

Preparation Guide for the Professional Examination

of the Ordre des infirmières et infirmiers du Québec

6th edition



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Note — The feminine is used solely to simplify the text and refers to all genders.

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INTRODUCTION

The professional examination of the Ordre des infirmières et infirmiers du Québec (OIIQ) is designed to ensure the entry of qualified nurses into the profession. It is part of the OIIQ's vision to shape the future of nursing and ensure that every person in Quebec receives professional, safe and quality care.

Successfully completing the professional examination is the final step in obtaining a permit to practice nursing in Quebec for all graduates from a training program recognized as giving access to the permit, whether the training was given in colleges or universities in Quebec or elsewhere.¹

For Quebec graduates, sitting the exam can be a challenge. However, preparing for the exam is part of a continuum and is related to their training. Internationally educated nurses (IENs) face a double challenge: preparing for an exam that assesses practice standards in an unfamiliar practice setting and sitting an exam with an unfamiliar format. This is compounded, for some, by language difficulties.

Since 2003,² the Ordre des infirmières et des infirmiers du Québec (OIIQ) has published a *Preparation Guide for the Professional Examination* to help graduates from Quebec and elsewhere to successfully complete this final step. The Guide, which is very easy to use, is more than just a collection of situations and questions. Candidates can use the Guide to familiarize themselves with the format, content, procedure and organizational aspects of the professional examination. Users can also learn effective strategies, review some of the knowledge that will be assessed in the exam and expand their knowledge by studying the rationales and references provided.

This new edition of the *Preparation Guide for the Professional Examination* contains 12 clinical situations developed by the professional examination development committees as well as information about the exam.

The Guide is subdivided into three chapters. **Chapter 1** provides general information about the exam format, content and process as well as information of a practical nature. **Chapter 2** suggests different strategies for preparing for the exam. **Chapter 3** presents clinical situations followed by multiple choice questions like those in the professional exam. Each question comes with an example of the reasoning used to determine the right answer. The reasons why the other options are incorrect are also provided.

1. Except for nurses concerned by the Québec-France Agreement for the Mutual Recognition of Professional Qualifications who completed their training in France and have successfully completed the integration program.
2. The first edition of the Guide was produced with the financial support of the Ministère des Relations avec les citoyens et de l'Immigration

At the beginning of Chapter 3, instructions are given to help candidates work through the exercises. In this chapter, candidates will be able to test their ability to apply their knowledge and skills in the different clinical situations presented.

This chapter will also allow candidates to familiarize themselves with the tool used in the professional examination to assess competence. While the situations in the Guide do not cover the entire field of nursing practice, they are based on clinical situations commonly encountered in nursing practice and are similar to those candidates will find in the professional examination. It should be noted that these are examples only and that each exam has a different set of clinical situations that cover a wider variety of problems than is presented in the Guide.

It is with great pride and enthusiasm that the OIIQ awaits the entry of new nurses into the profession so that together we can shape the future of nursing for the health of all Quebecers!



FAMILIARIZE YOURSELF
WITH THE EXAMINATION

CHAPTER **1**

EXAM CONTENT

The professional examination is designed to assess the candidate's aptitude to practice nursing based on a variety of clinical situations representative of nursing practice. It assesses the candidate's integration of the knowledge, skills, attitudes and judgement that are required to make clinical decisions and intervene appropriately in clinical situations similar to those nurses are likely to encounter when they first start to practice.

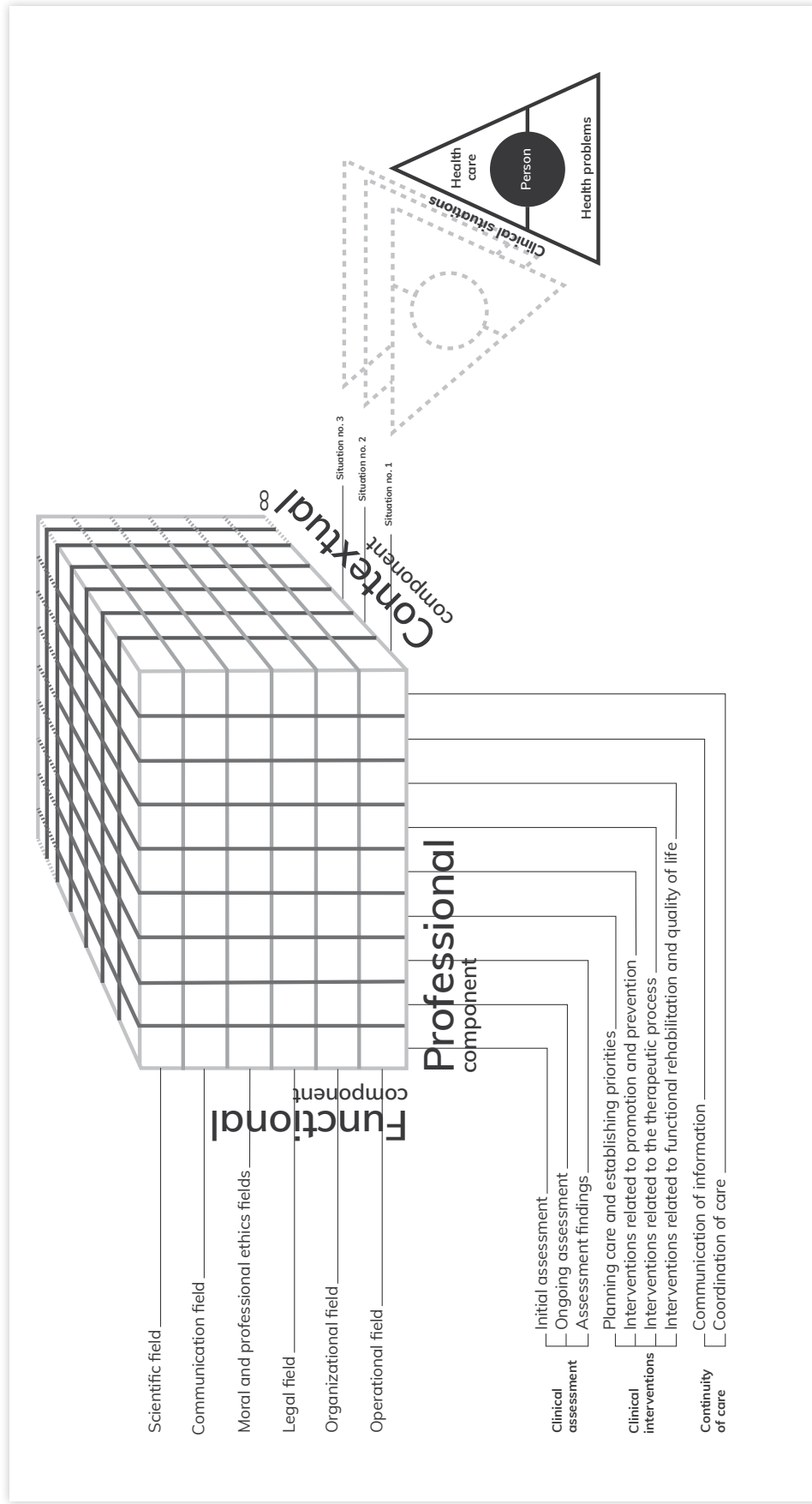
The exam consists of 30 to 40 different clinical situations, comprising a total of 115 to 125 multiple choice questions. There are two to five questions associated to each clinical situation. Each clinical situation includes an initial scenario or context that describes the person's age, gender and the clinical setting (e.g., surgical unit) as well as their specific health situation. This scenario must be taken into consideration throughout the clinical situation to answer the questions. It is followed by supplementary scenarios with additional information about the initial clinical situation. These supplementary scenarios will be in easily identifiable boxes and will provide the information needed to answer the questions that follow.

The questions are used to assess the nursing candidate's ability to carry out a clinical assessment, intervene, ensure continuity of care, which includes determining and adjusting the therapeutic nursing plan (TNP), and justify her clinical decisions in diverse situations. The questions for a single clinical situation may relate to one or more nursing activities.

The model on the next page represents the nurse's professional competence with respect to three components. The questions in the exam are always based on the context described in the initial scenario and in the complementary scenarios that are followed by a number of questions (contextual component). The diverse clinical situations and the associated exam questions relate to nine professional dimensions (professional component) and involve the application of different types of knowledge, skills and attitudes (functional component) that the nurse must possess and apply to the specific clinical situation while considering the profession's and the individual's values and beliefs.

MOSAIC

OF NURSES' CLINICAL COMPETENCIES



Source: OIIQ, 2009.





CONTEXTUAL COMPONENT (CLINICAL SITUATION)

Each clinical situation concerns a person (family and friends) and includes their characteristics (age, lifestyle, stage of life, etc.) and environment (physical, sociocultural, etc.), who is experiencing a situation that may be related to a pathology, a diagnostic test or a medical or surgical treatment or that may involve risks (fall, pressure sore, suicide, etc.). These elements determine the context in which the nurse must intervene.

The selection of clinical situations evaluated in the professional examination is influenced by:

- the various fields of practice, including general care in medicine and surgery, geriatric medicine, perinatal care, pediatrics, and mental health and psychiatry;
- the major health problems encountered in Quebec (e.g., cardiovascular disease, diabetes, cancer, neurocognitive disorders, mental health problems, respiratory diseases);
- the most common diagnostic tests and medical or surgical treatments (e.g., angiography, abdominal surgery, orthopedic surgery, parenteral nutrition);
- situations that involve risks (e.g., fall, pressure sore and ulcer, violence, suicide, restraints);
- public health problems and issues (e.g., vaccination, breast cancer, alcoholism).

PROFESSIONAL COMPONENT

In each clinical situation, the nurse must perform a number of activities, some of which are fundamental in terms of aptitude to practice. The different nursing activities assessed in the professional examination relate to nine professional dimensions grouped into three categories. These dimensions define the content of the activities assessed in the professional examination: the candidate's ability to assess the situation, intervene and ensure continuity of care. Depending on the situation, the questions in the exam relate to one or more professional dimensions. A description of each dimension is provided in the following table.



PROFESSIONAL DIMENSIONS		
Clinical assessment	Initial assessment	Activities to establish a profile of the person's health situation by analyzing and interpreting relevant basic information collected by various means (health history, physical examination, standardized assessment tools, diagnostic tests, etc.). The profile concerns the person's health situation or focuses on a particular aspect, for example when a new problem arises during the period of care or follow-up.
	Ongoing assessment	Activities to provide clinical monitoring and assess the person's outcomes, including the analysis and interpretation of information collected for this purpose. It consists in making connections between information from the initial assessment and information from subsequent assessments.
	Assessment findings	Statement of the judgement made by the nurse during the initial assessment or ongoing assessment.
Clinical interventions	Planning care and establishing priorities	Establishing care and clinical follow-up priorities based on the assessment and determining an intervention plan in collaboration with the person, his significant others and other professionals involved, depending on the situation.
	Interventions related to health promotion and prevention	<u>Health promotion</u> : activities performed to help the person maintain or improve his health, well-being and quality of life. <u>Prevention of disease, accidents, social problems and suicide</u> : activities performed to reduce the person's health risks and help him identify potential problems or adapt to existing health problems.
	Interventions related to the therapeutic process	Care activities intended to help the person cope with reactions to the illness or diagnosis, support him in maintaining or restoring his health or help him die with dignity.



PROFESSIONAL DIMENSIONS		
Clinical interventions (cont.)	Interventions related to functional rehabilitation and quality of life	<p><u>Functional rehabilitation</u>: activities to help the person regain, as quickly as possible, the functions he has lost following a physical or mental illness, an accident or a drug dependency problem.</p> <p><u>Quality of life</u>: activities that use the person's resources and environment to help him find meaning in his health situation.</p>
	Communication of information	Activities to communicate relevant information in order to ensure continuity of care at shift changes, breaks and mealtimes, or when the person is transferred to another unit or health care facility, or when another health care professional is consulted. This includes entering the TNP and progress notes supporting the decisions therein in the record.
Continuity of care	Coordination of care	Coordination activities to ensure the safety, continuity and quality of care provided to the persons. These activities include assigning care activities to the different members of the nursing team that are within the scope of their practice or activities provided for in the description of their tasks.

Source: OIIQ, 2009, pp. 18–24.

While the proportion of points the exam allocates to each of these professional dimensions may vary, around 30% to 45% of points are awarded for clinical assessment, 50% to 60% for clinical interventions, and 5% to 10% for continuity of care.



Thus, in the exam, the questions relate to nursing activities, which are performed to:

Assess the person's clinical situation

- assess the person's mental and physical condition;
- complete an assessment by identifying additional information to be collected;
- determine the elements to monitor;
- assess whether the desired treatment outcome has been achieved;
- identify a problem or complication (assessment finding);
- etc.

Intervene in a clinical situation

- plan and prioritize the care activities required in the situation;
- determine the treatment plan for a pressure sore or ulcer;
- provide teaching to the person or their family;
- provide care and treatment;
- apply a method of care or a treatment;
- provide a therapeutic presence;
- intervene to manage pain;
- intervene in an emergency situation;
- support the person in the functional rehabilitation process;
- establish priorities among different activities to be carried out with a group of people;
- etc.

Ensure continuity of care

- correctly document how the person's condition is evolving and the care provided;
- enter the decisions concerning the clinical follow-up in the TNP;
- provide relevant information during a consultation or a transfer;
- assign care activities to the different members of the nursing team;
- etc.

FUNCTIONAL COMPONENT

The body of knowledge required for a nurse to practice her profession and deal with clinical situations relates to various fields: scientific, communication, moral and professional ethics, legal, organizational and operational. It encompasses both theoretical knowledge and the attitudes and skills required to practice nursing. The exam does not directly assess theoretical knowledge, but how the candidate uses it to make decisions and intervene in each clinical situation. The following table provides a definition of each field of knowledge.



FIELDS OF KNOWLEDGE	
Scientific knowledge	Knowledge that allows the nurse to analyze and interpret the clinical situation and intervene appropriately. It includes knowledge of anatomy, physiology, pharmacology, psychology, sociology, diagnostic tests and nursing care.
Communication knowledge	Knowledge that allows the nurse to communicate, teach, establish a therapeutic relationship, give advice and help the person take charge of his or her health.
Moral and professional ethics knowledge	<u>Moral ethics</u> : knowledge derived from the integration of values and concerned with the outcome of care. It allows the nurse to support a decision made in the person's best interest when negative consequences are anticipated.
	<u>Professional ethics</u> : knowledge of the duties and obligations that guide the nurse's professional conduct toward the person, the public and the profession.
Legal knowledge	Knowledge of the laws and regulations that govern the nursing profession and determine the legal authority of the different professionals and health care providers.
Organizational knowledge	Knowledge that allows the nurse to organize her activities in order to provide optimal care in a perspective of continuity of care, in collaboration with the nursing team and the multidisciplinary team, and taking the organization of health care services into account.
Operational knowledge	Knowledge that supports practice, in particular with respect to methods of care, the use of clinical tools such as clinical assessment instruments, and the documentation of care (progress notes, therapeutic nursing plan, nursing care and treatment plan, etc.).

Source: OIIQ, 2009, pp. 12–17.



PRACTICAL INFORMATION

The professional examination, which is held on a single day, is divided into two separate booklets. There is a break between the two booklets. All candidates in the province take the exam at the same time. You will be told the exact location, date and time when you are notified about the exam.

The examination consists entirely of multiple choice questions. Candidates must use the answer sheets they receive with the question booklets, marking an X in the box(es) corresponding to their answer.

Here is a sample answer sheet:

Selon votre réponse, vous devez faire un X dans la (les) case(s) correspondante(s). Depending on your answer, you must make an X in the corresponding box(es).															
A B C D				A B C D				A B C D							
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

AFTER THE EXAM

When the exam is over, there are a number of steps that must occur to produce and publish the report cards. While the wait time may seem long, it is necessary to ensure the correction process is rigorous, consistent and fair for candidates.

Correction

First, the grids are scanned (two sheets per candidate). The answer sheets are scanned using an optical scanner.

All situations in the examination are worth the same number of points.

After this, time is required to process the data, produce the results and report cards and put them in each person's file. Each of these steps is also double checked.



Results

The results are posted online on the OIIQ's secure portal. Candidates receive their individual result with a "pass" or "fail" mark as well as their score on the exam relative to the passing score. In addition to their report card, candidates who fail the exam can view a report indicating their position relative to the group average with respect to different elements assessed in the professional examination. To find out more about this report, consult [Feedback on the professional examination | OIIQ](#).

Candidates may also view a group qualitative feedback on the main difficulties encountered in the exam by candidates across the province. All educational institutions and nursing departments have access to the group qualitative feedback.

Retaking the exam

A professional examination candidate is allowed three attempts. If she fails the first time, she may retake the exam twice. Candidates can find out about the procedure for retaking the exam from the Office of the Admissions and Registrar.

Reference

Ordre des infirmières et infirmiers du Québec. (2009). *Mosaic of nurses' clinical competencies: Initial competencies* (2nd ed.). Montreal, Quebec: OIIQ.



HOW TO PREPARE
FOR THE EXAMINATION

CHAPTER **2**

USE EFFECTIVE METHODS

A candidate's command of the knowledge and skills required to practice is not the only factor involved in passing the professional examination. Candidates can use the *Preparation Guide for the Professional Examination* to familiarize themselves with the format and content of the OIIQ's examination.

Consolidating your knowledge, improving your judgement and managing exam stress will increase your chances of success. Planning a study timetable to prepare for the professional examination will allow you to structure activities realistically and make adjustments if necessary. Lastly, knowing practical strategies for answering the questions in the exam is another plus.

Preparing for the professional examination means using effective methods to ensure you succeed. The following methods may be suitable for some candidates, while others will use different strategies that work well for them.

REINFORCE YOUR KNOWLEDGE

In the professional examination, the candidate must process information and activate her knowledge so that she uses it appropriately in the clinical situation. The exam is designed to evaluate the integration of knowledge through its use in a clinical situation. The candidate can use concrete methods, such as those she has successfully used during her nursing training, to do a thorough and effective revision of what she has learned; for example, she might prepare a study plan, set goals or use study methods that suit her professional learning style.

Examples of study methods

Method: Prepare ... compare

To develop a better understanding of the differences between clinical situations that involve similar pathologies, the candidate can compare them methodically by preparing a table. The example on the next page relates to diabetes.



EXAMPLE OF A COMPARISON			
DIABETES	TYPE 1	TYPE 2	GESTATIONAL
Definition Risk factors Precipitating factors Anatomy and physiopathology Possible complications Short term Long term			
Clinical manifestations, signs of deterioration of the condition			
Diagnostic tests and exams, including preparation and follow-up			
Medical and other treatments Health experience Nursing Assessment Intervention Continuity			

Method: Prepare ... ask yourself questions

For a more thorough preparation, the candidate could add contextual elements such as the person's age to define different clinical situations and use the mosaic of nurses' clinical competencies as a memory aid. The three components of the mosaic are described in the previous chapter.

The purpose of these two study methods is to activate knowledge so that the candidate is able to assess, intervene or ensure continuity of care in different clinical contexts. In this way, she demonstrates that she has integrated her knowledge, allowing her to:

- assess the person's clinical situation;
- explore the precipitating factors;
- recognize the health problem by identifying specific manifestations;
- detect complications;
- determine or adjust a TNP;
- give the necessary teaching;
- explain treatments and diagnostic tests;
- provide appropriate follow-up;
- etc.

**Scientific field**

- What is the physiopathology of type 1 diabetes?
- What are the pharmacokinetics of insulin?
- What are the normal results for:
 - blood glucose?
 - glycated hemoglobin? ...

Communication field

- Which communication, therapeutic relationship or teaching principles should be used with an adolescent?
- How can a relationship of trust be developed with an adolescent who has a chronic illness? ...

Legal field

- What information can the parents be given, considering the adolescent's age? ...

Moral and professional ethics field

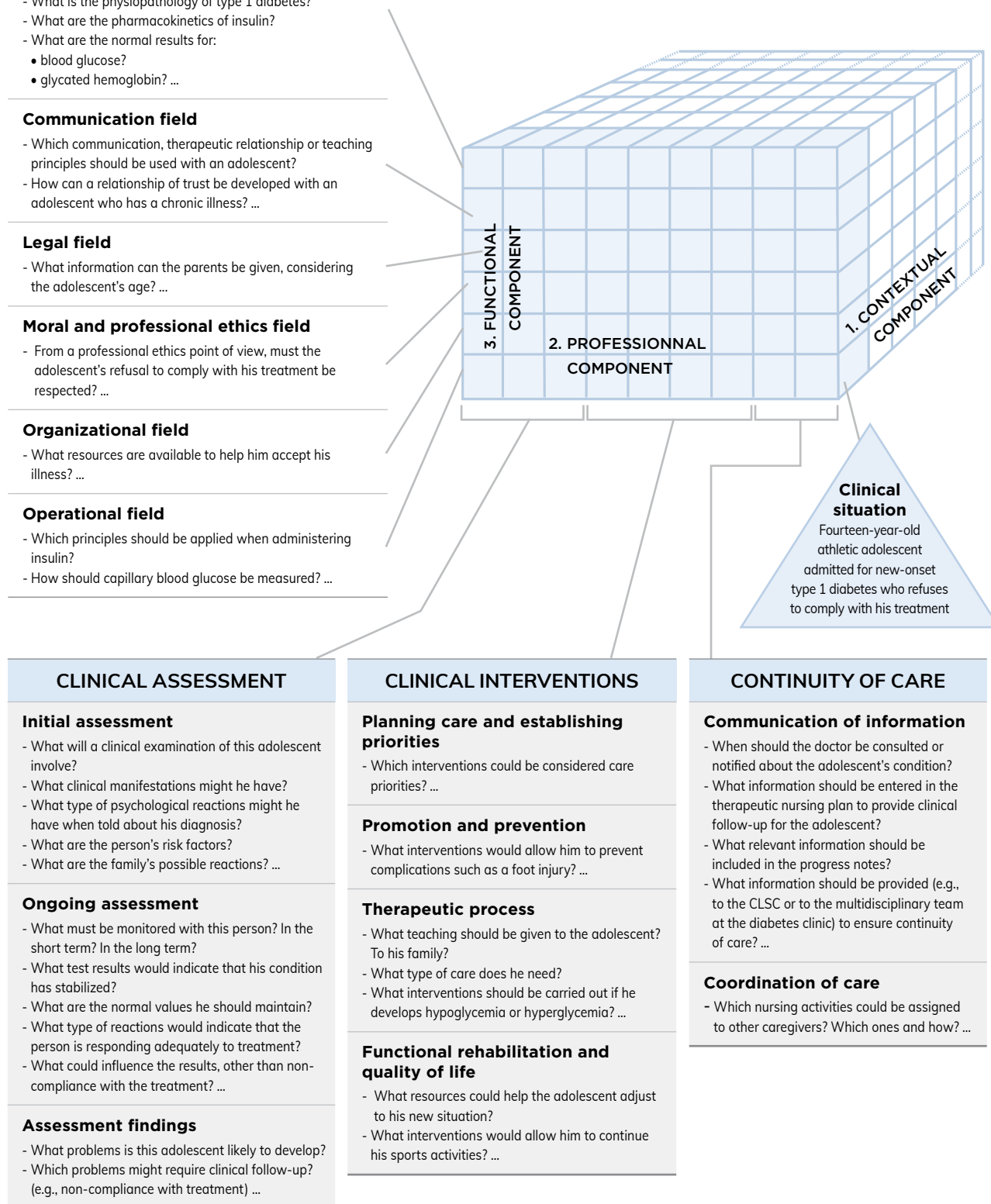
- From a professional ethics point of view, must the adolescent's refusal to comply with his treatment be respected? ...

Organizational field

- What resources are available to help him accept his illness? ...

Operational field

- Which principles should be applied when administering insulin?
- How should capillary blood glucose be measured? ...

EXAMPLE OF QUESTIONS TO ASK BASED ON THE MOSAIC

Consulting colleagues and learning from more experienced nurses by asking about the reasoning behind a particular clinical decision not only helps to reinforce knowledge but also to develop clinical judgement. Sharing experience helps develop nurses' individual and collective competence.

Other methods, such as making concept maps, can also be useful when preparing for the professional examination. Depending on how candidates prefer to work, they can use these different study methods on their own or in a group.

KNOW STRATEGIES FOR ANSWERING THE QUESTIONS

One way a candidate can increase her chances of succeeding in the exam is to use her judgement to improve her ability to analyze clinical situations. For example, she can practice identifying key information so that her answer is based on the particular context presented in the scenario rather than giving a theoretical or general answer applicable to any situation. To improve their skills in reading the situations, it is suggested that candidates identify the main idea, determine the objective of a question or situation, pick out key words and consider the appropriateness of a decision in a given situation (Meltzer and Palau, 1993).

Identify key information in the clinical situation

First, it is important to remember that, for each clinical situation, the scenario describing the context is followed by one or more questions. Complementary scenarios with additional information about the situation may follow. This information must be taken into consideration when answering the questions that come after these complementary scenarios, just like the relevant information in the initial scenario.

To give a specific answer to a question, the information in the initial scenario must be considered. For example, the decision to administer an anxiolytic or to carry out another type of intervention for a person who has insomnia must be based on an analysis of the situation. In the postoperative period, a person would benefit from an anxiolytic, whereas a person who is delirious may simply need to be reassured in an unfamiliar environment or taken to the washroom. In short, every clinical decision in an answer must be adapted to and based on an analysis of the person's specific situation.

Even if the candidate is not familiar with the clinical context, this should not prevent her from answering. For example, if she does not have any experience with a situation of cataract removal in day surgery, she can nonetheless carry out an assessment of the person based on the knowledge and skills she has acquired in pre- and postoperative care and her knowledge of eye pathologies.

The box on the next page provides examples of key information to look for when reading and analyzing a clinical situation.



Examples of key information in a clinical situation

- **The person's age** can affect how the signs and symptoms of a health problem are interpreted. For example, an infection in an older adult can start with delirium, while the signs and symptoms that are usually associated with an infectious process may appear later;
- **The timing or time of events** can be determining factors when assessing a person's clinical condition and, consequently, when determining what intervention must be carried out. If it is related to a clinical condition or treatment, it may indicate that an intervention is necessary. For example, a uterine fundus at 1/0 would be abnormal in a woman 72 hours postpartum, but normal 3 hours postpartum;
- **The health history**, for example liver failure, must be considered when monitoring the clinical condition of a person who is receiving opioids.
- **The context**, such as the care setting – hospital centre or residential and long-term care centre (CHSLD) –, must be considered in relation to the professional and technical resources available.
- **Lifestyle habits** such as smoking, physical inactivity and alcohol or drug use also affect a person's situation.
- A person's **network** or isolation may determine what interventions will be carried out when it is a matter of making recommendations.

Identify the objective of the question in order to write a better answer

After reading the scenario that describes the person's specific situation, the candidate identifies the objective of the question. Then she must consider the various possible answers and classify them according to their relevance and order of priority. After this, the candidate examines the answer options and identifies the correct answer based on her analysis and interpretation of the key clinical information in the situation.

The key information in the person's situation and the question will guide the candidate's choice of answer. Therefore, it is important to pay attention to these elements. The table below presents different types of questions, their objective and the type of answers expected.

Examples of questions and expected answers

QUESTIONS	ANSWERS AND ADDITIONAL INFORMATION
What other information should you collect to complete your assessment of ... ? Choose ONE answer. Objective: complete the data collection.	The answer must include the most relevant information that must be collected as a priority based on the person's specific clinical condition. The assessment that was already started in the scenario must be completed.



QUESTIONS	ANSWERS AND ADDITIONAL INFORMATION
<p>What type of monitoring should you put in place for ... in order to detect a complication? Choose ONE answer.</p> <p>What will you monitor in ... 's case in order to detect a complication? Choose ONE answer.</p> <p>Objective: provide clinical monitoring.</p>	<p>The answer must include the type of monitoring that must be put in place as a priority based on the person's specific clinical condition. It may involve carrying out an assessment activity, such as abdominal auscultation, or looking for clinical information, such as the development of crackles.</p> <p>Assessment activities can be physical examinations, observation of behaviour, the analysis of test results, etc.</p> <p>Key clinical information to monitor can be an abnormality or a deterioration in the person's clinical condition.</p>
<p>What will you look for to assess the effectiveness of the interventions carried out for ... ? Choose ONE answer.</p> <p>Objective: assess outcomes.</p>	<p>The answer must identify the positive changes expected after carrying out interventions for a person and based on his clinical condition.</p>
<p>What is your assessment finding? Choose ONE answer.</p> <p>What hypothesis could explain ... 's condition? Choose ONE answer.</p> <p>What do you suspect? Choose ONE answer.</p> <p>Objective: determine an assessment finding (actual or potential problem).</p>	<p>The answer must reflect the most probable conclusion following an analysis of the clinical situation.</p> <p>The analysis must take the clinical context, evolution of the clinical condition, risk factors and effectiveness of the medications and treatments into account.</p>
<p>What will you do? Choose ONE answer.</p> <p>Objective: determine the care priorities.</p>	<p>The answer must indicate the priority of care, taking the urgency of the situation and the organization of care into account, in particular whether or not the candidate must carry out the interventions on her own.</p>
<p>Will you agree to do as ... asks? Choose ONE answer.</p> <p>Will you administer the medication to ... ? Choose ONE answer.</p> <p>Objective: support a clinical decision.</p>	<p>The answer must indicate the clinical decision as well as the clinical, scientific, ethical or legal considerations it is based on.</p>



QUESTIONS	ANSWERS AND ADDITIONAL INFORMATION
<p>What priority problem will you enter in ...'s TNP? Choose ONE answer.</p> <p>What directive will you enter in ... 's TNP? Choose ONE answer.</p> <p>Objective: determine the TNP.</p>	<p>The answer must include the actual or potential problem based on the person's specific clinical situation (as opposed to a routine follow-up).</p> <p>The answer must include a directive that allows specific indications to be given as to the intervention to be carried out based on the person's clinical condition.</p> <p>This directive is the conclusion of the clinical analysis.</p>
<p>What information will you give the doctor? Choose ONE answer.</p> <p>Objective: give the relevant information to the doctor.</p>	<p>The answer must include the priority and essential information that indicates significant changes in the person's clinical condition.</p>
<p>Which care activities will you assign to the nursing assistant? Choose ONE answer.</p> <p>Objective: coordinate care.</p>	<p>The answer must indicate the activities that, based on the person's condition, can be assigned to the nursing assistant or another member of the health care team (depending on their scope of practice).</p> <p>Even in the case of an activity that is usually assigned to another member of the health care team, the clinical condition may require it to be reserved for the nurse.</p>
<p>Which medication(s) will you administer?</p> <p>Use your clinical judgement to determine the number of answers.</p> <p>What flow rate will you set the antibiotic to? Choose ONE answer.</p> <p>Objective: clinical intervention.</p>	<p>The answer must reflect all the medications to be administered based on the person's clinical condition. The candidate must determine if one or more medications are required.</p> <p>The answer chosen must be the exact rate at which the antibiotic is to be administered.</p> <p>Medications are generally entered in the medication administration record. The decision as to whether or not to administer medications depends on the clinical condition, the time mentioned in the clinical situation as well as the appropriate use of collective prescriptions when they are mentioned in the clinical situation.</p>

APPLY PRACTICAL TIPS

Being familiar with the examination requirements can also help you get good results. Some practical tips you can apply to provide better answers to the questions are given below.

The clinical situation

Read the scenarios carefully to get an overall picture of the person's situation and identify key information:

- Pay attention to contextual elements, the person's characteristics (age and health history) as well as subjective and objective information that could have an impact on the situation.
- Consider only the information provided and do not extrapolate.
- As the situation evolves, do not forget the information provided in previous scenarios.

The questions

- Consider each question separately.
- Keep to the question asked and do not extrapolate.
- Pay attention to terms such as "priority" or "additional information".
- Do not confuse terms such as "sign and symptom", "intervention", "care priority" and "follow-up priority":
 - a sign is objective data (e.g. oedema or an observed behaviour, clinical data obtained using a sphygmomanometer or cardiac monitor);
 - a symptom is subjective data that cannot be observed directly and is generally reported by the person (e.g. pain, nausea);
 - an intervention is an action that is carried out to improve, maintain or restore a condition or to prevent a deterioration, an accident;
 - a care priority is an essential intervention that must be carried out in a situation;
 - a follow-up priority is a problem or need that requires clinical follow-up and must be entered in the TNP.



The answers

- Always choose the right answer out of those that are possible in a given situation.
- Of the answers that are possible in the situation, answer in order of priority.
- Do not extrapolate, i.e., choose answers that draw conclusions from information that is not provided in the situation.
- Do not spend too much time on each question. If you cannot remember something, put an asterisk next to the question and go back to it at the end of the exam.
- The first answer that comes to mind is probably the right answer.
- Writing an answer you're unsure of is better than not answering at all.
- Make sure to provide the required number of answers if specified (e.g. Choose **ONE** answer, Choose **TWO** answers). If you check more boxes on the answer sheet than required or expected, you'll get zero marks for that question.
- Re-read any answers you were not sure about before you hand in your exam: change your answers if necessary, making sure you erase your previous answer completely.

MANAGE YOUR EXAM STRESS

Using effective methods to manage your stress by creating a realistic study plan will increase your chances of succeeding in the exam.

Use effective stress management methods

Effective stress management methods usually suit a person's tastes, interests and availability. For example, doing physical exercise every day or at least three times a week to stimulate the release of endorphins, using relaxation techniques and practicing mental imagery and yoga have been shown to alleviate stress. Knowing that you have thoroughly revised the material will also help you feel that the situation is under control. Instead of looking at the summit of the mountain you have to climb, why not try to climb it one step at a time?

CREATE A REALISTIC STUDY PLAN

A realistic study plan will allow three months to prepare for the exam (Bensing, 1999).

Two to three months before the exam

Now is the time to familiarize yourself with the format of the exam, identify your difficulties and needs, set short- and long-term goals, collect the documentation you need to study, and consult the information available on the OIIQ's website. Creating a study plan and working out which days and how many hours you will spend studying will make the activity increasingly real. Lastly, deciding where you will study is another step in making the exam real.

Four to six weeks before the exam

By now you should have finished revising your course notes and books. This is a good time to study in a group and compare your ideas with other people's. It is also a good time to test your knowledge and your ability to apply it in various clinical situations. You will find the *Preparation Guide for the Professional Examination* increasingly useful at this stage. Discussions with colleagues about the different clinical situations encountered during your practical training or in practice as a nursing candidate will also help improve your clinical approach.

One week before the exam

The week before the exam should be a time for relaxation. You should allow at least two days to rest before the exam to improve your concentration.



On the day of the exam

Having a good meal before the exam, drinking water and scheduling adequate travel time to the exam venue will help you feel positive about the exam. Arriving a few minutes early to familiarize yourself with the venue will reduce your level of anxiety. However, arriving too early can increase your fatigue and anxiety, as you will have too much time to go over different concepts with other candidates, who are also anxious.

References

- Bensing, K. (1999). *How to study: Preparing for the CGFNS qualifying exam and the NCLEX-RN examination*. Philadelphia, PA: Commission on Graduates of Foreign Nursing Schools.
- Meltzer, M., and Palau, S. M. (1993). *Reading and study strategies for nursing students*. Philadelphia, PA: W. B. Saunders.



HOW TO ANSWER
THE QUESTIONS
IN THE EXAMINATION

CHAPTER **3**



FOREWORD

This chapter will help candidates familiarize themselves with the professional examination. Twelve different clinical situations are presented, each followed by two or three questions that are similar to those in the exam. Each situation includes scenarios and questions with answer options, along with rationales supporting the expected answer, enabling candidates to understand why the other options are refused. Note that most questions on the professional examination have three answer options, but some have four. A non-exhaustive list of references is provided at the end of the chapter. It refers candidates to French or English documents that were consulted to write the rationales.

The scenarios contain the information needed to analyze the situation and answer the questions. Each question in the exam relates to a clinical nursing activity, as described in the mosaic of nurses' clinical competencies (see Chapter 2). Recognizing what this activity is will help the candidate to analyze the clinical situation, identify the objective of the question and draw a conclusion from the analysis based on the context.

In the exam, the candidate's interventions must reflect what she would do and the decisions she would make in her clinical practice as a nurse. The expected answer must always take into account the context described in the initial and complementary scenarios. Sometimes, reading all the answer options might help candidates draw on the nursing knowledge that needs to be mobilized to answer the question.

In this chapter, the answers are based on the scientific literature available at the time of publication.

The clinical situation – an example

The following clinical situation outlines the steps that candidates can follow to answer the questions in the professional examination. A clinical situation that is like those in the exam is presented followed by questions about the situation. Please read the situation and answer the questions as if you were in the exam.

You might find the following strategies helpful:

The scenario

- Identify any information in the clinical situation that is important and critical.
Highlight it in the text in the scenario.
- Consider why this information is important or critical.

The question

Analyze the question:

- circle the key words in the question;
- indicate the significance of each key word identified;
- identify the objective of the question or the nursing activity the question relates to;
- interpret the important and critical clinical information in the situation while taking into account the objective of the question that you have identified.

The answer

- Formulate the best possible answer before you read the answer options.
- Read the answer options.
- Choose the best answer based on the conclusion drawn from your analysis.
- If your conclusion is not among the answers, reread the scenario to ensure you have taken all important and critical information into account, then reread the question and consider its objective.

CONTEXT

Ms. Gascon, 48 years old, was admitted for cellulitis in her left forearm. Her medical record indicates a history of type 2 diabetes, hypertension and dyslipidemia. Her body mass index (BMI) is 25 kg/m² and she is not a smoker.

Since she was admitted, Ms. Gascon has been having episodes of hyperglycemia when she wakes up in the morning. The physician changed her medical order for insulin yesterday:

- Humulin® R insulin at meals and ½ dose at bedtime, as per scale;
- Humulin® N insulin 16 units at breakfast and Humulin® N insulin 12 units at supper.

Ms. Gascon eats a piece of cheese and two crackers at 21:00.

The next day, at 05:00, you observe that Ms. Gascon is trembling and that her skin is clammy. She tells you that she is having palpitations. You check her blood glucose with a glucometer: 3.0 mmol/L. Ms. Gascon drinks 175 mL of orange juice.

Fifteen minutes later, Ms. Gascon's blood glucose is 3.6 mmol/L. She says to you: "Can you get me a cracker with peanut butter? That's what I take to get my blood sugar level back to normal when I'm at home."

QUESTION 1

Will you agree to do as she asks? Choose **ONE** answer.

- A) Yes, because the carbohydrates raised her blood glucose and relieved her symptoms.
- B) Yes, because eating protein will prolong the effect of the carbohydrates.
- C) No, because this type of snack would slow down the absorption of carbohydrates.
- D) No, because her blood glucose is still below 4.0 mmol/L.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Identify the objective of the question.

Will you agree to do as she asks?

OBJECTIVE OF THE QUESTION:

Analyze and interpret the important and critical clinical information in the situation.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation
of the information



Answer chosen based on the conclusion drawn from the analysis and
interpretation of the information and the objective of the question





Ms. Gascon's clinical condition has stabilized and you are talking with a nursing intern who is paired with you. She is wondering why Ms. Gascon had an episode of hypoglycemia this morning.

QUESTION 2

What is the most likely cause of Ms. Gascon's hypoglycemia? Choose **ONE** answer.

- A) The Humulin® R insulin she was given at supper.
- B) The Humulin® R insulin she was given at bedtime.
- C) The Humulin® N insulin she was given at breakfast.
- D) The Humulin® N insulin she was given at supper.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

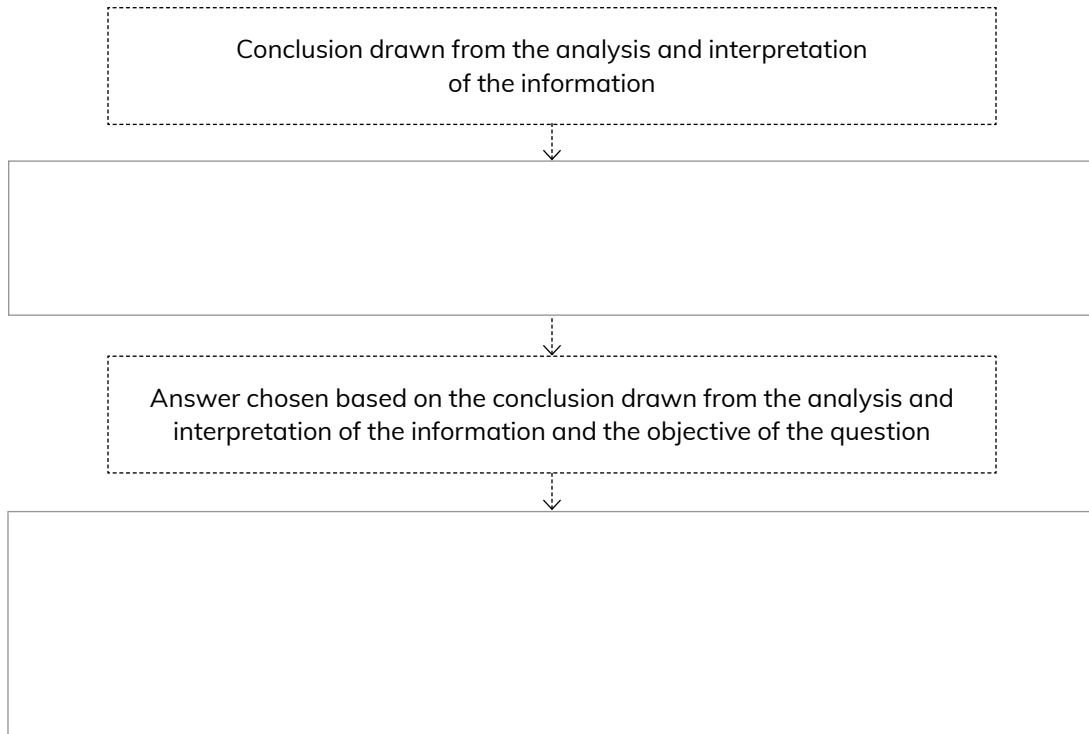
Identify the objective of the question.

What is the most likely cause of Ms. Gascon's hypoglycemia?

OBJECTIVE OF THE QUESTION:

Analyze and interpret the important and critical clinical information in the situation.

Determine which answer is the most appropriate in the clinical situation.



SOLUTION TO THE EXERCISE

Ms. Gascon, 48 years old, was admitted for cellulitis in her left forearm. Her medical record indicates a past history of type 2 diabetes, hypertension and dyslipidemia. Her body mass index (BMI) is 25 kg/m² and she is not a smoker.

Since she was admitted, Ms. Gascon has been having episodes of hyperglycemia when she wakes up in the morning. The physician changed her medical order for insulin yesterday:

- Humulin® R insulin at meals and ½ dose at bedtime, as per scale;
- Humulin® N insulin 16 units at breakfast and Humulin® N insulin 12 units at supper.

Ms. Gascon eats a piece of cheese and two crackers at 21:00.

The next day, at 05:00, you observe that Ms. Gascon is trembling and that her skin is clammy. She tells you that she is having palpitations. You check her blood glucose with a glucometer: 3.0 mmol/L. Ms. Gascon drinks 175 mL of orange juice.

Fifteen minutes later, Ms. Gascon's blood glucose is 3.6 mmol/L. She says to you: "Can you get me a cracker with peanut butter? That's what I take to get my blood sugar level back to normal when I'm at home."

QUESTION 1

Identify the objective of the question.

Will you agree to do as she asks?

OBJECTIVE OF THE QUESTION: Make a clinical decision to determine the treatment required for the person's condition.

Analyze and interpret the important and critical clinical information in the situation.

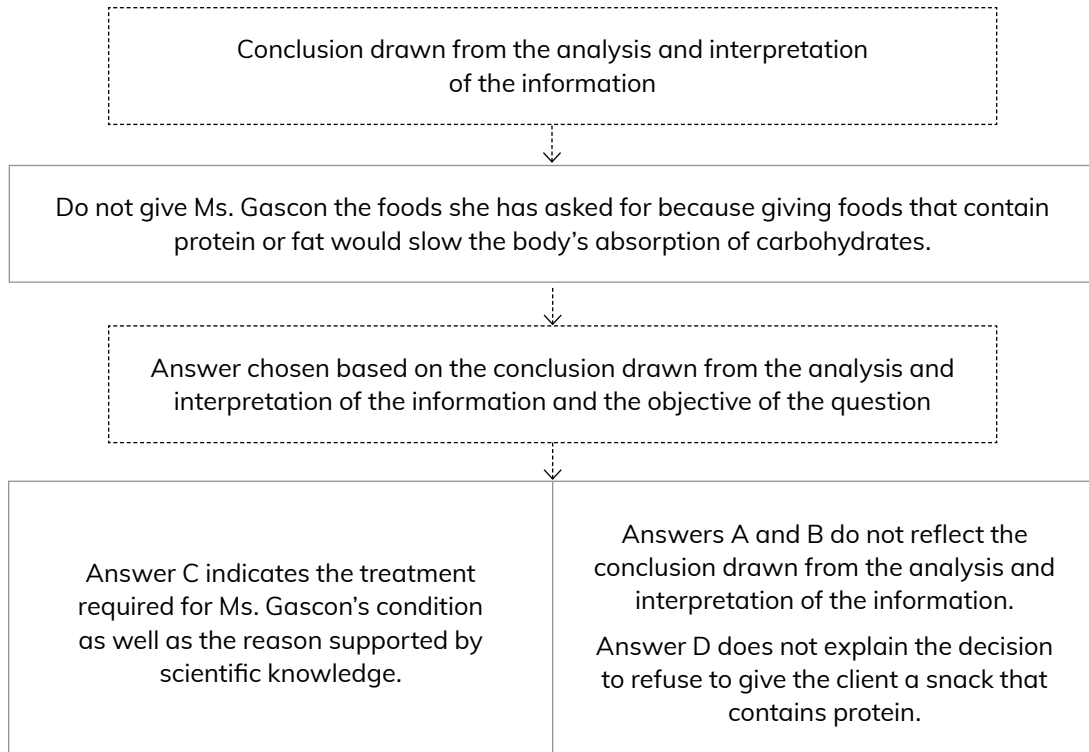
The medical order for Ms. Gascon's insulin administration was changed yesterday. Today, at 05:00, she presents with clinical manifestations of hypoglycemia and her blood glucose is 3.0 mmol/L. After taking 15 g of simple carbohydrates, Ms. Gascon's blood glucose is 3.6 mmol/L. Ms. Gascon would like to eat a snack that contains protein.

In cases of mild to moderate hypoglycemia, administering 15 g of simple carbohydrates raises blood glucose quickly, i.e., in 15 to 20 minutes. If the person's blood glucose is still below 4 mmol/L 15 minutes after being given a first serving of 15 g of simple carbohydrates, another 15 g of simple carbohydrates must be given. Giving foods that contain protein or fat would slow the body's absorption of carbohydrates.

The answer must indicate the clinical decision made in response to Ms. Gascon's request and provide an explanation to support the decision. The explanation must be based on scientific considerations and provide the reason for the nurse's clinical decision in the situation.



Determine which answer is the most appropriate in the clinical situation.



Ms. Gascon's condition has stabilized and you are talking with a nursing intern who is paired with you. She is wondering why Ms. Gascon had an episode of hypoglycemia this morning.

QUESTION 2

Identify the objective of the question.

What is the most likely cause of Ms. Gascon's hypoglycemia?

OBJECTIVE OF THE QUESTION: Give appropriate information to the members of the intra-professional team.

**Analyze and interpret the important and critical clinical information in the situation.**

The medical orders for Ms. Gascon's insulin administration were changed yesterday because she had been having episodes of hyperglycemia on waking. Her orders are as follows:

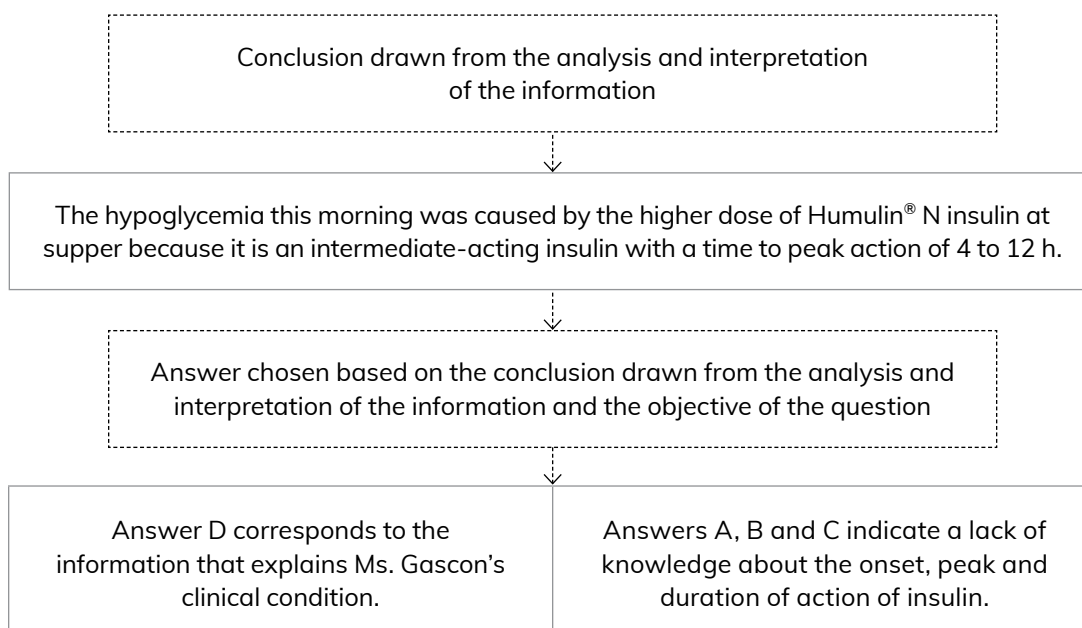
- Humulin® R insulin at meals and ½ dose at bedtime, as per scale;
- Humulin® N insulin 16 units at breakfast and Humulin® N 12 units at supper.

Today, when she wakes up at 05:00, Ms. Gascon presents with clinical manifestations of hypoglycemia and her blood glucose is 3.0 mmol/L.

Humulin® R insulin is a fast-acting insulin; its peak action occurs between 2 and 4 h after subcutaneous injection. This insulin was administered at supper and at bedtime as per the scale. It probably took effect before midnight and will not have any effect on blood glucose levels on waking.

Humulin® N insulin is an intermediate-acting insulin with a time to peak action of 4 to 12 h. It was administered at supper around 17:00. Therefore, it may have an effect on blood glucose levels on waking.

The answer must provide a reason for Ms. Gascon's episode of hypoglycemia this morning. The analysis and interpretation of the information must be supported by knowledge about the onset, peak and duration of action of the different types of insulin.

Determine which answer is the most appropriate in the clinical situation.

**To practice using these strategies, do the exercises on the following pages.
It's your turn!**

**SITUATION 1****CONTEXT**

Maïna, a 3-month-old girl, was admitted to the surgery unit yesterday following an anal fissure repair. She weighs 4.9 kg.

This morning, her vital signs are:

BP: 86/40 mmHg;

P: 110 beats/min., rhythm regular;

R: 36 breaths/min., rhythm regular, depth normal;

T: 38.6°C.

You decide to administer an antipyretic medication in accordance with the following collective prescription: acetaminophen (Tylenol®), 80 mg/mL, 15 mg/kg PO for a single dose.

QUESTION 1

What medical device will you use to prepare Maïna's medication? Choose **ONE** answer.

- A) 1 mL syringe.
- B) 1 mL dropper.
- C) 3 mL syringe.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



SITUATION 1

Identify the objective of the question.

What medical device will you use to prepare Maïna's medication?

OBJECTIVE OF THE QUESTION: Administer medication in accordance with the prescription.

Analyze and interpret the important and critical clinical information in the situation.

Maïna is 3 months old and weighs 4.9 kg. The collective prescription indicates that she can be given 15 mg/kg of acetaminophen with a concentration of 80 mg/mL.

For pediatric clients, medication must be prepared as accurately as possible. If the amount of medication to be prepared is less than 10 mL, the amount to be administered is rounded off to the nearest tenth.

To calculate the dose, the proportion between the form of the medication (here, its concentration) and the dose to be administered must be established. However, before doing this, the amount of medication to administer to a child must be determined based on the child's weight, again by establishing a proportion.

Step 1: establish the proportion that will be used to determine the amount of medication to administer to Maïna, taking the collective prescription into account (15 mg/kg):

$$\frac{15 \text{ mg}}{1 \text{ kg}} = \frac{x}{4.9 \text{ kg}}$$

By isolating x, we obtain the following equation:

$$x = \frac{15 \text{ mg} \times 4.9 \text{ kg}}{1 \text{ kg}}$$

$$x = 73.5 \text{ mg}$$

Step 2: establish the proportion that will be used to prepare the right amount of medication, taking the form of the medication into account.

$$\frac{80 \text{ mg}}{1 \text{ mL}} = \frac{73.5 \text{ mg}}{y}$$

By isolating y, we obtain the following equation:

$$y = \frac{73.5 \text{ mg} \times 1 \text{ mL}}{80 \text{ mg}}$$

$$y = 0.91875 \text{ mL}$$

If the amount of medication to be prepared is less than 1 mL, a 1 mL syringe must be used.

SITUATION 1

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



The device that must be used to administer the exact dose of acetaminophen to Maïna is the 1 mL syringe.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer A is a 1 mL syringe, which is the device that must be used to accurately administer 0.92 mL of acetaminophen to Maïna.

Answers B and C would not allow an amount of less than 1 mL of medication to be administered accurately.

You inform the physician about Maïna's condition and he postpones her discharge. Maïna's mother says that her daughter has a fever for the first time. She asks you how she should take Maïna's temperature at home.

QUESTION 2

What temperature measurement method will you recommend to Maïna's mother?
Choose **ONE** answer.

- A) Rectal method.
- B) Axillary method.
- C) Oral method.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



SITUATION 1

Identify the objective of the question.

What temperature measurement method will you recommend to Maïna's mother?

OBJECTIVE OF THE QUESTION: Teach the parents of a feverish child how to take her temperature.

Analyze and interpret the important and critical clinical information in the situation.

Maïna, a 3-month old girl, was admitted to the surgery unit following an anal fissure repair. She weighs 4.9 kg.

From birth to age two, the recommended method for taking temperature is the rectal method (1st choice) or axillary method (2nd choice). Following anal, rectal or lower intestinal surgery, procedures in the rectal region are not allowed.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information.



The temperature measurement method to recommend to Maïna's mother is the axillary method.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question.



Answer B is the temperature measurement method that must be recommended to Maïna's mother, the axillary method.

Answer A refers to the rectal method. In general this is the first choice for taking a baby's temperature. However, this method is contraindicated following rectal surgery.

Answer C refers to the oral method of taking temperature. This method is not recommended before age 5.



SITUATION 2

CONTEXT

Ms. Papin gave birth to a boy named Samuel two days ago. The following is an excerpt from Samuel's medical record:

- Prolonged premature rupture of membranes (PROM) 16 hours before delivery.
- Vaginal delivery at 39 weeks gestation.
- Maternal blood group: O+; newborn's blood group: A+.
- Presents a cephalhematoma.

The physician has diagnosed neonatal jaundice. You consult Samuel's intake output chart.

Day 0 (birth)				Day 1				Day 2			
Weight: 3200 g				Weight: 3080 g				Weight: 2970 g			
Time	Urine	Stool	Feeds	Time	Urine	Stool	Feeds	Time	Urine	Stool	Feeds
10:00	0	0	1st feed	03:15	1	0	Breastfeeding	01:30	1	0	Breastfeeding
14:00	1	0	Breastfeeding	07:30	1	0	Breastfeeding	05:30	0	1	Breastfeeding
18:15	0	0	Breastfeeding	13:00	1	0	Breastfeeding	09:30	0	0	Breastfeeding
23:00	0	0	Breastfeeding	17:00	0	0	Breastfeeding				
				21:30	1	0	Breastfeeding				
				22:30	0	Meco- nium	Breastfeeding				

You want to give Ms. Papin some feeding recommendations for Samuel.

QUESTION 3

What recommendation will you give Samuel's mother regarding her son's feeding?
Choose **ONE** answer.

- A) Increase the frequency of nursing to a minimum of 8 feeds in 24 hours.
- B) Nurse every two hours for 24 hours to promote an adequate milk supply.
- C) Supplement every feed with a commercial infant formula for 24 hours to prevent hypoglycemia.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



SITUATION 2

Identify the objective of the question.

What recommendation will you give Samuel's mother regarding her son's feeding?

OBJECTIVE OF THE QUESTION: Teach the parents of a newborn with jaundice how to feed the child.

Analyze and interpret the important and critical clinical information in the situation.

Ms. Papin's newborn has physiological jaundice. An analysis of her feeding journal shows that he has around 6 feeds in 24 hours.

A breastfed newborn should have a minimum of eight feeds a day. Fluids are particularly important when a newborn has physiological jaundice because it stimulates peristalsis, which speeds up ejection of meconium and slows free bilirubin reabsorption. Moreover, the phototherapy that is usually used to treat this condition can intensify fluid loss.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



Recommend increasing the frequency of nursing to a minimum of 8 feeds in 24 hours.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer A indicates teaching required to ensure Ms. Papin's newborn's fluid intake is adequate.

Answer B proposes a nursing frequency for 24 hours that is time based rather than based on the newborn's routine.
Answer C refers to a practice that is not recommended because it interferes with the mother's milk production.

**SITUATION 2**

In the afternoon, you consult the notes in Samuel's record taken by the nursing assistant you work with as team:

11:00: Samuel placed under phototherapy lights.

12:00: Ms. Papin rings her call bell because she would like help to put the protective eyewear back on Samuel and to put him back under the phototherapy lights after nursing him for 45 minutes. Teaching given on the eyewear.

13:00: Ms. Papin rings her call bell. Says she has been rocking Samuel for 30 minutes to comfort him. Wants to make sure the eyewear is on properly. Positioning of the eyewear checked. Samuel put back under the phototherapy lights.

14:00: You observe that Ms. Papin is sitting in the chair and that Samuel has been sleeping on her for 30 minutes. He is not wearing a hat and is wrapped in a blanket, nice and warm, in his mother's arms.

QUESTION 4

What do you do? Choose **ONE** answer.

- A) Put Samuel back under the phototherapy lights.
- B) Put Samuel in skin-to-skin contact with his mother for his well-being.
- C) Put the hat back on Samuel's head to retain his heat.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What do you do?

OBJECTIVE OF THE QUESTION: Provide the treatment required for a newborn who presents with jaundice.

Analyze and interpret the important and critical clinical information in the situation.

Ms. Papin is sitting in the chair and her newborn has been sleeping on her for around 30 minutes. Exposure time to the phototherapy lights is suboptimal.

Effective treatment of physiological jaundice requires prolonged exposure to phototherapy lights.



SITUATION 2

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



The intervention that must be carried out with this family is to ensure that Samuel gets maximum exposure to the phototherapy lights.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer A indicates the intervention that must be carried out, i.e., put Samuel back under the phototherapy lights to ensure that he gets maximum exposure to the treatment required for his clinical condition.

Answers B and C are appropriate interventions to carry out with the family to ensure everyone's well-being. However, they do not take the priority intervention in the situation into account.

**SITUATION 2**

The next day, Ms. Papin is discharged from hospital by her obstetrician. She tells you that she feels discouraged because Samuel's pediatrician just told her that her son must continue to have phototherapy for at least 24 hours. She says to you: "My partner took four days off to stay with the children. He has to go back to work this evening. I don't know what we're going to do."

QUESTION 5

What do you suggest to Ms. Papin? Choose **ONE** answer.

- A) Offer to request a consultation with the social worker to get help for the children at home.
- B) Check whether it is possible to get a breast pump to use at home so that she can continue to express her milk while Samuel is in hospital.
- C) Check with the physician whether it is possible to return home with community follow-up and home phototherapy.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What do you suggest to Ms. Papin?

OBJECTIVE OF THE QUESTION: Coordinate the health care team's interventions based on the family's situation.

Analyze and interpret the important and critical clinical information in the situation.

Ms. Papin has been discharged from hospital, whereas Samuel has not finished his phototherapy. Her family commitments mean that she must return home.

The solutions suggested must take Samuel's phototherapy, Ms. Papin's commitments and the need to keep up her milk supply into account.



SITUATION 2

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information

↓

The solution suggested is to plan home phototherapy in order to treat Samuel, help Ms. Papin keep up her milk supply and fulfil her family commitments.

↓

Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question

↓

Answer C is the solution that takes all the information in the clinical situation into account.

Answer A involves requesting a consultation with a social worker and is more relevant in long-term care settings.
Answer B to use a breast pump at home is relevant for maintaining the mother's milk production. However, it results in an undesirable separation of the mother and newborn.



SITUATION 3

CONTEXT

Mr. Friedman, 68 years old, was admitted to have treatment for a venous ulcer on his right leg. He is being discharged from hospital today and is hesitant to allow a follow-up request to be sent to the nurses at the local community services centre (CLSC) to have his dressing changed.

He is afraid that certain information in his medical record will be sent to the team at the centre. More specifically, he does not want the information about the episode of depression he had a few years ago and for which he was hospitalized to be disclosed to the team at the CLSC.

You give Mr. Friedman the information he needs to make an informed decision.

QUESTION 6

What information will you give Mr. Friedman? Choose **ONE** answer.

- A) The health care staff is bound by professional secrecy, which means that your confidential information will be protected.
- B) The health care staff will only be given information about the follow-up of your ulcer on your right leg.
- C) The health care staff needs to know all your past medical history in order to provide appropriate follow-up for your ulcer.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What information will you give Mr. Friedman?

OBJECTIVE OF THE QUESTION: Plan activities related to hospital discharge in collaboration with the person.



SITUATION 3

Analyze and interpret the important and critical clinical information in the situation.

Mr. Friedman does not want the information about his depression to be disclosed to the team at the CLSC. The transmission of information must respect the client's wishes and be limited to information that is related to the reason for the consultation.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



The information given to Mr. Friedman must allow him to make an informed decision about the transmission of information in the context of planning activities related to his discharge from hospital.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer B indicates the information that Mr. Friedman must be given to allow him to make an informed decision related to his discharge from the hospital.

Answers A and C would be misleading for Mr. Friedman. Only information that is relevant for the health care team should be sent.

**SITUATION 3**

As a result of your intervention, Mr. Friedman has a better understanding of the situation regarding the confidentiality of his medical record. He asks to see his record before he makes a final decision.

QUESTION 7

Will you give him his medical record? Choose **ONE** answer.

- A) Yes, because the record belongs to the person, who has a right to see it if they ask to.
- B) Yes, because by reading his record, Mr. Friedman will find out what information will be sent to the CLSC.
- C) No, because Mr. Friedman might not understand the information in his record properly.
- D) No, because the person in charge of the archives department must determine what information should be transmitted.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

Will you give him his medical record?

OBJECTIVE OF THE QUESTION: Apply the rules governing access to information in the medical record.

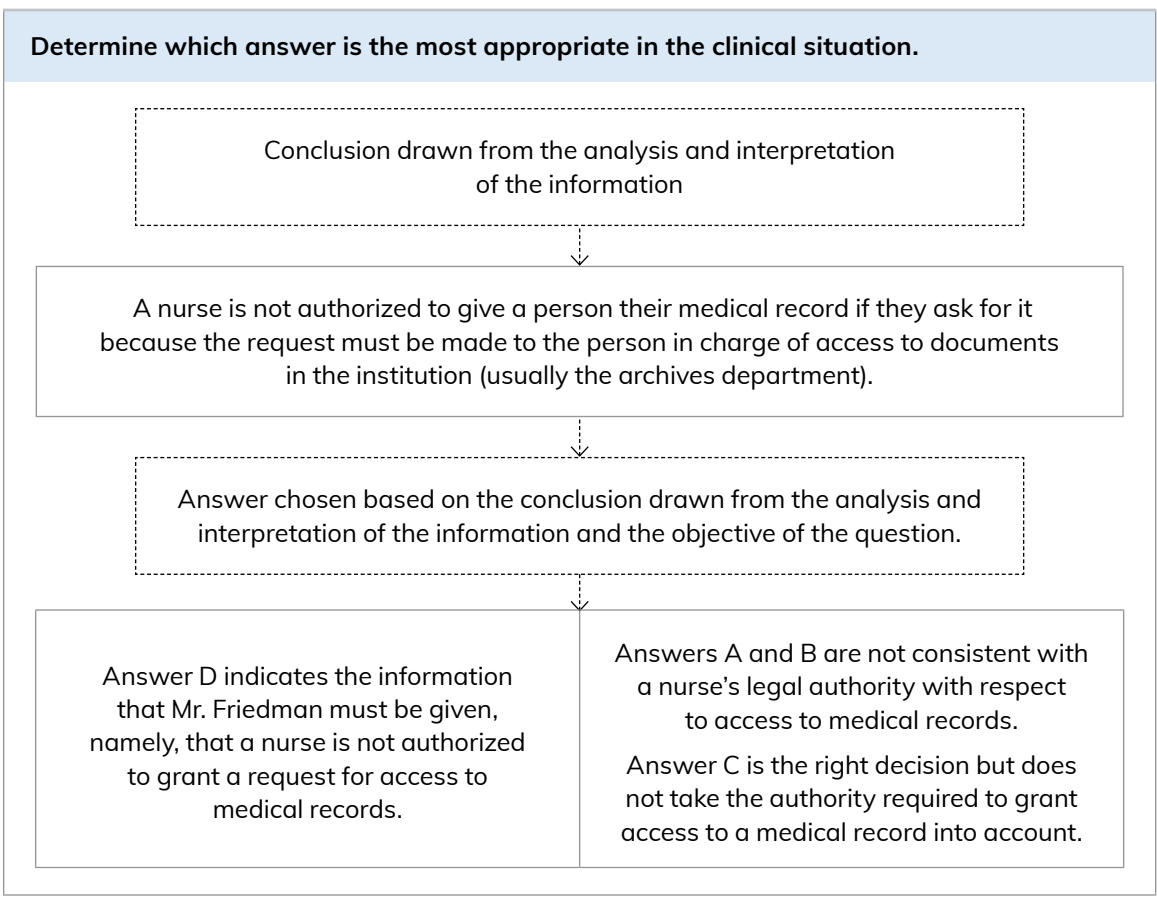
Analyze and interpret the important and critical clinical information in the situation.

Mr. Friedman asks to see his medical record.

The Act respecting *health services and social services* governs access to information. Requests must be made to the person in charge of access to documents in the institution.



SITUATION 3





SITUATION 4

CONTEXT

Mr. Tremblay, 65 years old, was admitted with pneumonia.

At 09:00, you observe that Mr. Tremblay is diaphoretic. He says: "I've had heartburn for around five minutes." He rates his pain at 7/10 and says that it does not radiate. His pain came on after his associate called and told him about their company's financial problems. He says that he is afraid of dying. His vital signs are:

BP: 120/75 mmHg;
P: 110 beats/min., rhythm regular;
R: 24 breaths/min., rhythm regular, depth normal;
SpO₂: 95%
T: 37.4°C.

The following is an excerpt from his medication record:

Medication	Time of adm.	Dates
		Today
Pantoprazole (Pantoloc®) 40 mg/tab., 40 mg (1 tab.) PO die	07:00	RC
Aluminium hydroxide and magnesium (Diovol®) 200 mg/5 mL, 1200 mg (30 mL) PO qid PRN for heartburn		
Lorazepam (Ativan®) 0.5 mg/co, 0.5 mg (1 tab.) SL tid q 6 h PRN for anxiety		
Nitroglycerin (Nitrolingual®) 0.4 mg/spray, 0.4 mg (1 spray) SL q 5 min for 3 doses PRN for retrosternal pain		
Signatures: night		Rita Céleste, RN
day		
evening		

QUESTION 8

Which medication(s) will you administer?
Determine the number of answers based on your clinical judgment.

- A) Aluminium hydroxide and magnesium.
- B) Lorazepam.
- C) Nitroglycerin.
- D) Pantoprazole.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SITUATION 4

Identify the objective of the question.

Which medication(s) will you administer?

OBJECTIVE OF THE QUESTION: Determine the prescribed medication(s) to administer based on an assessment of the person's clinical condition.

Analyze and interpret the important and critical clinical information in the situation.

Since his associate's call, Mr. Tremblay is diaphoretic and has nonradiating pain he rates at 7/10, clinical manifestations he believes to be heartburn. His heartrate is 110 beats/min and he says that he is afraid of dying.

The signs and symptoms to look for when chest pain occurs include syncope, cold and clammy skin, diaphoresis, vomiting, tachycardia, irregular heart rhythm, arrhythmia, heart murmur, pericardial friction rub, decreased blood pressure, decreased SpO₂ and diminished or absent breath sounds, pain in the chest, neck, jaw, arm or shoulder, dyspnea, nausea, epigastric pain, sensation of indigestion or heartburn, weakness, anxiety, sensation of imminent death, palpitations.

The associate's call about their company's financial problems is stressful for Mr. Tremblay. Stress stimulates the sympathetic nervous system, increasing the heart rate and the force of contraction of the myocardium, with a consequent increase in myocardial oxygen demand.

The classes of the medications prescribed for Mr. Tremblay are as follows:

- Pantoprazole: proton pump inhibitor;
- Aluminium hydroxide: antacid;
- Lorazepam: benzodiazepine;
- Nitroglycerin: vasodilator.

The signs and symptoms observed in Mr. Tremblay are sufficiently concerning to administer the medication prescribed to relieve the retrosternal pain.

SITUATION 4

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



The choice of medications to administer must take Mr. Tremblay's signs and symptoms and specific context into account. Nitroglycerin (Nitrolingual®) is the medication that must be administered as a priority in this situation. After the first dose has been given and depending on the clinical situation, the other medications could be considered.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer C indicates the conclusion drawn from the analysis, i.e., administer nitroglycerin.

Answer A is not appropriate. Aluminium hydroxide and magnesium are used to relieve gastric pain, but the person's symptoms go beyond gastric discomfort.

Answer B, lorazepam, would be appropriate if the signs and symptoms were indicative of anxiety associated with psychological distress.

Answer D is inappropriate, among other reasons, because this medication was already administered today and it is prescribed once daily.

**SITUATION 4**

Your intervention has resolved Mr. Tremblay's discomfort.

That afternoon, he gets another call from his associate. When he finishes the call, he says: "I know I have to manage my stress better, but it's not easy. What do you think I should I do?"

QUESTION 9

What recommendation will you give Mr. Tremblay? Choose **ONE** answer.

- A) Inform the nurse as soon as he starts to feel pain.
- B) Set aside periods during the day for rest and relaxation.
- C) Ask his associate to leave messages on voicemail.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What recommendation will you give Mr. Tremblay?

OBJECTIVE OF THE QUESTION: Intervene with a person to help them manage their stress.

Analyze and interpret the important and critical clinical information in the situation.

Coping strategies to manage stress include cognitive, behavioural or emotional actions that help change the problem or manage the emotional distress caused by the stressor. There are two types of coping strategies: problem-focused coping strategies and emotion-focused coping strategies.

SITUATION 4

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



Since Mr. Tremblay's retrosternal pain is triggered by stress, it is important to lower his stress level while allowing him to continue to run his company. It is vital that Mr. Tremblay set boundaries to reduce the number of calls he gets from his associate or so that he can take them at an appropriate time.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer C is consistent with the conclusion drawn from the analysis, that is, a recommendation that will allow Mr. Tremblay to manage the stress caused by his associate's unexpected calls.

Answer A suggests informing the nurse if he experiences pain. This recommendation does not respond to Mr. Tremblay's request.

Answer B would be appropriate in a situation where the person has little or no control, with the focus on managing his emotions. Suggesting periods of relaxation is not contextualized with respect to Mr. Tremblay's situation. While these periods would be of benefit to him, they would not allow him to manage the cause of the stress properly, that is, the calls from his associate.





SITUATION 5

CONTEXT

Mr. Ryan, 58 years old, was admitted to day surgery for a laparoscopic cholecystectomy. At 15:00, Mr. Ryan is back from the post-anesthesia care unit (recovery room).

His orders are:

- Oxycodone (Supeudol®) 5 mg/tab., 5 mg (1 tab.) PO q 6 h PRN (received at 14:30);
- Discharge from the unit after 18:00 based on the nurse's assessment;
- Appointment at the outpatient surgery clinic in one month.

At 15:30, Mr. Ryan says that he does not know why he has a shooting pain rated 3/10 in his right shoulder.

QUESTION 10

What explanation will you give Mr. Ryan? Choose **ONE** answer.

- A) The pain is the result of inflammation of the phrenic nerve caused by the instruments used during surgery.
- B) The pain is the result of the position the right arm and shoulder are placed in during surgery.
- C) The pain is the result of the irritation of the diaphragm caused by the carbon dioxide gas injected during the laparoscopy.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What explanation will you give Mr. Ryan?

OBJECTIVE OF THE QUESTION: Give the client information about the course of his condition.

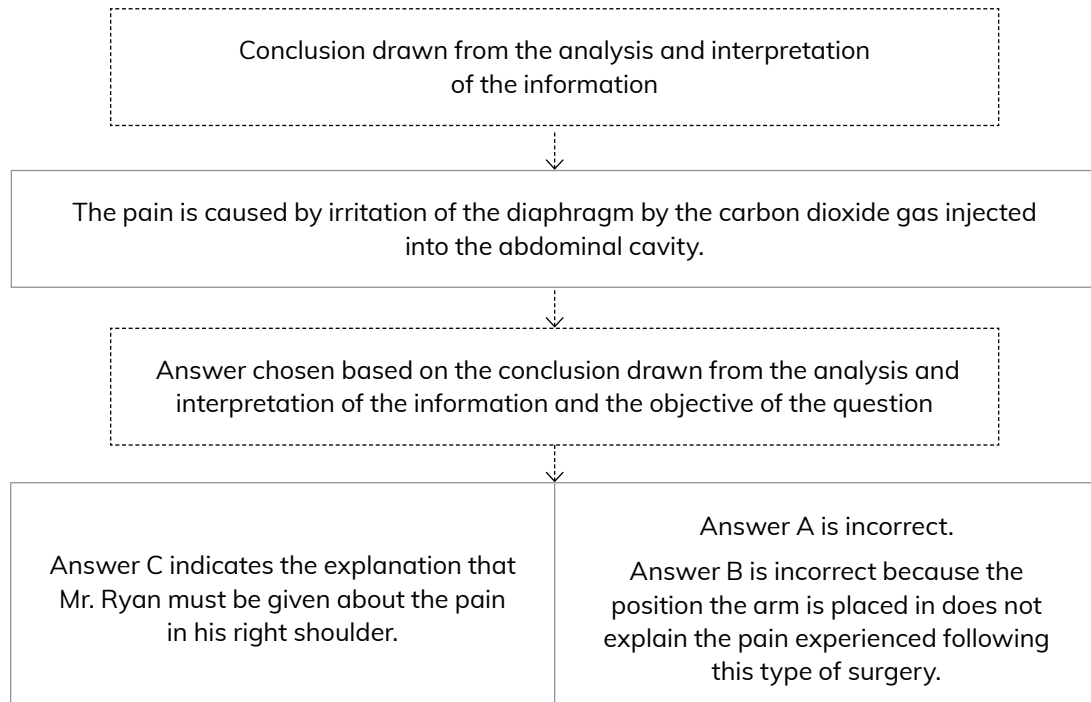
SITUATION 5

Analyze and interpret the important and critical clinical information in the situation.

Mr. Ryan had a laparoscopy and his clinical condition is unremarkable.

The shoulder pain reported by Mr. Ryan is probably caused by the carbon dioxide gas (CO₂) injected into the abdomen during the procedure to visualize the internal structures. Carbon dioxide gas is an irritant for the diaphragm and phrenic nerve. This can cause pain that radiates to the shoulder.

Determine which answer is the most appropriate in the clinical situation.



QUESTION 11

What will you suggest Mr. Ryan do to relieve the pain in his shoulder right now?
Choose **ONE** answer.

- A) Lie on his left side with his right knee bent.
- B) Walk in the corridor regularly, according to tolerance.
- C) Perform breathing exercises.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



SITUATION 5

Identify the objective of the question.

What will you suggest Mr. Ryan do to relieve the pain in his shoulder right now?

OBJECTIVE OF THE QUESTION: Optimize the person's pain relief.

Analyze and interpret the important and critical clinical information in the situation.

Mr. Ryan is experiencing pain that radiates to the right shoulder following laparoscopic surgery. Lying on his left side with his right knee bent is a strategy to recommend right now to relieve this type of pain, since it will help eliminate the carbon dioxide gas from the diaphragm.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation
of the information



The suggestion that must be made to Mr. Ryan to immediately relieve his pain is to lie
on his left side with his right knee bent.



Answer chosen based on the conclusion drawn from the analysis and
interpretation of the information and the objective of the question



Answer A indicates
the suggestion
that must be made
to Mr. Ryan to
immediately relieve
his pain.

Answer B is appropriate for Mr. Ryan's clinical condition but
does not take the fact that he has just arrived in
the post-anesthesia care unit into account.

Answer C is incorrect.

**SITUATION 5**

At 17:30, Mr. Ryan goes to the washroom on his own without any difficulty and passes 400 mL of straw-coloured urine. You observe the four compresses on Mr. Ryan's abdomen: two are clean, one is 25% soiled with a yellowish discharge and one is soiled with a trace of dried blood.

Mr. Ryan tells you that he drank a little water and that he does not feel nauseous. He says that he has diffuse abdominal pain rated 3/10. His vital signs are:

BP: 128/88 mmHg;

P: 80 beats/min., rhythm regular;

R: 16 breaths/min., rhythm regular, depth normal;

SpO₂: 97%;

T: 36.6°C.

Mr. Ryan's partner asks if they can leave the day surgery unit now.

QUESTION 12

Will you allow Mr. Ryan to leave the day surgery unit? Choose **ONE** answer.

- A) Yes, because he has passed a sufficient amount of urine.
- B) Yes, because his partner is with him.
- C) No, because the wound is probably infected.
- D) No, because there is a possibility of a surgical complication.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

Will you allow Mr. Ryan to leave the day surgery unit?

OBJECTIVE OF THE QUESTION: Make a clinical decision.

Analyze and interpret the important and critical clinical information in the situation.

Mr. Ryan meets the usual criteria that are used to authorize discharge from the day surgery unit: absence of excessive bleeding or discharge from the wound, appropriate level of consciousness (alert), mobility, control of nausea and postoperative pain, person to accompany him, etc.

However, a yellowish discharge on one of his compresses could indicate a surgical complication.



SITUATION 5

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



The decision must be to refuse to allow Mr. Ryan to leave because he has a sign of a surgical complication.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer D indicates the decision to refuse to authorize his discharge from hospital supported by the rationale that there is a risk of a surgical complication.

Answers A and B do not take the risk of a surgical complication into account.

Answer C is not an appropriate explanation for Mr. Ryan's clinical condition, since there are no clinical manifestations at present that support the hypothesis that the wound is infected.



SITUATION 6

CONTEXT

Mr. Moussa, 48 years old, was admitted following a head injury with a right subdural hematoma. He has a tracheostomy because he was on mechanical ventilation for a long time. It is three weeks since his accident and he is on the surgery unit.

Mr. Moussa is receiving 32% transtracheal oxygen with high humidity. He coughs and brings up clear secretions through the tracheostomy. His vital signs are:

BP: 130/80 mmHg;

P: 98 beats/min., rhythm regular;

R: 18 breaths/min., rhythm regular, depth normal;

SpO₂: 94%;

T: 36.5°C.

You auscultate the chest and hear vesicular breath sounds over all lung fields.

QUESTION 13

Will you suction Mr. Moussa's secretions? Choose **ONE** answer.

- A) Yes, because a mucous plug might form.
- B) Yes, because he is at risk of contracting pneumonia.
- C) No, because he is coughing and bringing up his secretions.
- D) No, because oxygen saturation is 94%.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

Will you suction Mr. Moussa's secretions?

OBJECTIVE OF THE QUESTION: Determine the care and treatment required for the person's clinical condition.

Analyze and interpret the important and critical clinical information in the situation.

Mr. Moussa is able to cough and bring up his secretions and vesicular breath sounds are heard over all lung fields on auscultation.

Secretions must be suctioned when the person is unable to clear his secretions and if there are clinical manifestations of respiratory difficulty.



SITUATION 6

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



Mr. Moussa's secretions do not require suctioning, since he is bringing up clear secretions and vesicular breath sounds are audible on chest auscultation.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer C indicates the decision that must be made given that Mr. Moussa is able to cough and bring up his secretions.

Answer A is incorrect, since suctioning secretions does not prevent mucous plugs from forming. The formation of mucous plugs can be reduced by humidifying secretions or the airway.

Answer B is incorrect. Although Mr. Moussa is at risk of contracting pneumonia, suctioning his secretions is unnecessary because he is able to clear them.

Answer D does not take all the clinical information into account. Oxygen saturation is not the only aspect to consider when deciding whether or not to suction a person's secretions.

SITUATION 6

In the afternoon, the nursing assistant tells you that Mr. Moussa is breathing more rapidly than this morning.

At Mr. Moussa's bedside, you observe that he is agitated. After checking the vital signs and auscultating the chest, you look for clinical manifestations of a respiratory complication.

QUESTION 14

Which other clinical manifestation will you look for? Choose **ONE** answer.

- A) Jugular venous distention.
- B) Finger clubbing.
- C) Use of the accessory muscles.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

Which other clinical manifestation will you look for?

OBJECTIVE OF THE QUESTION: Detect signs of deterioration or complications, adapting the assessment of the person's physical and mental condition.

Analyze and interpret the important and critical clinical information in the situation.

Mr. Moussa was admitted following a head injury with a right subdural hematoma. He has a tracheostomy and is receiving oxygen. He presents with a sudden change in his clinical condition, namely, his respiratory rate has increased and he seems agitated. The vital signs were taken and the physical examination has been started.

The clinical manifestations to assess as a priority are those associated with hypoxemia, in particular cyanosis, tachypnea, agitation, change in colour and use of the accessory muscles.



SITUATION 6

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information

↓

In addition to the information included in the clinical scenario, the clinical respiratory manifestations that must be assessed as a priority in Mr. Moussa's case are cyanosis, change in colour and use of the accessory muscles.

↓

Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question

↓

Answer C indicates the clinical manifestations that must be assessed in the event of the sudden onset of respiratory difficulty or suspected hypoxemia.

Answer A is not consistent with Mr. Moussa's clinical condition, since jugular venous distention is generally observed with cardiac problems or in the advanced stage of chronic obstructive pulmonary disease.

Answer B is not consistent with Mr. Moussa's clinical condition, since finger clubbing is a clinical manifestation observed in the advanced stage of chronic obstructive pulmonary disease. This clinical manifestation is not consistent with the sudden onset of respiratory difficulty.



SITUATION 7

CONTEXT

Mrs. Chan, 90 years old, was admitted with pneumonia that is being treated with intravenous antibiotics. Her medical record indicates mild Alzheimer's-type major neurocognitive disorder (NCD).

This morning, the orderly suggests to Mrs. Chan that she get up. She insists on staying in bed because she says she is too weak to get up and go to the toilet. The orderly puts incontinence briefs on her so that she would be comfortable.

Four days after her admission, Mrs. Chan's respiratory condition has improved but she has urinary incontinence. At meals, she has a few mouthfuls of her main dish as well as a serving of liquid protein. She drinks an average of 600 mL of water a day. She gets about with the orderly's help. She says to you, in tears: "I don't like this diaper."

QUESTION 15

What information will you give Mrs. Chan about the course of her clinical condition?
Choose **ONE** answer.

- A) Your urinary incontinence is caused by a loss of sphincter tone.
- B) Your urinary incontinence is a condition that may be reversible.
- C) Your urinary incontinence is related to the Alzheimer's-type major NCD

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What information will you give Mrs. Chan about the course of her clinical condition?

OBJECTIVE OF THE QUESTION: Give a person information about the course of their clinical condition.

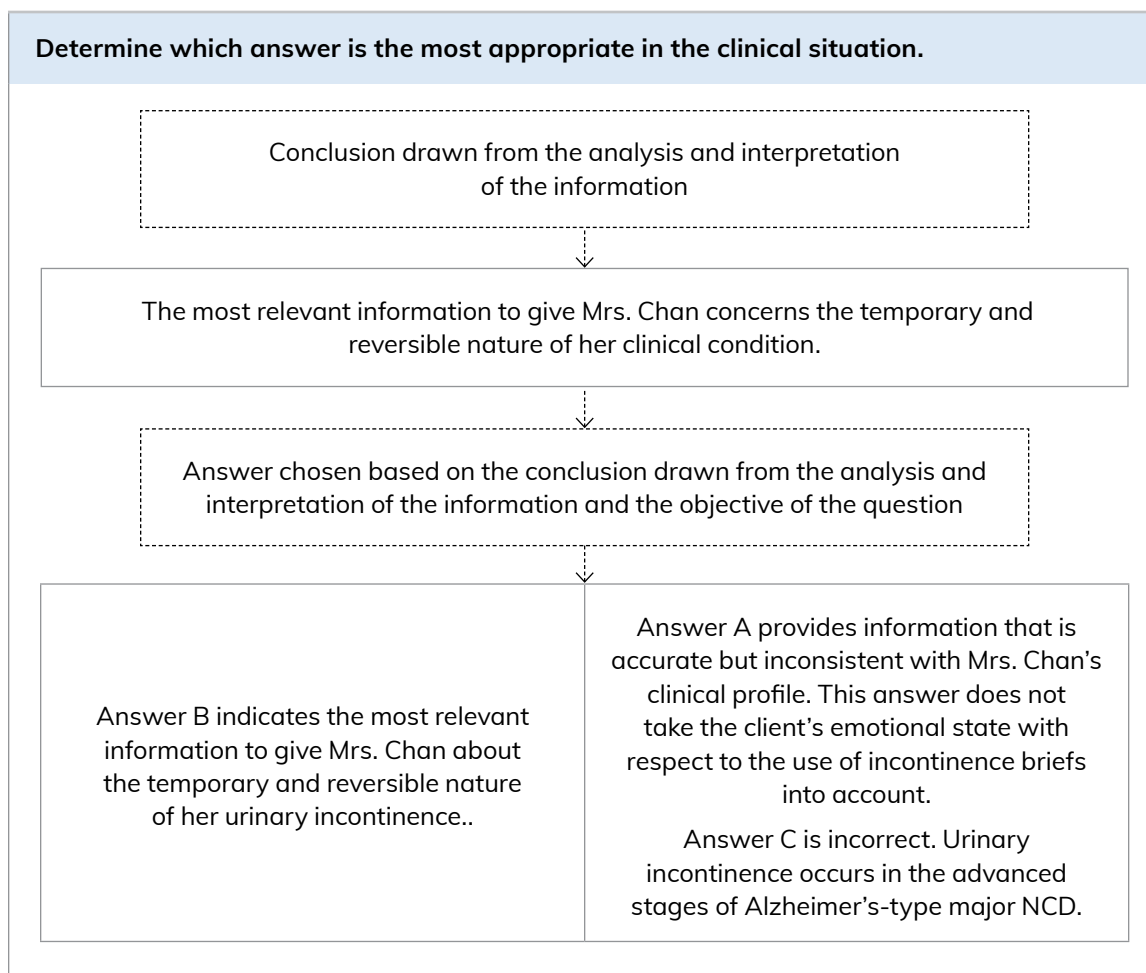
Analyze and interpret the important and critical clinical information in the situation.

Mrs. Chan is an older adult who has acute urinary incontinence, that is, incontinence that develops suddenly and is associated with a health problem. This type of incontinence is generally reversible. The use of incontinence briefs appears to be affecting Mrs. Chan.



SITUATION 7

Determine which answer is the most appropriate in the clinical situation.



You enter a nursing directive in the therapeutic nursing plan (TNP) to instruct the orderly to take Mrs. Chan to the toilet every two hours, but not to disturb her when she is sleeping at night.

QUESTION 16

What other intervention will you plan to provide clinical follow-up for Mrs. Chan?
Choose **ONE** answer.

- A) Encourage her to drink 1.5 L of fluids daily.
- B) Limit fluids to 1 L daily.
- C) Check the incontinence briefs every two hours

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



SITUATION 7

Identify the objective of the question.

What other intervention will you plan to provide clinical follow-up for Mrs. Chan?

OBJECTIVE OF THE QUESTION: Determine the follow-up required based on the person's clinical condition.

Analyze and interpret the important and critical clinical information in the situation.

Acute incontinence generally disappears once the initial health problem has resolved. However, a number of nursing interventions can help reduce the risk factors for urinary incontinence, in particular interventions related to mobility and fluid intake.

As noted by Voyer (2020), hydration helps maintain bladder muscle elasticity and capacity as well as the efficiency of the different filling phases. Adjusting fluid intake can also help restore an older adult's ability to empty the bladder.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation
of the information



The intervention that must be planned involves adjusting Mrs. Chan's fluid intake.



Answer chosen based on the conclusion drawn from the analysis and
interpretation of the information and the objective of the question



Answer A indicates
the intervention
that must be
planned to provide
clinical follow-up
for Mrs. Chan's
incontinence, i.e.,
encourage fluid intake.

Answer B is to restrict fluid intake, an intervention that
is sometimes used in cases of heart failure.
Answer C is not an appropriate intervention for Mrs. Chan,
since she has mild Alzheimer's-type major NCD and seems to
be able to tell someone when she wants to go to the toilet.



SITUATION 8

CONTEXT

Mr. Gignac, 80 years old, has been living in a residential and long-term care centre (CHSLD) as of one week ago. He has moderate Alzheimer's-type major neurocognitive disorder (NCD). You observe that he understands simple instructions but forgets recent events.

The initial data collection indicates that he has had several falls at home in the past year. A fall risk assessment checklist was completed yesterday. Among other things, it was noted that Mr. Gignac has a problem with balance when he gets up.

At the change-of-shift report, the nurse tells you that Mr. Gignac pulled his call bell off the wall three times at the end of the night. When you go to his bedside, you observe that he has pulled it off again and is trying to wrap it around himself.

Your nursing colleague suggests that you put the call bell out of his reach.

QUESTION 17

Will you do as she suggests? Choose **ONE** answer.

- A) Yes, because Mr. Gignac does not use the call bell properly.
- B) Yes, because the call bell presents a risk of injury for Mr. Gignac.
- C) No, because the call bell is a mandatory piece of safety equipment.
- D) No, because the call bell must be available in the event of an emergency.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

Will you do as she suggests?

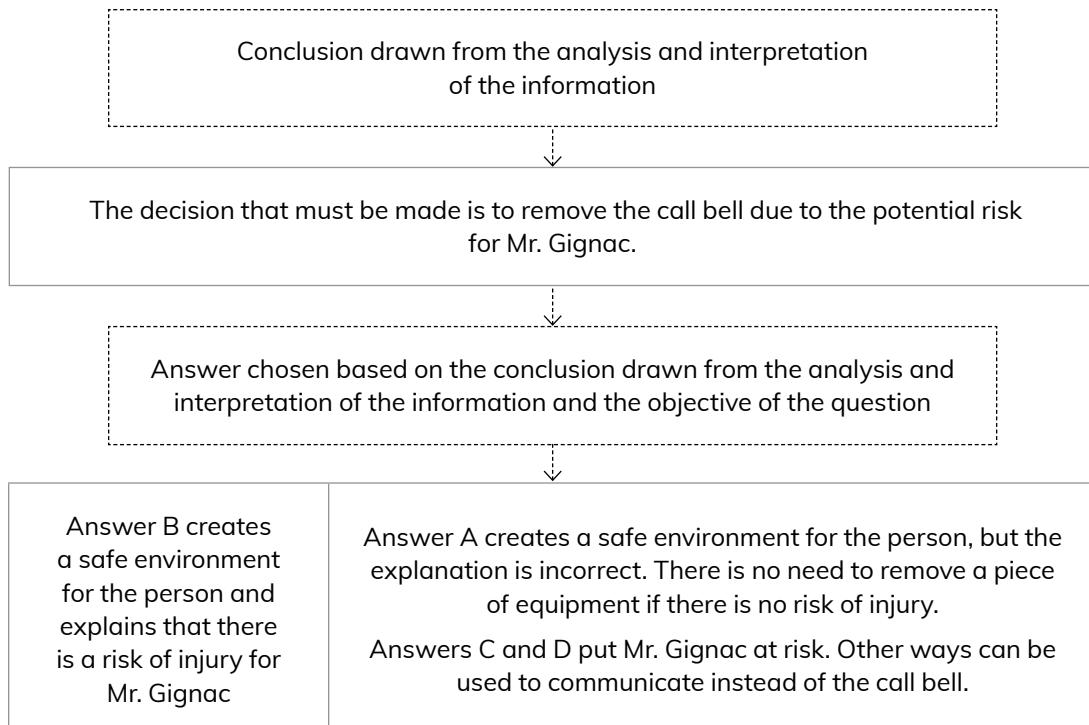
OBJECTIVE OF THE QUESTION: Identify measures that will create a safe environment.

Analyze and interpret the important and critical clinical information in the situation.

Mr. Gignac has moderate Alzheimer's-type major NCD and has been in a new living environment as of one week ago. He is able to understand simple instructions but forgets recent events. Mr. Gignac does not use the call bell properly and this is creating a risk of injury for him.

SITUATION 8

Determine which answer is the most appropriate in the clinical situation.



The next morning, Mr. Gignac has a fall when he tries to get out of bed on his own. He has a laceration on his left eyebrow and is given first aid.

In the afternoon, you go to Mr. Gignac's room. His daughter is helping him get settled for a nap. She says: "I'm very worried about my father. He could have hurt himself much more seriously when he fell this morning. Since I am my father's legal representative, I would like you to keep the rails (sides of the bed) raised during his nap so that he does not have another fall."

QUESTION 18

Will you do as Mr. Gignac's daughter asks? Choose **ONE** answer.

- A) Yes, because the measure was demanded by Mr. Gignac's legal representative.
- B) Yes, because the measure is intended to protect Mr. Gignac's integrity.
- C) No, because the measure presents a risk of injury for Mr. Gignac.
- D) No, because this measure could cause Mr. Gignac to become agitated.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SITUATION 8

Identify the objective of the question.

Will you raise the rails as Mr. Gignac's daughter asks?

OBJECTIVE OF THE QUESTION: Make a decision regarding the judicious use of control measures.

Analyze and interpret the important and critical clinical information in the situation.

Mr. Gignac has a history of falls and his legal representative has asked that the rails be raised for her father's safety.

The use of rails is considered a control measure when used to restrict a person's movements. A legal representative cannot demand that a control measure be put in place. Furthermore, the Ministère de la santé et des services sociaux (MSSS) 2015 guiding principles state that control measures must only be used when there is an imminent risk of injury or violence.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



The rails must not be used, since they are considered a control measure and present a risk of injury.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer C indicates the most appropriate decision, and the explanation takes the MSSS guiding principles on the use of control measures into account

Answer A does not take the legal representative's authority and responsibilities into account.
Answer B does not take the MSSS's guiding principles on the use of control measures into account.
Answer D indicates the appropriate decision. However, the explanation does not take the MSSS guiding principles on the use of control measures into account.



SITUATION 8

After the afternoon nap, Mr. Gignac refuses to get up. He clutches your uniform sleeve and has a frightened look on his face. He is rigid, resists getting up by bending his knees and tends to push his body backwards.

QUESTION 19

What do you suspect? Choose **ONE** answer.

- A) Post-fall syndrome.
- B) Resistance to care.
- C) Immobilization syndrome.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What do you suspect?

OBJECTIVE OF THE QUESTION: Determine an assessment finding.

Analyze and interpret the important and critical clinical information in the situation.

Mr. Gignac has moderate Alzheimer's-type major NCD and exhibits clinical manifestations of severe anxiety when it is time to get up (rigidity, pushing his body backwards and impaired postural reflexes). The history of falls when getting up (previous scenario) is the most likely source of his manifestations.



SITUATION 8

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



The hypothesis whereby Mr. Gignac has clinical manifestations of post-fall syndrome is the most likely hypothesis.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer A is the most likely hypothesis regarding the clinical manifestations of post-fall syndrome presented by Mr. Gignac.

Answer B does not take Mr. Gignac's clinical manifestations into account, since resistance to care is characterized by a range of verbal, vocal and motor behaviour of a defensive (aggressive) nature.

Answer C does not take Mr. Gignac's history into account, since immobilization syndrome is the result of musculoskeletal inactivity.

**SITUATION 9**

Mrs. Haddad, 86 years old, was admitted with a urinary retention problem 24 hours ago. This morning, you observe that she is alert and is cooperative during her hygiene care.

At lunch, you observe that Mrs. Haddad is drowsy. She wakes up when you speak to her and falls asleep at the end of the discussion. She pays little attention to what you are saying and responds to simple commands after several attempts, moving her limbs slowly. Motor strength in the upper and lower limbs is adequate and equal. Pupil size and reactivity are normal. Her vital signs are:

BP: 136/78 mmHg;

P: 78 beats/min., rhythm regular;

R: 18 breaths/min., rhythm regular, depth normal;

T: 37.4°C.

One hour after lunch, Mrs. Haddad is walking in the corridor with her daughter. The daughter says that her mother is doing much better than at lunchtime.

In the late afternoon, Mrs. Haddad presents with the same clinical signs as at lunchtime. Her vital and neurological signs are similar to those taken earlier. Her urinary catheter has drained 500 mL of straw-coloured urine since this morning.

QUESTION 20

What do you suspect? Choose **ONE** answer.

- A) Delirium.
- B) Urinary tract infection.
- C) Transient cerebral ischemia.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



SITUATION 9

Identify the objective of the question.

What do you suspect?

OBJECTIVE OF THE QUESTION: Determine an assessment finding.

Analyze and interpret the important and critical clinical information in the situation.

Mrs. Haddad has clinical manifestations that developed suddenly and fluctuate over time (a disturbance in her level of consciousness that appears to fluctuate over the day, reduced psychomotor activity, difficulty with attention and impaired cognitive function).

She also has a urinary catheter, which is considered a risk factor for the development of delirium in older adults.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation
of the information



The hypothesis whereby Mrs. Haddad has clinical manifestations of delirium
is the most likely hypothesis.



Answer chosen based on the conclusion drawn from the analysis and
interpretation of the information and the objective of the question



Answer A is the most
likely hypothesis
regarding the clinical
manifestations of
delirium presented by
Mrs. Haddad.

Answer B suggests a urinary tract infection. Despite
the urinary retention, no other clinical signs are indicative
of this type of condition.

Answer C proposes cerebral ischemia. In the event of an
ischemic disorder, the neurological signs change, which
is not the case in Mrs. Haddad's situation.

**SITUATION 9****QUESTION 21**

Given your assessment of Mrs. Haddad's condition, what will you do? Choose **ONE** answer.

- A) Notify the attending physician.
- B) Stimulate Mrs. Haddad during the next meal.
- C) Create a walking program.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

Given your assessment of Mrs. Haddad's condition, what will you do?

OBJECTIVE OF THE QUESTION: Intervene with an older adult who has a complication.

Analyze and interpret the important and critical clinical information in the situation.

Mrs. Haddad is an older adult who has had worrying clinical manifestations since this morning. During the last assessment, she exhibited drowsiness, reduced psychomotor activity, difficulty with attention and impaired cognitive function.

Late treatment could lead to a greater loss of autonomy.



SITUATION 9

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



The intervention is to notify the physician in order to limit the long-term consequences.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer A indicates the necessary intervention, since Mrs. Haddad's symptoms are considered a geriatric emergency.

Answers B and C are interventions to stimulate Mrs. Haddad and do not take the urgency of the situation into account.

**SITUATION 9**

The next day, in the late afternoon, you observe that Mrs. Jomas, Mrs. Haddad's roommate, is angry with her. In fact, she caught her using her toothbrush that she had put away in her drawer.

The orderly put Mrs. Haddad in a chair with a tray table attached to stop her from going through her roommate's personal belongings. He placed the call bell nearby, is monitoring her closely and left her a newspaper and towels to fold to keep her busy.

QUESTION 22

Do you agree with the use of the tray table? Choose **ONE** answer.

- A) Yes, because it is a measure that respects Mrs. Haddad's dignity and comfort.
- B) Yes, because it is not very constraining for Mrs. Haddad.
- C) No, because it is a measure that must be prescribed by Mrs. Haddad's physician.
- D) No, because there is no imminent risk for Mrs. Haddad in this context.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

Do you agree with the use of the tray table?

OBJECTIVE OF THE QUESTION: Determine whether to use a control measure for an older adult.

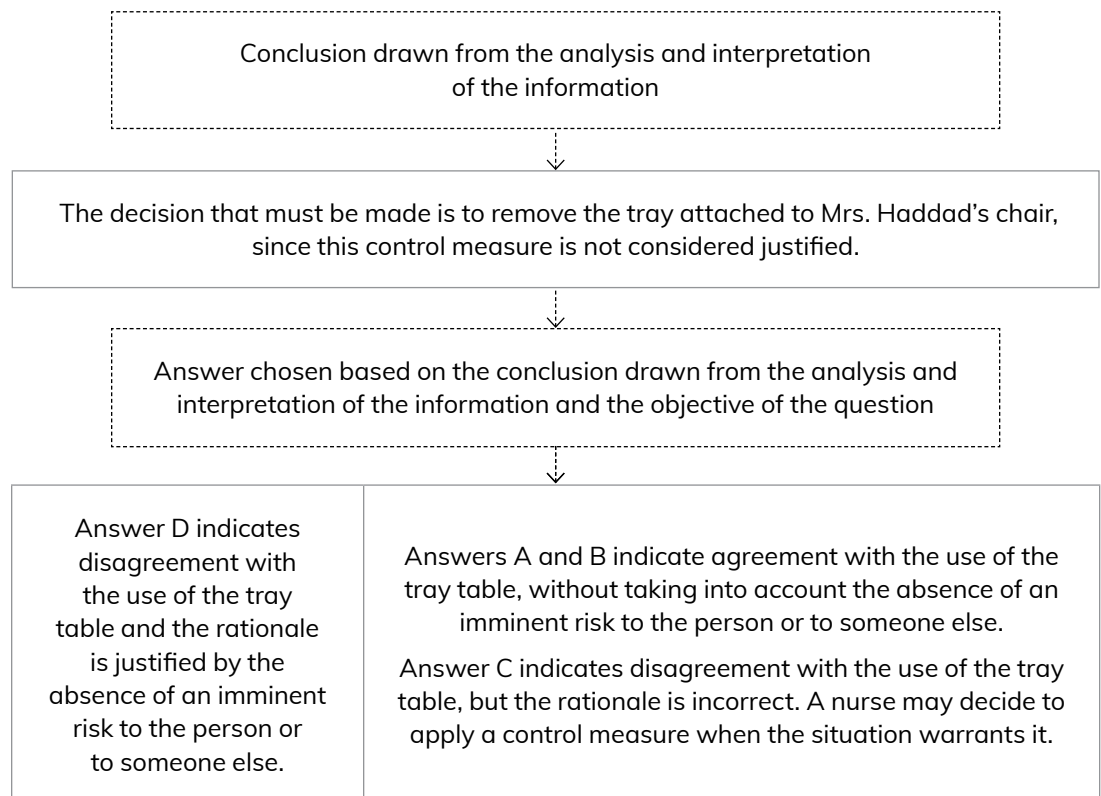


SITUATION 9

Analyze and interpret the important and critical clinical information in the situation.

A tray table attached to a chair is considered a control measure if it is not serving a utilitarian purpose (for example, during meals). Control measures are to be used only as a last resort when there is an imminent risk to the person or to someone else.

Determine which answer is the most appropriate in the clinical situation.





SITUATION 10

CONTEXT

Mrs. McDonald, 89 years old, has been living alone since her husband died six months ago. She was admitted to the medicine unit to investigate a loss of autonomy.

During the data collection, her son tells you that he found her with her hair uncombed, no make-up on and in her bathrobe, which is not like her. He said that she has difficulty moving around and that she moves more slowly, which has prevented her from doing her activities for the past week.

During the assessment, Mrs. McDonald says that she fell, three days ago, when she was doing her housework. She did not want to bother her son. An X-ray has been scheduled to rule out a fracture.

When Mrs. McDonald gets up to go to the toilet, she moves slowly. When you ask her if she is in pain, she replies impatiently: "No, no, I'm fine."

QUESTION 23

What do you suspect and what information is your hypothesis based on? Choose **ONE** answer.

- A) Hypothesis: unrelieved pain.
Rationale: history of falls.
- B) Hypothesis: onset of delirium.
Rationale: sudden loss of autonomy.
- C) Hypothesis: presence of depressed mood.
Rationale: neglected hygiene.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What do you suspect and what information is your hypothesis based on?

OBJECTIVE OF THE QUESTION: Determine an assessment finding.



SITUATION 10

Analyze and interpret the important and critical clinical information in the situation.

Mrs. McDonald, an older adult, has been living alone since her husband died. Her son reports that he has observed a change in her habits (her personal hygiene is neglected, she has stopped doing activities, etc.). Mrs. McDonald said that she had a fall and seems to have difficulty getting around. She is impatient and denies being in pain.

Pain in an older adult often presents with atypical symptoms, such as a decrease in activities and a loss of functional autonomy. Many older adults are reluctant to say that they are in pain because they are afraid of bothering their family and friends. Furthermore, due to changes in perception, older adults have difficulty describing the characteristics of their pain.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation
of the information



The hypothesis whereby Mrs. McDonald has unrelieved pain is the most likely hypothesis. The history of a previous fall, change in lifestyle habits and the observation that she is slower when she moves around support this finding.



Answer chosen based on the conclusion drawn from the analysis and
interpretation of the information and the objective of the question



Answer A, the presence of unrelieved pain, is the most likely hypothesis regarding Mrs. McDonald's condition and is supported by the history of falls.

Answer B proposes a hypothesis of delirium, which is characterized by a sudden and fluctuating change in level of consciousness accompanied by changes in perception and behaviour. This is not consistent with Mrs. McDonald's clinical condition.

Answer C is not the best hypothesis, because depressed mood is characterized by the presence of clinical manifestations (neglected appearance, isolation, change in mood) for more than 14 days. Yet, Mrs. McDonald has only had manifestations for one week.

**SITUATION 10**

The next day, at 08:15, Mrs. McDonald goes to the washroom and has a fall.

During the physical examination, you assess Mrs. McDonald's pain using a numeric scale. Mrs. McDonald rates her pain at 3/10. You notice that her non-verbal behaviour does not match the severity of the pain reported.

QUESTION 24

What will you do? Choose **ONE** answer.

- A) Complete the fall history.
- B) Assess for the presence of reckless behaviour.
- C) Use a visual analog scale.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What will you do?

OBJECTIVE OF THE QUESTION: Assess an older adult who has pain.

Analyze and interpret the important and critical clinical information in the situation.

The assessment of Mrs. McDonald's pain indicates that there is a discrepancy between her non-verbal behaviour and the severity of the pain reported. At this stage, it's important to examine this discrepancy before continuing with Mrs. McDonald's clinical assessment.

In older adults, a pain assessment must take their capacities into account. If there is a discrepancy between the results of the pain assessment done using a numeric scale and non-verbal behaviour, a different scale must be used, namely, a visual analog scale, faces scale or descriptive scale.



SITUATION 10

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation of the information



The care priority is to explore the discrepancy between Mrs. McDonald's non-verbal behaviour and the results of the pain assessment done using a numeric scale. The best action to carry out is to use a different scale, namely, a visual analog scale, faces scale or descriptive scale.



Answer chosen based on the conclusion drawn from the analysis and interpretation of the information and the objective of the question



Answer C indicates the care to provide because this action will allow the discrepancy between Mrs. McDonald's behaviour and the severity of the pain reported to be explored.

Answers A and B are not the best actions to carry out because they do not take the care priority into account.

**SITUATION 10**

Mrs. McDonald is diagnosed with a femoral head fracture. The surgery is scheduled for tomorrow morning.

At 13:15, during your assessment, you observe that Mrs. McDonald is in unbearable pain and that she says she is worried about the surgery tomorrow.

You consult the excerpt from her medication record:

Medication	Time of adm.	Dates	
		Today	Yesterday
Hydromorphone (Dilaudid®) 1 mg/tab., 1 mg (1 tab.) PO q 3 h	00:00 03:00 06:00 09:00 12:00 15:00 18:00 21:00	CJ CJ	
Acetaminophen (Tylenol®) 500 mg/tab. 500 mg (1 tab.) PO q 4 h PRN for pain or fever		09:00 CJ	
Hydromorphone (Dilaudid®) 2 mg/mL, 0.25 mg (0.125 mL) SC q 4 h PRN for pain			
Lorazepam (Ativan®) 0.5 mg/tab., 0.5 mg (1 tab.) SL q 6 h PRN for anxiety or insomnia			
Signatures: night			
day		Charles Janvier, RN	
evening			

QUESTION 25

Which medication(s) will you administer?

Determine the number of answers based on your clinical judgment.

- A) Acetaminophen PO.
- B) Hydromorphone PO.
- C) Hydromorphone SC.
- D) Lorazepam SL.

Mark your answer with an X.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SITUATION 10

Identify the objective of the question.

Which medication(s) will you administer?

OBJECTIVE OF THE QUESTION: Make a decision regarding the administration of medications.

Analyze and interpret the important and critical clinical information in the situation.

Mrs. McDonald's pain is unbearable despite the administration of regularly-prescribed hydromorphone (Dilaudid®). She can be given a PRN analgesic subcutaneously. Acetaminophen is indicated for use as a co-analgesic with opioid analgesics. Lorazepam is prescribed for severe anxiety.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation
of the information



Two of the medications are indicated: subcutaneous
hydromorphone and acetaminophen.



Answer chosen based on the conclusion drawn from the analysis and
interpretation of the information and the objective of the question



Answers A and C indicate
the medications that
must be administered:
acetaminophen PO
and hydromorphone
subcutaneously.

Answer B suggests hydromorphone PO, which cannot
be administered right now (13:15).

Answer D suggests a medication that is prescribed
for anxiety associated with psychological issues.
Mrs. McDonald does not have any manifestations of
psychological distress.



SITUATION 11

CONTEXT

Mr. Bourque, 20 years old, was admitted with first-episode psychosis two days ago.

At 08:30, Mr. Bourque starts his meal. He gets up and turns the TV off without asking the other people in the room. He sits down at the table, picks up his spoon and puts it down, picks up his fork and puts it down and then picks up his spoon again. He eats a mouthful of his breakfast, then gets up and walks to the end of the corridor. He sits down next to you, then gets up again and says: "I don't feel well, I've got a lump in my throat. I want a sedative."

The following is an excerpt from his medication profile:

- olanzapine (Zyprexa Zydis®) 5 mg PO bid;
- benztropine (Cogentin®) 2 mg PO bid PRN for extrapyramidal symptoms;
- lorazepam (Ativan®) 1 mg PO q 30 min. x 3 doses PRN, maximum 3 doses / 24 hours for anxiety;
- quetiapine (Seroquel®) 25 mg PO bid PRN for anxiety or agitation.

QUESTION 26

What is your assessment finding? Choose **ONE** answer.

- A) Manifestations of akathisia.
- B) Manifestations of dyskinesia.
- C) Manifestations of dystonia.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What is your assessment finding?

OBJECTIVE OF THE QUESTION: Determine an assessment finding.



SITUATION 11

Analyze and interpret the important and critical clinical information in the situation.

Mr. Bourque is exhibiting clinical manifestations of psychomotor agitation. His medication record indicates that he is receiving olanzapine, quetiapine, lorazepam and benztropine.

The most common adverse effects of these medications are as follows:

- olanzapine: akathisia, dizziness, headaches, sedation and weakness;
- quetiapine: dizziness, sedation, weight gain and hyperglycemia;
- lorazepam: dizziness, drowsiness and lethargy;
- benztropine: blurred vision, xerophthalmia, constipation and dry mouth.

Determine which answer is the most appropriate in the clinical situation.

Conclusion drawn from the analysis and interpretation
of the information



The hypothesis whereby Mr. Bourque has clinical manifestations of akathisia,
that is, agitation and an irrepressible need to move, associated with the use
of olanzapine is the most likely hypothesis.



Answer chosen based on the conclusion drawn from the analysis and
interpretation of the information and the objective of the question



Answer A is
the most likely
hypothesis
regarding
Mr. Bourque's
manifestations
of akathisia.

Answer B refers to dyskinesia, which is defined
as the presence of abnormal movements.
This is not consistent with Mr. Bourque's clinical condition.

Answer C refers to dystonia, which is defined as
a tonic, involuntary and uncontrollable contraction.
This is not consistent with Mr. Bourque's clinical condition.



SITUATION 11

Two days later, you meet with Mr. Bourque after his parents have left. He is pacing back and forth in his room. He says: "I have a lump in my throat and my heart is beating fast. I need something to help me calm down. My parents always talk to me about my studies and how the term might not be a total loss. They don't understand that I can't take all this pressure anymore."

QUESTION 27

What will you suggest to Mr. Bourque? Choose **ONE** answer.

- A) That he take his lorazepam.
- B) That he avoid visits from his parents.
- C) That he practice relaxation techniques.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What will you suggest to Mr. Bourque?

OBJECTIVE OF THE QUESTION: Identify measures that will promote the person's well-being.

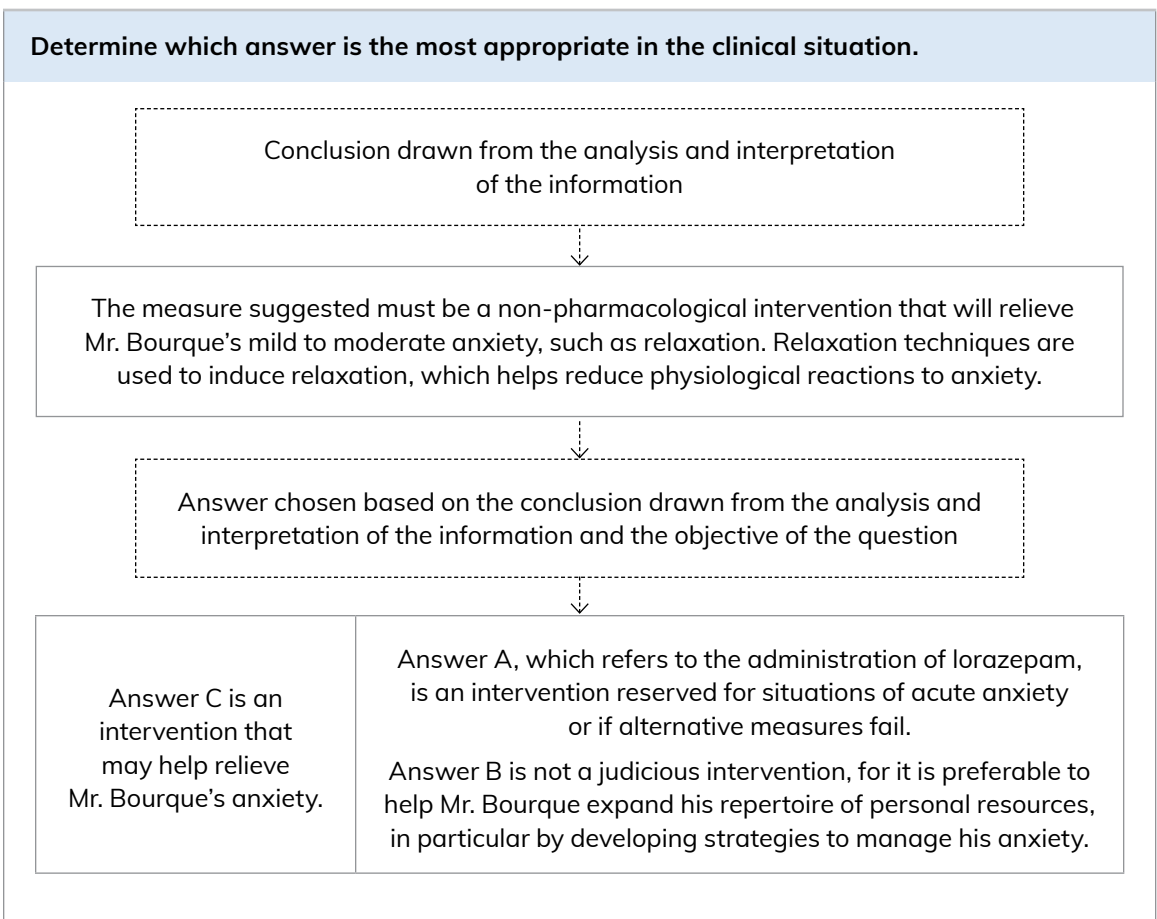
Analyze and interpret the important and critical clinical information in the situation.

Mr. Bourque is exhibiting behaviour indicative of psychomotor agitation (pacing), anxiety (lump in his throat, heart beating fast) and he verbalizes that he is under a lot of pressure. He says that he needs something to help him calm down.

The need expressed by Mr. Bourque is to calm down. Based on what he says, he has clinical manifestations of mild to moderate anxiety. According to clinical best practices, it is preferable to suggest a non-pharmacological method first.



SITUATION 11





SITUATION 12

CONTEXT

Mr. Badour, 46 years old, had a bowel resection with a colostomy yesterday. You go to his room and observe that his meal tray is upside down on the floor. He is sitting on the edge of his bed and his fists are clenched and resting on the bedside table, next to his jug of water. You notice that he is breathing noisily, his face is red and he coughs twice. His ostomy bag is on the floor.

When he sees you, he says: "Get out of here right now. Leave me alone. Like my wife, who just left."

QUESTION 28

What will you say? Choose **ONE** answer.

- A) Mr. Badour, you must handle your ostomy with care in order to prevent complications in the immediate postoperative period.
- B) Mr. Badour, you must take the time you need for you and your wife to adjust to your new condition.
- C) Mr. Badour, you must feel very angry about your situation.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What will you answer?

OBJECTIVE OF THE QUESTION: Intervene with a person who is in a crisis situation or at risk of becoming violent.

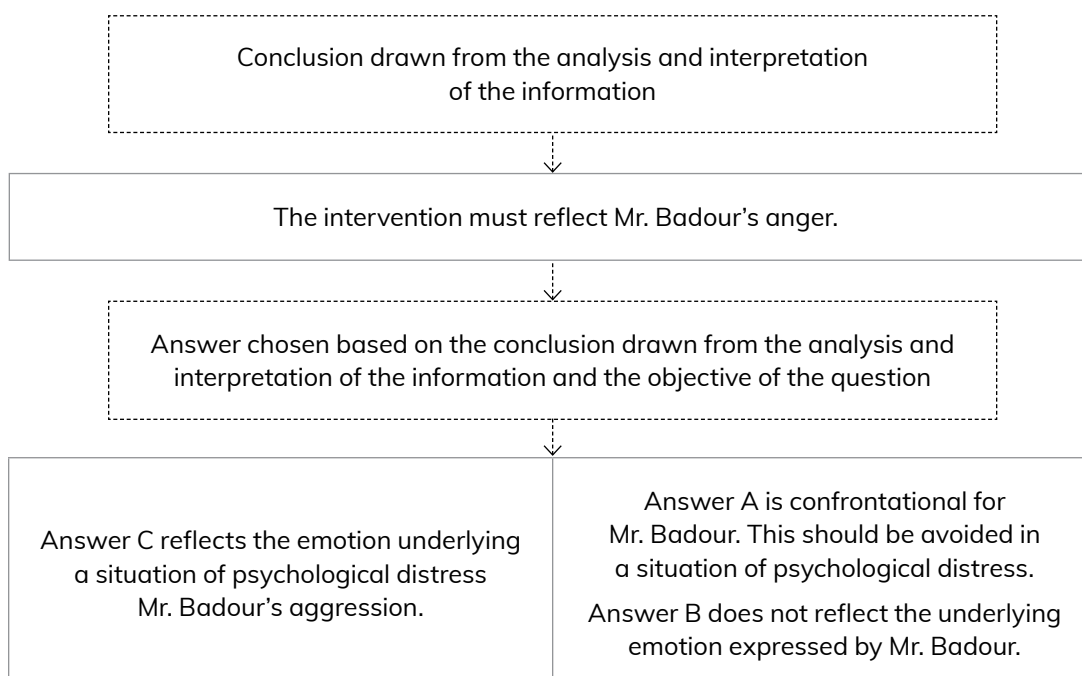


SITUATION 12

Analyze and interpret the important and critical clinical information in the situation.

Mr. Badour has just had surgery that may affect his physical and psychological well-being. Mr. Badour's environment, physical appearance and remarks are indicative of a crisis situation or a situation where there is a risk of violence.

In the Oméga method, the first intervention to carry out in a situation where there is a risk of violence is to use the pacification technique. This consists in establishing communication with Mr. Badour and reflecting the emotion underlying his aggression without judging. It is important to avoid making demands, giving orders, confronting the client or talking about his behaviour.

Determine which answer is the most appropriate in the clinical situation.



SITUATION 12

Three days later, Mr. Badour's physical condition is unremarkable. He tells you that he is worried about his ability to take care of his ostomy. He hopes that he will eventually be able to do it himself.

QUESTION 29

What aspect will you explore further with Mr. Badour now? Choose **ONE** answer.

- A) Past history of aggression.
- B) Coping strategies used in the past.
- C) Ability to perform his ostomy care.

Mark your answer with an X.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Identify the objective of the question.

What aspect will you explore further with Mr. Badour?

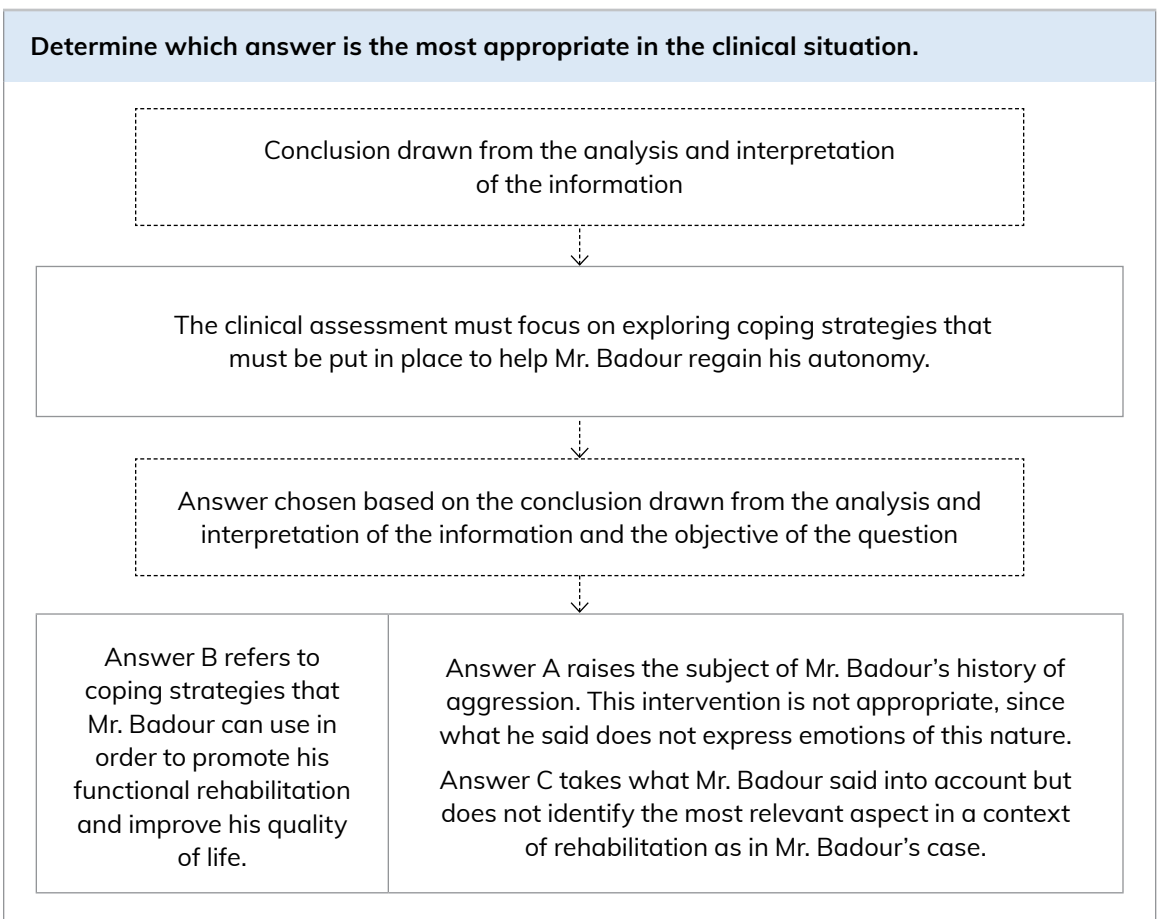
OBJECTIVE OF THE QUESTION: Carry out an assessment of a person who just got an ostomy bag.

Analyze and interpret the important and critical clinical information in the situation.

Three days after the surgery, Mr. Badour's physical condition is unremarkable and the crisis situation seems to have resolved. However, he says that he is worried about his ability to take care of his ostomy. He adds that he wants to do it himself. To support Mr. Badour, it is essential to intervene in order to help him fulfil his potential and regain his autonomy.



SITUATION 12





REFERENCES

- Doyon, O. and Longpré, S. (2022). *Évaluation clinique d'une personne symptomatique*, (2nd ed.). Montréal: ERPI.
- Fortin, M. and Lamontagne, C. (2020). *Math et méd*, (3rd ed.). Montréal: Chenelière Éducation.
- Fortinash, K.M. and Holoday-Worret, P.A. (2016). *Soins infirmiers – Santé mentale et psychiatrie*, (2nd ed.). Montréal: Chenelière Éducation.
- Giguère Kolment, L., Galiano, O. and Giard, M. (2019). *Intégration en soins infirmiers – Pour une préparation efficace aux examens*. Montréal: Chenelière Éducation.
- Hockenberry, M., Wilson, D. and Rogers, C. (2019). *Soins infirmiers – Pédiatrie*. Montréal: Chenelière Éducation.
- Hopfer Deglin, J., Hazard Vallerand, A. and Sanoski, C.A. (2020). *Guide des médicaments*, (5th ed.). Montréal: ERPI.
- Jarvis, C. (2020). *L'examen clinique et l'évaluation de la santé*, (3rd ed.). Montréal: Chenelière Éducation.
- Labrecque, C. and Gilbert, D. (2020). *Soins de plaies – Un savoir et une pratique accessibles*. Montréal: Chenelière Éducation.
- Ladewig, P.W., London, M. and Davidson, M. (2019). *Soins infirmiers en périnatalité*, (5th ed.). Montréal: Pearson/ERPI.
- Lemire, C. and Perrault, V. (2022). *Soins infirmiers – Fondements généraux*, (3rd ed.). Tomes 1 to 3. Montréal: Chenelière Éducation.
- Lewis, S.L., Dirksen, S.R., Heitkemper, M.M. and Bucher, L. (2016). *Soins infirmiers – Médecine chirurgie*, (2nd ed.). Tomes 1 to 3. Montréal: Chenelière Éducation.
- Ministère de la Santé et des Services sociaux. (2015). *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle : contention, isolement et substances chimiques*. Gouvernement du Québec.
- Morgan, K.I. and Townsend, M.C. (2022). *Psychiatrie et santé mentale*, (3rd ed.). Montréal: ERPI.
- Potter, A.P., Perry, A.G., Stockert, P.A. and Hall, A.M. (2022). *Soins infirmiers – Fondements généraux*, (5th ed.). Montréal: Chenelière Éducation.
- Reny, P. (2018). *Savoir communiquer pour mieux aider*. Montréal: Pearson/ERPI.
- Skidmore-Roth, L. (2016). *Le Guide des médicaments*. Montréal: Chenelière Éducation.
- Voyer, P. (2017). *L'examen clinique de l'aîné*, (2nd ed.). Montréal: ERPI.
- Voyer, P. (2020). *Soins infirmiers aux aînés en perte d'autonomie*, (3rd ed.). Montréal: ERPI.
- Wilson, D.D. (2019). *Examens paracliniques*, (3rd ed.). Montréal: Chenelière Éducation.