

***Role Development for the Nurse Practitioner 3rd
edition DeNisco Test Bank***

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Multiple Choice

1. The United States Preventative Services Task Force Grade D means:

- A) Offer or provide service
- B) Offer or provide service only if other considerations support offering or providing the service in an individual patient
- C) Discourage the use of this service
- D) If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Ans: C

Rationale: a. Grade A

b. Grade B

c. Grade D

d. Grade I

2. The nurse practitioner (NP) wants to know if shared medical appointments are more effective than individual medical appointments for managing diabetes. What is the highest level of evidence the NP should look for?

- A) Systematic review with or without meta-analysis of single randomized control trials
- B) Single randomized control trial
- C) Systematic review with or without meta-analysis of mixed experimental study designs (RCT or quasi-experimental)
- D) Nonrandomized control trial or systematic review of mixed experimental and nonexperimental study designs

Ans: A

Rationale: This is an intervention question so the highest level of evidence should be sought which is Systematic review with or without meta-analysis of single randomized control trials, followed by Single randomized control trial, Systematic review with or without meta-analysis of mixed experimental study designs (RCT or quasi-experimental) and Nonrandomized control trial or systematic review of mixed experimental and nonexperimental study designs

3. Which of the following sources of evidence would a nurse practitioner consider first when selecting a glucose lower agent for patient with an A1c > 8%?

- A) An evidence-based clinical practice guideline for glucose lowering pharmacological agents
- B) The traditional practice in the primary care clinic
- C) The NP's knowledge of glucose lower agents
- D) The preferences of the patient and the patient's family

Ans: A

Rationale: The NP should first consider evidence-based clinical practice guidelines are systematically developed recommendations for specific clinical circumstances. Practice should not be based on tradition. The NPs knowledge of glucose lower agents is part of clinician's

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expertise but would not be the first thing to consider because treatments can change. Patient preferences should be included after the NP explains the best available treatment options

4. All of these are Evidence-Based Practice Models except:

- A) Oxford Centre for Evidence-Based Medicine
- B) Advancing Research and Clinical Practice through Close Collaboration Model
- C) Promoting Action on Research Implementation in Health Services Framework
- D) Iowa Model of Evidence-Based Practice to Promote Quality Care

Ans: A

Rationale: B, C, D are all EBP models. The Oxford Centre for EBM develops, teaches, promotes and disseminates better evidence for health care

5. The SHARE Approach includes the following EXCEPT:

- A) Seeking the patient's participation.
- B) Helping the patient explore treatment options.
- C) Assessing the patient's values and preferences
- D) Clinician making the decision when the patient cannot.

Ans: D

Rationale: Answers A, B, C are all a part of SHARE Approach. Family not the clinician should be brought in to make the decision when the patient cannot.