2.	This is correct. Effective communication is a skill required for the nurse to assume the role of care coordinator.
3.	This is incorrect. Effective infection control procedures are expected to meet the standard of care; however, this skill is not required for the nurse to assume the role of care coordinator.
4.	This is correct. Effective documentation, a form of communication, is a skill required for the nurse to assume the role of care coordinator.
5.	This is incorrect. Effective intravenous skills are not required for the nurse to assume the role of care coordinator.

PTS: 1 CON: Collaboration

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
   2) Mutual respect
   3) Communication
   4) 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 only
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 care
4) To prevent the parents from trying to change the plan of care

____ 13. 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

____ 15. 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-shift 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

Multiple Response
Identify one 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? *Select all that apply.*
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. The case manager assembles a team of health-care professionals, including the patient's primary health-care 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? *Select all that apply.*
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? *Select all that apply.*
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? *Select all that apply.*
1) Improved team member satisfaction
2) Increased division among team members
3) Increased safety with medication administration
4) Enhanced communication among team members
5) Increased patient satisfaction with discharge transition process

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

	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

	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.

4	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: 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.
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.
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

	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

	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.
4	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