Evidence Based Sexual and Reproductive Health Care 1st edition Kwansa Test Bank

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Chapter 1. Clinical Governance in the United Kingdom and the U.S. Natinal Strategy for Quality Improvement: Interrelationships with the Principles of Evidence-Based Practice

1. Which concept serves as the underpinning for clinical governance?
A. Accountability
B. Concerted decision-making
C. Collaboration
D. Evidence-based practice
Answer: D
Rationale: Clinical governance, which is a United Kingdom-based health services accountability system, is underpinned by evidence-based practice (EBP). To meet expected professional standards, practitioners must understand the link between EBP and clinical governance.

2. According to the 2013 description of clinical governance by the United Kingdom's Department of Health (DH), the seven core elements of clinical governance include:
A. openness.
B. shared accountability.
C. leadership.
D. joint decision-making.
Answer: A
Rationale: As defined by the United Kingdom's Department of Health (DH), clinical governance includes clinical effectiveness; education and training; research and development; clinical audit; openness; risk management; and information management. Although leadership is not stated as a core element of clinical governance, leadership occurs at all levels of the health service structure. As such, the principles of shared accountability and joint decision-making should be addressed at each level.

3. Which action best demonstrates the nurse practitioner's support for clinical governance?
A. Assuming joint responsibility for successful patient outcomes.
B. Emphasizing the importance of autonomy during patient care.
C. Adhering to computer algorithms to make practice decisions.
D. Eliminating role boundaries between specialty practitioners.
Answer: A
Rationale: Essentially, clinical governance represents joint responsibility and accountability for clinical success. Thus, professional self-regulation and practitioner judgments should not be replaced by clinical governance because these are critical components of health care and promote high-quality clinical care. Among healthcare professional disciplines, an inherent ambition to establish distinctive delineations of their specialism can create obstacles for a unified or shared accountability among multidisciplinary teams. While collaboration among healthcare professionals may require some degree of flexibility with role boundaries, accountability becomes obscured where role boundaries are blurred.

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4. The midwife designs a plan for ensuring accountability related to clinical governance. Which activity does the midwife include when addressing the domain of structural accountability?
A. Annual reports.
B. Care delivery procedures based on national guidelines.
C. Financial resourcing.
D. Dissemination of findings related to clinical audits.
Answer: C
Rationale: Structural accountability includes financial resourcing. Program accountability includes development of annual reports, and the coordination and dissemination of findings from clinical audits conducted within particular areas of care and service provision. Process accountability includes implementing care delivery procedures that are based on appropriate, nationally stipulated guidelines and policies.

5. A healthcare organization implements strategies for ensuring accountability. Which strategy aligns with the domain of program accountability?
A. An employee education allowance for attending continuing education conferences.
B. A quality improvement program aimed at increasing adherence to hand hygiene protocols.
C. A collaborative effort to implement the clinical governance agenda and principles.
D. An education session that centers on employment standards and guidelines.
Answer: B
Rationale: Program accountability is the mechanism of quality improvement relating to specific activities. Structural accountability includes collaborative implementation of the clinical governance agenda and principles. In addition, structural accountability ensures that the practitioners gain adequate familiarity with employment standards, policies, procedures, and guidelines. Structural accountability also includes making appropriate provisions for the necessary education and training of employees, as well as providing opportunities for continuing professional development.

6. The advanced nurse practitioner (ANP) is developing an evidence-based practice (EBP) initiative to promote smoking cessation among pregnant patients. From which source of information does the ANP obtain the best available evidence?
A. Current personal preferences of the target population.
B. Systematic reviews.
C. Practice endorsement by an authorized professional body.
D. Expert opinion.
Answer: B
Rationale: Findings from systematic reviews provide insight into the best available evidence and serve as the basis for EBP. In the current practice climate, substantive evidence also may include expert opinion; endorsement of practice by an authorized professional body; and organization and committee reports. The circumstances, requirements, and personal preferences of patients or identified groups of care and service users may also constitute acceptable forms of evidence if indisputably substantiated.

7. The nurse leader aims to develop a policy that is reflective of the United States National Quality Strategy (NQS) priorities. Which recommendation does the nurse propose?
A. Maintaining private reporting schemes.

B. Eliminating value-based insurance models.
C. Incorporating rapid-cycle learning.
D. Increasing the focus on specialty care.
Answer: C
Rationale: Policies and infrastructure that support the NQS priorities include promoting innovation and rapid-cycle learning. Priorities of the NQS also include public reporting schemes, value-based insurance models, and increasing the focus on primary care.

8. The midwife delivers a presentation about core elements of clinical governance in the healthcare setting. Which example does the nurse midwife use to illustrate the core element of risk management?
A. Development of patient socioeconomic profiles.
B. Collection of patient demographic information.
C. Incident reporting systems.
D. Storage of clinical data.
Answer: C
Rationale: The core element of risk management includes the system of reporting faults, specific incidents, and slip-ups in procedures. The core element of information management includes the standard data compiled about the general population, communities, and specific groups in terms of demographic and socioeconomic profiles. Information management also includes the collection, handling, storage, and use of all clinical information.

9. Which information must be included in a Patient Group Directive (PGD)?
A. A nurse's endorsement.
B. A formal prescription.
C. A patient record number.
D. A pharmacist's signature.
Answer: D
Rationale: Current stipulations for PGDs require the signature of registered authorized practitioners—in particular, a physician or pharmacist—and they must be endorsed by the appropriate authorizing body stated in the PGD guidelines. A named registered practitioner who is functioning under the regulations of a professional body may supply and/or administer a specific medicine to individuals of identified patient groups. Thus, a formal prescription for a particular patient may not be required.

10. Which objective represents the primary purpose for standardizing guidelines, and procedures for sexual and reproductive health (SRH) treatment?
A. Decreasing the transmission of contagious diseases.
B. Preventing the recurrence of sexually-transmitted health alterations.
C. Promoting adherence to recommended screening guidelines.
D. Ensuring incorporation of best available evidence in patient treatments.
Answer: D
The key rationale for standardizing the principles, guidelines, and procedures for treatment is to ensure that the treatments provided for specific sexually transmitted infections (STIs) are based on best available evidence. In addition, standardization allows for accomplishing control and prevention of spread and recurrence of specific infections among members of the community.

The interactions between sexual health physicians, other practitioners, and the patients help encourage uptake of available sexual health services, including screening.

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