

31. What medication do the authors report is frequently indicated in the management of irAEs?
- antihistamines
  - steroids
  - narcotics
32. According to the AE-grading criteria developed by the National Cancer Institute, a rash covering 10% – 30% of the body surface area is considered
- Grade 2.
  - Grade 3.
  - Grade 4.

### RESEARCH TEST QUESTIONS

#### The Relationship Between Mindfulness, Triage Accuracy, and Patient Satisfaction in the Emergency Department: A Moderation-Mediation Model (pp.644-660)

- Collective mindfulness can be identified through 5 team processes, including
  - eagerness to simplify.
  - resistance to operations that prevent automated processes.
  - preoccupation with failure.
- Nurses with high, as compared with low, trait mindfulness tend to be
  - open to operating in habitual or ritual modes despite prior expertise.
  - open to new information.
  - less sensitive to the environment.
- In the study described in this article, patient satisfaction was assessed with which subscale of the Consumer Emergency Care Satisfaction Scale?
  - Environment
  - Caring
  - Teaching
- Results of this study revealed a positive correlation between trait mindfulness and
  - triage accuracy.
  - gender.
  - ED tenure.

- Triage accuracy had a positive correlation with
  - gender.
  - patient satisfaction.
  - tenure as an RN.
- Another positive correlation was discovered between collective mindfulness and
  - ED tenure.
  - ED workload environment.
  - patient satisfaction.
- The highest triage accuracy in this study was obtained for high-trait-mindfulness nurses under a(n)
  - moderate ED workload environment.
  - high ED workload environment.
  - extreme ED workload environment.

#### Women's Experiences of Miscarriage in the Emergency Department (pp.670-676)

- Regarding the announcement of the miscarriage, the women in this study reported that they did not receive adequate information on
  - the cause of the miscarriage.
  - the chances that the pregnancy was still viable.
  - the gestational age of the fetus.
- The lack of information about the time required to diagnose a miscarriage included a lack of information about the
  - time when ultrasound would be available.
  - turnaround time for test results.
  - time until discharge from the emergency department.
- During the course of the miscarriage, one quarter of the participants said that they did not receive adequate information on the
  - time to treatment by the ED provider.
  - "next step" in the ED process.
  - treatment options.
- The majority of women who took medication and who expelled the fetus/embryo at home reported that they felt unprepared for the
  - risk of uterine rupture.
  - medication side effects.
  - pain.

- 12.** During the course of the miscarriage, one third of participants said that health care providers should have explained
- A.** what to do with the embryo or fetus.
  - B.** how to mitigate their risk of another miscarriage.
  - C.** when to follow up with their family physician.
- 13.** Two thirds of participants complained of not being given information about
- A.** the father's experience of miscarriage.
  - B.** resources available to them after miscarriage.
  - C.** the likelihood of having another miscarriage.

**Nursing Research Priorities in the Pediatric Emergency Care Applied Research Network (PECARN): Reaching Consensus Through the Delphi Method (pp.614-621)**

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- 14.** The most important clinical priority identified in this study was
- A.** mental/behavioral health/psych care.
  - B.** asthma care home management.
  - C.** sepsis care.
- 15.** Which workforce priority did nurses in this study rank as the most important?
- A.** ratio and patient outcomes
  - B.** staffing/scheduling
  - C.** nursing satisfaction and retention
- 16.** Research on nursing outcomes related to staffing and nurse schedules included
- A.** work-life balance.
  - B.** continuing education.
  - C.** financial compensation.
- 17.** The nurses in this study recommended research on patient outcomes related to
- A.** direct bedding practices.
  - B.** staffing/scheduling.
  - C.** nursing protocols.
- 18.** The priority, "development of nurse protocols," included
- A.** care of specific diseases.
  - B.** use of the electronic health record.
  - C.** functions in a trauma arrest.

- 19.** Research priorities related to discharge education involved the effect of the education on
- A.** patient satisfaction.
  - B.** cultural acceptance.
  - C.** readmission rates.
- 20.** In the realm of triage practices, the authors note that there continues to be a need for a standardized education and standardized implementation of
- A.** a "quick care" unit.
  - B.** the Emergency Severity Index.
  - C.** a team triage approach.

**If You Could Change 1 Thing to Improve the Quality of Emergency Care for Deliberate Self-harm Patients, What Would It Be? A National Survey of Nursing Leadership (pp.661-669)**

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- 21.** The category that received the highest endorsement in the study described in this article was
- A.** greater number of or access to inpatient psychiatric beds.
  - B.** designated or separate space for psychiatric evaluations and treatment.
  - C.** greater access to mental health care and staff for the patient while in the emergency department.
- 22.** Another major theme identified in the survey was to
- A.** have more or faster access to community-based resources.
  - B.** improve the process of medical clearance.
  - C.** standardize suicide-risk assessments.
- 23.** Of the respondents seeking greater access to mental health care, approximately 15% thought this should come in the form of additional training, policies, or resources to better prepare which group to be able to provide mental health care for deliberate self-harm (DSH) patients?
- A.** ED staff
  - B.** emergency medical technicians and paramedics
  - C.** law enforcement personnel
- 24.** Almost 25% of respondents across all themes made mention of
- A.** long wait times.
  - B.** high ED volume.
  - C.** staffing shortages.

25. What did Woo et al. (2007) note that improves assessments and access to mental health care for patients?
- dedicated ED social workers
  - private treatment areas for patients with DSH
  - dedicated psychiatric emergency service units
26. In California the Alameda model expeditiously transfers psychiatric patients from local emergency departments to a regional psychiatric emergency hospital, resulting in a reduction in boarding time for patients awaiting psychiatric care of at least
- 60%.
  - 70%.
  - 80%.
27. The evidence-based training program, ED-SAFE, has resulted in a total of how many fewer suicide attempts in the year after implementation?
- 20%
  - 30%
  - 40%

#### **Shift-Based Emotional Stress Reactions in Emergency Nurses After Traumatizing Events (pp.634-643)**

28. Which of the following is included in the primary appraisal category of *Challenge*, in the Emotional Stress Reaction Questionnaire (ESRQ)?
- Concerned
  - Pleased
  - Energetic
29. Based on participant responses in the "other" category, what additional traumatizing event category was added to the final data analysis in the study described in this article?
- leadership effect on nursing staff
  - technology issues
  - nurse burnout
30. Results from this study revealed a negative correlation between the change in ESRQ scores and the
- area worked during the shift.
  - years of nursing experience.
  - total number of traumatizing events.
31. Compared to shifts with no traumatizing events, shifts with at least 1 traumatizing event were associated with an average total increase of negative emotional stress that was
- 1.9 times greater.
  - 2.4 times greater.
  - 3.6 times greater.

32. What traumatizing event was associated with the greatest negative change on the ESRQ positive-balance emotion scores?
- inability to deliver good quality of care
  - patient death
  - medical resuscitation bay activations
33. The highest percentage with  $\geq 1$  event recorded per shift was recorded for which traumatic category?
- suicidal patients
  - staffing issues
  - systems-based issues
34. Which of the following had a nonsignificant impact on ESRQ scores?
- aggressive patients requiring intervention
  - breakdown in teamwork
  - patients requiring intensive care unit admission
35. Although "concerns for domestic violence or sexual assault" did not have a significant association with negative stress, what did have this association?
- concerns for aggressive family or friends of patients
  - concerns for child or elder abuse
  - concerns for suicidal patients

#### **Human Trafficking Victim Identification, Assessment, and Intervention Strategies in South Texas Emergency Departments (pp.622-633)**

36. About what percentage of emergency departments in this study screened adults to identify human-trafficking victims?
- 41%
  - 97%
  - 80%
37. As noted in the article, the highest human-trafficked areas in the United States include
- Texas.
  - Michigan.
  - Washington, D.C.
38. Most trafficking in North America is
- to obtain organs for donation.
  - sex trafficking.
  - labor exploitation.

39. About what percentage of trafficking victims in North America are male?  
A. 15%  
B. 25%  
C. 35%
40. Which statement is true regarding identifying human trafficking victims?  
A. Victims often self-identify.  
B. Many service providers are unaware of the human-trafficking problem.  
C. Victims will always be eager to leave their trafficker.
41. The most frequent method of screening adults for human trafficking reported by emergency departments in this study was asking  
A. questions regarding the patient's feelings of safety.  
B. about whether the patient is a victim of human trafficking.  
C. if the patient is being forced to do anything against his/her will.
42. In this study, the providers or staff who performed the most screening for human trafficking in the emergency departments in South Texas were  
A. physicians.  
B. sexual assault nurse examiners (SANEs).  
C. RNs.
43. In this study, if adults were screened for human trafficking, the most likely time or place for the screening to be done was  
A. during triage.  
B. after the patient was placed in a room.  
C. during the provider evaluation.
44. What percentage of emergency departments in this study did not screen children to identify human-trafficking victims?  
A. 27%  
B. 42%  
C. 63%
45. If a trafficking victim was identified, the action performed most often by the emergency departments in this study was  
A. consulting chaplain services.  
B. reporting to police.  
C. referring to a battered women's shelter.
46. A misconception reported in this study was that trafficked children would  
A. have occult injuries.  
B. be accompanied by older men.  
C. be calm.
47. The authors note that the failure to identify human-trafficking victims may be attributed to a lack of provider and staff education as well as  
A. staffing and workload issues.  
B. the belief that "it happens in other places but it doesn't happen here."  
C. failure to use tools specifically designed to identify human-trafficking victims.
- Are Emergency Departments in the United States Following Recommendations by the Emergency Severity Index to Promote Quality Triage and Reliability? (pp.677-684)**
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48. When considering triage nurse qualifications, what percentage of emergency departments in this study had *structure* (a policy) that defined qualifications of the triage nurse?  
A. 68%  
B. 74%  
C. 89%
49. What percentage of emergency departments in this study had *structure* for triage system training?  
A. 42.9%  
B. 54.5%  
C. 67.2%
50. Of the emergency departments that monitored triage decision accuracy, the majority  
A. performed monitoring on a quarterly basis.  
B. scheduled monitoring that occurred monthly.  
C. monitored on an as-needed basis.
51. Overall, what percentage of emergency departments in this study monitored triage decision accuracy consistently?  
A. 30%  
B. 50%  
C. 70%

52. The estimated odds of emergency departments following the Emergency Severity Index (ESI) recommendation of triage system training were a total of nearly how many times higher among emergency departments with policies for triage system training relative to emergency departments without triage system training policies?
- 3 times higher
  - 5 times higher
  - 8 times higher
53. When evaluating variables that could have potentially influenced the relationship between *structure* and *process*, the authors reported that
- trauma center designation influenced the relationship.
  - the annual volume of patients influenced the relationship.
  - none of the 3 variables identified significantly influenced the relationship.
54. What percentage of participants in this study indicated that all of the absolute ESI recommended *structures* and *processes* were used in their emergency departments?
- 16.2%
  - 37.9%
  - 52.1%
55. Nearly half of the emergency departments in this study reported emergency nurses were qualified to work in the triage nurse role if they had
- < 1 year ED experience.
  - 2 years ED experience.
  - > 2 years ED experience.
56. To maintain the reliability and validity of a triage system, the ESI recommends triage accuracy, quality monitoring and
- triage nurse rotation.
  - consistent education.
  - appropriate staffing ratios.
2. Compared to the mean length of stay (LOS) for ESI level 4 patients pre-ESI of 1 hour and 31 minutes, the mean LOS for ESI level 4 patients post-ESI was
- 51 minutes.
  - 1 hour and 6 minutes.
  - 1 hour and 13 minutes.
3. ESI level 4 patients in the post-ESI group reported a significantly higher (mean) satisfaction score of 68.39 compared to a pre-ESI mean satisfaction score of
- 54.11.
  - 58.32.
  - 64.33.
4. The researchers found a significant negative relationship between waiting time and
- staff satisfaction.
  - patient satisfaction.
  - triage accuracy.
5. Results from this study demonstrated an inverse correlation between patient satisfaction and
- the percent of patients who left without being seen.
  - patient complaints.
  - LOS.
6. Compared to almost perfect agreement between nurses' triage levels and expert judgments post-ESI, agreement pre-ESI was
- "slight."
  - "moderate."
  - "high (i.e., 89%)."
7. Overall the waiting time from registration to triage for all patients in this study was reduced by
- 6%.
  - 14%.
  - 22%.
8. Why do the researchers believe the ESI level 5 patients' waiting time from triage to seeing the physician increased by 18.4% post-ESI compared to pre-ESI?
- The volume of ESI level 5 patients was greater in the post-ESI period.
  - Several staff terminated their employment at the facility post-ESI.
  - These patients were seen last as opposed to being seen on a first-come-first-served basis.

### PRACTICE IMPROVEMENT TEST QUESTIONS

#### Effectiveness of Implementing Emergency Severity Index Triage System in a Selected Primary Health Care Center in Oman: A Quasi-Experimental Study (pp.717-718, 717.e1-717.e11)

1. For patients in ESI level 4 in the study described in this article, compared to the mean time from registration to seeing the physician of 53 minutes pre-ESI, that data point post-ESI was a mean of
- 41 minutes.
  - 50 minutes.
  - 58 minutes.