

Practice Exam Questions



CNL

Clinical Nurse Leader



EXAMAIDES

PASS YOUR EXAM AT FIRST TRY

Total Question: 150 QAs

Question No: 1

The hospital is shifting from paper records to electronic medical records (EMR), and the CNL is a member of the committee that has selected a vendor. Which of the following must be completed before a final selection can be made?

- A. Needs assessment.
- B. Financial plan.
- C. Staff training.
- D. Computer purchases.

Answer: A

Explanation: The most critical element in the selection of an electronic medical record system is completion of a needs assessment. Most vendors offer different packages and EMRs with different capabilities. Different units of the hospital may have different needs, so the EMR may need to be customizable.

For example, the EMRs for pediatrics may need to be set up to evaluate growth and to provide information about childhood immunizations, while the EMR for the emergency department may have quite different needs.

Question No: 2

Which of the following is the first step in ethical decision-making?

- A. Identify important/ key participants.
- B. Identify options.
- C. Determine moral perspectives.
- D. Gather data.

Answer: D

Explanation: Ethical decision-making begins with gathering data to determine the issues and the facts as well as to identify moral conflicts. This is followed by identifying key participants and their power to make decisions, level of competence, and rights. Then, one must determine the moral perspective of the participants and phase of moral development before determining desired outcomes and identifying options. Once a decision is made, it must be acted on and then the outcomes evaluated.

Question No: 3

The CNL notes an increased incidence of client injuries in a unit with Alzheimer patients.

Which of the following BEST demonstrates that the CNL is competent at researching best practices for prevention of patient injuries?

- A. The CNL conducts a survey of staff opinions about prevention.
- B. The CNL makes observations in a facility with a low incidence of patient injuries.
- C. The CNL conducts systematic research utilizing online medical databases.
- D. The CNL utilizes clinical judgment to develop prevention measures.

Answer: C

Explanation: While surveys, observations, and clinical judgment all have a role in developing evidence based practice, the best approach must include systematic research, generally utilizing online medical databases to find research that supports specific practices. Evidence may be based on basic science, but clinical patient-centered research is preferred. Research should be reviewed carefully to determine if the results have external

validity and are generalizable. The CNL utilizes clinical judgment when evaluating research to determine if it is applicable.

Question No: 4

A hospice client with metastatic pancreatic cancer has lost 50 pounds and now weighs only 102 pounds and is very cachectic with loss of adipose tissue and muscle wasting. The client's pain has been treated with fentanyl patches (50 mg), which are changed every 3 days, but the client's pain control is very poor, and she is taking one to two OxyContin (oxycodone) 5 mg tablets every 4 to 6 hours for breakthrough pain. A novice hospice nurse asks the CNL for advice about pain control. Which of the following is the BEST first action?

- A. Increase dosage of fentanyl patches.
- B. Increase dosage of OxyContin for breakthrough pain.
- C. Add an adjuvant medication, such as an NSAID.
- D. Switch from fentanyl patches to long-acting oral narcotic.

Answer: D

Explanation: Fentanyl patches are poorly absorbed in cachectic clients because of the lack of adequate muscle and adipose tissue, so the best first action is to switch from fentanyl patches to a long-acting narcotic that can be taken once or twice daily while continuing the OxyContin for breakthrough pain. The client must be carefully monitored during the transition and may initially require increased OxyContin, especially during the first 24 hours. Because the patient has probably not been absorbing all of the dosage of fentanyl, the patient may have increased drowsiness from the oral medication.

Question No: 5

The CNL's primary responsibility is to provide leadership at

- A. Team conferences.
- B. Administrative meetings.
- C. Point of care.
- D. Discharge planning.

Answer: C

Explanation: The CNL's primary responsibility is to provide leadership at the point of care. The CNL role was developed to ensure that client care was safe and based on evidence-based research in order to effect positive outcomes. The CNL assists others to make appropriate clinical decisions, to anticipate risks, and to identify preventive measures. The CNL is responsible for evaluating the effectiveness of care, for delegating, and for managing the lateral integration of client care.

Question No: 6

Which of the following actions by the CNL is part of the core CNL role of leadership?

- A. The CNL takes a course in oncologic pharmacology when assigned to an oncology unit.
- B. The CNL delegates client care to team members.
- C. The CNL calculates the cost-effectiveness of new procedures.
- D. The CNL uses evidence-based research to develop care plans.

Answer: A

Explanation: In this case, leadership is evidenced by the CNL taking a course in oncologic pharmacology in preparation for work on an oncology unit. The core role of leadership requires that the CNL serve as a role model to others by advocating for the client, the other members of the healthcare team, and the nursing

profession. The CNL must communicate effectively to ensure positive client outcomes. Additionally, the CNL must remain an active professional, pursuing knowledge and remaining current in clinical care.

Question No: 7

The CNL must evaluate patient safety on a medical-surgical unit. The most effective initial method is to

- A. Interview staff individually.
- B. Conduct a staff survey with the AHRQ Hospital Survey on Patient Safety Culture.
- C. Conduct a patient survey regarding satisfaction with care.
- D. Establish a focus group.

Answer: B

Explanation: The AHRQ Hospital Survey on Patient Safety is a survey designed for hospital staff to gather information about patient safety issues, including medicine errors and reporting of untoward patient events, such as accidents. The survey comprises 9 sections (A-1), which include questions about the unit, the supervisor, communications, frequency of reported events, patient safety grade, the hospital, the number of untoward patient events reported within the previous 12-month period, background information about the surveyed staff, and a comments section. Results can be submitted to the AHRQ database and compared with other facilities.

Question No: 8

The CNL is utilizing the PFA (purpose-focus-approach) method to develop an Internet search for materials for colleagues regarding best practices. Which type of search is most indicated?

- A. Broad, general search using key words.
- B. Lay-oriented search of non-technical sites, such as WebMD.
- C. Professionally oriented search of medical databases and professional organizations.
- D. Narrow technically oriented search with very specific parameters.

Answer: C

Explanation: With the PFA method, the CNL should first determine the purpose of the search by considering the type of information that needs to be assessed and what the CNL plans to do with the information. The type of search, which is indicated for professional colleagues such as other nurses or team leaders, is a professionally oriented search of medical databases and professional organizations. Government sites and professional organization often provide information specifically intended for professionals.

Question No: 9

As part of the promotion of a culture of safety, the organization has introduced a Just Culture approach. One of the nurses on the CNL's team needs to transfer an obese client from the bed to a wheelchair, and protocol calls for a two-person transfer. However, the nurse believes he can safely transfer the client alone since other staff members are occupied. The nurse begins the transfer, but the client panics and begins resisting, resulting in a fall to the floor. While x-rays show no fractures, the client is bruised and in pain.

How would this type of safety event be classified under the Just Culture model?

- A. Human error.
- B. At-risk behavior.
- C. Reckless behavior.
- D. Insubordinate behavior.

Answer: B

Explanation: This is an example of at-risk behavior. There are 3 classifications using the just culture model:

- Human error: Careless unintentional mistakes and errors, such as failing to double-check a medication dosage.
- At-risk behavior: Risky behavior resulting from failing to follow procedures or failing to recognize a risk exists. These errors result from an incorrect choice.
- Reckless behavior: Consciously committing errors because of disregard for procedures and risks, such as using contaminated equipment or diverting medications.

Question No: 10

As part of the promotion of a culture of safety, the organization has introduced a Just Culture approach. One of the nurses on the CNL's team needs to transfer an obese client from the bed to a wheelchair, and protocol calls for a two-person transfer. However, the nurse believes he can safely transfer the client alone since other staff members are occupied. The nurse begins the transfer, but the client panics and begins resisting, resulting in a fall to the floor. While x-rays show no fractures, the client is bruised and in pain.

What type of response by the CNL is most appropriate under the Just Culture model?

- A. Consolation.
- B. Punitive action.
- C. Self-evaluation.
- D. Coaching.

Answer: D

Explanation: The appropriate response to at-risk behavior is coaching:

- Human error: Because these types of errors are common and not intentional, the most appropriate response is to console and support the person who made the error. Processes and procedures should be evaluated to determine if the error resulted from systemic problems.
- At-risk behavior: Because the person ignored safety rules or believed they were not necessary; the person should receive coaching and further training as necessary.
- Reckless behavior: These intentional errors should result in punitive action.

Question No: 11

The CNL has been chosen to represent nurses in collective bargaining. The management wants to maintain the status quo and give as little as possible while the union wants to maximize salary and benefit gains. If one side wins, the other side loses. This type of collective bargaining is

- A. Distributive.
- B. Integrative.
- C. Productivity.
- D. Composite.

Answer: A

Explanation: Distributive: One side wins and the other side loses, also known as zero sum, competitive, or win-lose bargaining. This is the traditional approach to collective bargaining.

Integrative: This is a win-win type of bargaining in which both sides attempt to arrive at a mutually acceptable solution.

Productivity: Settlement depends on productivity, skills, and knowledge.

Composite: Unions negotiate for both salary and standards; for example, the union may want input into work norms and environmental hazards.

Question No: 12

During lunch with a team member, the team member tells the CNL she overheard a conversation between a client and his visitor and begins to share salacious gossip about the client's personal life. Which is the BEST response?

- A. Listen without responding.
- B. Change the subject.
- C. Confront the team member about violating professional ethics.
- D. Tell the team member he/she shouldn't tell anyone else.

Answer: C

Explanation: The CNL should confront the team member about violating professional ethics, making clear that the conversation is not appropriate. It's imperative for the CNL to set an example in order to promote an ethical workplace. The organization should have a written code of conduct, which should be communicated to all staff, and all staff should be expected to adhere to the code, including respecting a client's privacy, and should also be expected to confront those who violate the code.

Question No: 13

A client with osteomyelitis had a PICC line inserted for long-term antibiotic therapy but developed sensitivity to the transparent dressing. Because the insertion site is now covered with a gauze dressing, the staff is unable to monitor the insertion site visually for signs of infection. Which of the following should the CNL recommend as the BEST safety measure to prevent infection?

- A. Change the gauze dressing every 24 hours to inspect the insertion site.
- B. Palpate the insertion site for tenderness daily. If no signs of infection, leave the dressing intact.
- C. Using sterile gloves, release the dressing on one end, inspect the insertion site, and reattach the dressing.
- D. Palpate the insertion site for tenderness daily and change gauze dressing every 2 to 3 days.

Answer: B

Explanation: According to CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) guidelines to prevent catheter-related infections, insertion sites that are covered with gauze dressings should be palpated every day to evaluate for signs of tenderness, but if there are no signs of infection, the gauze dressing should be left intact and not routinely changed, unless soiled or loosened. If there are indications of infection, the dressing should be removed to allow visual inspection and a new dressing applied. Hand hygiene should be done both before and after palpation of insertion sites.

Question No: 14

A 35-year-old client has undergone a craniotomy for a meningioma at the base of the frontal lobe. The client was moved from ICU to secondary ICU on the first postoperative day and is doing very well, ambulating independently in the hallway but taking pain medication for persistent headache. The physician has discontinued postoperative heparin and prescribed oral steroids to prevent cerebral edema. The patient is a single mother of a 7-year-old child and insists she be discharged on the second postoperative day so she can return home to her child. Which of the other healthcare disciplines should the CNL recommend evaluate the client prior to discharge to determine her readiness?

- A. Psychologist.
- B. Physical therapist.
- C. Occupational therapist.

D. Social worker.

Answer: C

Explanation: The CNL should recommend that the occupational therapist evaluate and instruct the client prior to discharge. After discharge, the patient will probably be faced with food preparation, housework, and child care, so the occupational therapist must carefully evaluate the client's ability to function (swallow, ambulate, dress) and must ensure the client is aware of restrictions, such as no bending over, hot showers, or lifting, as well as the need to sleep with the head elevated.

Question No: 15

A 19-year-old college student has been hospitalized and diagnosed with stage 118 Hodgkin disease. The client is refusing all treatments, stating that he is going to use herbal therapy and diet to bring about a cure. He has signed himself out of the hospital and is preparing to leave. The client's nurse is upset and asks the CNL what actions she can take to help ensure the client receives treatment. The CNL advises the nurse that the BEST action is to

- A. Call the client's parents and report his condition.
- B. Tell the client that he is making a terrible mistake that may cost him his life.
- C. Do nothing as the client has a right to refuse treatment.
- D. Provide the client with information about the disease and a list of resources.

Answer: D

Explanation: Because the client is older than 18 years, he is protected by HIPAA regulations, so the nurse cannot contact the parents, as this would be a violation of privacy. Lecturing clients rarely serves a useful purpose, but doing nothing is not the best solution. Understanding that clients often undergo a period of denial, the CNL recommends that the nurse remain supportive but provide the client with information about the disease and a list of resources.

Question No: 16

Three clients in outpatient surgery undergo cholecystectomies but react very differently in the postoperative period.

One client is awake, asking for food, joking with staff, and wanting to go home.

A second client resists any efforts at interaction and insists he is too weak and uncomfortable to go home.

The third client moans and complains almost continuously about pain, despite pain medications.

This disproportional response is best accounted for by the theory of

- A. Change.
- B. Complexity.
- C. Behavior.
- D. Development.

Answer: B

Explanation: The idea that disproportional responses and non-linearity are the norm is part of complexity theory. Patterns are important concepts in complex theory, and a client must be considered in terms of all the relationships and patterns in life that may affect responses and outcomes.

Complexity theory suggests that one should not look at a moment in time but consider an event in relation to what comes before and after, and always consider the relationship among many patterns (e.g., emotional, environmental, social, spiritual).

Question No: 17

A 65-year-old client is admitted to the unit after 3 days of severe diarrhea and vomiting from gastroenteritis. The client is markedly dehydrated and unable to tolerate oral fluids because of nausea. The physician has left a telephone order for intravenous D5NS for infusion at 300 mL per hour for the initial 2 hours and then 150 mL per hour thereafter. The physician stated she would visit the patient in 2 to 4 hours. The nurse caring for the client is unsure that the IV solution is appropriate and asks the CNL for advice. Which of the following is the BEST advice?

- A. Administer the IV solution as ordered as it is appropriate.
- B. Hold the order until the physician arrives.
- C. Call the physician to clarify the order since the IV solution is hypertonic.
- D. Call the physician to clarify the order since the IV solution is hypo tonic.

Answer: C

Explanation: D5NS is a hypertonic solution and is not appropriate for dehydration, as isotonic solutions are used because they do not cause shifts between extracellular and intracellular compartments.

The nurse should immediately contact the physician to question the order. Isotonic fluids, such as normal saline (0.9% sodium chloride), are used to treat volume deficit and dehydration related to vomiting and diarrhea. The client should be carefully monitored during administration of isotonic fluids as hypervolemia may occur quickly.

Question No: 18

A client with strep throat has had a previous anaphylactic reaction to penicillin, so the physician has ordered cephalexin (250 mg orally every 6 hours). Which of the following should be the CNL's PRIMARY initial concern?

- A. Cephalexin may result in fungal infections.
- B. Cross-hypersensitivity reactions may occur in those with penicillin allergies.
- C. Superinfections may occur with cephalexin.
- D. Cephalexin may result in decreased prothrombin activity.

Answer: B

Explanation: While all of these are true, the primary initial concern should be that cross-sensitivity reactions may occur in those with penicillin allergies (about 10%). Therefore, the client should be kept under close observation for at least a half hour after receiving the first dose of cephalexin.

Advise the client to call the physician immediately if there are mild symptoms of allergies and 9-1-1 if symptoms are more severe, such as difficulty breathing, or occur suddenly.

Question No: 19

The CNL has instituted the practice of leader rounding and is maintaining a rounding log to keep track of communications with team members. What is the PRIMARY purpose of leader rounding?

- A. Evaluate staff.
- B. Identify problems at an early stage.
- C. Monitor complaints.
- D. Improve relationship between the CNL and team members.

Answer: D

Explanation: The primary purpose of leader rounding is to improve the relationship between the CNL and team members, so it should never be used for punitive purposes. The CNL should prepare a series of questions to be used with all staff on a regular basis, the frequency depending on the number of staff and time

constraints. Questions may include asking what is working well that day, what needs to be improved, whether they have all the tools and equipment they need, if they need any help, and if there is someone on the staff who should be recognized for doing good work.

Question No: 20

A client with end-stage renal disease has been under hospice care for two 90-day periods. His condition has declined, but death is not imminent. The CNL understands that

- A. Hospice care can be extended by unlimited 60-day periods.
- B. Hospice care can be extended by one 60-day period.
- C. Hospice care can be extended by two more 90-day periods.
- D. Hospice care must be discontinued at this time.

Answer: A

Explanation: Although hospice care is intended for the last 6 months of a person's life, death cannot always be predicted accurately, so the attending physician and medical director of the hospice can certify the client as eligible for hospice care for additional, unlimited 60-day periods. If the client has a change in condition for the better (such as when a client goes into remission from disease), hospice care can be discontinued without penalty and reinstated if the client's condition again becomes terminal.

Question No: 21

On the pediatric unit, a 3-year-old child with severe nausea and vomiting has been treated with initial boluses of NS for severe dehydration and is now to be maintained on maintenance intravenous fluids. The child weighs 12 kilograms.

The physician has ordered dextrose 5% in half-normal saline at the rate of 1,000 mL/ day in addition to 50 mL/ kg/ day for every kilogram above 10 kg of body weight. The CNL anticipates the child will receive how many milliliters (rounded to the nearest whole number) each hour?

- A. 42 mL.
- B. 46 mL.
- C. 92 mL.
- D. 83 mL.

Answer: B

Explanation: The child should receive 1,000 mL plus 100 mL (50 mL for each additional 2 kg of weight) for a total of 1,100 mL of fluid in a 24-hour period. Dividing the total by 24 hours gives the hourly volume of fluid: $1,100/24 = 45.533$, rounded to the nearest whole number= 46 mL per hour.

Question No: 22

On the pediatric unit, a 3-year-old child with severe nausea and vomiting has been treated with initial boluses of NS for severe dehydration and is now to be maintained on maintenance intravenous fluids. The child weighs 12 kilograms.

The IV is to be administered with a microdrip system that has a drop factor of 60 drops/ml. The flow rate per minute at which the IV should be set (rounded to the nearest whole number) to administer the prescribed volume of fluid each hour is

- A. 5 drops/min.
- B. 50 drops/min.
- C. 92 drops/ min.

D. 46 drops/min.

Answer: D

Explanation: When using the microdrip system in which 60 drops equal 1 mL, the flow rate will be the same number as the volume per minute. In this case, the flow rate in drops per minute is 46 to administer 46 mL per hour. To calculate, divide the 46 mL by 60 minutes to obtain the fluid volume per minute: $46/60 = 0.7666$, rounded to 0.77 mL per minute. Next, multiply the drop factor (60 drops per mL) times the volume per minute (0.77): $60 \times 0.77 = 46.2$, then round to the nearest whole number, so 46 drops per minute.

Question No: 23

The CNL is serving on a committee to increase compliance with evidence-based practice guidelines. The hospital's current average door-to-balloon time is 110 minutes. The CNL realizes that the CMS performance target for door-to-balloon time is

A. ≤ 60 minutes.

B. ≤ 90 minutes.

C. ≤ 100 minutes.

D. ≤ 110 minutes.

Answer: B

Explanation: The CMS performance target for door-to-balloon time is 90 minutes or less. This timeframe is indicated for clients presenting with ST-segment elevation myocardial infarction (STEMI) because a delay in percutaneous coronary intervention (PCI) beyond 90 minutes results in severe damage to the heart muscle from inadequate oxygenation, markedly reducing the rate of survival. Emergency department staff must make rapid assessment and contact the catheterization lab, which should be able to perform PCI within 20 to 30 minutes.

Question No: 24

When considering the budget, which costs in a healthcare organization are usually fixed?

A. Surgical supplies.

B. Medical supplies.

C. Administrative salaries.

D. Food costs.

Answer: C

Explanation: Fixed costs include those costs that are constant and do not fluctuate according to volume or productivity, including administrative salaries, depreciation of buildings and equipment, and utilities. Variable costs can vary widely, depending on client census and other factors. Variable costs include medical supplies, surgical supplies, food costs, and laundry costs. Fixed and variable costs may differ somewhat from one organization to another. For example, nursing costs may be considered a fixed cost if the FTE hours remain the same but may be a variable cost if they vary according to census.

Question No: 25

Based on research of best practices, the CNL has recommended a number of best practice guidelines to improve patient safety and patient outcomes. Which type of best practice should the CNL generally attempt to institute first?

A. A practice that requires new equipment.

B. A practice that involves the entire staff.

- C. A practice that requires organizational change.
- D. A practice that requires simple changes in procedure.

Answer: D

Explanation: Staff compliance with best practice guidelines is usually best initially with simple changes in procedures, such as instituting checklists, because the learning curve is rapid and results are generally easily quantified. Because there is no financial outlay for new equipment or need for extensive training, setting up a pilot program is fairly simple. The CNL should provide strong evidence based on research that the new practice is effective and should disseminate the results of a pilot program.

Question No: 26

A client has been admitted to the unit with metastatic ovarian cancer and has chosen to undergo aggressive therapy rather than hospice care. At which point in the client's disease should the CNL recommend that the client receive palliative care?

- A. Immediately.
- B. After the client completes aggressive therapy.
- C. After the client is admitted to hospice care.
- D. When the client's pain becomes unmanageable.

Answer: A

Explanation: The CNL should recommend that the patient immediately receive palliative care, which is intended to help patients relieve symptoms of disease and to provide emotional, spiritual, and physical support. While palliative care is one aspect of hospice care, it is appropriate throughout the course of an illness. Even though the patient is receiving aggressive therapy, issues such as pain control, diet, nausea, and elimination are common, and dealing with these issues can improve the client's quality of life.

Question No: 27

The CNL is leading a team working with clients who are at-risk for development of heart disease and diabetes because of lifestyle, diet, and obesity. Considering the Health Belief Model, which concept is most likely to affect a person's willingness to make changes?

- A. Perceived severity.
- B. Perceived benefit.
- C. Perceived susceptibility.
- D. Perceived barriers.

Answer: C

Explanation: Perceived susceptibility is the degree to which a person believes he or she is susceptible to a condition. If a person's perceived susceptibility is low regarding the chances of developing diabetes or heart disease, the person is less likely to make necessary changes. Perceived severity is the person's perception of the seriousness of the condition and associated consequences. Perceived benefit is the person's belief in the effectiveness of action, and perceived barriers are the perception of costs (emotional, spiritual, financial) related to an action.

Question No: 28

The CNL's interdisciplinary team is working with a group of males having sex with males (MSM) with a history of sexually transmitted disease. The goal is to promote safe sex practices and prevent reinfection and HIV, providing education, support, and condoms.

However, a small subset of the group has been noncompliant. They have sought repeated treatment and some are now HIV positive. Considering Pender's Health Promotion Model, which factor should the CNL consider as most likely influencing this behavior?

- A. Perceived barriers to action.
- B. Activity-related affect.
- C. Interpersonal influences.
- D. Situational influences.

Answer: C

Explanation: According to Pender's Health Promotion Model, interpersonal influences can have a profound effect on clients' compliance with health promotion and preventive measures. Even when clients recognize their susceptibility and understand the severity of risk and benefits of compliance, they may be unwilling to risk relationships and may feel that the benefits, emotional or otherwise, derived from their social groups outweighs the benefits of change. The CNL must always consider personal factors, such as interpersonal influences, when working with clients and others to facilitate change.

Question No: 29

The CNL wants to utilize de Bono's Six Thinking Hats technique for thinking and problem solving. With this model, if the CNL functions as the Blue Hat, which of the following actions is the CNL responsible for?

- A. Providing objective facts and figures.
- B. Discussing negative and positive feelings and responses.
- C. Serving as devil's advocate.
- D. Facilitating the discussion and providing structure.

Answer: D

Explanation: Under de Bono's Six Thinking Hats technique, the Blue Hat facilitates the discussion and provides structure so that the other six "thinking" hats are utilized properly. The White Hat provides objective facts and figures to help the group understand what information they have. The Red Hat deals with positive and negative emotions. The Yellow Hat looks for positive aspects while the Black Hat serves as the devil's advocate, challenging assumptions. The Green Hat provides creative and innovative solutions.

Question No: 30

Which of the following is an example of using a normative re-educative strategy to facilitate and manage change?

- A. The CNL encourages the team to identify problems and solutions.
- B. The CNL provides facts and figures gleaned from research to support change.
- C. The CNL uses authority to demand that staff make changes.
- D. The CNL utilizes a method of rewards and punishment to promote change.

Answer: A

Explanation: An example of a normative re-educative strategy to facilitate and manage change is to encourage the team to identify problems and solutions because this causes them to become active participants in the process of change. While this method of facilitating change may take longer than the empirical-rational model, which relies on facts and figures to bring about rational decisions, or the power-coercive strategy, which enforces change with power, it is often the most successful.

Question No: 31

The CNL has identified a number of changes to promote safety and improve client outcomes and has the support of most members of the interdisciplinary team in working toward change. However, two members of the team remain vocally resistant to change and are arguing with other team members, trying to convince them to resist changes as well. The BEST solution for the CNL is to

- A. Ignore the two team members.
- B. Ask to have the two team members transferred to a different unit.
- C. Tell the two team members that they are being disruptive.
- D. Ask the two team members to take active roles in facilitating change.

Answer: D

Explanation: Resistance to change is very common, so ignoring the resistant team members, calling them out, or punishing them can be counterproductive. The best solution is to ask the resistant team members to take active roles in facilitating change, empowering them and developing trust. People often resist change because they are unsure how the change will affect them personally, especially if they believe that they will lose some degree of control over their actions or decision-making.

Question No: 32

A CNL is from a low-context culture (the United States) but works on a team with a number of immigrant staff from high-context cultures (Japan, Mexico, Fiji, Saudi Arabia). The CNL expects that the biggest disparity between the CNL and the team members will be with

- A. Communication style.
- B. Cognitive ability.
- C. Ethical standards.
- D. Work ethic.

Answer: A

Explanation: Low-context cultures (such as the United States, Canada, Northern Europe, Russia, and England) rely on written or spoken word to carry meaning, while high-context cultures (such as Asian countries, Saudi Arabia, Pacific Islands, and Mexico) rely on context and situation to carry meaning rather than words. People from high-context cultures may have difficulty answering directly and may feel uncomfortable and challenged by direct questions, while those from low context cultures may feel the others are frustrating and evasive.

Question No: 33

Which of the following is the safest method for physicians to order medications?

- A. Handwritten order.
- B. Verbal order.
- C. Telephone order.
- D. Computerized physician order entry.

Answer: D

Explanation: Computerized physician order entry (CPOE) systems provide the safest method for physicians to order medications because there is no problem with legibility. The programs include safeguards and can provide alerts if an order is incomplete or dosage incorrect. Some systems, for example, also provide alerts if interactions may occur between two medications. Most systems have links that provide drug information, including information about adverse effects. The Institute of Medicine (IOM) recommends eliminating hand written orders to prevent medication errors.

Question No: 34

The CNL is a new graduate and part of the Millennial generation but is working with an interdisciplinary team comprised primarily of Baby Boomers and Generation Xers.

Considering generational differences, the CNL is probably

- A. More comfortable with new technology.
- B. More likely to be skeptical of traditional practices.
- C. More like to have respect for authority.
- D. More likely to question authority.

Answer: A

Explanation: While generational differences may hold true for a group, they do not necessarily apply to an individual in that group. However, the CNL is probably more comfortable with new technology because Millennials (born 1981-1999) grew up with computers, video games, and other electronic equipment and feel comfortable multi-tasking and using electronic equipment to access information and carry out tasks. Members of the Silent Generation (born 1925-1945) usually have respect for authority while Baby Boomers (born 1946-1964) tend to question authority. Generation Xers (born 1965-1980) are likely to be skeptical of traditional practices.

Question No: 35

The CNL gives a presentation to the board of directors outlining the cost-effectiveness of the CNL's role, utilizing organizational data that shows reduction in infections and patient injuries. This is primarily an example of

- A. Self-promotion.
- B. Staff education.
- C. Professional advocacy.
- D. Research.

Answer: C

Explanation: Professional advocacy includes actions that increase the visibility, legitimacy, and viability of the profession, such as the CNL clarifying the role of CNL within an organization or lobbying for improvements in healthcare within the community. Other examples of professional advocacy include involvement in local, state, and national organizations. The CNL advocates for the profession by explaining the CNL role to others, by supporting political issues relevant to nursing, and by serving as a role model for other staff members.

Question No: 36

Which of the following is an example of an indirect patient care function of the CNL?

- A. Patient education.
- B. Coordination of care.
- C. Communication.
- D. Leadership.

Answer: D

Explanation: Indirect patient care functions, such as leadership, staff management, operations, and research, are critical to ensure that direct patient care functions, such as patient education, coordination of care, and communication, are effective. The CNL-as leader of a team- is responsible for both indirect and direct patient care functions, but the CNL must delegate direct patient care functions to ensure that all clients receive the necessary care. The CNL should also delegate indirect patient care functions in order to develop leadership

abilities in staff members.

Question No: 37

In the event of a disaster, which initial strategy could be employed to increase a hospital's surge capacity?

- A. Identify clients safely eligible for early discharge.
- B. Place extra beds in private rooms.
- C. Recommend closing the emergency department to nondisaster-related clients.
- D. Transfer clients so that open rooms are in close proximity.

Answer: A

Explanation: In the event of a disaster, increasing surge capacity allows for admission of large number of injured clients. The initial strategy is to identify clients safely eligible for early discharge. This may also include cancelling scheduled procedures, such as elective surgeries. Extra beds can be placed in outpatient areas and in hallways, as this is more time-effective than attempting to transfer existing patients to different rooms and cleaning and preparing the rooms. In some cases, nondisaster-related clients may be diverted to other hospitals, but in most cases, other facilities will also be impacted by the disaster.

Question No: 38

Which of the following is part of the supra system of a hospital?

- A. A self-contained research facility.
- B. A laboratory.
- C. An accrediting agency.
- D. Security.

Answer: C

Explanation: Supra systems are those systems outside of the immediate environment of the facility, such as accrediting agencies and public health systems, but supra systems may have a profound effect on the facility. Most systems are comprised of a number of subsystems. For a hospital, subsystems might include laboratory services, security, and housekeeping. Because systems within a hospital exchange information and staff, they are considered open systems. Closed systems, which function completely independently, are rare.

Question No: 39

The CNL is utilizing the STAR model to facilitate systems change. According to this model, a change in one area usually

- A. Is unsuccessful.
- B. Results in unsuspected outcomes.
- C. Promotes acceptance of change.
- D. Necessitates change in another.

Answer: D

Explanation: According to the STAR model, a change in one area usually necessitates a change in another area because of the interrelatedness of systems. The STAR model is based on a diagram with the points of the STAR representing strategy, structure, human resources, incentives, and information/decision making. Values that are core to this model include the idea that a systemic problem is rarely related to laziness or incompetence, there are multiple optimal systems, many points are equally important, and cultures or values may be ingrained, impeding progress, and cannot be changed directly.