## **Chapter 2: Interprofessional Collaboration and Care Coordination**

# **Multiple Choice** *Identify the choice that best completes the statement or answers the question.* 1. The home care nurse is planning care for a diabetic patient requiring an extensive dressing change twice a day, assistance with activities of daily living (ADLs), and comprehensive education. Which role is the nurse assuming by coordinating the care this patient requires? 1) Collaborator 2) Case manager 3) Health educator 4) Health promoter 2. The nurse is discussing follow-up care with a patient who is being discharged. The patient and family cross their arms and state angrily that the team's suggestions are not acceptable. Which response by the nurse is appropriate? 1) "We only want what's best for you." 2) "We will leave you alone to discuss your options." 3) "Perhaps you did not understand the recommendations." 4) "Let's discuss other options that might work well for you and your family." 3. The nurse is preparing a patient for discharge who will be requiring physical therapy (PT) to rehabilitate after a total knee replacement. After reading the health-care provider's order for PT, which would be the nurse's initial action? 1) Teach the family the exercises needed for the patient. 2) Call home health and schedule a therapist to visit the home for therapy. 3) Set up appointments according to the order with the hospital PT department. 4) Discuss the various types of settings for therapy and have the patient choose the venue. 4. The nurse is caring for a patient with rheumatoid arthritis who expresses the desire to remain active as long as possible. In order for the patient to meet this goal, what should the nurse prepare to do? 1) Tell the patient there is no hope. 2) Ask the patient the reason for the decision. 3) Teach the patient nutrition and joint exercises. 4) Refer the patient to the appropriate professionals. 5. A nurse is working as the designated leader of a group of health-care providers in a community clinic setting. The team members are working to decrease the number of adolescent pregnancies in the community. They have defined the problem and are now focusing on objectives and considering various viewpoints presented by the group. The nurse is tasked with helping the team to stay focused in order to address the defined problem. Which competency of collaboration does this describe? 1) Trust

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2) Mutual respect3) Communication4) Decision making

6. The nurse managers in a community hospital have been charged with reviewing job descriptions of unlicensed assistive personnel (UAPs) and have questions about the delegation of certain patient care activities to UAPs by nurses. To which group, organization, or individual would committee members direct their questions to obtain definitive answers about the parameters of nurse delegation to UAPs? 1) The state board of nursing 2) The American Nurses Association 3) The hospital's Chief Nursing Officer 4) The hospital's Chief Executive Officer 7. Which statement is a primary and historical barrier to effective nurse-physician collaboration that has persisted over time? 1) The view among the general population that nurses' contributions to patients' care is less important to their health and well-being compared to the contribution of physicians 2) The nurses' and physicians' perceptions of inequity in their roles, with nurses assuming a subservient role and physicians assuming leadership and superior role in health-care settings 3) A general lack of education provided in schools for health professionals about the benefits on health-care quality linked 4) A lack of published evidence about the effectiveness of collaborative efforts among and between nurses and physicians to nurse-physician collaboration 8. A patient with Type 1 diabetes mellitus has developed an open sore on the shin and is having trouble meeting daily goals for exercising. The patient is scheduled for discharge in a couple of days. When planning for this patient's continued care, who will the nurse notify regarding the patient's needs after discharge? 1) The pharmacy 2) The case manager 3) The physical therapist 4) The occupational therapist 9. A patient who is recovering from coronary bypass surgery is placed on a critical pathway for extended care. Which patient statement indicates appropriate understanding of the plan of care? 1) "I cannot alter the critical pathway plan." 2) "I must be able to meet goals that are set for me." 3) "My insurance plan can deny payment if I do not meet goals." 4) "The chosen critical pathway can be altered to meet my needs." 10. The case manager interviews an older adult patient hospitalized after hip replacement surgery. The patient requires in-patient rehabilitation prior to being discharged home. The case manager works with the hospital nursing staff, the rehabilitation center, the patient's family members, and other care providers to assist with a smooth transition. Which is the primary goal of the care management model described here? 1) To provide greater peace of mind for the patient and his or her family members 2) To track a patient's progress to ensure that appropriate care is provided until discharge 3) To manage concerns that are related to the patient's medical care and treatment regimen 4) To provide a continuum of clinical services in order to help contain costs and improve patient outcomes

11. The patient's case manager, diabetes educator, and dietician meet to discuss the patient's needs in preparation for discharge to home. The patient's primary health-care provider arrives and states, "I will be making all decisions regarding the patient's discharge care." With the primary health-care provider's decision to lead the team, the dynamic has shifted between which two types of teams? 1) Intradisciplinary to interdisciplinary team 2) Multidisciplinary to intradisciplinary team 3) Interprofessional to interdisciplinary team 4) Interdisciplinary to multidisciplinary team 12. A school-age patient is admitted to the pediatric intensive care unit (PICU), unconscious and with multiple traumatic injuries, after a skateboard accident that included a closed head injury. Many health professionals are involved in the patient's care and the scene is chaotic. The parents are extremely anxious and want to know what is happening. The case manager asks for an interdisciplinary team meeting to speak with the patient's parents. Which is the rationale for this meeting? 1) To allow for each specialty to practice independently 2) To share and evaluate information for care planning and implementation, and prevent priority conflicts, redundancy, and omissions in care 3) To all the primary health-care provider to make all the decision regarding the patient's 4) To prevent the parents from trying to change the plan of care The Chief Nursing Officer and Chief Medical Officer in an urban teaching hospital are leading a series of meetings with nurses, physicians, hospital lawyers, and risk managers to review and update hospital privileging procedures and requirements for advanced practice RNs and physicians new to the hospital. This is an example of which type of collaborative team? 1) Intradisciplinary 2) Interdisciplinary 3) Multidisciplinary 4) Complementary 14. A local hospital formed a neurotrauma (NT) team with the following members: acute care nurses, physicians, other care partners (e.g., physical therapists, social workers, case managers, dieticians), and representatives from the NT outpatient clinic. This team is led by a physician who makes treatment decisions based on the treatment plans developed by individual team members who each communicate with the patients, asking the same or similar questions to obtain data needed for their treatment plan. Which type of communication and action is represented in the scenario described? 1) Parallel communication 2) Parallel functioning 3) Information exchange 4) Coordination and consultation The nurse is caring for a patient who is reporting pain of 8/10 on a 1 to 10 numeric pain scale. The nurse administers the prescribed pain medication. When the nurse re-evaluates the patient one hour later, the patient is still reporting pain of 8/10. Which action by the nurse is appropriate at this time? 1) Wait for the health-care provider to make rounds to report the problem. 2) Report to the health-care provider by telephone. 3) Increase the dosage of the medication. 4) Include in the nursing report that the medication is ineffective.

_ 16.	Handoff communication, the transfer of information during transitions in care such as during change-of-shif report, includes an opportunity to ask questions, clarify, and confirm the information between sender and receiver. Which is the main objective for ensuring effective communication during a patient handoff?  1) To avoid lawsuits 2) To ensure patient safety 3) To facilitate quality improvement 4) To make sure all documentation is done
_ 17.	The nurse is providing care to a patient diagnosed with end-stage renal disease. When planning a care plan conference for this patient, who does the nurse invite to participate?  1) The oncologist 2) The psychiatrist 3) The hospital CEO 4) The family members
_ 18.	Which should be the focus of an educational session for nurses and other members of the interdisciplinary team when addressing high rates of patient readmission to the health system?  1) Medication errors  2) Coordination of care  3) Adverse clinical events  4) Roles of each member providing care
_ 19.	Which patient population should the nurse focus on to increase access to care that is coordinated, safe, and focused on the patient's unique needs across all care settings?  1) Pediatric patients 2) Older adult patients 3) Young adult patients 4) Acute needs patients
_ 20.	Which is a basic principle of the Patient Protection and Affordable Care Act of 2010 that the nurse should include in a teaching session for members of the health-care team?  1) Decreased access 2) Decreased cost of care 3) Decreased quality of care 4) Decreased safety
	Response or more choices that best complete the statement or answer the question.
_ 21.	The hospital's nurse case manager has been extensively involved with a shooting victim and members of the patient's family in coordinating care of providers from many disciplines as the patient progressed from the emergency department (ED) to the intensive care unit (ICU), and then onto the medical-surgical unit. After three weeks of hospitalization, the case manager is helping to prepare the patient for discharge to a rehabilitation center where treatment will continue. Which outcomes have been documented in the literature as benefits of such collaboration? <i>Select all that apply</i> .  1) Improved patient outcomes  2) Decreased duplication of health-care services  3) Increased overall cost of health-care services  4) Decreased patient morbidity and mortality

	5) Decreased level of job satisfaction
22.	provider, physical therapist, and social worker, for the purpose of collaborative discharge planning and decision making. Which type of team did the case manager assemble? Select all that apply.  1) Management 2) Intradisciplinary 3) Interdisciplinary 4) Interprofessional
	5) Primary nursing care
23.	The nurse is preparing to document care provided to the patient during the day shift. The nurse documents that the patient experienced an increased pain level while ambulating which required an extra dose of pain medication; took a shower; visited with family; and ate a small lunch. Which information is important to include during the oral end-of-shift reporting? <i>Select all that apply</i> .  1) The last antibiotics given 2) The patient's taking a shower 3) The patient's visit with family 4) The extra dose of pain medication 5) The patient's response to ambulation
24.	When the nurse receives a telephone order from the health-care provider's office, which guidelines are used to ensure the order is correct? <i>Select all that apply</i> .  1) Ask the prescriber to speak slowly.  2) Read the order back to the prescriber.  3) Know agency policy for telephone orders.  4) Sign the prescriber's name and credentials.  5) Ask the prescriber to repeat or spell out medication.
25.	When discussing the importance of interprofessional collaboration, which advantages should the nurse include? <i>Select all that apply</i> .  1) Improved team member satisfaction  2) Increased division among team members  3) Increased safety with medication administration

to

5) Increased patient satisfaction with discharge transition process

4) Enhanced communication among team members

## Chapter 2: Interprofessional Collaboration and Care Coordination Answer Section

#### MULTIPLE CHOICE

1. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Exploring the role of the registered nurse in patient-centered transitional care

programs

Chapter page reference: 017 Heading: Case Manager

**Integrated Processes: Nursing Process** 

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

Cognitive level: Comprehension [Understanding]

Concept: Collaboration Difficulty: Easy

D111	Difficulty. Easy	
	Feedback	
1	Collaboration means a collegial working relationship with other health-care providers	
	to supply patient care. Collaborative practice requires the discussion of diagnoses and	
	management in the delivery of care.	
2	Case management involves one or more individuals overseeing the needs and	
	requirements of a particular individual's health.	
3	Health promotion activities include disease prevention and healthy lifestyle	
	interventions. Health education would be included in this particular situation, but	
	collaboration is a more inclusive definition of what is occurring with these individuals	
	and the care they require.	
4	Health promotion activities include disease prevention and healthy lifestyle	
	interventions. Health education would be included in this particular situation, but	
	collaboration is a more inclusive definition of what is occurring with these individuals	
	and the care they require.	

PTS: 1 CON: Collaboration

2. ANS: 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Defining interprofessional collaboration in the health-care setting

Chapter page reference: 010-011 Heading: The Care Transitions Program

Integrated Processes: Communication and Documentation

Client Need: Psychosocial Integrity Cognitive level: Application [Applying]

Concept: Communication Difficulty: Moderate

	Feedback
1	Telling the patient that the doctor only wants what is best sends the message that the
	patient does not know what is best, when, in fact, a well-informed patient does know
	what is best and should be able to make the correct choice.

2	By leaving the room, the nurse and doctor have turned their backs on the patient.
3	The patient may not understand the recommendations, but pointing that out can be seen
	as demeaning.
4	The patient is the center of the team, and the goal is to facilitate healing. There are
	always other options to consider to reach that goal. The nurse would discuss other
	options with the patient, which will most likely increase cooperation by the patient,
	who will feel in control as the decision is made.

PTS: 1 CON: Communication

3. ANS: 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Exploring the role of the registered nurse in patient-centered transitional care

programs

Chapter page reference: 011

Heading: The Care Transitions Program Integrated Processes: Nursing Process

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

Cognitive level: Application [Applying]

Concept: Collaboration Difficulty: Moderate

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	Feedback	
1	The therapy that the patient requires must be performed by a professional physical	
	therapist. To teach the family exercises encroaches upon the expertise of the	
	professional who will be performing the service.	
2	Scheduling home PT is leaving the patient out of the decision-making process.	
3	The nurse would not refer the patient for outpatient therapy unless the patient requests	
	that form of therapy.	
4	The nurse best exhibits the characteristic that the patient has a right to	
	self-determination by presenting the methods available for PT and answering the	
	patient's questions about each so the patient can make an informed decision.	

PTS: 1 CON: Collaboration

4. ANS: 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Identifying the roles of health-care professionals coordinating care for patients

Chapter page reference: 015-019

Heading: Providers

**Integrated Processes: Nursing Process** 

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

Cognitive level: Analysis [Analyzing]

Concept: Collaboration Difficulty: Hard

	Feedback
1	The patient with a chronic disease should not be told there is no hope but should be
	helped toward reaching desired goals.
2	Asking the patient the reason for the decision is irrelevant to the situation.
3	The nurse can teach some nutrition and exercise but cannot go into the depth that this

patient would need.

The number of patients with chronic diseases with health-care needs is increasing rapidly, and nurses and primary health-care providers cannot meet all of these patients' needs. When a patient expresses the desire to live as normally as possible, the nurse should refer the patient to professionals who can help the patient meet that goal.

PTS: 1 CON: Collaboration

5. ANS: 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Defining interprofessional collaboration in the health-care setting

Chapter page reference: 013-015

Heading: Interprofessional Collaboration Integrated Processes: Nursing Process

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

Cognitive level: Comprehension [Understanding]

Concept: Collaboration
Difficulty: Fasy

וווע	icuity: Easy
	Feedback
1	Trust occurs when an individual is confident in the actions of another individual. Both mutual respect and trust imply mutual process and outcome and may be expressed
	verbally or nonverbally.
2	Mutual respect occurs when two or more people show or feel honor or esteem toward
	one another.
3	Communication is necessary in effective collaboration; it occurs only if the involved
	parties are committed to understanding each other's professional roles and appreciating each other as individuals.
	each other as individuals.
4	Decision making involves shared responsibility for the outcome. The team must follow
	specific steps of the decision-making process, beginning with a clear definition of the
	problem. Team decision making must be directed at the objectives of the effort and
	requires full consideration and respect for various and diverse viewpoints, and often
	requires guidance and direction from a group leader.

PTS: 1 CON: Collaboration

6. ANS: 1

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Identifying the roles of health-care professionals coordinating care for patients

Chapter page reference: 014-015 Heading: Interprofessional Education Integrated Processes: Nursing Process

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

Cognitive level: Comprehension [Understanding]

Concept: Legal Difficulty: Easy

		Feedback
	1	Parameters for the delegation of patient care tasks by nurses to UAPs are established by each state's board of nursing.
Ī	2	This organization does not provide definitive answers regarding tasks that nurses can

	delegate to UAPs.
3	This individual does not provide definitive answers regarding tasks that nurses can
	delegate to UAPs.
4	This individual does not provide definitive answers regarding tasks that nurses can
	delegate to UAPs.

PTS: 1 CON: Legal

7. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Defining interprofessional collaboration in the health-care setting

Chapter page reference: 013-015

Heading: Interprofessional Collaboration Integrated Processes: Teaching and Learning

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

Cognitive level: Comprehension [Understanding]

Concept: Collaboration
Difficulty: Easy

<u> </u>	Difficulty. Easy	
	Feedback	
1	Evidence does not suggest that the general population views nurses' contributions to the	
	care of patients as less important, thus this is not considered a primary barrier to	
	nurse-physician collaboration.	
2	A primary and historical barrier to effective nurse-physician collaboration has been	
	nurses' and physicians' perceptions of inequity in their roles, with nurses assuming a	
	subservient role and medical providers perceiving their role to be superior in the	
	provision of health-care services.	
3	Likewise, because health professional students are in fact educated about the benefits of	
	collaborative practice and published evidence has documented the effectiveness of	
	collaboration in improving patient outcomes, these are not barriers to collaboration.	
4	In addition, the federal government, as evidenced in particular by the Healthy People	
	initiative, has promoted collaborative efforts among patients, nurses, physicians, other	
	health-care providers, and the larger community to improve the health of the U.S.	
	population.	

PTS: 1 CON: Collaboration

8. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Identifying the roles of health-care professionals coordinating care for patients

Chapter page reference: 017-018

Heading: Case Manager

**Integrated Processes: Nursing Process** 

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

Cognitive level: Application [Applying]

Concept: Collaboration Difficulty: Moderate

	Feedback
1	The pharmacy is not needed as part of the team at this time.
2	The patient's needs and progress have changed. The nurse notifies the case manager to

	coordinate changes in care needed after discharge. This patient's exercise program
	needs to be revamped, and the case manager is the individual to coordinate this change.
3	A physical therapist may be needed, but the nurse would coordinate care best by
	notifying the case manager.
4	The occupational therapist mainly deals with the upper body areas needing
	rehabilitation.

PTS: 1 CON: Collaboration

9. ANS: 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Exploring unique patient situations requiring or enhanced by interprofessional

collaboration

Chapter page reference: 019-020

Heading: Unique Patient Situations Requiring or Enhanced by Interprofessional Collaboration

Integrated Processes: Teaching and Learning

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

Cognitive level: Analysis [Analyzing]

Concept: Management Difficulty: Difficult

	Difficulty: Difficult	
	Feedback	
1	The patient is included in the discussion of meeting goals.	
2	The case manager monitors and works with the patient to alter the pathway as needed	
	during the recovery process.	
3	It is possible to have variances in a critical pathway that, if documented properly,	
	should be paid for by insurance.	
4	Care maps, or critical pathways, are flexible enough to be adjusted and tailored to the	
	patient's needs and wishes.	

PTS: 1 CON: Management

10. ANS: 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Describing models of transitional care

Chapter page reference: 010-012

Heading: Evidence-Based Models of Transitional Care

Integrated Processes: Teaching and Learning

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

Cognitive level: Comprehensive [Understanding]

Concept: Management Difficulty: Easy

	Feedback
1	Although the involvement of case managers in care typically provides greater peace of
	mind for patients and family members, this is not the primary goal of this service.
2	Toward this end, case managers not only with help to coordinate care and treatment
	during hospitalization, but also assist with planning for care following discharge.
3	Their focus includes not only medical care, but issues related to health promotion and
	disease prevention, the cost of health care received, and planning for the efficient use of
	resources.

Case managers coordinate patient care to help ensure that a continuum of clinical services is provided. The goal of case management is to improve patient outcomes and to help contain costs.

PTS: 1 CON: Management

11. ANS: 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Describing models of transitional care

Chapter page reference: 010-011 Heading: The Transitional Care Model Integrated Processes: Nursing Process

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

Cognitive level: Comprehension [Understanding]

Concept: Collaboration Difficulty: Easy

	Feedback
1	Intradisciplinary teams include members of the same profession. Interdisciplinary teams
	include professionals of varied backgrounds who share in decision making.
2	Multidisciplinary teams include members of varied backgrounds, but treatment
	decisions are made by one member–usually the primary health-care provider.
	Intradisciplinary teams include members of the same profession.
3	The term interprofessional team is synonymous with interdisciplinary team.
4	Interdisciplinary teams include professionals of varied backgrounds who share in
	decision making. Multidisciplinary teams include members of varied backgrounds, but
	treatment decisions are made by one member—usually the primary health-care provider.

PTS: 1 CON: Collaboration

12. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Exploring unique patient situations requiring or enhanced by interprofessional

collaboration

Chapter page reference: 019-020

Heading: Unique Patient Situations Requiring or Enhanced by Interprofessional Collaboration

**Integrated Processes: Nursing Process** 

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

Cognitive level: Comprehension [Understanding]

Concept: Collaboration Difficulty: Easy

	Feedback
1	Interdisciplinary collaboration engages each professional's contribution to joint care planning, implementation, and accomplishment of patient goals, with possibly less redundancy, more efficiency, and fewer care omissions. The parents of a minor child should be involved in all aspects of care and decision making.
2	Interdisciplinary collaboration engages each professional's contribution to joint care planning, implementation, and accomplishment of patient goals, with possibly less redundancy, more efficiency, and fewer care omissions. The parents of a minor child

	should be involved in all aspects of care and decision making.
3	Interdisciplinary collaboration engages each professional's contribution to joint care
	planning, implementation, and accomplishment of patient goals, with possibly less
	redundancy, more efficiency, and fewer care omissions. The parents of a minor child
	should be involved in all aspects of care and decision making.
4	Interdisciplinary collaboration engages each professional's contribution to joint care
	planning, implementation, and accomplishment of patient goals, with possibly less
	redundancy, more efficiency, and fewer care omissions. The parents of a minor child
	should be involved in all aspects of care and decision making.

PTS: 1 CON: Collaboration

13. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Describing models of transitional care

Chapter page reference: 010-011 Heading: The Transitional Care Model Integrated Processes: Nursing Process

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

Cognitive level: Comprehension [Understanding]

Concept: Collaboration Difficulty: Easy

	Feedback
1	Intradisciplinary teams comprise members of the same profession working to achieve a
	common goal.
2	A team comprising members from different disciplines that is focused on achieving a
	common goal is an interdisciplinary team. Their varying professional backgrounds
	helps to ensure that other perspectives are represented as the issue is considered.
3	Multidisciplinary teams are more commonly teams whose members work more
	autonomously toward the common goal.
4	Complementary is not a type of team, although team members' efforts can be
	complementary and provide a broader perspective of issues.

PTS: 1 CON: Collaboration

14. ANS: 1

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Defining interprofessional collaboration in the health-care setting

Chapter page reference: 013-014

Heading: Interprofessional Communication

Integrated Processes: Communication and Documentation

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

Cognitive level: Comprehension [Understanding]

Concept: Communication

Difficulty: Easy

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	Feedback
1	The type of communication and action used by this health-care team is parallel
	communication. It is at the lowest level along the continuum of communication and

	collaboration among health team members and is characterized by each professional communicating with the patient independently, asking the same or similar questions needed to develop their plan of care.
2	The next level up on the continuum of communication and collaboration, but not described in this scenario, is parallel functioning. Here, communication is more coordinated, but each professional still develops separate interventions and care plans. In parallel functioning, the exchange of information among team members is more structured and planned, but decision making is unilateral and does not involve much collegiality.
3	While there is an information exchange occurring, this is not the best description of the scenario.
4	The actions of this NT team do not demonstrate coordination and consultation or co-management and referral, the two highest levels of communication and collaborative action.

PTS: 1 CON: Communication

15. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Defining interprofessional collaboration in the health-care setting

Chapter page reference: 013-014

Heading: Interprofessional Communication

Integrated Processes: Communication and Documentation

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

Cognitive level: Application [Applying]

Concept: Communication Difficulty: Moderate

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	Feedback
1	Waiting for the physician to arrive could cause the patient to experience a great deal of
	pain in the interim.
2	In this case reporting to the physician by telephone is appropriate.
3	The nurse cannot alter the dose of medication.
4	The nurse would address the patient's distress immediately and later include the event
	in the end-of-shift report to the oncoming nurse.

PTS: 1 CON: Communication

16. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Defining interprofessional collaboration in the health-care setting

Chapter page reference: 013-014

Heading: Interprofessional Communication

Integrated Processes: Communication and Documentation

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

Cognitive level: Comprehension [Understanding]

Concept: Communication; Safety

Difficulty: Easy

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		Feedback
	1	Handoff communication may be scrutinized during a lawsuit, but avoiding litigation is

	not a primary objective.
2	Ineffective communication is the primary cause of sentinel events, making patient
	safety the primary objective of the handoff communication process.
3	Analysis of handoff communication may be a quality improvement criterion, not a
	primary objective.
4	Handoff communication may be verbal or written.

PTS: 1 CON: Communication | Safety

17. ANS: 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Defining interprofessional collaboration in the health-care setting

Chapter page reference: 013-014

Heading: Interprofessional Communication

Integrated Processes: Communication and Documentation

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

Cognitive level: Application [Applying]

Concept: Management Difficulty: Moderate

	Difficulty: Noderate	
	Feedback	
1	The choice of health-care professionals who are invited to attend the conference is	
	based on the needs of the patient.	
2	The choice of health-care professionals who are invited to attend the conference is	
	based on the needs of the patient.	
3	The choice of health-care professionals who are invited to attend the conference is	
	based on the needs of the patient.	
4	The choice of health-care professionals who are invited to attend the conference is	
	based on the needs of the patient. Family members are an important part of the care	
	plan conference, especially for patients who are unable to advocate for themselves.	

PTS: 1 CON: Management

18. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Discussing the importance of successful transitions for medical-surgical patients

Chapter page reference: 009-010 Heading: Overview of Transitional Care Integrated Processes: Teaching and Learning

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

Cognitive level: Comprehension [Understanding]

Concept: Management Difficulty: Easy

	Feedback
1	The safety of the patient is at risk during transitions between care settings, particularly
	following an acute hospitalization. The patient's needs may go unmet, and there is the
	risk for medication errors and adverse clinical events; however, these are not the focus
	of an education session regarding readmission rates.
2	Hospital readmission rates are often attributed to a lack of coordination of care as
	patients are discharged to rehabilitation facilities, long-term care agencies, or back to

	their homes; therefore, this should be the focus of the educational session.
3	The safety of the patient is at risk during transitions between care settings, particularly
	following an acute hospitalization. The patient's needs may go unmet, and there is the
	risk for medication errors and adverse clinical events; however, these are not the focus
	of an education session regarding readmission rates.
4	The role of each member of the interdisciplinary team should not be the focus of an
	educational session to decrease hospital readmission rates.

PTS: 1 CON: Management

19. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Discussing the importance of successful transitions for medical-surgical patient

Chapter page reference: 009 Heading: Introduction

**Integrated Processes: Nursing Process** 

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

Cognitive level: Application [Applying]

Concept: Management Difficulty: Moderate

	Feedback
1	The pediatric patient population is not identified as a group where access to
	coordinated, safe, and focused care is lacking across care settings.
2	Access to care that is coordinated, safe, and focused on the patient's unique needs
	across all care settings has eluded many patients, particularly the elderly and
	chronically ill.
3	The young adult patient population is not identified as a group where access to
	coordinated, safe, and focused care is lacking across care settings.
4	Patients requiring acute care is not identified as a group where access to coordinated,
	safe, and focused care is lacking across care settings.

PTS: 1 CON: Management

20. ANS: 2

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Describing changes in the health-care landscape

Chapter page reference: 009-010

Heading: Overview of Transitional Care 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	Increased, not decreased, access is a basic principle of the Patient Protection and Affordable Care Act of 2010.
2	Decreased cost of care is a basic principle of the Patient Protection and Affordable Care Act of 2010.

3	Increased, not decreased, quality of care is a basic principle of the Patient Protection and Affordable Care Act of 2010.
4	Increased, not decreased, safety is a basic principle of the Patient Protection and Affordable Care Act of 2010.

PTS: 1 CON: Healthcare System

#### **MULTIPLE RESPONSE**

21. ANS: 1, 2, 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Describing models of transitional care

Chapter page reference: 009-010 Heading: Overview of Transitional Care Integrated Processes: Nursing Process

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

Cognitive level: Comprehension [Understanding]

Concept: Management Difficulty: Easy

	Feedback
1.	This is correct. Research findings suggest that collaboration in health care among patients,
	family members, caregivers, and communities leads to improved patient outcomes, a reduction
	in duplicated health-care services, and a decrease in patient morbidity and mortality.
2.	This is correct. Research findings suggest that collaboration in health care among patients,
	family members, caregivers, and communities leads to improved patient outcomes, a reduction
	in duplicated health-care services, and a decrease in patient morbidity and mortality.
3.	This is incorrect. Research findings suggest that collaboration in health care among patients,
	family members, caregivers, and communities leads to a decreased, not increased, cost of care.
4.	This is in correct. Research findings suggest that collaboration in health care among patients,
	family members, caregivers, and communities leads to improved patient outcomes, a reduction
	in duplicated health-care services, and a decrease in patient morbidity and mortality.
5.	This is incorrect. Collaborative efforts have also been found to contribute to an enhanced
	sense of autonomy. This increase in sense of autonomy has been linked to nurses' greater job
	satisfaction.

PTS: 1 CON: Management

22. ANS: 3, 4

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Describing models of transitional care

Chapter page reference: 010-011 Heading: The Transitional Care Model Integrated Processes: Nursing Process

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

Cognitive level: Comprehension [Understanding]

Concept: Collaboration

Difficulty: Easy

	Feedback
1.	This is incorrect. Management teams are executive-level teams that run the day-to-day
	operations of a corporation.
2.	This is incorrect. Intradisciplinary teams include members of the same profession.
3.	This is correct. Interdisciplinary teams include professionals of varied backgrounds who share
	decision making. The terms interprofessional team and interdisciplinary team are
	synonymous.
4.	This is correct. Interdisciplinary teams include professionals of varied backgrounds who share
	decision making. The terms interprofessional team and interdisciplinary team are
	synonymous.
5.	This is incorrect. A primary nursing care team includes a primary nurse and associate nurses
	who will provide care to a patient during a hospital stay.

PTS: 1 CON: Collaboration

23. ANS: 4, 5

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Defining interprofessional collaboration in the health-care setting

Chapter page reference: 013-014

Heading: Interprofessional Communication

Integrated Processes: Communication and Documentation

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

Cognitive level: Analysis [Analyzing]

Concept: Communication Difficulty: Difficult

	Feedback
1.	This is incorrect. Antibiotics are reflected on the medication administration record (MAR).
2.	This is incorrect. Taking a shower does not need to be reported, only documented.
3.	This is incorrect. Visiting with the family need not be mentioned at change of shift but should be documented.
4.	This is correct. The nurse would also report any as-needed medications given and when they were last given.
5.	This is correct. In order to provide for the patient's safety, the nurse would pass on the patient's response to ambulation so that the oncoming staff can take fall precautions.

PTS: 1 CON: Communication

24. ANS: 1, 2, 3, 5

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Defining interprofessional collaboration in the health-care setting

Chapter page reference: 013-014

Heading: Interprofessional Communication

Integrated Processes: Communication and Documentation

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

Cognitive level: Application [Applying]

Concept: Communication Difficulty: Moderate

	Feedback
1.	This is correct. When receiving a telephone order from a provider, the nurse should ask the prescriber to repeat or spell out the medication, to speak slowly, and read the order back to the prescriber once the prescription is complete.
2.	This is correct. When receiving a telephone order from a provider, the nurse should ask the prescriber to repeat or spell out the medication, to speak slowly, and read the order back to the prescriber once the prescription is complete.
3.	This is correct. It is also important for the nurse to know the agency's policy regarding telephone orders.
4.	This is incorrect. The nurse does not sign the prescriber's name and credentials; the nurse only transcribed the prescription and the prescriber countersigns it within a time period prescribed by the agency's policy.
5.	This is correct. When receiving a telephone order from a provider, the nurse should ask the prescriber to repeat or spell out the medication, to speak slowly, and read the order back to the prescriber once the prescription is complete.

PTS: 1 CON: Communication

25. ANS: 1, 4, 5

Chapter number and title: 2, Interprofessional Collaboration and Care Coordination

Chapter learning objective: Exploring unique patient situations requiring or enhanced by interprofessional

collaboration

Chapter page reference: 019-020

Heading: Unique Patient Situations Requiring or Enhanced By Interprofessional Collaboration

Integrated Processes: Teaching and Learning

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

Cognitive level: Application [Applying]

Concept: Collaboration Difficulty: Moderate

	Feedback
1.	This is correct. Improved team member satisfaction is an advantage of interprofessional collaboration.
2.	This is incorrect. There is a decreased, not increased, division among team members with interprofessional collaboration.
3.	This is incorrect. There is increased safety with the discharge transition process, not medication administration, with interprofessional collaboration.
4.	This is correct. Enhanced communication among team members is an advantage of interprofessional collaboration.
5.	This is correct. Increased patient satisfaction with the discharge transition process is an advantage of interprofessional collaboration.

PTS: 1 CON: Collaboration

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