full extent of their education.
- b. Nursing education should demonstrate seamless progression.
- c. Nurses should continue to be subservient to physicians in the hospital setting.
- d. Policy making requires better data collection and information infrastructure.
- e. Higher levels of education will not be needed by practicing nurses.

ANS: A, B, D

The Future of Nursing: Leading Change, Advancing Health (IOM, 2011) identified several goals for nursing in the United States: nurses should practice to the full extent of their education and training; Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression; Nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States; and Effective workforce planning and policy making require better data collection and an improved information infrastructure.

DIF: Remembering

OBJ: 1.1

TOP: Assessment

MSC: NCLEX Client Needs Category: Health Promotion and Maintenance

NOT: Concepts: Professionalism

3. The nurse is caring for a patient admitted for the removal of an infected appendix. Which actions by the nurse would indicate an understanding of the 2018 hospital safety goals? (*Select all that apply.*)

- a. Places an identification band on the right arm.
- b. Marks the surgical site with a black-felt pen.
- c. Checks medications three times before administration.
- d. Washes hands between patients and/or when soiled.
- e. Removes allergy bands prior to transfer to surgery.

ANS: A, B, C, D

The Joint Commission identifies each category and has specific elements of performance that are required for the health care worker to meet the goals. As new problems in patient care emerge, the safety goals are reassessed and revised. The 2018 hospital goals include the following broad categories: improve the accuracy of patient identification, improve the effectiveness of communication among caregivers, improve the safety of using medications, reduce the harm associated with clinical alarm systems, reduce the risk of health care–associated infections. The organization identifies safety risks inherent in its patient population. Improve the accuracy of patient identification. (Placing an ID band on the right arm), improve the safety of using medications (check medications three times before administration), reduce the risk of health care–associated infections. (Washing hands), and the organization identifies safety risks inherent in its patient population. (Mark the surgical site with a black-felt pen) are all examples of actions that comply with the 2018 safety goals. Removing allergy bands would prevent identification of that patient’s safety risk.

DIF: Applying

OBJ: 1.1

TOP: Implementation

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Safety and Infection Control NOT: Concepts: Care Coordination

4. The nurse is conducting a health assessment on a patient from a foreign country. Which concepts should be addressed by the nurse during the interview? (*Select all that apply.*)
- a. Food preferences
 - b. Religious practices
 - c. Health beliefs
 - d. Family orientation
 - e. Politics

ANS: A, B, C, D

Culture is the integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

DIF: Applying OBJ: 1.7 TOP: Implementation

MSC: NCLEX Client Needs Category: Psychosocial Integrity NOT: Concepts: Care Coordination

5. The nurse documents that patient laboratory results often take 4 hours to populate into the electronic medical record. The lengthy time frame has contributed to delayed antibiotic administration. From this point, what should the nurse do to produce change using Evidence-Based practice? (*Select all that apply.*)
- a. Identify a problem affecting patient care.
 - b. Realize the facility resources may influence the decision.
 - c. Review pertinent journal articles from the literature search.
 - d. Apply the findings to clinical practice considering patient preferences.
 - e. Using the process recommended by the best clinical article.

ANS: A, B, C, D

The process of using evidence-based practice (EBP) starts with the identification of a problem. The nurse then conducts a literature search to find the best evidence pertaining to the problem. Facility resources may impact the ability to implement the chosen decision. Patient preferences need to be incorporated into the use of evidence from the literature combined with clinical expertise. The nurse would not use just one clinical article to determine a solution to the issue.

DIF: Applying OBJ: 1.2 TOP: Implementation

MSC: NCLEX Client Needs Category: Safe and Effective Care Environment: Management of Care NOT: Concepts: Evidence