

Chapter 03: Patient and Family Education Test Bank

MULTIPLE CHOICE

1. A patient 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. Which teaching strategy is most appropriate for this situation?
 - a. Discussion
 - b. Demonstration and practice
 - c. Audiovisual media
 - d. Written

ANS: C

Media are used to educate patients on a variety of educational needs, such as medications, disease processes, procedures, symptom management, weight monitoring, laboratory tests, diet, surgery, and health maintenance issues. Patient education videos require the patient's attention for only a few minutes and supply the learner with "nice-to-know" and "need-to-know" information. Demonstration and practice is not appropriate for this procedure because the patient is not performing the cardiac catheterization. Discussion and written material will help enhance the learning with the audiovisual media; however, this is not an interactive media.

2. A nurse has been progressively working with a patient 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. Which teaching strategy is most appropriate for this situation?
 - a. Discussion
 - b. Demonstration and practice
 - c. Audiovisual media
 - d. Written

ANS: D

Written media, such as brochures, pamphlets, patient pathways, and booklets, are common in outpatient and inpatient areas of health care. Demonstration and practice would be useful throughout the hospitalization to make sure the patient is performing the exercises correctly. Discussion and audiovisual media would be appropriate in the assessment and intervention portion of learning; however, written material may be reviewed by the patient after returning home.

3. 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 a database to assist the nurse in meeting the patient's and family's needs. Learning needs can be defined as gaps between what the learner knows and what the learner needs to know, such as survival skills, coping skills, and ability to make care decisions.

4. 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. Information regarding diagnosis, dietary modifications, and medication will be addressed after the patient is through the initial contact phase and is in the continuous care phase of education.

5. How should a nurse respond when a patient asks if he or she is going to die?
 - a. Avoid the question by leaving the room.
 - b. Defer the question to the physician.
 - c. Answer honestly and sensitively with information that is understandable and in simple terms.
 - d. 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 or 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 their ability to cope, and prevent open and honest communication.

6. The content and method of presentation in the critical care unit vary because
 - a. of the different admitting diagnoses.
 - b. of the uniqueness of each patient's clinical and emotional status.
 - c. all patients are on ventilators and cannot talk.
 - d. 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. The nurse must pay attention to the perceptions of the environment by the patient and family and alter the teaching and learning encounter accordingly. Patients who are unable to speak still can learn using alternative communication methods. Patients who are heavily sedated still can hear and feel what is going on in their environment. Communication during procedures is key to making the patient comfortable.

7. A patient is admitted to the critical care unit with the onset of tuberculosis. He was diagnosed with HIV/AIDS 1 year ago. When talking to the patient about preventing the spread of tuberculosis, the patient tells the nurse that he has not followed precautions regarding tuberculosis for patients with HIV. Which educational objective is BEST stated for this patient?
 - 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 verbalize 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*, and *demonstrate* should be used. The three components in the outcomes statement are (1) the individual who will meet the objective, (2) a measurable or observable verb, and (3) the content to be evaluated or learned.

- 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. The patient and each member of the family may be experiencing different stages in the adaptation process at the same time. The education encounter may need to be modified to meet the needs of the patient and family.

- 9. According to Maslow's hierarchy of needs, the need to know and understand information is considered
 - a. a high-level need.
 - b. a low-level need.
 - c. a physiologic need.
 - d. not important in a critical care setting.

ANS: A

Experiencing the stress of a physiologic need requires immediate attention and is considered a lower level, immediate need. The need to know and understand is a high-level need and can only be met if no lower level needs require attention.

- 10. The patient is asked to complete an admission form. The patient hands the form to his spouse and asks her to complete the form, stating, "I forgot my glasses." The patient's actions demonstrate:
 - a. functional health literacy.
 - b. word recognition test.
 - c. low health literacy.
 - d. reading comprehension test.

ANS: C

Behaviors such as handing a form to family member to complete, claiming to be too tired, or "forgetting" one's glasses are a few behaviors that may be used by individuals to hide their limitations or *low health literacy*. *Word recognition tests* consist of lists of health care terms that patients are asked to read. *Reading comprehension tests* assess understanding of health care information presented but do not demonstrate the individual's ability to apply this information. *Functional health literacy tests* assess the individual's level of comprehension and ability to put into action what he or she has learned.

11. Learning domains are identified as:
- knowledge, ability, and willingness to learn.
 - psychologic, skills, and knowledge.
 - knowledge, skills, and attitude.
 - skills, attitude, and psychologic.

ANS: C

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

12. Which of the following issues should be addressed with patients who have been unconscious?
- Sensations
 - Pathophysiology
 - Rehabilitation
 - Attitudes

ANS: A

Providing information regarding environment, procedures, sensations, and time of day is benevolent and may help decrease immediate physiologic stress.

13. _____ often occur(s) during the initial ICU visit by the family.
- Sensory deprivation
 - Discharge teaching
 - Repeated questioning
 - Stress and anxiety

ANS: D

The ICU environment and the large amount of information that is transferred during the initial visits can cause information overload for both patients and families. Sleep deprivation and sensory overload add to the complexity of the issues that affect the patient's ability to receive and understand medical information. Mental alterations may limit the effectiveness of the teaching-learning encounter. These physical and cognitive limitations prevent patients from receiving or understanding information related to their care and impairs their ability to make informed decisions.

14. A patient has been in the ICU for 20 days with a diagnosis of sepsis and acute respiratory distress syndrome. The patient is ready for transfer to the step-down unit but is apprehensive. The patient 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 on the step-down unit. Which educational objective would be best to use in this situation?
- The patient will state two reasons why he is being transferred by the end of the day.
 - The patient will confront his fears and deal with them within 1 day of transfer.
 - The patient will state the name of his "new" nurse by the end of the day.
 - The patient will be introduced to at least two of his "new" caregivers by the time of transfer.

ANS: D

The patient needs to trust the new caregivers on the step-down unit. Introducing the new caregivers will help decrease his anxiety about an unfamiliar environment. Objectives must be realistic in expectation and timeline. Anxiety and fear of change will decrease the patient's cognitive level.

15. A 79-year-old patient received a liver transplant 3 days ago. The patient is extubated and hemodynamically stable. His spouse is coming for a visit, and the nurse has some time to discuss immune suppression drug therapy with both of them. The patient is hearing and sight impaired. The spouse brought the patient's hearing aids 2 days ago and will bring the patient's glasses today. Which of the following teaching strategies would be least effective in the ICU setting?
- Patient education channel
 - Written materials
 - Lecture
 - Discussion

ANS: C

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. Written material, discussion, demonstration, and use of media are common teaching strategies used in the ICU.

16. During which phase do HIPAA, advance directives, and visitation policies occur for the patient or family members?
- Transfer to a different level of care
 - End-of-life care
 - Initial contact or first visit
 - Continuous care

ANS: C

During preparation for the first visit, the nurse would instruct the patient or family on HIPAA, advanced directives, and visitation policy. Transfer to a different level of care includes orientation to the receiving unit. Continuous care includes discussion of day-to-day routines, procedures, and treatment process. End-of-life care includes discussion of palliative care or hospice.

17. Which of the following statements BEST describes the teaching–learning process?
- It follows the distinct order of the nursing process, with each step of the process separate and without repetition.
 - It requires formal blocks of learning time that are planned during the shift.
 - It is a continuous activity that occurs during hospitalization and beyond.
 - 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.

18. Group discussion as a patient teaching strategy for educating both a patient newly diagnosed with diabetes and a patient who has had the disease for years

- a. is an efficient use of the nurse's time.
- b. will address the same teaching topics with both patients.
- c. will be effective because both patients undoubtedly have identical goals.
- d. is not an appropriate teaching strategy.

ANS: D

Educational needs between 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 newly diagnosed with diabetes will require education on topics that are potentially well known to a patient diagnosed years ago.

19. 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
 - a. medically treating the patient to sedate him again.
 - b. putting him in restraints because his issues are behavioral.
 - c. telling him to stop moving around before he extubates himself.
 - d. quickly providing emotional comfort to reduce the patient's anxiety and telling him simple facts to help him understand the situation.

ANS: D

The need for oxygen and survival predominates over all other human needs. According to Maslow's hierarchy of human needs, lower-level, physiologic needs must be satisfied before an individual can move on to higher-level issues. Experiencing a significant physiologic stressor may completely consume all the patient's available energy and thoughts, affecting his or her ability to interact, comprehend, and respond.

20. A lack of true understanding can often be misread by the nurse as noncompliance. Which of the following statements demonstrate effective questioning methods to assess a patient's understanding?
 - a. Do you take your heart medication every morning?
 - b. Can you tell me what you know about your different heart medications?
 - c. Do you take all your medications?
 - d. Do you ever miss taking your medication?

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.

MULTIPLE RESPONSE

1. Acute illness disrupts the patient's and family's normal routines. Coping mechanisms include *(Select all that apply.)*
 - a. denial.
 - b. adaptation.
 - c. values.

- d. anger.
- e. disbelief.

ANS: A, D, E

Denial, disbelief, and anger are all examples of coping mechanisms that patients use to help in stressful situations. *Adaptation* is the ability to break down emotional barriers that affect willingness and readiness for learning. *Values* are considered sociocultural factors for coping with stress.

2. Sources of physiologic stress in the acutely ill include (*Select all that apply.*)
- a. hypotension.
 - b. hypoxia.
 - c. fever.
 - d. neurologic deficits.
 - e. eupnea.

ANS: B, C, D

Physiologic alterations in heart rate and blood pressure can be measured and taken into consideration during the teaching–learning encounter. Sources of physiologic stress in acutely ill patients include medications, pain, hypoxia, decreased cerebral and peripheral perfusion, hypotension, fluid and electrolyte imbalances, infection, sensory alterations, fever, and neurologic deficits.

3. According to Malcolm Knowles’ andragogy, which of the following are characteristics of the adult learner? (*Select all that apply.*)
- a. Autonomy
 - b. Experience
 - c. Instructor-driven assessments
 - d. Peer-directed motivation
 - e. Individualism

ANS: A, B, E

Malcolm Knowles described these principles of adult learning in a model known as andragogy. Adult learning theory stresses concepts of individualism, self-assessment, self-direction, motivation, experience, and autonomy.

4. Identify which of the following questions a nurse could use to obtain assessment information. (*Select all that apply.*)
- a. “How can we help you today?”
 - b. “Can you tell me why you take each medication?”
 - c. “Are you in pain?”
 - d. “Are these people your main support system?”
 - e. “How well do you understand the directions?”

ANS: A, B, D

Generally, with practice and effort, it can be determined what educational information is needed in a brief period without much disruption in the routine care of the patient. Questions that elicit a “yes” or “no” response close off communication and do not provide an interactive teaching–learning session.