

# Arizona State University (ASU) NUR356 Nursing Concepts: Fundamentals and Adult Health Exam 1 Practice (Sample)

Study Guide



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## Questions

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1. What characterizes therapeutic communication techniques?
  - A. Formal and impersonal dialogue
  - B. Informal exchanges without purpose
  - C. Intentional and purposeful interactions
  - D. One-sided conversations focused on the nurse
2. What intervention can help in educating patients about complex medical procedures?
  - A. Written instructions alone
  - B. Role-playing scenarios
  - C. Interactive demonstrations
  - D. Single-channel audio recordings
3. What does the Code of Ethics for Nurses emphasize?
  - A. Focus on financial profitability
  - B. Professional obligations in nursing
  - C. Technology integration in healthcare
  - D. Substantial academic achievements only
4. Which strategies can facilitate a safe transition of care during a patient transfer? (Select all that apply.)
  - A. Collaboration between staff members from different departments.
  - B. Requiring the patient to visit the new facility beforehand.
  - C. Using a standardized transfer policy and tool.
  - D. Relying on family members to share information.
5. Which domains are required for a patient to learn how to perform a breast self-exam?
  - A. Affective domain
  - B. Sensory domain
  - C. Cognitive domain
  - D. Psychomotor domain

6. How does stress generally impact a patient's health?
  - A. It leads to improved immune response
  - B. It can exacerbate existing conditions
  - C. It decreases risk of chronic diseases
  - D. It enhances emotional well-being
7. What type of reasoning is involved when a nurse correlates patient symptoms with possible medical explanations?
  - A. Deductive reasoning
  - B. Inductive reasoning
  - C. Critical thinking
  - D. Pragmatic reasoning
8. What should a nurse ensure when faxing patient information to an acute rehabilitation center?
  - A. Use a cover sheet to identify the information
  - B. Confirm the fax number is accurate
  - C. Send the fax without any encryption
  - D. Transmit without checking the recipient's identity
9. What is accountability in nursing?
  - A. Understanding and knowing the patient
  - B. Responsibility for the quality of care provided
  - C. Providing education about health
  - D. Maintaining a positive self-talk
10. A nurse must evaluate the effectiveness of a new treatment approach after two days. What is the best method for assessing this?
  - A. Conducting patient interviews regularly
  - B. Reviewing the patient's ongoing symptoms
  - C. Consulting with interdisciplinary teams
  - D. Following predefined treatment protocols

## Answers

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1. C
2. C
3. B
4. A
5. C
6. B
7. B
8. B
9. B
10. B

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## Explanations

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## 1. What characterizes therapeutic communication techniques?

- A. Formal and impersonal dialogue
- B. Informal exchanges without purpose
- C. Intentional and purposeful interactions
- D. One-sided conversations focused on the nurse

Therapeutic communication techniques are characterized by intentional and purposeful interactions aimed at promoting the emotional and psychological well-being of the patient. This involves actively listening to the patient, being mindful of non-verbal cues, and engaging in dialogue that fosters trust and understanding. The interactions are guided by the nurse's desire to support the patient in expressing their feelings, concerns, and needs, leading to effective problem-solving and improved patient outcomes. The intention behind therapeutic communication is to build a rapport and create an environment where the patient feels safe to share personal information, which can be crucial in their care. This approach contrasts with casual or informal exchanges that lack specific goals or structure, as well as conversations that are predominantly one-sided or focus solely on the nurse's perspectives.

## 2. What intervention can help in educating patients about complex medical procedures?

- A. Written instructions alone
- B. Role-playing scenarios
- C. Interactive demonstrations
- D. Single-channel audio recordings

The ability to effectively educate patients about complex medical procedures often hinges on utilizing various interactive methods that engage their understanding and retention of information. Interactive demonstrations stand out as an effective intervention because they allow for hands-on participation, enabling patients to visualize and practice the procedures in a controlled environment. This experiential learning enhances comprehension and helps demystify complex concepts, making them more accessible. By engaging in interactive demonstrations, patients can ask questions in real-time and receive immediate feedback, which aids in clarifying any uncertainties they may have. This method also fosters a more memorable learning experience compared to passive learning methods, such as written instructions or audio recordings, which may fail to capture the patient's attention or provide adequate context for understanding intricate procedures. Role-playing scenarios can also be beneficial, but they might lack the structured guidance that interactive demonstrations provide in a clinical context. Ultimately, promoting active participation through interactive demonstrations optimizes the learning experience, allowing patients to feel more confident and informed regarding their medical procedures.

### 3. What does the Code of Ethics for Nurses emphasize?

- A. Focus on financial profitability
- B. Professional obligations in nursing
- C. Technology integration in healthcare
- D. Substantial academic achievements only

The Code of Ethics for Nurses emphasizes professional obligations in nursing because it serves as a guiding framework for nurses to practice ethically. It articulates the values, duties, and ethical principles that guide nursing practice, ensuring that nurses prioritize patient care, advocate for all individuals, and engage in respectful and compassionate treatment. This code helps nurses navigate complex ethical situations and supports them in fulfilling their responsibilities to patients, families, and the broader community. The other options, while relevant in some contexts, do not capture the core essence of the Code of Ethics. Financial profitability, while important in the healthcare industry, is not a focus of ethical nursing practice. Additionally, technology integration, though increasingly important in modern healthcare, is not a primary ethical concern of nursing. Likewise, while academic achievements are valuable in a nurse's career, the Code of Ethics is more concerned with professional conduct and the moral responsibilities of nurses rather than purely academic credentials.

### 4. Which strategies can facilitate a safe transition of care during a patient transfer? (Select all that apply.)

- A. Collaboration between staff members from different departments.
- B. Requiring the patient to visit the new facility beforehand.
- C. Using a standardized transfer policy and tool.
- D. Relying on family members to share information.

Collaboration between staff members from different departments is essential for ensuring a safe transition of care during patient transfers. This strategy creates a cohesive communication framework that facilitates sharing critical patient information, such as medical history, ongoing treatments, and specific care requirements. When healthcare professionals from various departments work together effectively, they can better coordinate the transfer process, anticipate challenges, and respond to the patient's needs effectively, ultimately enhancing the safety and quality of care during transitions. Using a standardized transfer policy and tool is also a key component in ensuring safety during patient transfers. Standardization helps to reduce variability in the transfer process, minimizes the risk of errors, and ensures that all necessary information is communicated consistently. This might include important patient data, medication lists, and instructions for follow-up care, which are crucial for maintaining continuity of care. Visiting the new facility beforehand may not be a necessary or practical strategy for all patients, especially those with acute conditions or limited mobility. Requiring such a visit could also add unnecessary stress to the patient and delay the transfer process. Relying on family members to share patient information underscores the importance of family involvement in care, but it can be problematic. While family members can provide additional insights, they might not always have complete or accurate medical information.

5. Which domains are required for a patient to learn how to perform a breast self-exam?

- A. Affective domain
- B. Sensory domain
- C. Cognitive domain
- D. Psychomotor domain

The correct choice is based on the essential understanding required for a patient to effectively learn how to perform a breast self-exam. The cognitive domain encompasses the mental processes of gaining knowledge and the ability to comprehend information. In this context, a patient must understand the anatomy of the breast, the purpose of the self-exam, the steps involved in performing it correctly, and the importance of detecting any changes or abnormalities. This knowledge is pivotal to ensure that the patient feels confident in carrying out the breast self-exam accurately and regularly. While skills such as touch and sensation might be involved in performing the exam, the foundation lies in the cognitive domain, where understanding of the procedure and its significance is built. This understanding is crucial for motivating the individual to perform the exam consistently. Thus, a strong grasp of the cognitive components empowers the patient to take ownership of their health and fosters proactive health behaviors.

6. How does stress generally impact a patient's health?

- A. It leads to improved immune response
- B. It can exacerbate existing conditions
- C. It decreases risk of chronic diseases
- D. It enhances emotional well-being

Stress has a significant impact on a patient's health, and one of the primary ways it does so is by exacerbating existing conditions. When a person is under stress, the body goes through various physiological changes, including the release of stress hormones like cortisol and adrenaline. These changes can increase inflammation, disrupt normal bodily functions, and weaken the immune response, making the body more susceptible to illness and worsening symptoms of chronic conditions such as hypertension, diabetes, and asthma. For instance, stress can contribute to cardiovascular problems by increasing blood pressure and heart rate, thereby straining the heart and blood vessels. In patients with chronic pain disorders, stress can increase pain perception and lead to more severe and frequent flare-ups. By understanding this dynamic, healthcare providers can work with patients to develop coping strategies and stress management techniques to help mitigate these negative impacts on their health.

7. What type of reasoning is involved when a nurse correlates patient symptoms with possible medical explanations?

- A. Deductive reasoning
- B. Inductive reasoning
- C. Critical thinking
- D. Pragmatic reasoning

Inductive reasoning is the type of reasoning that involves making generalizations based on specific observations or evidence. In the context of nursing, when a nurse correlates patient symptoms with possible medical explanations, they analyze specific clinical indicators or patient presentations and use those observations to formulate a broader conclusion about a potential diagnosis or underlying condition. This approach allows nurses to build hypotheses about a patient's health status by integrating various symptoms and experiences, drawing connections based on patterns observed in clinical practice. This results in a more informed assessment and decision-making process, as the nurse considers multiple variables and evidence before arriving at a conclusion. Inductive reasoning is crucial for developing an understanding of complex patient situations where the interplay of signs and symptoms can lead to various possible medical explanations.

8. What should a nurse ensure when faxing patient information to an acute rehabilitation center?

- A. Use a cover sheet to identify the information
- B. Confirm the fax number is accurate
- C. Send the fax without any encryption
- D. Transmit without checking the recipient's identity

When faxing patient information to an acute rehabilitation center, ensuring that the fax number is accurate is crucial for maintaining patient confidentiality and complying with healthcare regulations. By confirming the fax number, the nurse helps to prevent sensitive patient information from being sent to the wrong recipient, which could lead to privacy violations, potential legal repercussions, and a breach of confidentiality obligations under HIPAA guidelines. The process of verifying the recipient's fax number is an essential part of safeguarding protected health information (PHI). It reflects a commitment to responsible communication practices within healthcare settings, ensuring that patient data remains secure and confidential.

## 9. What is accountability in nursing?

- A. Understanding and knowing the patient
- B. Responsibility for the quality of care provided
- C. Providing education about health
- D. Maintaining a positive self-talk

Accountability in nursing fundamentally refers to the responsibility that nurses have for the quality of care they provide to their patients. It involves recognizing that nurses are answerable for their actions, clinical decisions, and the outcomes of the care they deliver. This responsibility encompasses adhering to established standards of practice, ensuring patient safety, and advocating for the needs and well-being of patients. Being accountable means that nurses must not only practice competently but also be able to justify their actions and decisions based on evidence-based practice. While understanding the patient, providing education, and maintaining positive self-talk are important aspects of nursing practice, they do not fully encapsulate the concept of accountability. Accountability is a broader principle that underpins the entire profession, emphasizing the ethical and professional obligation nurses have towards their patients and their practice. It fosters trust and integrity in the nurse-patient relationship and ensures a commitment to continuous improvement in care quality.

## 10. A nurse must evaluate the effectiveness of a new treatment approach after two days. What is the best method for assessing this?

- A. Conducting patient interviews regularly
- B. Reviewing the patient's ongoing symptoms
- C. Consulting with interdisciplinary teams
- D. Following predefined treatment protocols

Assessing the effectiveness of a new treatment approach after two days requires directly evaluating the patient's ongoing symptoms. This method provides immediate and relevant insights into how the patient is responding to the treatment, allowing the nurse to determine if there are improvements, persistency, or worsening of symptoms. Monitoring ongoing symptoms is essential for understanding the real impact of the treatment on the patient's health condition. While conducting patient interviews regularly is a valuable tool for gathering qualitative data, it may not provide the objective measures needed to assess treatment efficacy as effectively as tracking symptoms does. Consulting with interdisciplinary teams can offer additional perspectives and recommendations, but it does not directly evaluate the patient's response to the specific treatment. Following predefined treatment protocols ensures structure in care delivery, but it doesn't address immediate patient outcomes that indicate how well the treatment is working. Thus, focusing on the patient's ongoing symptoms is the most direct and practical approach to evaluate the new treatment's effectiveness within a short timeframe.