

ATI Leadership Management

Proctored Exam

Version 1

1.

A nurse manager witnesses an assistive personnel (AP) using incorrect procedure when transferring a client using a mechanical lift. After reinforcing proper procedure, which of the following methods should the nurse manager use to evaluate the AP's understanding of the teaching?



Require the AP's attendance at an in-service about the lift.

This form of education gives a demonstration of the use of the equipment, but it does not allow for the nurse manager to observe and assess the AP's use of the equipment.

Assign the AP to work with a senior staff member when using the lift.

Working with another staff member can provide further education and reinforce proper use of the lift, but it does not allow for the nurse manager to observe and assess the AP's use of the equipment.

Observe the AP's technique with the lift at random times throughout the day.

Observing the AP is an effective way for the nurse manager to evaluate the AP's use of the equipment. This method of assessment also assists in determining the need for further education and staff development.

Enforce the staff's completion of skills modules about medical equipment.

This form of education gives the AP a demonstration of the use of the equipment, but it does not allow for the nurse manager to observe and assess the AP's use of the equipment. Training should occur before task delegation.

2.

A nurse is caring for a client who received pain medication 1 hr ago. The client tells the nurse the medication is not working because they are still experiencing pain. Which of the following actions by the nurse demonstrates client advocacy?



Provide the client with a back massage to help ease their pain.

Providing the client with a back massage can assist the client with pain management. However, this is not a demonstration of client advocacy, which involves intervening on the client's behalf.

Recommend the client watch television as a distraction from the pain.

Distraction, such as watching television, can assist a client with pain management. However, this is not a demonstration of client advocacy, which involves intervening on the client's behalf.

Attempt to obtain a prescription for a different analgesic medication.

The role of the nurse as a client advocate involves directly intervening on behalf of the client. The nurse should attempt to obtain a prescription from the provider for a different analgesic medication to manage the client's pain.

Inform the client that they can receive their next dose in 3 hr.

The nurse should tell the client when they can receive their next dose of the medication to keep the client informed of the treatment plan. However, this is not a demonstration of client advocacy, which involves intervening on the client's behalf.

3.

A charge nurse is teaching a newly licensed nurse about providing written discharge instructions for a client who is postoperative following an arthroplasty. The charge nurse should identify that which of the following discharge instructions written by the newly licensed nurse indicates understanding of the teaching?

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Take oxycodone 10 mg, q6h, PRN, for pain.

The nurse should avoid using medical terminology when providing written instructions to the client because the client can have difficulty understanding the information.

Report pus-like drainage from the wound.

The nurse should provide clear descriptions in terms the client can understand when providing written discharge instructions. The nurse should also ensure the client is aware of what complications to report to the provider.

Resume Na-restricted diet.

The nurse should avoid using abbreviations in written discharge instructions because the client can have difficulty understanding the information.

Perform quadriceps setting exercises when supine.

The nurse should provide step-by-step instructions on how to perform quadriceps setting exercises when lying supine and avoid using vocabulary that the client can have difficulty understanding in the written discharge instructions.

4.

A nurse is using the SBAR communication tool for reporting a client's condition to the provider. Which of the following information should the nurse include in the "S" portion of the tool?

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The client was medicated with morphine 2 mg IV 1 hr ago.

This information provides medical information that is pertinent to the client's condition and is part of the background portion (B) of the SBAR communication tool.

The client needs a change in pain medication prescription.

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This information provides a potential solution for the client's current need and is part of the recommendation portion (R) of the SBAR communication tool.

The client is reporting a pain level of 8 on a scale from 0 to 10.

This information provides a brief explanation of the current situation and is part of the situation portion (S) of the SBAR communication tool.

The client has a heart rate of 110/min and a BP of 148/88 mm Hg.

This information provides recent assessment data indicating the client's current condition and is part of the assessment portion (A) of the SBAR communication tool.

5.

A nurse manager is anticipating a period when staffing will be especially short. The nurse manager decides to reorganize the delivery of care on the unit until staffing improves by appointing a charge nurse, a medication nurse, and a treatment nurse. Which of the following delivery systems is the nurse manager using?



Primary nursing

Primary nursing is a form of total client care in which one nurse has 24-hr responsibility and accountability for the nursing care of specific clients for the duration of their stay at the facility. Primary nursing promotes clear communication among the health care team.

Team nursing

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Team nursing is the most common nursing care delivery system. The nurse manager divides the nursing staff into teams, including staff of various skills and licensure. Each team provides total care to a specific group of clients and has a team leader.

Functional nursing

Functional nursing, also called task nursing, involves the nurse manager breaking down the needs of the clients into tasks and assigning the tasks using the skill and licensure of each staff member appropriately and efficiently. This model of nursing is uncommon in acute care settings, except in crisis situations, or when there is a shortage in staffing numbers.

Modular nursing

Modular nursing is a type of team nursing in which a manager assigns a team of staff, often called care pairs, with various skills and licensure to a given geographic area, or module. An example of modular nursing is assigning a team to a group of clients' rooms.

6.

A nurse manager is preparing a nurse's performance appraisal. Which of the following actions should the nurse manager take?



Avoid using specific examples of client care to maintain confidentiality.

The nurse manager should include specific examples that occur throughout the appraisal period and avoid generalities about the nurse's performance of client care during the performance appraisal.

Focus on the nurse's most recent performance just before the evaluation.

The nurse manager should focus on the nurse's performance throughout the appraisal period by collecting data systematically and on a regular basis. Otherwise, recent performance will likely be more heavily evaluated than past performance.

Present goals to the nurse at the initial meeting.

The nurse manager should set goals together with the nurse during the performance appraisal.

Use a formalized system to discuss important issues.

The nurse manager should use a formalized system to determine the employee's level of meeting the objectives for their job. The goal of performance appraisal is to promote growth for the employee and provide recognition for areas of strength along with feedback for areas of concern.

7.

A nurse in an acute care facility is caring for a client who is leaving against medical advice (AMA). Which of the following actions should the nurse take? (Select all that apply.)



Attempt to detain the client.

Request the client sign an AMA form.

Notify the provider of client's intent.

Sedate the client while waiting for the provider to arrive.

Advise the client about the dangers of leaving.

Attempt to detain the client is incorrect. The nurse has no authority to detain a client. Furthermore, this action is considered a type of restraint.

Request the client sign an AMA form is correct. The nurse should ask the client to sign an AMA form to document the incident. A signed AMA form can assist with a counterclaim of negligence.

Notify the provider of client's intent is correct. The nurse should immediately notify the provider of the client's intent to leave AMA.

Sedate the client while waiting for the provider to arrive is incorrect. The nurse should not sedate the client while waiting for the provider to arrive because this could be considered the use of a chemical restraint and is in direct opposition to the client's wish to leave.

Advise the client about the dangers of leaving is correct. The nurse should discuss the potential dangers of leaving AMA, such as complications of the client's medical condition.

8.

A nurse is using the situation, background, assessment, recommendation (SBAR) format to provide hand-off report for a client. In which of the following components of the SBAR report should the nurse include information about the client's current vital signs?

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Situation

The nurse should include the nurse's name, the client's name, the name of the facility, the client's medical diagnosis, and a general description of the client's situation in the situation (S) section of the SBAR report.

Background

The nurse should provide information relevant to the client's condition such as the client's admitting diagnosis and any surgical procedures in the background (B) section of the SBAR report.

Assessment

The nurse should include findings such as current vital signs, pain level, and appearance of a wound dressing in the assessment (A) section of the SBAR report

Recommendation

The nurse should provide information on how to resolve a problem or improve client care in the recommendation (R) section of the SBAR report.

9.

A charge nurse in an acute care facility is teaching a newly licensed nurse about caring for an adult client who is cognitively impaired. Which of the following statements by the newly licensed nurse indicates an understanding of the teaching?

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"I will let the client sit at the nurses' station during the day."

The newly licensed nurse should place the client in a location where she can be frequently observed. However, the newly licensed nurse should not place the client at the nurses' station. Confidential information about other clients is kept at the nurses' station and the client should not be allowed into this area. The area behind the desks is for facility personnel only.

"I will assign the client to a room close to the nurses' station."

The newly licensed nurse should assign the client to a room close to the nurses' station so the newly licensed nurse can closely monitor the client.

"I will elevate full-length bed rails while the client is in bed."

The newly licensed nurse should lower the bed to the lowest level and apply 1/4- to 3/4-length bed rails to prevent the client from climbing over the rails and falling.

"I will place a red wrist band on the client to indicate fall risk."

The newly licensed nurse should place a yellow wrist band on the client, which is the standard color for fall risk recommended by the America Hospital Association. Red bands are recommended for allergy information.

10.

A nurse manager on a maternal newborn unit is completing a chart audit to determine the percentage of clients over the past 3 months who breastfed their newborns successfully prior to discharge. Which of the following standards is the nurse using to complete this audit?



Structure

Structure standards focus on the internal characteristics of a facility and its staff. These standards help determine if a facility has a structure that promotes high-quality care. An example of a structural standard is ensuring a nursing department provides opportunities for staff development .

Outcome

Outcome standards measure whether the services the nurses provide make any difference in a client's health status. The outcome would be a change in clients' current or future health status as a result of the care they received. Other examples of outcome standards include clients ambulating without assistance or clients who have clear breath sounds.

Process

Process standards focus on how well a facility conducts its activities. An example of a process standard is staff measuring vital signs every hour unless otherwise specified.

Practice

Practice standards are guidelines for professional performance that address a wide variety of aspects of nursing care delivery. Practice standards focus on the nurse as a provider, are process-oriented, and relate to expectations for the provider to achieve the standard of care. An example of