

Registered Nurse (RN) and Licensed Practical/Vocational Nurse (LPN/LVN) Competency Assessment Answer Key

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ANSWER SHEET

Behavioral Competencies

Registered Nurse (RN) and Licensed Practical/Vocational Nurse (LPN/LVN)

Advocacy

Definition

Ensures the resident has active participation in all parts of his/her own health care (i.e., right to self-determination, right to access to information and privacy, preferences for care, decisions). Represents the resident when requested or when the resident is not able to advocate for one's self.¹ Promotes staff education on resident rights and the responsibilities of the facility to ensure services enhance care within the organization.²

Knowledge, Skills and Abilities

- Advocates for safe, quality care in the use of new resident care technologies.³
 1. **Your unit will begin using a new IV pump and the training is scheduled for 15 minutes before the end of your shift. You:**
 - A. **Complete your work in time to attend the training so that you fully understand the capabilities of the new equipment.**
 - B. Ask your coworkers to tell you what they learn.
 - C. State that pumps are all the same and that you will figure it out when the pump gets to the unit.
 - D. Hope you never have to use it.
- Ensures professional standards of practice and organizational processes are followed.³
 2. **Professional standards include providing person-centered care. An example of person-centered care is:**
 - A. Follow a plan of care that is the same for every person.
 - B. **Follow a plan of care that respects the unique needs of each individual.**
 - C. Follow a plan of care that makes work easy for the staff.
 - D. Follow the same plan of care for all residents, due to limited time.
- Serves as an advocate by using established criteria to identify elder abuse and following standards of care to recognize and report mistreatment (e.g., physical, financial, sexual, neglect, emotional, social).^{1,3}
 3. **Development of a pressure ulcer/injury related to failure to turn and reposition a resident can be defined as:**
 - A. Physical abuse.
 - B. Financial abuse.
 - C. **Neglect.**
 - D. Emotional abuse.

- Understands resident rights and responsibility to advocate for quality care. Reduces common risk factors that contribute to functional decline, impaired quality of life and disability in residents.^{1,3}
 - 4. You notice a resident has started coming out of his room less and seems depressed (e.g., loss of interest, persistent sadness, isolation, etc.) since he moved to your unit from a unit where he lived for many years. He tells you he wants to go back to his old unit with his friends. You know his daughter requested the unit change. You:**
 - A. Believe in time the resident will adjust and do nothing for now.
 - B. Share the resident's status with the interdisciplinary team and support finding a better solution for the resident.**
 - C. Tell the daughter her father is depressed because she made him move.
 - D. Tell the resident the move was for his own good and that he will get better care on your unit.
- Advocates for role as a member of the interdisciplinary health care team.³
 - 5. As a professional nurse in an interdisciplinary team, you:**
 - A. Share information about a resident's change in condition with a treating therapist.
 - B. Participate in making sure that the resident's plan of care reflects the resident's preferences, choices and goals.
 - C. Communicate orders for diet changes with the dietary team.
 - D. All of the above.**
- Values role and responsibilities as resident advocate and completes interventions (i.e. screening, immunization, risk-assessment) to promote health, enhance quality of life, prevent disease and injury, maximize function, maintain desired level of autonomy and independence, promote rehabilitation and provide palliative care to residents.^{1,3}
 - 6. An alert and oriented resident wants to self-administer her medication. This requires completing a self-administration of medication assessment, changing medication storage, updating the care plan and involving the interdisciplinary team to make sure she is safely able to manage her medication. Additionally, you need to ensure it is documented daily that the medication is taken as prescribed. You:**
 - A. Tell her it is easier on the staff if she allows the staff to manage her medication.
 - B. Support her decision and begin the process to make sure she can manage her medication safely.**
 - C. Tell the Director of Nursing Services (DON/DNS) you do not want to do it because it is time consuming.
 - D. Ask the resident's family member to convince her to change her mind.
- Understands role and responsibilities as an advocate to assist resident in navigating through the health care system.³
 - 7. In your role as an advocate for residents, you:**
 - A. Assist the resident in scheduling and getting to medical appointments.
 - B. Make sure to record resident's medication information, including last dose and allergies. You include this information in transfer documents when the resident is sent to the hospital.
 - C. Help the resident understand information about new medications.
 - D. All of the above.**
- Seeks ways to advocate for nursing professional autonomy, accountability and self-regulation.³
 - 8. The definition of nursing autonomy is: "The ability to act according to one's knowledge and judgment, providing nursing care within the full scope of practice as defined by existing professional, regulatory and organizational rules." This means:**⁴
 - A. You may administer an anti-hypertensive medication and monitor for effect if the resident's blood pressure is elevated and meets the parameters of the physician's order.**
 - B. You may order labs without a physician's order for a resident with an elevated temperature.
 - C. You may administer two Tylenol tablets without an order to a resident with an elevated temperature, as long as you document in the nurse's notes that the medication was administered using the "rights" of medication administration.
 - D. You may administer a one-time dose of Milk of Magnesia to a resident complaining of constipation without a physician's order.

Sources

¹ [Canadian Gerontological Nursing Association](#)

² [Centers for Medicare and Medicaid Services](#)

³ [Nurse of the Future](#)

⁴ [Weston, 2010](#)

Communications

Definition

Interacts and effectively communicates with residents, families and staff while “fostering respect and shared decision-making” in order to improve residents’ care coordination and satisfaction.^{1,2,8} Utilizes communication technology and knowledge of the English language to read, write and speak effectively with others in order to convey and understand information and ideas clearly.^{1,3} Utilizes effective communication skills, such as active listening, providing feedback and full attention, addressing emotional behaviors and barriers, resolving conflict and understanding the role diversity and aging can play in communication.^{1,3,4,5,6}

Knowledge, Skills and Abilities

- Communicates effectively, respectfully and compassionately with the resident and his/her family, while also using an appropriate tone and voice, facilitating opportunities to ask questions and choosing the right setting and time to initiate conversation.^{1, 2}
 - 1. Conversations regarding advance directives should occur:**
 - A. On admission.
 - B. During care plan meetings.
 - C. When there is a change of condition.
 - D. All of the above.**
- Recognizes changes in a resident that affect his/her communication and uses strategies and technologies to meet the resident’s needs for optimal communication ability, safety and quality of care.^{1, 4}
 - 2. The following strategies should be used when communicating with people who have speech or language difficulties:**
 - A. Sit or squat to be at eye level and make eye contact.
 - B. Allow extra time for communication.
 - C. Use gestures or a pen and paper to draw or write.
 - D. Finish the person’s sentences so they do not get frustrated.
 - E. A, B and C.**
- Communicates information and ideas to others on the care team fluently when speaking and writing; actively participates during team meetings to ensure direct and open discussions about issues and escalates concerns as needed.^{2, 3, 4, 6, 7}
 - 3. Your participation in interdisciplinary team meetings and documentation of medical records is:**
 - A. Very important.**
 - B. Not Important.
 - C. Neutral.
- Facilitates collaboration and communication between resident/family and medical practitioners regarding health status, care plan needs and services related to transition between home, hospital, home care services and long-term care facility.^{1, 4}
 - 4. Which of the following actions would you take when communicating with emergency room staff during a resident care transfer?**
 - A. Tell the ambulance provider that you will fax the paperwork later.
 - B. Copy and provide documents based on your facility’s transfer protocols.
 - C. Give a verbal report to the accepting emergency department nurse before transferring the resident.
 - D. B and C.**

- Understands the principles of effective communication, including: active listening, validation, verbal and non-verbal communication, empathy for concerns, fluent reading and writing, conflict resolution and negotiation techniques.²
- 5. What should you know when observing and interpreting a resident's nonverbal communication?**
 - A. Patients are usually aware of his/her nonverbal cues.
 - B. Verbal responses are more important than nonverbal cues.
 - C. Nonverbal cues provide important information and need to be acknowledged.**
 - D. Nonverbal cues have obvious meaning and are easily interpreted.
- Recognizes that all behavior and communication have "physiological, psychosocial, developmental, spiritual and cultural influences"; interprets differences in communication styles among residents/families, coworkers and other members of the team; and reflects on "how one's own personality, preferences and patterns of behavior impact communication with others."^{1, 2}
- 6. My beliefs and opinions believe should not adversely affect the care I provide to residents or my communication with residents, families and coworkers.**
 - A. True.**
 - B. False.

Sources

¹[Canadian Gerontological Nursing Association](#)

²[Nurse of the Future](#)

³[Competency Model Clearinghouse](#)

⁴[American Association of Colleges of Nursing](#)

⁵[Pioneer Network/Hartford](#)

⁶[American Nurses Association Leadership Institute](#)

⁷[National Committee for Quality Assurance](#)

Conflict Resolution

Definition

Handles complaints, arguments and conflicts as appropriate. Understands potential crises and behaviors. Takes the appropriate steps to resolve the situation or reduce risk and/or danger.¹

Knowledge, Skills and Abilities

- Understands communication and mediation strategies, techniques and resources available for handling conflict and crisis resolution.¹
 - 1. Which of the following is NOT a conflict resolution skill?
 - A. Negotiation.
 - B. Isolation.
 - C. Communication.
 - D. Validation.
- Mediates conflict between the resident and his/her family members by maintaining resident independence and safety.²
 - 2. A resident wants to sign a do-not-resuscitate (DNR) and is able to understand the meaning and outcome. However, the resident's daughter is not allowing her parent's wishes to be honored. Whom would you notify of the conflict?
 - A. Facility social worker.
 - B. The Director of Nursing Services (DON/DNS) and the administrator.
 - C. Resident's medical practitioner.
 - D. All of the above.
- Works with team to address conflicts, negotiates to build consensus during shared decision-making and finds common ground.^{1,2,3,4}
 - 3. One good way for teams to share information and reach agreement is in care team "huddles" at the nurses' station.
 - A. True.
 - B. False.
- Identifies potential crises and follows procedures, rules and regulations. Monitors situation and intervenes as appropriate to ensure safety of residents and others involved.¹
 - 4. To prevent a dangerous situation in the facility, you should watch for _____.
 - A. Resident-to-resident conflicts.
 - B. Unauthorized individual wandering in the facility.
 - C. An angry family member threatening staff with violence.
 - D. All of the above.

Sources

¹[Competency Model Clearinghouse](#)

²[Canadian Gerontological Nursing Association](#)

³[Nurse of the Future](#)

⁴[Quality and Safety Education in Nursing \(QSEN\)](#)

Education and Training

Definition

Shows an interest in learning and applies new skills and knowledge learned.¹ Creates learning plans using a basic understanding of methods of instruction.^{1,2} Understands that lifelong learning is key to gaining knowledge and competence needed to be successful in his/her position. Completes required annual trainings and learning hours to ensure continuing competence in field.^{3,4}

Knowledge, Skills and Abilities

- States the importance of meeting training requirements, such as abuse, neglect, exploitation and resident rights.
 - 1. The best way to learn about changes in facility policy and procedure is through trainings and in-services.**
 - A. True.
 - B. False.
- Works with individual to identify needs, abilities and goals, and instructs the learner using his/her preferred learning style.¹
 - 2. Which of the following could be used to assess a learner's needs, abilities and goals?**
 - A. Request a demonstration of current skill capabilities.
 - B. Ask the learner what his/her goals are and what he/she needs to learn to achieve those goals.
 - C. Rely on what has worked for other people in the past.
 - D. A and B.
- Understands person-specific learning styles and strategies (i.e., hand-over-hand assistance, verbal or visual instruction, etc.), and provides methods for learners to share feedback on the instruction.¹
 - 3. A good way to teach a new skill is to show someone how to do it and then ask him/her to teach the new skill back to you.**
 - A. True.
 - B. False.
- Demonstrates an interest in continuous professional and personal development by pursuing educational opportunities relevant to his/her position.
 - 4. Professional development includes:**
 - A. Going to a workshop on pressure ulcer/injury prevention.
 - B. Attending training on person-centered care.
 - C. Joining the professional organization for your role.
 - D. All of the above.
- Assesses oneself and seeks feedback from peers and management on how he/she can improve and develop.^{1,2}
 - 5. An example of how to assess your own skills includes:**
 - A. Request feedback from a supervisor about job performance.
 - B. Be upset by suggestions to improve performance.
 - C. Be too hard on yourself.
 - D. Avoid changing when issues are pointed out.

- Takes charge of his/her professional development by recognizing strengths and weaknesses, and selects education and training opportunities accordingly.¹
 - 6. **A resident has a wound that requires complex dressing, which you do not understand. The facility has a wound care nurse who works Monday through Friday. You will be in charge of the dressing on the weekends. What is the best way to approach the complex wound dressing?**
 - A. Wait until it is time to change the dressing and worry about it then.
 - B. **Ask the wound nurse to train you on the correct way to apply the dressing.**
 - C. Watch a YouTube video on how to change the dressing.
 - D. Ask a coworker to change the dressing for you.

Sources

¹[Competency Model Clearinghouse](#)

²[American Nurses Association's Leadership Institute](#)

³[Canadian Gerontological Nursing Association](#)

⁴[Federal Regulatory Groups for Long Term Care Facilities, Centers for Medicare & Medicaid Services](#)

Ethics

Definition

Completes roles and responsibilities within the ethical structure of his/her profession and supports ethical decision-making by the resident and his/her family consistent with the resident's values and beliefs.^{1,2,4} Understands the importance of honesty and resident consent.¹

Knowledge, Skills and Abilities

- Understands and applies concepts of decision-making and assists residents and families with balancing everyday autonomy, safety decisions and aspects of quality end-of-life care.²
 1. **A resident has end-stage esophageal cancer. She wants to continue to eat food with normal consistencies. The resident's family members do not agree on the right course of action. You:**
 - A. Request the resident's physician participate in a special care plan meeting with the resident and her family members.
 - B. Ensure the resident fully understands the consequences of her choice.
 - C. Ensure the facility Director of Nursing Services (DON/DNS) and administrator are aware of the situation.
 - D. **All of the above.**
- Practices safely and ethically along a continuum of care by maintaining professional boundaries, respecting individual's right to privacy and maintaining informed consent practices. Understands the negative consequences of action/inaction and recognizes when to report situations of malpractice, negligence, abuse, neglect, etc.^{1,3}
 2. **Which statement is TRUE?**
 - A. Providing quality end-of-life care means not needing to consult with others.
 - B. Assessing for constipation is important in a dying person even if he/she is not eating.
 - C. **Treating an infection with antibiotics may be inappropriate for someone who is actively dying.**
 - D. Determining why a dying older person is confused would be an inappropriate use of resources.
- Understands and applies the basic principles of National Standards for Culturally and Linguistically Appropriate Services (CLAS), cultural sensitivity and language assistance services.¹
 3. **In an hour, a new resident will be admitted to your facility from the hospital. The hospital nurse tells you the resident is from Spain and understands and speaks only Spanish. The resident has no family members accompanying him, only a neighbor. Which action is most appropriate?**
 - A. Assign the resident to a nursing assistant (CNA) who is from Mexico and speaks Spanish fluently. Use the CNA to help translate for the admission.
 - B. Proceed with the admission, not knowing any Spanish and keeping the resident's information private.
 - C. **Ask the hospital nurse which Culturally and Linguistically Appropriate Services (CLAS) approved the translation service she used, and obtain the CLAS contact information.**
 - D. Ask the resident's neighbor to stay and help with the admission, since the neighbor knows the resident best.

Sources:

¹[Competency Model Clearinghouse](#)

²[American Association of Colleges of Nursing](#)

³[Canadian Gerontological Nursing Association](#)

⁴[American Nurses Association's Leadership Institute](#)

Leadership

Definition

Influences the behavior of individuals and groups in his/her facility, helps establish shared goals and objectives, and demonstrates leadership characteristics and abilities that promote person-centered care.^{1,2,3} Facilitates shared problem-solving, decision-making and planning with interdisciplinary team members.¹

Knowledge, Skills and Abilities

- Understands one's own feelings and emotions and is able to control them in stressful situations. Identifies the impact of his/her own leadership style on the team.¹
 - 1. **You hear a housekeeper yelling for a nurse. You go to the room and find a resident unconscious on the floor in the bathroom. You:**
 - A. **Begin to evaluate the resident while the housekeeper gets another nurse to respond with the resident's chart and a crash cart.**
 - B. Ask the housekeeper to stay with the resident as you check the chart to see if the resident is a "Do Not Resuscitate" (DNR).
 - C. Run down the hall to get the crash cart.
 - D. B and C.
- Understands human behavior, individual and group performance, as well as principles of accountability and delegation. Identifies the roles and responsibilities of the team.¹
 - 2. **You overhear a nursing assistant (CNA) report a concern about a resident to her nurse. You notice that over the next 30 minutes, the charge nurse has not left the nurses' station to check on the concern. What should you do?**
 - A. Stay out of it because the resident is not assigned to you.
 - B. Ask the CNA how the resident is doing.
 - C. **Offer to go with the assigned charge nurse to assess the resident.**
 - D. Go and tell the Director of Nursing Services (DON/DNS) your concern.
- Demonstrates critical, informed thinking, systematic approaches to problem solving, and the ability to achieve goals and outcomes, especially around situations with ambiguity and tension; improves resident care; implements change and delegates tasks to staff members, as needed, in order to maintain or improve the health and comfort of the resident.¹
 - 3. **As a charge nurse, you have to modify the original CNA assignment due to staffing conflicts. Which leadership approach would you implement when dealing with frustrated staff?**
 - A. Huddle with the staff to collaboratively reassign responsibilities.
 - B. Set the expectation that everyone must work as a team.
 - C. Active listening.
 - D. **All of the above.**
- Promotes a productive culture by valuing individuals and their contributions, understanding different viewpoints, promoting cooperative behaviors, recognizing how his/her own attitudes and beliefs impact his/her leadership style, and by seeking a mentor or acting as a mentor for team members.¹
 - 4. **To contribute to your success as a nurse, you do the following:**
 - A. Find a nurse who knows the facility well and has a leadership style from which you can learn.
 - B. Evaluate your team member's skills, strengths and weaknesses.
 - C. Be open-minded to new ideas discussed in team meetings.
 - D. **All of the above.**

Sources

¹[Nurse of the Future](#)

²[Pioneer Network/Hartford](#)

³[American Nurses Association's Leadership Institute](#)

Problem-Solving

Definition

Applies critical thinking skills, knowledge of mathematics and ability to combine information to make conclusions. Detects and recognizes changes in residents.¹ Collaborates with others to evaluate interventions. Makes recommendations to the care plan, deduces risk and improves care for residents.^{3,4}

Knowledge, Skills and Abilities

- Understands the method of problem solving that includes: (1) using learned information to develop a variety of solutions, (2) choosing the best solution, (3) developing an approach for implementing the solution, and (4) evaluating its success.¹
 - 1. A new resident, Mr. Jones, has fallen three times on your shift. What would the first step be in finding a solution to this problem?**
 - A. Put a fall mat by his bed.
 - B. Move him closer to the nurses' station.
 - C. Review the times, places and circumstances of his falls. Look for common contributing factors.**
 - D. Continue the current care plan with no changes.
- Promotes team problem-solving, decision-making and interdisciplinary collaboration. Does this by assessing outcomes, planning interventions, implementing strategies and facilitating continuity of care.⁴
 - 2. A post-fall "huddle" is one example of using an effective team strategy to address a problem.**
 - A. True.**
 - B. False.
- Identifies and addresses barriers to person-centered care. Implements and monitors interventions to address problems, reduce risk, and promote quality and safety.^{1,2,4}
 - 3. Which of the following is an example of a barrier to person-centered care?**
 - A. Failing to communicate resident's preferences to the team who is caring for the resident.**
 - B. Respecting the resident's wish to remain in bed late in the morning.
 - C. Participating or hosting interdisciplinary team meeting to update the resident plan of care.
 - D. Having night shift staff get a resident up and showered to honor lifelong pattern of early rising in the morning.
- Identifies a problem, uses available resources and gathers information in order to understand the problem. Refers the problem to the appropriate people, as needed.¹
 - 4. Mrs. Smith is complaining of sudden onset shortness of breath. What is your first step?**
 - A. Review Mrs. Smith's medical record for history, recent labs, medication changes or other factors that may help understand her change of condition.
 - B. Call Mrs. Smith's medical practitioner and ask for an order for nebulizer treatments.
 - C. Obtain O₂ saturation levels and vital signs for Mrs. Smith. Evaluate lung sounds. Check for lower extremity edema.**
 - D. Ask the nursing assistant (CNA) to keep an eye on Mrs. Smith and report back to you if it gets worse.

- Works with staff, residents and family to facilitate problem-solving and decision-making for complex situations related to resident choice and risk.³
 - 5. **A recent swallow study indicates a resident is unable to swallow thin liquids safely, but he is refusing to drink the honey-thick liquid the speech therapist ordered. What is the best approach to this situation?**
 - A. Supply thin liquids so he does not get dehydrated. Watch him carefully as he drinks them.
 - B. Continue to offer honey-thick liquids. Document his refusal to drink them.
 - C. **Communicate the refusals to the speech therapist, medical practitioner and Director of Nursing Services (DON/DNS). Request to attend an interdisciplinary team meeting to support finding a solution the resident will accept.**
 - D. Call the medical practitioner to inform him/her that the resident is noncompliant with his diet order.

Sources

¹[Competency Model Clearinghouse](#)

²[American Association of Colleges of Nursing](#)

³[Pioneer Network/Hartford](#)

⁴[Canadian Gerontological Nursing Association](#)

Professionalism

Definition

Shows professional standards and work behaviors. Provides care that is consistent with moral, legal and ethical principles for his/her practice. Maintains a professional manner at work. Shares professional values, attitudes and thoughts related to person-centered care for the resident and his/her family.^{1, 2, 3}

Knowledge, Skills and Abilities

- Treats others with respect. Takes responsibility for his/her own behavior, decisions and actions. Shows commitment to providing high-quality and safe care to residents.^{1, 2}
 - 1. **It is acceptable to call in sick if your supervisor is upset with you. This gives him/her time to cool off.**
 - A. True.
 - B. **False.**
- Recognizes the importance of lifelong learning and its impact on professional advancement and ability to deliver high quality of care to residents.²
 - 2. **Select all the ways you can advance your professional knowledge.**
 - A. Participate in in-service training.
 - B. Get information from Wikipedia.
 - C. Take a course to advance your knowledge and skills.
 - D. **A and C.**
- Recognizes and practices self-care in order to contribute to a positive, healthy work environment that promotes safety and shared accountability.²
 - 3. **Self-care is an important part of your professional responsibility. Some examples of self-care are:**
 - A. Saying no to overtime shifts when you are already tired.
 - B. Calling in sick to go to a concert.
 - C. Learning to manage stress by getting enough sleep, exercise and nutritious foods.
 - D. **A and C.**
- Understands role and responsibility as part of the team. Holds oneself accountable and maintains accepted standards of practice. Uses ethical principles in decision-making.²
 - 4. **A resident's daughter is angry. She approaches you and says, "None of you people know what you are doing." You:**
 - A. Tell her that she is upsetting the other residents and she should quiet down.
 - B. **Calmly acknowledge her concerns. Find a private place to talk with her. Follow your facility's protocols regarding grievances or abuse and neglect, if needed.**
 - C. Walk away, because no one should talk to you like that.
 - D. Tell her that her mother is not your resident.
- Works within his/her scope of practice and follows nursing home regulations and facility policy and procedure.²
 - 5. **Your supervisor asks you to perform a task that is outside your scope of practice. You:**
 - A. Do it because your supervisor gave you permission.
 - B. Say "no" and walk out because you have to protect yourself.
 - C. **Respectfully explain to the supervisor that the task is outside of your responsibilities.**
 - D. Read the facility policy and procedure before performing the task.

- Treats others with respect. Takes responsibility for his/her own behavior, decisions and actions. Shows commitment to providing high-quality and safe care to residents.^{1, 2}
 - 6. **Documenting that you gave care when you have not given care is okay if you complete the task by the end of your shift.**
 - A. True.
 - B. **False.**
- Maintains a professional appearance and positive attitude by following the facility dress code, practicing good personal hygiene, demonstrating self-control and maintaining composure during difficult situations. Projects a professional image to the public and takes pride in his/her work and the facility.^{1, 2}
 - 7. **After your shift, several coworkers go out to eat. Some staff members begin to talk negatively about your new manager. You:**
 - A. Agree and state that you do not like the way things are going. You mention you are looking for a new job.
 - B. **Change the conversation to something that is not facility-related.**
 - C. Take bets on how long the new manager will be employed at the facility.
 - D. Tell them the new manager is friends with important people, so they should be careful about what they say.

Sources

¹[Competency Model Clearinghouse](#)

²[Nurse of the Future](#)

³[American Association of Colleges of Nursing](#)

Teamwork and Collaboration

Definition

Promotes interdisciplinary team collaboration through problem-solving and intervention planning that focuses on resident needs.⁶ Sees self as part of a team and values open communication, respect, shared decision-making, team learning and professional development.¹

Knowledge, Skills and Abilities

- Understands roles and responsibilities of team members and the importance of effective teamwork. Interacts regularly with interdisciplinary team members and shows interest in learning from others.^{1,2,3}
 - 1. Which of the following are examples of times when the interdisciplinary team needs to share information?**
 - A. Fall prevention.
 - B. Pressure ulcer/injury prevention and management.
 - C. Resident care plan discussions.
 - D. All of the above.**
- Provides constructive, respectful feedback to team members. Responds appropriately to feedback from other team members, recognizing his/her own strengths and limitations as a team member.^{1,2,3,4,7}
 - 2. A new nurse starts on your unit and you see that he is struggling with completing tasks on time. You:**
 - A. Do nothing; he will figure it out, or he does not need to be here.
 - B. Share with him your challenges with the transition to a new facility and some of the techniques you use to complete tasks.**
 - C. Tell the Director of Nursing Services (DON/DNS) that the new nurse is not going to make it in his role.
 - D. None of the above.
- "Recognizes the risks associated with transferring resident care responsibilities to another professional ("hand-off") during care transitions."^{1,2}
 - 3. The risk(s) related to transferring the care of a resident to a different professional caregiver include:**
 - A. Mistaken duplication of medication administration.
 - B. Critical lab results overlooked.
 - C. Unrecognized delirium in a resident with dementia.
 - D. All of the above.**
- Shares own perspective and thoughts when discussing resident care. Shows sensitivity and openness to others' ideas, practices shared decision-making and works with team members to identify goals for individual residents. Ensures collaboration with resident and family in discussions and decisions around resident care.^{1,2,3,7}
 - 4. During an interdisciplinary team (IDT) meeting, the team discusses a resident who has several comorbidities. The team strategizes how to meet the resident's needs. You:**
 - A. Listen to all perspectives.
 - B. Take the opportunity to catch up on your documentation and listen while the others share.
 - C. Openly share your knowledge of the resident, his challenges and goals.
 - D. A and C.**

- Cooperates with team by building productive relationships, understanding group dynamics and disciplines within the team, and negotiating and managing conflicts, as needed, by finding common ground. Acts with honesty and integrity when working with team and collaborating with individuals with differing views.^{1,2,3,5,6,7}
- 5. **Snacks are consistently delivered 30 minutes late to the unit, which is the same time staff do positioning and toileting rounds. What is the best way to resolve this issue as a team?**
 - A. Go to the kitchen and tell the staff that they need to deliver snacks on time.
 - B. Tell your staff that dietary will never deliver them on time, so we need to adjust our tasks and activities.
 - C. Talk with the DON/DNS about scheduling an interdisciplinary team meeting to discuss and resolve.**
 - D. Tell the nursing assistant (CNA) to take the snack cart back to the kitchen, since the time for snacks is over.

Sources

¹[Quality and Safety Education of Nursing, American Association of Colleges of Nursing](#)

²[Competency Model Clearinghouse](#)

³[Pioneer Network/Hartford](#)

⁴[Institute of Medicine \(US\) Committee on the Health Professions Education Summit](#)

⁵[Canadian Gerontological Nursing Association](#)

⁶[Geriatric Nursing Pain](#)

⁷[Patient-Centered Medical Home Recognition](#)

Time Management and Adaptability

Definition

Manages time and prioritizes tasks in order to safely complete responsibilities.¹ Recognizes the importance of consistent caregivers for residents. Takes initiative, adjusts actions as priorities change and performs effectively.^{1, 2}

Knowledge, Skills and Abilities

- Understands personal responsibility to residents and the facility in order to promote quality of care and facility confidence.¹
 - 1. What should you consider when determining the best time to take a break?**
 - A. Facility policy.
 - B. My daily personal obligations (e.g., picking my kids up from school).
 - C. My resident needs are met, residents are being supervised and a clinical peer agreed to be available if my staff or residents need something while I am away.
 - D. A and C.**
- Takes initiative without being asked by management; shows reliability, responsibility and dependability in fulfilling commitments and tasks.¹
 - 2. The Minimum Data Set (MDS) nurse assigned to monitor the dining room during resident lunch is not present. Lunch is being served, and your morning tasks are complete. You:**
 - A. Page the MDS nurse to the dining room.
 - B. Tell the administrator that no one from management is covering the dining room.
 - C. Go to the dining room to supervise and ensure safe dining until appropriate relief arrives.**
 - D. Mind your business, and wait for your hall trays to arrive.
- Informs staff of his/her schedule and any tasks or appointments that may affect schedules. Provides complete and accurate information to others in a timely manner.¹
 - 3. You are notified that a diabetic resident has a 12:30 p.m. medical appointment. You:**
 - A. Notify the resident's nursing assistant (CNA) of the appointment and the time the resident needs to be ready.
 - B. Communicate with the resident's usual caregivers about the timeframe in which the resident will be unavailable.
 - C. Notify the kitchen staff that the resident will need an early lunch tray and a snack today.
 - D. All of the above.**
- Plans and tracks tasks so that work is completed accurately and on time. Prioritizes tasks efficiently according to importance or urgency. Shows openness to new ways of completing tasks and improving processes.¹
 - 4. You are reviewing resident lab results and find that two INRs are critical. Prioritize the four activities below:**
 - a) Notify the resident's medical practitioner.
 - b) Inform the medication aide/nurse of the critical INR and tell him/her to hold the medication until further instructions are received from the medical practitioner.
 - c) Notify the resident/resident representative.
 - d) Ask the CNA if he/she saw any evidence of bleeding. Instruct him/her to report any new bleeding.
 - A. c, d, a, b
 - B. d, a, b, c
 - C. b, d, a, c**
 - D. b, c, a, d

Sources

¹[Competency Model Clearinghouse](#)

²[Pioneer Network/Hartford](#)

ANSWER SHEET

Technical Competencies

Registered Nurse (RN) and Licensed Practical/Vocational Nurse (LPN/LVN)

Activities of Daily Living (ADLs)

Definition

Develops and follows a person-centered plan of care addressing each resident's range in ability to perform activities of daily living (ADLs) (e.g., bathing, dressing, grooming, toileting, bed mobility, eating, transfer and locomotion). Supports residents in order to help them maintain their highest level of functioning.³

Knowledge, Skills and Abilities

- Understands the importance of nutrition and the pleasure component of eating meals and snacks. Preserves the dignity of all residents at mealtime and acts in a caring and compassionate manner when providing support and/or assistance to residents during meals and/or snacks. Maintains safety based on the person-centered plan of care.
 1. **Mealtime observations for a resident with weight loss can provide valuable information to help understand why a resident is losing weight. Examples of observational clues would include:**
 - A. Resident is a slow eater and is rushed to finish meals before returning to his/her room.
 - B. The dining room is noisy and the resident appears distracted.
 - C. The resident values his/her independence and you observe he/she is struggling to use utensils.
 - D. **All of the above.**
- Understands and actively encourages the resident's independence in the performance of ADLs to support the resident's participation in meaningful activities (e.g., career history, recreation, spirituality, socialization activities). Promotes the resident's emotional well-being and facilitates independence and self-sufficiency while maintaining dignity and participating in activities of choice.¹
 2. **Task segmentation can be an effective intervention for residents who need frequent rest periods in order to participate in their ADLs and maintain their highest practicable level of functioning.**
 - A. **True.**
 - B. False.
- Understands the normal physiological changes that occur with aging, and supports residents who require assistance with ADLs in order to help them "live a self-determined life in a safe and healthy manner."¹
 3. **Incontinence can be a significant source of embarrassment to the resident and may contribute to isolation and depression. Preventable causes of resident incontinence might include:**
 - A. Lack of accessibility to devices, such as bedside commode, bedpan, etc.
 - B. Lack of individualized toileting plan.
 - C. Not responding to a resident's call lights in a timely manner.
 - D. **All of the above.**

- Provides guidance and assists if needed to support safe and appropriate provision of resident care related to ADLs. For example, “bathing (e.g., tub, shower, bed), bed-making (occupied and unoccupied), bedpan, dressing, eating, nail and hair care, grooming (brushing teeth or dentures), providing resident privacy, range of motion (upper or lower extremity), transfers, using gait belt, using mechanical lifts, etc.”²
- 4. **You have just completed an admission evaluation on a newly admitted resident and are preparing to add entries to the baseline plan of care. Important entries related to safe and appropriate person-centered care would include:**
 - A. Provide two-person gait-belt transfer; requires extra time to gain balance upon standing.
 - B. Assist with meals as needed.
 - C. Resident is a fall risk.
 - D. Provide safe environment.
 - E. **A, B and C.**

Sources

¹ [Competency Model Clearinghouse](#)

² [Federal Regulatory Groups for Long Term Care Facilities, Centers for Medicare & Medicaid Services](#)

³ [Medical Definition of Activities of Daily Living \(ADLs\)](#)

⁴ [New York State Nursing Home Training Program for Paid Feeding Assistance](#)

Admission, Transfer and Discharge

Definition

Facilitates safe and effective transitions across levels of care, including acute, community-based and long-term care (e.g., home, assisted living, hospice, nursing homes) for residents.¹

Knowledge, Skills and Abilities

- Demonstrates the ability to develop and present a written summary of the baseline plan of care to the resident and resident representative in terms they are able to understand and with agreed upon goals.
 - 1. Examples of terms that a resident and resident representative would understand include:**
 - A. PRN and QD.
 - B. SS and TX.
 - C. B & B and monitor for NAR.
 - D. None of the above.**
- Has knowledge relating to coordination of discharge plans with family and health care team. Collaborates and facilitates communication between providers and resident/family regarding plans. Addresses resident's needs and provides services supporting a safe transition.
 - 2. Teaching an alert and oriented resident about home medication management is NOT important if the resident is discharging home with home health. It may confuse the resident.**
 - A. True.
 - B. False.**
- Understands the resident's right to refuse transfers, as well as preparation for a safe and orderly transfer or discharge, notice of bed hold policy upon transfer from the facility, and the discharge planning process and summary of stay.²
 - 3. Examples of important information to communicate to emergency room (ER) staff at the time of resident transfer include:**
 - A. The resident's advanced directives, choices and preferences regarding care.
 - B. Medical practitioner and family representative contact information.
 - C. Medication list and resident's plan of care.
 - D. All of the above.**
- Collaborates with the resident, resident representative, accepting medical practitioner and discharging location to provide a safe transition of care to the nursing home with complete and accurate admission orders.
 - 4. Examples of important steps *prior* to verifying nursing home admission orders with the accepting medical practitioner include:**
 - A. Complete a medication reconciliation (the process of comparing a resident's medication orders to all of the medication that the resident has been taking, including home medications).
 - B. Validate that the medication reconciliation is accurate by talking to the resident and/or resident representative.
 - C. Review all other admission orders with resident and/or responsible party, including advanced directives to validate accuracy in accordance with resident choice.
 - D. All of the above.**

- Demonstrates the ability to develop and implement a written baseline plan of care within 48 hours of admission that includes minimum health care information necessary to properly care for the immediate needs of the resident.
- 5. **Examples of information that must appear on a baseline plan of care to promote safety and safeguard against adverse events that are most likely to occur right after admission include:**
 - A. Common safety risks, such as choking, falls, bleeding and side effects of medications.
 - B. Initial goals based on admission orders.
 - C. Pre Admission Screening and Annual Resident Review (PASARR) recommendations if applicable.
 - D. Dietary orders.
 - E. **All of the above.**

Sources

¹[American Association of Colleges of Nursing](#)

²[Canadian Gerontological Nursing Association](#)

Detecting Resident Change in Condition

Definition

Knows the signs of illness in older adults and other nursing facility residents and watches for and reports early changes in a resident's condition.²

Knowledge, Skills and Abilities

- Understands that unrecognized changes of condition can lead to preventable adverse events for residents.
 1. **Early signs of infection in older adults may be missed because the signs are often dismissed as being a normal part of aging.**
 - A. **True.**
 - B. False.
- Recognizes the medical practitioner as a key member of the care team and alerts him/her of changes of condition in a timely manner and in order for the provider to assess and validate that a resident change has occurred.
 2. **Early detection of a possible change in condition and timely medical practitioner intervention may prevent which of the following?**
 - A. Need for new medication.
 - B. Avoidable transfer to the hospital.
 - C. Need to change the resident's care plan.
 - D. **A and B.**
- Performs nursing evaluation when there is a perceived change of condition. Documents findings in the medical record and notifies the resident's physician and resident representative.¹
 3. **A resident who is normally happy and participates in activities becomes tearful and refuses to remain in an activity he/she normally enjoys. The best action would be to:**
 - A. Return the resident to his/her room and leave him/her alone to calm down.
 - B. Add the information to the shift report and ask the oncoming shift to monitor.
 - C. **Take the resident back to his/her room to evaluate the situation, including possible underlying change of condition.**
 - D. Administer an anxiolytic medication that is ordered on an as-needed basis.
- Gathers information and communicates to the interdisciplinary team using a variety of methods (e.g., 24 Report; huddles; Stop and Watch; Situation, Background, Assessment, Recommendation (SBAR); walking rounds; stand up/stand down meetings).⁴
 4. **You notice a stage 3 pressure ulcer/injury has shown no change over a two-week period. You should:**
 - A. Ensure that pressure-relieving devices are appropriately used and the resident is properly positioned on a schedule that supports wound healing.
 - B. Evaluate the wound for signs of infection.
 - C. Notify the medical practitioner, the Director of Nursing Services (DON/DNS), the nursing assistant (CNA) who cares for the resident, as well as all members of the interdisciplinary team.
 - D. **All of the above.**

- Recognizes the importance of a culture that encourages reporting of perceived changes in residents.
- 5. Resident changes in condition are most easily found when:**
 - A. All facility staff are encouraged to know the residents and report changes.**
 - B. The nursing staff have sole responsibility for monitoring and reporting changes.
 - C. Assignments frequently change so staff works with different residents each week.
 - D. Only nursing supervisors are allowed to notify medical practitioners about changes.
- Understands normal, age-related physiological and non-physiological changes and recognizes changes that indicate a variation from baseline.
- 6. Which of the following should be evaluated to determine if a resident has had a variation from baseline?**
 - A. Ability to perform activities of daily living.
 - B. Cognitive function, memory, speech pattern and clarity.
 - C. Review medical record, including new orders, medical practitioner notes and diagnostic studies.
 - D. All of the above.**

Sources

¹[Canadian Gerontological Nursing Association](#)

²[Agency for Healthcare Research and Quality](#)

Documentation

Definition

Records important facts and observations about a resident's health, including past and present illnesses, medical tests, treatments and outcomes. Establishes a resident's history, including treatment, and response to treatment as a legal record. Uses documentation to serve as communication between health care professionals, patients, their families and health care organizations.¹

Knowledge, Skills and Abilities

- Produces high-quality documentation, written and/or electronic that is: legible, clear, concise and complete, accurate, timely, relevant, reflective of the nursing process and accessible to all members of the health care team. The documentation serves as a legal record of the provision of care to the resident.¹
 - 1. **Nurses may be called (subpoenaed) to testify to recall events and attest to the truthfulness and accuracy of their documentation in a court of law.**
 - A. **True.**
 - B. False.
- Understands and practices safe principles of documentation, including using standardized terminology and avoiding unsafe documentation principles.¹
 - 2. **Which of the following is NOT considered an unsafe nursing documentation abbreviation?**
 - A. **PRN.**
 - B. IU.
 - C. D/C.
 - D. MS.
- Documents information related to a resident's problems, goals, interventions and evaluation of the resident's plan of care consistent with nursing process.¹
 - 3. **Which should NOT be the focus when documenting goals and interventions in the resident plan of care?**
 - A. Measurable.
 - B. Resident-directed.
 - C. Reasonable.
 - D. **Reimbursable.**
- Understands and practices principles of documentation protection, including security of data, resident identification, as well as related personal health information (PHI).¹
 - 4. **You receive a call from a vendor asking for a resident's social security number. What should you do?**
 - A. Verify that the vendor has a need to know the information (order for services).
 - B. Have the vendor tell you the resident's full name.
 - C. Call the daughter to get permission.
 - D. **A and B.**

- Knows of all facility policies, procedures and professional standards related to documentation and follows these as part of nursing practice.¹

5. Where would you find the documented professional practice standards for your particular licensure?

- A. Textbook from nursing school.
- B. Department of Health for your state.
- C. [Board of Nurse Examiners for your state and for your licensure.](#)**
- D. The Centers for Medicare & Medicaid Services (CMS).

Source

¹[Nursing World](#)

Infection Control and Prevention

Definition

Understands facility infection prevention and control policies and procedures. Practices in an environmentally safe and healthy manner.⁴ Demonstrates mastery of hand hygiene, transmission-based precautions, standard precautions, equipment and environmental cleaning, etc.²

Knowledge, Skills and Abilities

- Uses standard and transmission-based precautions (e.g., Methicillin Resistant Staphylococcus Aureus [MRSA], Vancomycin Resistant Enterococcus, Clostridium Difficile [CD] precautions, equipment cleaning) and infection control measures when providing direct and/or indirect care.³
 1. **The chain of infection includes six elements: infectious agent, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.¹ In clostridium difficile (CD) infections, the mode of transmission is most often:**
 - A. **Contaminated hand-to-mouth.**
 - B. Airborne droplets.
 - C. Food borne.
 - D. Antibiotics.
- Demonstrates mastery of hand hygiene, including when it is appropriate to use alcohol-based hand sanitizers, and the use of personal protective equipment (PPE).²
 2. **When cleaning a heavily draining wound infected with MRSA, where you might experience splashing or spray, what personal protection equipment would you use?**
 - A. Gloves and gown.
 - B. Gloves, gown, mask and shoe covers.
 - C. **Gloves, gown, mask and eye protection.**
 - D. Gloves only.
 3. **Examples of when you should use soap and water instead of alcohol-based hand sanitizer are:**
 - A. Hands are visibly soiled.
 - B. Caring for a resident with clostridium difficile.
 - C. When caring for a resident with a norovirus infection.
 - D. **All of the above.**
 4. **When cleaning surfaces and equipment that may be contaminated with clostridium difficile, it is important to use:**
 - A. Anti-microbial cleaning agents that kill bacteria.
 - B. **Environmental Protection Agency (EPA)-approved, spore-killing disinfectants.**
 - C. Alcohol-based cleaning products specifically designed for cleaning in health care facilities.
 - D. None of the above.

- Recognizes and evaluates risk factors that predispose a resident to infection (e.g., indwelling catheter, wounds, recent history of infection, compromised immune system), reviews immunization history (e.g., influenza, pneumonia, shingles), implements appropriate interventions to prevent or minimize the risk of associated infection.¹
 - 5. Residents who are age 65 or older should be administered two doses of pneumococcal vaccine.¹**
 - A. True.
 - B. False.
- Effectively educates residents and families about infection control and prevention. Explains rationale behind transmission-based precautions and the proper use of personal protective equipment (PPE), maintains resident dignity and confidentiality, and demonstrates sensitivity to resident's verbal and non-verbal cues regarding self-image associated with having an infection.⁴
 - 6. A family member with a mild cold is visiting a resident with a low white blood cell count (leukopenia). In order to protect the resident, appropriate courses of action are:**
 - A. The family is visiting from out of the area, so you cannot say anything.
 - B. Recommend that the family member come back to visit when his/her cold has resolved to protect the resident.
 - C. Suggest the family member take cold medicine to prevent coughing and sneezing in the resident's presence.
 - D. Tell the family member about the resident's health care condition and hope they don't visit.
- Recognizes the importance of accurate infection identification and surveillance using an approved criteria (e.g., McGeer's). Promptly reports incidence of new onset or potentially communicable infections to medical practitioner and appropriate leadership to minimize the risk of outbreaks and improve resident outcomes.
 - 7. The nurse's role in infection surveillance includes:**
 - A. Monitoring the residents and staff on the unit for signs and symptoms of infection.
 - B. Accurately identifying and reporting signs and symptoms of infection to the medical practitioner and nursing leadership.
 - C. Being aware and reporting if more than one person on a unit exhibits similar signs and symptoms.
 - D. All of the above.
- Understands the key concepts of antibiotic stewardship and the risks of antibiotic overuse. Discusses with the medical practitioner the possibility of obtaining an order to culture prior to prescribing an antibiotic.⁴ Educates residents and families about the risk of using antibiotics in situations where an antibiotic is not medically justified as determined by the resident's medical practitioner. Reviews culture reports for sensitivity, and reports the results to the medical practitioner to ensure the antibiotic is appropriate to treat the organism.⁴
 - 8. The nurse's responsibility as it relates to antibiotic stewardship includes:**
 - A. Providing education to residents and families on the appropriate use of antibiotics.
 - B. Understanding the key components of antibiotic stewardship, which includes timely sharing of culture results with medical practitioners to prevent overutilization.
 - C. Understanding the difference between bacterial and viral infections.
 - D. All of the above.

Sources

¹ American Association of Colleges of Nursing

² CDC: Introduction to Epidemiology

³ CMS MDS 3.0 Resident Assessment Instrument Manual

⁴ CDC

Medication Administration

Definition

Shows knowledge of disease states and conditions and the medications commonly used to address them (i.e., prescription medications, over-the-counter medications, herbal remedies and supplements).¹ Properly delivers medication as directed by the medical practitioner's order and dialogues with ordering practitioner should the nurse question the appropriate dose or medication, regardless of administration method (e.g., injectable, oral, subcutaneous, topical).^{2,3} Follows safe medication administration practices, such as adhering to accepted processes around medication use and documentation, including the "Five Rights" or "10 Rights" of medication administration.^{4,5}

Knowledge, Skills and Abilities

- Monitors resident response to medication, especially initial doses and dose adjustments. Looks for potential side effects and adverse events related to medications.
 - 1. Which of the following could indicate a drug allergy?**
 - A. Rash.
 - B. Swelling to lips and face.
 - C. Difficulty breathing.
 - D. All of the above.**
- Uses critical thinking to determine whether the resident is experiencing a medication-related side effect (e.g. constipation related to opioid use) or adverse event. Reviews and evaluates resident data, including intake of food and liquid, vital signs, weight and urinary and fecal output. Reports findings as needed.
 - 2. A resident with type 2 diabetes has had blood sugars over 250 mg/dL for the past month. What resident data would you want to review and evaluate?**
 - A. Urine output.
 - B. Weight.
 - C. Active infection.
 - D. All of the above.**
- Safely administers prescribed medications according to physician's orders within one's professional scope of practice. Adheres to accepted processes, such as use of the "Rights" of medication administration.
 - 3. What is NOT one of the "Rights" of medication administration?**
 - A. Dose.
 - B. Disease.**
 - C. Resident.
 - D. Time.
- Ensures accurate medication documentation regarding time, dosage, route and location as appropriate.
 - 4. You receive a personal emergency call during medication distribution and have to leave the facility. You are 100-percent confident that the person taking your place will know where you left off because you always follow best practices around medication administration. Select the best practice below:**
 - A. Set-up/pre-pour my medications prior to administering.
 - B. Sign for medications immediately after administering.**
 - C. You always follow the "Five Rights" or "10 Rights" of medication administration.
 - D. Document that the medication is not available.

- Maintains knowledge of the information and techniques needed to identify common disease states and conditions (e.g., symptoms, side effects, potential drug interactions, adverse events, preventive health, etc.)¹
- 5. **You observe a resident with a small skin discoloration and review his/her current medications. Which medication classes could contribute to skin discoloration?**
 - A. Anti-platelets.
 - B. Anticoagulants.
 - C. Selective Serotonin Reuptake Inhibitors (SSRIs).
 - D. All of the above.**

Sources

¹ [Competency Model Clearinghouse](#)

² [Canadian Gerontological Nursing Association](#)

³ [CMS](#)

⁴ [Patient-Centered Medical Home Recognition](#)

⁵ [US National Library of Medicine](#)

Pain Evaluation and Management

Definition

Completes an evaluation of functional and cognitive abilities and pain treatment goals in order to develop and start an individualized treatment plan for managing resident's pain.¹ Uses valid and reliable instruments for evaluation for adults with and without cognitive impairment.¹

Knowledge, Skills and Abilities

- Understands the causes, characteristics of and differences in treatment for acute and chronic pain.¹
 - 1. Common causes of acute pain that can be avoided include:**
 - A. Improper chair-to-bed transfer.
 - B. Bladder retention.
 - C. Long periods of immobility.
 - D. All of the above.**
- Understands potential consequences of untreated pain in a resident.¹
 - 2. Select the possible consequences of untreated pain in older adults:**
 - A. Depression.
 - B. Weight loss.
 - C. Decline in activities of daily living (ADLs).
 - D. All of the above.**
- Describes how to identify and evaluate pain in residents, including those with cognitive impairment. Does this by selecting and using valid and reliable pain evaluation tools.¹
 - 3. Which statement about pain in the elderly is TRUE?**
 - A. Pain is part of the aging process.
 - B. Opioid medications are inappropriate for the elderly.
 - C. Elderly persons often do not report pain because they consider it a normal part of the aging process.**
 - D. The elderly have a greater tolerance to pain than younger adults.
- Completes pain evaluation for residents as a key component of care. Accepts self-reported pain and/or observations of a resident's behaviors (e.g., agitation, withdrawal, vocalizations and facial response/grimaces) and intervenes as appropriate.²
 - 4. Which statement is FALSE?**
 - A. Pain is a subjective experience; it is what the resident says it is.
 - B. Residents with dementia do not feel pain.**
 - C. Residents with unusual behaviors should be evaluated for pain.
 - D. Residents with routine pain medication need regular, ongoing evaluation by a nurse.

- Recognizes common side effects of medications, including opioids. Applies treatment strategies to prevent, minimize and/or treat side effects.¹
 - 5. Common side effects of opioid pain medication include:**
 - A. Hypotension.
 - B. Constipation.
 - C. Drowsiness.
 - D. All of the above.**
- Selects appropriate non-pharmacological pain prevention and reduction strategies tailored to the unique needs, abilities and preferences of the resident.¹
 - 6. What is important to know when selecting a non-pharmacological approach?**
 - A. Type of pain the resident is experiencing.
 - B. Source or history of the pain.
 - C. Medications that the resident is taking.
 - D. All of the above.**
- Advocates for timely and appropriate treatment of pain for all residents and promotes quality end-of-life care, including pain and symptom management.^{1,2}
 - 7. Your resident has an order for PRN pain medication and you notice that over the past two days you have had to administer the medication often. What actions should you take?**
 - A. Contact the resident's medical practitioner to report the increase in need for analgesic administration and request a possible change or routine order.
 - B. Talk to the resident about your concerns regarding the amount of pain medication taken.
 - C. Contact the family to report changes in pain and status of call to medical practitioner.
 - D. A and C.**

Sources

¹[Oregon Health and Science University; University of Iowa; University of California, Davis](#)

²[Canadian Gerontological Nursing Association](#)

Person-Centered Care

Definition

Recognizes and supports the resident's right to make decisions about his/her health care and maintain control over his/her daily life. Provides compassionate and coordinated care based on respect for the resident's preferences, values and needs.⁴

Knowledge, Skills and Abilities

- Utilizes person-centered plan of care and adapts daily routines to accommodate resident preferences. Actively listens to residents in order to understand resident values, preferences and expressed needs as part of clinical interview.^{3,4}
 1. **A resident tells you he/she does NOT want to be kept alive by machines. Utilizing active listening to elicit the resident's values and preferences, you might:**
 - A. Restate what the resident said and ask if you understood it correctly.
 - B. Ask probing questions to validate the resident's understanding of advanced directives.
 - C. Empathize with the resident's concerns and give the resident time to verbalize fears.
 - D. **All of the above.**
- Understands how human behavior is affected by disease states, life roles (occupation, family and community), culture, race, spiritual beliefs, gender identity, sexual orientation, lifestyle and age. Considers diverse behaviors in the delivery of person-centered care.²
 2. **Which factors may play a role in a resident or representative's decision to place a gastric-feeding tube in a resident who has lost the ability to swallow?**
 - A. Culture.
 - B. Spiritual beliefs.
 - C. Age.
 - D. **All of the above.**
- Understands the dimensions of person-centered care, including preferences and values, communication, education styles and needs, physical comfort and emotional support needs, etc.^{2,4}
 3. **A resident's need for physical and emotional closeness with a spouse or partner diminishes with illness. Those needs are not considered in the development of a person-centered plan of care.**
 - A. True.
 - B. **False.**
- Recognizes the factors that create barriers to person-centered care and supports finding solutions to overcome barriers, which may include: limited time for delivery of care, inconsistent caregiver assignments, lack of knowledge about residents' individual needs and preferences, facility culture, staff educational gaps.⁴
 4. **Which of the following supports person-centered care when making nursing assistant (CNA) assignments on your unit?**
 - A. Even distribution of the number of residents in each assignment.
 - B. CNA preferences.
 - C. **Consistent assignments.**
 - D. Convenience for nursing staff.

- Respects the resident's perspective regarding his/her health and concerns.² Educates on risks and benefits while supporting resident decisions, even when the decision conflicts with caregiver personal values.⁴ Continuously evaluates and monitors own efforts to be person-centered.⁴
- 5. **A resident often saves snacks and food in her room. The family tells you that the resident has always saved food because she is afraid of being hungry. A person-centered approach to this situation might be:**
 - A. Explain that keeping food might attract bugs and insist you will get her anything she wants, anytime she wants it.
 - B. Discard food only when resident is out of the room.
 - C. Provide her with individually wrapped, non-perishable items and safe food storage containers.**
 - D. Insist all food is dated and is stored in the resident nourishment room.
- Encourages participation of resident, his/her family and/or his/her representative in decision-making (e.g., advance care planning, health care proxy, informed consent, elder abuse reporting, legal guardianship, wills and Do-Not-Resuscitate orders).¹ Believes and behaves consistently with the philosophy that the resident is the source of control and a full partner in his/her care.⁴
- 6. **In a person-centered care environment, inclusion of resident, representative and family in care-making decisions with the resident being the source of control means:**
 - A. Including both the resident, family and representative in care-planning decisions.
 - B. Recognizing the resident's right to choose, even if the family or representative disagrees with his/her choice.
 - C. Offering choices that support the resident's values, preferences and abilities.
 - D. All of the above.**

Sources

¹[Canadian Gerontological Nursing Association](#)

²[Nurse of the Future](#)

³[Pioneer Network/Hartford](#)

⁴[Quality and Safety Education for Nurses \(QSEN\)](#)

Quality Assurance Performance Improvement (QAPI)

Definition

Understands the basics of Quality Assurance Performance Improvement (QAPI). Uses data to measure performance, looks for root causes of problems and tests changes to continuously improve the quality of care provided by engaging residents, families and staff in quality improvement activities.^{1,2} Participates in performance improvement projects and monitors performance over time.

Knowledge, Skills and Abilities

- Understands basic concepts of quality improvement.¹
 - 1. The “Model For Improvement” cycles are as follows:**
 - A. Plan, Do, Study/Check, Act.**
 - B. Study, Plan, Do, Check, Act.
 - C. Do, Study, Plan, Act.
 - D. None of the above.
- Understands how measures and data can be used to identify the need for improvement.
 - 2. What kind of adverse events can be counted on the unit and used to improve performance?**
 - A. Weight loss.
 - B. Falls.
 - C. Staff injuries.
 - D. All of the above.**
- Knows how to use tools to determine the root cause of a negative outcome or adverse event.
 - 3. From the list below, select tools used to determine root cause:**
 - A. Fishbone diagram.
 - B. 5 Whys only.
 - C. Cause and effect and Fishbone only.
 - D. A, B and C.**
- Recognizes the need to be supportive of testing changes and is committed to continuous quality improvement.²
 - 4. The Director of Nursing (DON) posts a sign-up list for staff to participate in a Performance Improvement Project (PIP). You:**
 - A. Wait to see who else is going to sign up so you know if the PIP is going to succeed.
 - B. Walk away feeling like things will never change so why bother.
 - C. See the importance of getting involved with making improvement so you sign up right away.**
 - D. Tell your co-workers that there is no reason for change and this is just another task to take up time.
- Participates in identifying useful measures, setting goals, developing action plans and testing changes to improve outcomes and processes.
 - 5. A PIP is a focused effort on a particular adverse event or system (not individuals), which involves gathering data to clarify issues or problems and identify opportunities for improvement.**
 - A. True.**
 - B. False.

- Understands the importance of involving residents and families in quality improvement activities.¹
- 6. As a member of a PIP focused on preventing weight loss, it would be important to ask residents and their families the following:**
 - A. Is the food tasty?
 - B. Does the food look appetizing?
 - C. Is the food served at the right temperature?
 - D. All of the above.**

Sources

¹[National Committee for Quality Assurance](#)

²[Quality and Safety Education for Nurses \(QSEN\)](#)

Resident Evaluation

Definition

Understands the first step of the nursing process. Gathers and analyzes data, such as: physiological, psychological, sociocultural, spiritual, economic and lifestyle factors.

Knowledge, Skills and Abilities

- Gathers information about the resident related to health status from a focused chart review. Collects data on allergies, current diagnoses, medication, lab and x-ray results, etc.
- 1. Why is gathering information from a History and Physical (H&P) an important part of a resident evaluation?**
 - A. To prevent an adverse event.
 - B. To shorten the evaluation time required at the bedside.
 - C. Provides context for evaluation findings.
 - D. A and C.**
- Performs resident interview using critical thinking. Gathers information, including cognitive function, spiritual/religious beliefs, language preferences and resident's ability to comprehend own health status and history. Assesses family and social dynamics, identifies resident representative and discusses advanced directives.
- 2. When discussing advanced directives, it is important to understand:**
 - A. The resident and family's cultural beliefs about death.
 - B. The resident and family's spiritual and religious beliefs.
 - C. The resident's diagnoses.
 - D. A and B.**
- Conducts an admission evaluation of the resident's functional activities of daily living (ADL). For example: balance, ambulation, transfer, toileting, bed mobility, eating and the need for task segmentation (e.g., allowing for rest periods, one-step instructions). Focuses on goal of developing a baseline plan of care dedicated to optimizing functional health.
- 3. A resident with chronic obstructive pulmonary disease (COPD) presents with shortness of breath (SOB) at rest. Safety considerations when assessing functional activities for this resident might include:**
 - A. Having a second person available when gathering information about transfer and ambulation.
 - B. Having oxygen ready to apply if he/she becomes short of breath.
 - C. Allowing for rest periods (task segmentation) during and between components of the information gathering process.
 - D. A and C.**
 - E. All of the above.
- Performs an organized and comprehensive physical evaluation using the skills of inspection, palpation, percussion and auscultation. Identifies normal versus abnormal evaluation findings while considering the resident's baseline.
- 4. Hospital notes prior to facility admission indicate the resident had a diagnosis of pulmonary embolism (PE) and right lower extremity deep vein thrombosis (DVT). As the admitting nurse, what physical and health information would you gather FIRST?**
 - A. Musculoskeletal.
 - B. Circulatory.
 - C. Respiratory.**
 - D. Integumentary.

- Maintains standards of privacy, dignity, confidentiality and ethical practice while performing all aspects of the resident evaluation.
- 5. Information about a resident may be shared with the resident's representative under which circumstances?**
 - A. If the resident gives consent to have the information shared with the identified party.
 - B. The resident is incapacitated and unable to provide information.
 - C. If the request comes from the resident's representative's attorney.
 - D. A and B.**
- Uses data and critical thinking to identify actual and potential health risks. Prioritizes nursing interventions to support a person-centered approach for the plan of care. Informs the physician of findings and communicates with the interdisciplinary team as needed.
- 6. Critical thinking involves making inferences from data, drawing correlations to develop approaches for a person-centered plan of care and:**
 - A. Using evidence-based nursing approaches to reduce the risk of adverse events.**
 - B. Outlining nursing tasks step-by-step.
 - C. Supporting the wishes of the resident's representative.
 - D. None of the above.

Sources

- ¹[American Association of Colleges of Nursing](#)
- ²[Canadian Gerontological Nursing Association](#)
- ³[Competency Model Clearinghouse](#)
- ⁴[National Committee for Quality Assurance](#)
- ⁵[Prometric](#)
- ⁶[QIO/QIN Facility Assessment; F-Tag](#)
- ⁷[College of Licensed Practical Nurses of BC](#)

ANSWER SHEET

Resident-Based Competencies

Registered Nurse (RN) and Licensed Practical/Vocational Nurse (LPN/LVN)

Managing Chronic Obstructive Pulmonary Disease (COPD)

Definition

Assists resident to manage day-to-day living with Chronic Obstructive Pulmonary Disease (COPD). Identifies and responds to changes in condition to prevent complications and acute exacerbations. Uses knowledge of appropriate COPD interventions, treatments, methods and modalities to improve the quality of life and care for the resident. Effectively uses an interdisciplinary approach to manage resident-specific needs.

Knowledge, Skills and Abilities

- Monitors the resident's symptoms, functional ability and potential complications (respiratory infection, sepsis, etc.)¹
 - 1. COPD places residents at risk for sepsis. Signs that may indicate sepsis related to residents with COPD include:**
 - A. Difficult to awaken and altered mental status.
 - B. Cough/shortness of breath – Heart rate ≥ 90 bpm.
 - C. Blood Pressure ≥ 120 systolic – Respiratory rate ≤ 18 .
 - D. A and B.**
- Demonstrates empathy for resident and family experiencing anxiety related to COPD.²
 - 2. How can the care team support the resident with COPD and his/her family?**
 - A. Ask the family to leave when the resident is experiencing shortness of breath (SOB) to avoid increased anxiety in the resident.
 - B. Quickly respond to exacerbations and the need for ordered PRN respiratory medications.
 - C. Be patient when working with the resident with SOB.
 - D. B and C.**
- Manages resident's COPD by educating resident and family to avoid aggravating factors, maximize exercise tolerance, prevent and treat respiratory infections, provide supplemental oxygen therapy only as prescribed and encourage smoking cessation. Administers appropriate pharmacologic interventions as ordered by the medical practitioner.^{1,3}
 - 3. Which technique(s) can be valuable for the resident and family to understand and practice when experiencing increased SOB?**
 - A. Deep breathing exercises.
 - B. Pursed lip breathing.**
 - C. Mouth breathing.
 - D. None of the above.

- Understands why additional O₂ is contraindicated for residents with COPD and the common causes of an exacerbation (e.g., infection of the tracheobronchial tree, air pollution). Evaluates status, reports as appropriate to medical practitioner and implements interventions related to plan of care and physician's orders.³
- 4. If a resident under your care is experiencing increased shortness of breath (SOB), what should you evaluate and report?**
 - A. Signs and symptoms of infection.
 - B. Amount of O₂ use.
 - C. O₂ Sat. (oxygen saturation)
 - D. All of the above.**
- Recognizes the signs of air hunger and safely administers inhaled bronchodilators, theophylline and systemic glucocorticosteroid treatments for acute exacerbations of COPD. Administers antibiotics when indicated and ordered by the medical practitioner.³
- 5. A resident with COPD experiences air hunger because his/her lungs lose the ability to expel air. He/she can fill them up with oxygen, but cannot exhale carbon dioxide. Therefore, SOB can quickly become respiratory distress.**
 - A. True.**
 - B. False.

Sources

¹[National Association of Directors of Nursing Administration in Long Term Care \(NADONA\)](#)

²[American Thoracic Society \(ATS\) Journals](#)

³[World Health Organization \(WHO\) Chronic Respiratory Diseases](#)

Managing Congestive Heart Failure (CHF)

Definition

Uses knowledge of Congestive Heart Failure (CHF) symptoms, evaluation and treatment to support residents with CHF. Utilizes nursing knowledge and skills and functions as an integral member of an interdisciplinary team, including the registered dietitian and the rehabilitation staff (Physical Therapy [PT], Occupational Therapy [OT], Speech-Language Pathology [SLP]) to maintain the highest practicable level of function and quality of life.

Knowledge, Skills and Abilities

- Understands that when developing the baseline person-centered plan of care, it is important to know which signs and symptoms the resident experiences during a CHF exacerbation, how he/she has learned to prevent or manage the symptoms, and what makes the resident most comfortable.
 1. **All residents manifest the same signs and symptoms of CHF exacerbation.**
 - A. True.
 - B. **False.**
- Encourages effective self-care for resident and recognizes that the resident is central to self-monitoring of symptoms. Teaches the resident and his/her family about signs and symptoms to report. Helps identify factors that can reduce exacerbations and improve quality of life.^{1, 2}
 2. **When teaching a resident and his/her family about factors that can reduce exacerbation of CHF, which of the following are important to highlight?**
 - A. Limit sodium intake.
 - B. Regular exercise as tolerated.
 - C. Use good infection prevention practices.
 - D. **All of the above.**
- Evaluates the functional health status of a resident with cardiac disorders and segments care to his/her level of tolerance.¹
 3. **Level of tolerance can be negatively impacted by:**
 - A. Anxiety.
 - B. Lack of sleep.
 - C. Increased sodium intake.
 - D. **All of the above.**
- Effectively discusses the resident's medication with him/her, as well as the "side-effects of medication and important interactions with other medications, herbal remedies or foods."¹
 4. **Angiotensin Converting Enzyme (ACE) inhibitors are commonly prescribed for residents with CHF. One of the most common side effects of ACE inhibitors is:**
 - A. Constipation.
 - B. Sub-normal temperature.
 - C. **Cough.**
 - D. Elevated blood pressure.

- Evaluates the severity of symptoms and delivers care appropriate to the resident with CHF. Safely administers medication for symptom control as ordered and uses objective and subjective evaluation to monitor for relief; documents and reports treatment responses to the medical practitioner.¹
- 5. **Identification of early clinical symptoms of CHF can prevent adverse events and reduce the risk of re-hospitalization. Examples of early clinical symptoms of CHF include:**
 - A. **Dyspnea, orthopnea, cool pale skin, increased fatigue, jugular vein distension.**
 - B. Diminished lung sounds, flushed skin, decreased skin turgor.
 - C. Inability to urinate, delirium, weight loss.
 - D. None of the above.
- Has knowledge of normal cardiac anatomy and physiology. Recognizes, monitors and reports common symptoms of CHF (e.g., increased edema, weight gain, adventitious lung sounds, shortness of breath, fatigue) to the resident's medical practitioner.^{1,3}
- 6. **A resident with CHF, as diagnosed by his/her medical practitioner, develops a cough that produces frothy white or pink-tinged sputum. They have expiratory wheezing and bubbling lung sounds, increased respiratory rate, increased pulse rate and extreme anxiety. These changes:**
 - A. Are indicative of pulmonary edema and must be reported to the resident's medical practitioner and facility leadership immediately.
 - B. Are all typical symptoms of CHF. They should be documented, but notification can wait until the medical practitioner visits or calls next.
 - C. Are life threatening if appropriate interventions are not prescribed and implemented quickly.
 - D. **A and C.**

Sources

¹[European Society of Cardiology](#)

²[Managing Heart Failure in Long-Term Care, Annals of Long-Term Care](#)

³[Nursing Care of Patients with Cardiac Disorders, Pearson](#)

Managing Dementia/Cognitive Impairment

Definition

Encourages adoption of interventions for quality assurance and performance improvement plans for residents with dementia/cognitive impairments. Advocates for quality and empowers the resident with dementia/cognitive impairment and his/her caregiver to make informed decisions.

Knowledge, Skills and Abilities

- Differentiates dementia and cognitive impairments (reversible and irreversible). Identifies symptoms, causes and conditions, and shares knowledge with others.^{2, 3}
 - 1. Which of the following statements about dementia is/are TRUE?**
 - A. The most common causes of dementia in older adults are Alzheimer's disease, vascular dementia, Lewy Body dementia and frontotemporal dementia.
 - B. An altered state of consciousness is present.
 - C. Cognitive decline is usually gradual.
 - D. A and C.**
- Understands how brain changes affect the way the resident communicates, functions and behaves. Develops empathy for the resident by better understanding his/her condition and preferences. Evaluates possible reasons behind the actions and reactions of the resident in order to provide individualized care.^{2, 3}
 - 2. A resident with dementia may use uncharacteristic behavior to communicate with those around him/her.**
 - A. True.**
 - B. False.
- Evaluates cognitive status for delirium, dementia and/or depression, and uses standardized scale to assess (e.g., Mini Mental Status Examination - MMSE, Brief Interview for Mental Status - BIMS, Confusion Assessment Method - CAM).⁴
 - 3. If the cause of delirium goes untreated, the result may be fatal.**
 - A. True.**
 - B. False.
- Identifies and addresses the unique safety needs of a resident with dementia, provides appropriate assistance with basic physical care tasks and understands why the resident with dementia may be more vulnerable to abuse and neglect.²
 - 4. Why is a resident with cognitive impairment more vulnerable to abuse and neglect?**
 - A. He/she has difficulty making his/her needs known.
 - B. He/she may be aggressive towards staff.
 - C. He/she may be unable to report instances of neglect or abuse.
 - D. All of the above.**
- Consistently evaluates level of pain with particular attention to unmet needs, uses the tool identified to be appropriate for the resident, and treats the resident's pain in a formal, systematic way. Tailors pain management techniques to each resident's needs, circumstances, conditions and risks.¹
 - 5. When evaluating possible causes of pain in a resident with dementia, it is important to consider:**
 - A. Unmet needs (e.g., hunger, inability to empty bladder).**
 - B. Social interaction.
 - C. Fear.
 - D. All of the above.

- Encourages, supports and maintains resident's mobility and choice by enabling the resident to move about safely and independently and by providing opportunities for the resident to maintain customary activities and community involvement. Prevents unsafe wandering by evaluating and addressing the causes of wandering.^{1, 2}
- 6. Supportive care strategies to minimize the effects of altered perception may include:**
- A. Increasing the lighting.
 - B. Placing a colored towel at the bottom of a tub.
 - C. Evaluating the floor coverings.
 - D. All of the above.**

Sources

¹[Alzheimer's Association](#)

²[Michigan Dementia Coalition](#)

³[Centers for Medicare & Medicaid Services, Hand in Hand Training](#)

⁴[Hartford Institute](#)

Managing Diabetes Mellitus

Definition

Demonstrates knowledge of the factors that affect blood glucose levels, the health implications and complications associated with diabetes. Works within the interdisciplinary team to teach and provide support and guidance to residents who have diabetes. Conducts comprehensive health evaluations, documents and reports findings, and consults with appropriate medical practitioners as needed. Uses a holistic approach to the care of diabetic residents with the goal of enhancing quality of life and minimizing complications.

Knowledge, Skills and Abilities

- Demonstrates basic knowledge of types of diabetes oral medication, blood glucose-lowering agents and insulin. Shows knowledge regarding resident diabetes treatment regimens. Shows proficiency at safely administering medications using various devices or delivery systems.^{1, 2, 4, 5}
 - 1. When administering a routine morning dose of insulin, the nurse should be aware of all of the following factors EXCEPT:**
 - A. Action Onset, Peak and Duration.
 - B. The differences among short-acting insulin, long-acting insulin and basal insulin.
 - C. Whether the resident had a snack the previous evening.**
 - D. Expiration period after opening.
- Demonstrates knowledge of acute illness effects on glycemic control, and documents and reports findings.^{1, 5}
 - 2. A resident with an active infection may need to have additional monitoring of his/her blood glucose because:**
 - A. Residents who are sick may not eat adequately.
 - B. Infectious processes can elevate blood glucose levels.
 - C. Antibiotics may have an impact on blood glucose levels.
 - D. All of the above.**
- Performs appropriate blood glucose tests and teaches procedure to resident, if appropriate. Provides continuous monitoring of results, identifies abnormal results, reports test results and records new orders correctly.^{1, 5}
 - 3. Hemoglobin A1C measures the average level of glucose in the blood over three months.**
 - A. True.**
 - B. False.
- Recognizes emergencies related to resident's diabetes and treats according to facility protocol and medical practitioner's orders.⁵
 - 4. The signs and symptoms of hypoglycemia are:**
 - A. Increased thirst, headache, frequent urination.
 - B. Shakiness, excessive sweating, confusion.**
 - C. Blurred vision and hyperactivity.
 - D. Edema, ringing in the ears.

- Understands the principles of a healthy, balanced diet and the impact of food choices on glycemic control. Demonstrates awareness of current diabetes dietary guidelines and facility diet protocols.^{1, 4}
- 5. Whose responsibility is it to confirm that a diabetic resident is adequately consuming his/her meals and snacks?**
 - A. Nursing assistant (CNA).
 - B. Interdisciplinary team.
 - C. Nurse.**
 - D. All of the above.
- Demonstrates basic knowledge of hypoglycemia, hyperglycemia, the pathophysiology of Type 1 and 2 diabetes, and associated complications that can potentially impact every body system.^{1, 3, 4, 6}
- 6. Which of the following body systems are NOT negatively affected by hyperglycemia?**
 - A. Integumentary.
 - B. Renal.
 - C. Central nervous system (CNS).
 - D. None of the above.**

Sources

¹[Diabetes Nurse Specialists, College of Nurses, NZSSD](#)

²[Australian Diabetes Educators Association](#)

³[American Association of Diabetes Educators](#)

⁴[Diabetes UK](#)

⁵[Training, Research and Education for Nurses in Diabetes](#)

⁶[TRIEPodD-UK](#)

Managing Residents with Impaired Mobility

Definition

Understands the impact that impaired mobility has on the resident's quality of life. Works with the interdisciplinary team to promote the health and safety of the resident while empowering the resident to attain and/or maintain the highest practicable level of independence.

Knowledge, Skills and Abilities

- Uses appropriate supportive equipment “that promotes independence, functional improvement and quality of life for residents” with impaired mobility.¹
 1. **Watching to make sure the resident can properly use equipment, such as a cane or walker, is part of the nurses role in resident safety. Some residents who have had a Cerebral Vascular Accident (CVA), arthritis and other mobility issues can walk safely by using canes and walkers.¹**
 - A. **True.**
 - B. False.
- Promotes the “use of risk reduction, harm prevention and health management promotion strategies” (e.g., helmet safety, transportation services, nutrition education, lifestyle modifications) to encourage wellness for residents with impaired mobility.¹
 2. **As a nurse, you know that:**
 - A. Pain can lead to decreased mobility, and decreased mobility can lead to pain.
 - B. Loss of muscle mass can lead to decreased mobility.
 - C. Decreased mobility can lead to a decrease in bone density and greater risk for fractures.
 - D. **All of the above.**
- Contributes to and implements interdisciplinary, holistic person-centered plans of care for diverse residents with impaired mobility, which includes strategies, alternatives and interventions to attain desired outcomes.¹
 3. **When evaluating person-centered interventions for a resident with impaired mobility, considerations include, but are not limited to type of impairment, resident preferences, resident goals and safety.**
 - A. **True.**
 - B. False.
- Applies knowledge of activities of daily living (ADL) management (e.g., difficulty with bed mobility, transfers between surfaces, walking in corridors and room). Works with interdisciplinary team to develop a person-centered approach for caring for residents with impaired mobility.^{1,2}
 4. **The Physical Therapist (PT) informs you Mr. Jones will reach his skilled therapy goals within the next two weeks. Although progress has been made with Mr. Jones's Parkinson-related impaired mobility, safety with ambulation remains a long-term need. In preparation for the transition off skilled therapy, and as the charge nurse assigned to his care, you:**
 - A. Work with the therapist to provide training to the nursing assistants (CNAs) on the safe and appropriate ambulation assistance required for Mr. Jones.
 - B. Work with the interdisciplinary team to develop a plan of care for safe transition from skilled therapy to a person-centered restorative nursing program.
 - C. No preparation is needed from nursing.
 - D. **A and B.**

- Uses person-centered interventions to prevent adverse events (e.g. falls, weight loss, pressure ulcers/injuries). Promotes resident independence related to chronic illness or injury, such as neuromuscular disorders, Traumatic Brain Injury (TBI), Cerebral Vascular Accident (CVA), Spinal Cord Injury (SCI), amputation, etc.¹
- 5. **As a member of the interdisciplinary team, the nurse's role is to make sure that the resident continues to use therapy-directed interventions, such as _____. These practices will promote resident safety, prevent injury and maintain independence.**
 - A. Sliding boards for transfers.
 - B. Walk-to-Dine Program.
 - C. Answering call lights in a timely manner.
 - D. A and B.**

Sources

¹[Association of Rehabilitation Nurses \(ARN\)](#)

²[Strategies for Improving Resident Mobility, Illinois Council on Long Term Care](#)

Managing Mental Health

Definition

Promotes holistic, respectful person-centered care for residents as they experience mental health concerns. Incorporates the principles of cultural sensitivity, evidence-based best practice and accurate evaluation to provide an environment that emphasizes the strength of the individual and encourages quality of care and life for residents with mental health concerns.

Knowledge, Skills and Abilities

- Demonstrates cultural and social competence and professional behaviors in the delivery of care to residents with mental health concerns and “upholds ethical and legal standards related to the provision of mental health care.”^{1, 2}
 1. **Alcoholism and drug addiction can be:**
 - A. Treated, so there is no excuse for either one.
 - B. Symptoms of an underlying mental health issue.**
 - C. A problem of morality.
 - D. A sign of a weak personality.
- Obtains and accurately documents a relevant health history, including a mental health history. Involves resident, family and interdisciplinary team in development and implementation of the plan of care.^{1, 2}
 2. **When taking a mental health history, which factors are MOST important to evaluate?**
 - A. Triggers for mental health exacerbations.
 - B. History of trauma.
 - C. Caregiver stress.
 - D. A and B.**
- Identifies signs and symptoms of mental health concerns. Differentiates between altered mental status (e.g., delirium) related to an infectious process and an acute exacerbation of mental illness; promptly reports to the medical practitioner to arrange appropriate treatment and services for a resident.²
 3. **Documenting behaviors as they occur can help medical practitioners understand behavioral changes that may be related to illness by:**
 - A. Identifying behavioral patterns and triggers.
 - B. Establishing what is “normal” behavior for the resident versus a change that may indicate the onset of acute illness.
 - C. Correlate behavioral changes with other changes, such as decline in activities of daily living (ADL) function or nutritional intake.
 - D. All of the above.**
- Understands the impact of the course of mental health concerns on quality of life and functional status. Manages emergencies by determining level of risk and beginning effective emergency care.²
 4. **Routines and consistency can be important for residents who suffer from Post-Traumatic Stress Disorder (PTSD). This addresses which human need:**
 - A. Safety.**
 - B. Caring.
 - C. Esteem.
 - D. Love.

- Demonstrates the ability to educate the resident and family about mental health concerns and treatment plan, including expected outcomes and medication side-effects, while using language that is sensitive to his/her social and cultural background.²
- 5. **Psychoactive medications can cause weight gain or loss. In explaining this to a family who is concerned about a weight gain that may be related to a recent medication change, it is important to share:**
 - A. Risks versus benefits of not taking the medication.
 - B. Weight gain that is a side effect of medication cannot be controlled.
 - C. Methods to control weight gain while taking the medication.
 - D. A and C.**
- Conducts screening and evaluations for: “risky, harmful or dependent use of substances; cognitive impairment, mental health concerns, behaviors that compromise health (e.g., excessive smoking, isolation); risk for abuse, neglect and violence, or harm to self or others.”¹
- 6. **PASRR/PASARR (Preadmission Screening and Annual Resident Review) is a federally mandated program applied to all individuals seeking admission to a Medicaid-certified nursing facility, regardless of funding source. It makes sure that residents with mental health challenges and intellectual disabilities receive services needed to have the highest practicable quality of life.**
 - A. True.**
 - B. False.

Sources

¹[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

²[Geropsychiatric Nursing Collaborative](#)

Managing and Preventing Pneumonia

Definition

Demonstrates knowledge around different types of pneumonia, how they impact residents and appropriate treatment. Recognizes signs and symptoms of pneumonia and works with the interdisciplinary team to identify the cause, document findings, carry out the prescribed treatment plan and modify the plan of care as appropriate.

Knowledge, Skills and Abilities

- Demonstrates the ability to auscultate the chest and identify abnormal breath sounds (e.g., crackles, wheeze, stridor, rhonchi, pleural friction rub).¹
 1. **What should you do if you hear abnormal breath sounds?**
 - A. Turn up the resident's oxygen.
 - B. Notify the medical practitioner immediately.**
 - C. Ask another nurse to verify what you heard.
 - D. Turn the resident's oxygen down.
- Evaluates all residents with signs or symptoms of respiratory illness, including: resident's chest expansion, lung sounds, cough, shortness of breath (SOB), oxygen saturation, sputum and vital signs, including pain and anxiety. Documents findings and reports anything outside the resident's baseline to the medical practitioner.^{1, 2, 3}
 2. **What symptoms are you likely to see if a resident has pneumonia?**
 - A. Shaking chills.
 - B. Shortness of breath (SOB).
 - C. Cough.
 - D. All of the above.**
- Understands when and how to appropriately use respiratory equipment and demonstrates the "appropriate cleaning of all equipment before and after use" (e.g., nebulizers, oxygen therapy equipment).³
 3. **What respiratory equipment needs to be cleaned after every use?**
 - A. Stethoscope.
 - B. Oxygen nasal cannula.
 - C. Nebulizer.
 - D. A and C.**
- Knows the different types of pneumonia (e.g., primary, secondary, community-acquired), their causes, risk factors (e.g., smoking, viral respiratory infection, difficulty swallowing, chronic lung diseases), and possible complications (e.g., respiratory failure, lung abscesses, sepsis, altered mental status).^{2, 3}
 4. **Which of the following types of pneumonia is Legionella?**
 - A. Primary.
 - B. Secondary.
 - C. Community-acquired.**
 - D. None of the above.

- Works with interdisciplinary team to prevent the occurrence of pneumonia for residents by providing vaccines, staff education and ensuring handwashing, infection and early identification of risk factors.³
- 5. When should residents who have NOT completed an immunization series be immunized against pneumonia?**
 - A. Any time for someone older than the age of 65 who has not been immunized.**
 - B. In the fall.
 - C. In the winter.
 - D. Annually.
- Supports the resident with managing his/her pneumonia by administering prescribed medications, including antibiotics, maintaining hydration, administering prescribed nebulizer/oxygen therapy, etc.; monitors respiratory status and changes resident's position frequently to mobilize secretions.^{2, 3}
- 6. When a nebulizer treatment is given, lung sounds should be evaluated.**
 - A. Before.
 - B. After.
 - C. A and B.**
 - D. Not at all.

Sources

¹[AMN Healthcare Education Services, Focused Pulmonary Assessment](#)

²[RNpedia](#)

³[Nurses Labs](#)

Managing and Preventing Pressure Ulcers/Injuries

Definition

Monitors, evaluates and manages risk factors to prevent pressure ulcers/injuries. Uses evidence-based best practices when managing the treatment of pressure ulcers/injuries. Works with the interdisciplinary team to develop and implement person-centered plans of care to prevent and/or manage pressure ulcers/injuries. Identifies root causes when pressure ulcers/injuries develop to determine appropriate interventions for healing. Demonstrates competence in pressure ulcer/injury documentation.

Knowledge, Skills and Abilities

- Demonstrates knowledge of repositioning techniques that can prevent tissue damage and of tools effective in reducing the risk.³
 - 1. What can prevent shear and friction injuries?**
 - A. Lifting, rather than “pulling,” residents when repositioning.
 - B. Proper fitting shoes.
 - C. Proper use of mechanical lifts.
 - D. All of the above.**
- Knowledgeable in the methods of pressure ulcer/injury prevention and treatment (e.g., monitoring skin condition; maintaining skin cleanliness and dryness; providing person-centered, pressure-reducing surfaces for residents while they are in bed or seated; developing an individualized turning and repositioning schedule; providing nutrition and hydration support, padding and protecting bony prominences).²
 - 2. A resident has been determined to be at high risk for developing pressure ulcers/injuries. Repositioning the resident every two hours is an adequate intervention.**
 - A. True.
 - B. False.**
- Performs a root cause analysis for the underlying causes and factors that lead to pressure ulcers. Understands that root causes may be classified into categories such as: equipment, environment, staff training, fatigue, scheduling, communication, rules/policies/procedures, etc.¹
 - 3. Pressure ulcers/injuries related to leaving residents sitting on mechanical lift slings, improper wheelchair sizing, O₂ nasal cannulas or tubing are examples of ulcers related to:**
 - A. Equipment use and staff training.**
 - B. Family members.
 - C. Environment.
 - D. All of the above.
- Performs head-to-toe skin evaluation, documents description of any wounds including color, odor, pain, size, etc., reports to medical practitioner and completes standardized risk identification tools to determine areas of potential or actual risk for pressure ulcer/injury development.
 - 4. What standardized tools are available to determine pressure ulcer/injury risk?**
 - A. PUSH Tool.
 - B. Norton.
 - C. Braden.
 - D. B and C.**

- Communicates effectively with interdisciplinary team, the resident and his/her family about the condition of existing pressure ulcers/injuries and prevention strategies.¹
- 5. **A resident with a stage 3 pressure ulcer/injury is planning a weekend trip home with her daughter. What education would you provide for the resident and her daughter to prevent damage to the pressure ulcer/injury?**
 - A. Pressure reduction strategies and safe transfer techniques.
 - B. Medication needed while on visit.
 - C. Proper dressing change information and supplies.
 - D. A and C.**
- Identifies evidence-based interventions for preventing or treating pressure ulcers and monitors to validate they are effective.¹
- 6. **A resident with a gel cushion in his wheelchair develops a stage 2 pressure ulcer/injury to his coccyx. Potential avoidable contributing factors for this are all EXCEPT:**
 - A. Missed stage 1 on skin evaluation.
 - B. Advanced age.**
 - C. Failure to reposition per person-centered plan of care while in wheelchair.
 - D. Unidentified/unaddressed weight loss.

Sources

¹[Indiana State Department of Health, Nursing Home Pressure Ulcer Prevention Change Package](#)

²[Stratis Health, Minnesota Medicare QI Organizations, CMS](#)

³[National Health Service \(NHS\)](#)

Managing and Preventing Resident Falls

Definition

Identifies risk factors associated with falls and minimizes risks by using best practices and proper techniques. If a fall does occur, investigates, determines the cause and documents findings. Works with the interdisciplinary team to develop an individualized plan of care to support the resident, and contributes to the development of a process to prevent and manage falls across one's facility.

Knowledge, Skills and Abilities

- Evaluates the resident for fall risks through a standardized assessment using multiple elements and risk factors; understands that each resident may have a unique combination of risk factors that can change over time.^{3,4}
 - 1. Which of the following is NOT a risk factor for falls?³**
 - A. Medications.
 - B. Dementia.
 - C. Daily strength exercise.**
 - D. Gait and balance impairments.
 - 2. Which of the following is NOT a precaution to prevent falls?**
 - A. Keeping the resident's possessions within the resident's safe reach.
 - B. Using a bed alarm.**
 - C. Keeping the resident care areas uncluttered.
 - D. Keeping the resident's bed brakes locked.
- Avoids restraints and understands that using them does not help prevent falls, but can actually cause falls when residents attempt to get out of them or slide down through them.¹
 - 3. Which of the following can be restraint-related?**
 - A. Wheelchair tipping.
 - B. Strangulation.
 - C. Pressure ulcer/injury development.
 - D. All of the above.**
- Implements an individualized approach for falls prevention as a part of the resident's plan of care based on identified risks and causes; reviews the plan to evaluate its effectiveness in minimizing the risk of additional falls, and injuries from falls, and modifies approach if it is not effective.^{3,4}
 - 4. How would you determine if a resident's plan of care is individualized for falls?**
 - A. There is a person-centered intervention to address every known risk factor.**
 - B. It states that the resident is on the facility falls program.
 - C. It lists every fall the resident has had.
 - D. All of the above.

- Observes, investigates and identifies components that contribute to resident falls (e.g., environmental factors, resident history, medications, physical examination, factors in care or equipment, continence needs, mental status, mobility challenges, facility staffing); documents per facility protocol and supports falls prevention programs or strategies across the facility.^{2, 3, 4}
- 5. **When completing an investigation to determine if environmental factors contributed to a resident fall, it is important to:**
 - A. Interview staff on duty at the time of the fall regarding the last time the resident was seen and whether the call light was on.
 - B. Resident's mental status.
 - C. **Review the environment exactly as it was when the resident fell, including furniture placement and floor condition.**
 - D. Recent medication taken by the resident.

Sources

¹[Capezuti E, Strumpf, N, Evans 1998](#)

²[Agency for Healthcare Research and Quality \(AHRQ\) - Improving Patient Safety in Long Term Care Facilities](#)

³[Agency for Healthcare Research and Quality \(AHRQ\) - Preventing Falls in Hospitals](#)

⁴[The John A. Hartford Foundation Institute for Geriatric Nursing](#)

Treating and Preventing Urinary Incontinence (UI)

Definition

Understands the causes and complications associated with urinary incontinence (UI). Follows evidence-based practice guidelines with a person-centered approach that focuses on the prevention, early detection and appropriate treatment of UI.

Knowledge, Skills and Abilities

- Has knowledge about the types of UI. Evaluates the signs and symptoms upon admission and on an ongoing basis. Collaborates with medical practitioner regarding diagnosis and associated risk factors, which contribute to the development of a person-centered plan of care that addresses resident needs.²
 - 1. Which of the common types of incontinence are avoidable?¹**
 - A. Urge.
 - B. Functional.
 - C. Overflow.
 - D. B and C.**
 - 2. What should be included in a voiding/patterning diary?**
 - A. Time of toileting.
 - B. Fluids consumed.
 - C. A and B.**
 - D. None of the above.
- Understands the role of the nurse related to toileting and incontinent care, which includes oversight of direct care staff, evaluating and monitoring resident's skin for moisture-associated skin damage and applying treatments, including prescription barrier creams, as ordered.⁴
 - 3. It is the nurse's responsibility to validate the which of the following related to urinary incontinence:**
 - A. Nursing assistants (CNAs) are toileting residents according to the person-centered plan of care.
 - B. Moisture-associated skin damage is avoided.
 - C. Incontinent care is provided timely and properly.
 - D. All of the above.**
- Knowledgeable about medication side effects that can contribute to UI, e.g. diuretics and hypnotics. Contributes to the development and communication of individualized UI prevention and management strategies.
 - 4. Evaluating the potential effects of hypnotics and diuretics on a resident's continence status and increased risk for falls is an important part of the nurse's role.**
 - A. True.**
 - B. False.
- Promotes and provides assistance, as necessary, to aid residents in adhering to planned incontinence programs by considering the following: safe access to bathroom and appropriate equipment/assistance; adequate fluid intake; carefully scheduling individualized toileting plans and avoiding the use of incontinence briefs, if possible, for all residents, including those with cognitive and/or functional impairment.
 - 5. Barriers to implementing an incontinence program may include:**
 - A. Lack of education regarding incontinence.
 - B. Resident's medication.
 - C. Resident's lack of desire to participate in the program.
 - D. A and C.**

- Provides education to residents and their families about the diagnosed type of UI, including interventions that may be used to manage or improve continence, such as toileting practices, exercise (e.g., Kegel and other pelvic floor exercise, leg strengthening) and strategies to improve quality of life.³
- 6. One of the residents is experiencing overflow incontinence related to extended periods of time spent in activities. As the nurse, you:**
 - A. Have the CNAs remind and assist her with toileting before, during and after activities, as she allows.
 - B. Speak with the resident about the causes of overflow incontinence and discuss potential strategies for prevention.
 - C. Tell the resident she must toilet at specific times.
 - D. A and B.**

Sources

¹[Stratis Health, Minnesota Medicare QI Organizations, CMS](#)

²[UCLA Health](#)

³[Ministry of Health](#)

⁴[Wound Ostomy and Continence Nurses Society \(WOCNS\)](#)

Treating and Preventing Urinary Tract Infections (UTIs)

Definition

Understands the causes and complications associated with urinary tract infections (UTI), including sepsis. Follows evidence-based practice guidelines with a person-centered approach that focuses on the prevention, early detection and appropriate treatment of UTI.

Knowledge, Skills and Abilities

- Able to “identify the signs and symptoms of UTIs and apply best practices for antibiotic stewardship for residents with suspected UTIs; recognize the consequences of overuse of antibiotics.”⁴
 - 1. **Antibiotic stewardship is the role of the medical practitioner and the pharmacist, who are assisted by nurses in the facility.**
 - A. True.
 - B. False.
- Identifies risk factors that can lead to UTI and, through good perineal care, hand hygiene and daily evaluation of resident needs; strives to prevent UTIs and associated complications, including sepsis.¹
 - 2. **A UTI places residents at risk for sepsis. Signs that may indicate sepsis related to UTI include:**
 - A. Difficult to arouse – altered mental status.
 - B. Foul smelling urine – Heart rate ≥ 90 bpm.
 - C. Blood Pressure ≥ 120 systolic – Respiratory rate ≤ 18 .
 - D. A and B.
- Effectively educates residents, families and staff on the principles of UTI prevention, early recognition, management and treatment.²
 - 3. **It is the nurse’s responsibility to educate residents and staff on appropriate perineal care procedures. An example of common avoidable causes of UTI among women that can be addressed through education is:**
 - A. Fecal contamination of urethra caused by wiping from back to front.
 - B. Remaining in a brief soiled with feces.
 - C. Use of inappropriate products for perineal care.
 - D. All of the above.
- Identifies risk factors that can lead to UTI and, through good perineal care, hand hygiene and daily evaluation of resident needs; strives to prevent UTIs and associated complications, including sepsis.¹
 - 4. **When a UTI is suspected, the nurse should evaluate the resident’s vital signs, urine color, odor, presence of pain and acute dysuria³, and know the facility’s protocol regarding antibiotic stewardship prior to contacting the medical practitioner.**
 - A. True.
 - B. False.
- Demonstrates the proper insertion and removal of a urinary catheter to prevent infection in male and female residents.¹
 - 5. **Improper insertion of an indwelling catheter can lead to infection if:**
 - A. Pain or discomfort to the resident occurs during insertion.
 - B. Bacteria is deposited directly into the bladder from an improperly cleaned urethra.
 - C. Improper hand washing and/or glove changing techniques occur prior to or during the procedure.
 - D. B and C.

- Verbalizes awareness of evidence-based best practice, i.e. the Centers for Disease Control (CDC) Catheter Associated Urinary Tract Infections (CAUTI), guidelines. Considers the increased risk for UTI associated with the use of indwelling catheters, catheter management (e.g., bag location, tubing management, anchoring tubing to prevent trauma), “intermittent urinary catheterization, external collection systems, [and] fluid management.”^{2, 3}
 - 6. An example of the appropriate use of an indwelling urinary catheter may include:³**
 - A. As a substitute for nursing care for the management of incontinence.
 - B. Stage 1 pressure ulcer on coccyx.
 - C. Stage 4 pressure ulcer on a resident’s coccyx.**
 - D. For prolonged post-operative duration without appropriate indications.

Sources

¹[UCLA Health](#)

²[Ministry of Health](#)

³[CDC Healthcare Infection Control Practices Advisory Council \(HICPAC\)](#)

⁴[Agency for Healthcare Research Quality \(AHRQ\)](#)