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Next Generation
NCLEX-RN®

STUDENT WORKBOOK

LEADERSHIP AND MANAGEMENT

NCLEX® EXAM TIPS

- Understand the Scope of Leadership: Familiarize yourself with the key concepts of leadership, such as delegation, prioritization, conflict resolution, and effective communication. Review the roles and responsibilities of a nurse leader, including advocating for patients, collaborating with interdisciplinary teams, and promoting a safe and ethical practice environment.
- Know Leadership Styles: Learn about different leadership styles, such as autocratic, democratic, transformational, and laissez-faire. Understand the characteristics, advantages, and limitations of each style. Be prepared to analyze scenarios and identify the most appropriate leadership style for a given situation.
- Review Management Principles: Leadership and management often go hand in hand. Familiarize yourself with fundamental management principles, such as planning, organizing, directing, and controlling. Understand the role of a nurse manager in resource allocation, quality improvement, and risk management.
- Master Decision-Making and Problem-Solving: Effective leaders are skilled in making informed decisions and solving problems. Practice critical thinking skills by analyzing case studies or scenarios. Develop a systematic approach to decision-making, considering factors such as patient safety, ethical considerations, and available resources.
- Study Legal and Ethical Issues: Leadership involves navigating complex legal and ethical dilemmas. Review the legal and ethical principles that guide nursing practice, including informed consent, confidentiality, and patient rights. Understand your responsibility as a nurse leader in upholding ethical standards and promoting ethical decision-making among the team.
- Brush Up on Communication Skills: Effective communication is essential for leadership. Review therapeutic communication techniques, active listening, and assertiveness skills. Understand how to provide constructive feedback, resolve conflicts, and promote a positive work environment.
- Practice Time Management: Leaders must be skilled in prioritizing tasks and managing time effectively. Review strategies for setting priorities, delegating tasks, and managing interruptions. Understand the importance of maintaining an organized workflow to ensure efficient patient care delivery.
- Utilize NCLEX Practice Questions: Make use of NCLEX-style practice questions that focus on leadership and management. These questions will help you familiarize yourself with the format and content of the exam. Analyze the rationales for both correct and incorrect answers to deepen your understanding of the topics.
- Develop a Study Plan: Create a structured study plan that allocates dedicated time for leadership review. Break down the topics into manageable sections and set specific goals for each study session. Consistency and regular review will help you build a solid foundation of knowledge in this area.

NCLEX® MNEMONICS

SMART Goals: When setting goals as a leader, remember the acronym SMART:

- Specific: Goals should be clear and well-defined.
- Measurable: Goals should have measurable criteria to track progress.
- Achievable: Goals should be realistic and attainable.
- Relevant: Goals should be relevant to the situation or desired outcomes.
- Time-bound: Goals should have a specific timeframe for completion.

AIDET Communication Technique: AIDET is a mnemonic to remember key elements of effective communication:

- Acknowledge: Greet the patient and introduce yourself.
- Introduce: Explain your role and the purpose of the interaction.
- Duration: Inform the patient about the estimated time for the procedure or intervention.
- Explanation: Provide a brief explanation of what will happen during the interaction.
- Thank You: Express gratitude to the patient for their cooperation.

5 Rights of Delegation: Remember the five rights of delegation when assigning tasks to others:

- Right Task: Ensure that the task is appropriate for delegation.
- Right Circumstance: Assess if the situation is suitable for delegation.
- Right Person: Choose the appropriate person with the necessary skills and competence.
- Right Direction/Communication: Provide clear instructions and expectations.
- Right Supervision/Evaluation: Provide appropriate monitoring and feedback.

PACE Prioritization Framework: Use the PACE framework to prioritize tasks:

- Prioritize: Determine the urgency and importance of each task.
- Assess: Evaluate the situation, gather information, and assess patient needs.
- Communicate: Share information with the healthcare team and collaborate on priorities.
- Execute: Take action based on the established priorities.

4 Cs of Teamwork: Remember the 4 Cs for effective teamwork:

- Cooperation: Collaborate and work together towards a common goal.
- Communication: Maintain open and clear communication channels.
- Coordination: Coordinate tasks and resources efficiently.
- Collaboration: Foster a culture of collaboration and mutual respect.

Q1 A nurse is caring for a pediatric client diagnosed with intussusception who has undergone surgery. Which task(s) can the nurse **delegate to the assistive personnel (AP)** in the care of the child? **Select all that apply.**

1. Dressing changes
2. Vital signs every shift
3. Auscultating bowel sounds
4. Assessing whether sutures are intact
5. Providing assistance with bathing
6. Administering IV fluids per provider's order

Q2 The nurse educator is providing in-service education to the nursing staff regarding transcultural nursing care. A staff member asks the nurse educator to provide an example of the concept of **acculturation.** The nurse educator would make which **most appropriate** response?

1. "A group of individuals identifying as a part of the Iroquois tribe among Native Americans."
2. "A person who moves from China to the United States (U.S.) and learns about and adapts to the U.S. culture."
3. "A group of individuals living in the Azores who identify autonomously but are a part of the larger population of Portugal."
4. "A person who has grown up in the Philippines and chooses to stay there because of the sense of belonging to their cultural group."

NOTES:

Q3 The nurse who works on the night shift enters the medication room and finds a coworker with a tourniquet wrapped around the upper arm. The coworker is about to insert a needle, attached to a syringe containing a clear liquid, into the antecubital area. Which is the **most appropriate** action by the nurse?

1. Call security.
2. Call the police.
3. Call the nursing supervisor.
4. Lock the coworker in the medication room until help is obtained.

Q4 A hospitalized client tells the nurse that an instructional directive is being prepared and that the lawyer will be bringing the document to the hospital today for witness signatures. The client asks the nurse for assistance in obtaining a witness to the will. The nurse plans to make which **most appropriate** response to the client?

1. "I will sign as a witness to your signature."
2. "You will need to find a witness on your own."
3. "Whoever is available at the time will sign as a witness for you."
4. "I will call the nursing supervisor to seek assistance regarding your request."

NOTES:

Q5 Which meal tray would the nurse deliver to a client of Orthodox Judaism faith who follows a **kosher diet?**

1. Pork roast, rice, vegetables, mixed fruit, milk
2. Crab salad on a croissant, vegetables with dip, potato salad, milk
3. Sweet and sour chicken with rice and vegetables, mixed fruit, juice
4. Noodles and cream sauce with shrimp and vegetables, salad, mixed fruit, iced tea

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Q6 The nurse has made an error in documentation of the dose administered of an opioid pain medication in the client's record. The nurse draws 1 mg from the vial and another registered nurse (RN) witnesses wasting of the remaining 1 mg. When scanning the medication, the nurse entered into the medication administration record (MAR) that 2 mg of hydromorphone was administered instead of the actual dose administered, which was 1 mg. The nurse would take **which action(s) to correct the error in the MAR?** Select all that apply.

1. Complete and file an occurrence report.
2. Right-click on the entry and modify it to reflect the correct information.
3. Document the correct information and end with the nurse's signature and title.
4. Obtain a cosignature from the RN who witnessed the waste of the remaining 1 mg.
5. Document in a nurse's note in the client's record detailing the corrected information.

NOTES:

Q7 The nurse educator asks a student to list the five main categories of complementary and alternative medicine (CAM), developed by the National Center for Complementary and Alternative Medicine. Which statement, if made by the nursing student, indicates a **need for further teaching** regarding CAM categories?

1. "CAM includes biologically based practices."
2. "Whole medical systems are a component of CAM."
3. "Mind-body medicine is part of the CAM approach."
4. "Magnetic therapy and massage therapy are a focus of CAM."

Q8 Which notations indicate **accurate nursing documentation** by the nurse? Select all that apply.

1. The client slept through the night.
2. Abdominal wound dressing is dry and intact without drainage.
3. The client seemed angry when awakened for measurement of vital signs.
4. The client appears to become anxious when it is time for respiratory treatments.
5. The client's left lower medial leg wound is 3 cm in length without redness, drainage, or edema.

NOTES:

Q9 A nursing instructor delivers a lecture to nursing students regarding the issue of clients' rights and asks a nursing student to identify a situation that represents an example of invasion of client privacy. Which situation, if identified by the student, **indicates an understanding of a violation of this client right**?

1. Performing a procedure without consent
2. Threatening to give a client a medication
3. Telling the client that they cannot leave the hospital
4. Observing care provided to the client without the client's permission

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Q10 The nurse is caring for a non–English-speaking client and is attempting to integrate the client's cultural practices into Western medicine. What are some **other aspects of culturally competent care** the nurse can employ? Select all that apply.

1. Increasing client safety
2. Using spiritual practices
3. Reducing health disparities
4. Increasing client satisfaction
5. Maintaining eye contact when conversing with clients
6. Preventing misunderstandings between the nurse and the client

NOTES:

Q11 An older client is brought to the emergency department for treatment of a fractured arm. On physical assessment, the nurse notes old and new ecchymotic areas on the client's chest and legs and asks the client how the bruises were sustained. The client, although reluctant, tells the nurse in confidence that a family member frequently hits the client if supper is not prepared on time when the family member arrives home from work. The nurse plans to make which **most appropriate response**?

1. "Oh, really? I will discuss this situation with your family member."
2. "Let's talk about the ways you can manage your time to prevent this from happening."
3. "Do you have any friends who can help you out until you resolve these important issues with your family member?"
4. "As a nurse, I am legally bound to report abuse. I will stay with you while you give the report and help find a safe place for you to stay."

Q12 The nurse manager has implemented a change in the method of the nursing delivery system from functional to team nursing. An assistive personnel (AP) is resistant to the change and is not taking an active part in facilitating the process of change. Which is the **best approach** in dealing with the AP?

1. Ignore the resistance.
2. Exert coercion on the AP.
3. Provide a positive reward system for the AP.
4. Confront the AP to encourage verbalization of feelings regarding the change.

NOTES:

Q13 The nurse manager is discussing with the staff the facility's protocol in the event of a tornado. Which instructions would the nurse manager **include in the discussion**? Select all that apply.

1. Open doors to client rooms.
2. Move beds away from windows.
3. Close window shades and curtains.
4. Place blankets over clients who are confined to bed.
5. Relocate ambulatory clients from the hallways back into their rooms.

M Y N O T E S

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STUDENT WORKBOOK

CLINICAL CASE

ITEM 1

HEALTH HISTORY

1 week ago: This 32-year-old client sustained a T6 spinal cord injury 3 months ago from a motor vehicle crash that caused paralysis of the lower body. The client was sideswiped by a truck, which caused the car to roll over 3 times and end up in a ditch off the roadway. The client was pinned in the car, and the front end and side of the car crushed the lower half of their body. The client was hospitalized for 3 months. During hospitalization, emergency treatment was administered, and once stabilized, the client was monitored for complications. The client received rehabilitative therapy including PT and OT, and home care services were initiated for discharge. The client is married, and the client's spouse stays at home caring for their two children, ages 7 and 10. Prior to the injury, the client was a forklift driver at an industrial manufacturing company. The client has no previous medical history, does not take any medications, does not smoke, and drinks occasionally at social gatherings.

ITEM 1

NURSE'S NOTES

0700: The nurse plans a visit to a client who was discharged from the hospital 1 week ago. The nurse reviews the discharge summary in the medical record and the Nurses' Notes from the previous home visit done on the day after hospital discharge.

1000: The nurse arrives at the client's home and after introductions performs a focused assessment.

One day post-discharge: Client alert and oriented. Sitting up in wheelchair. Reports using a transfer board, with spouse's assistance, to get out of bed to the wheelchair. Reports sitting in the wheelchair all day. Reports fair appetite and is drinking fluids. Reports tiredness and falling asleep in the wheelchair during the day. Reports sweating during the night, which wakes the client; once repositioning to the side, the sweating stops but has difficulty falling back to sleep. Reports muscle spasms in the lower body. No reports of headache. Reports self-catheterizes every 6 hours. Last bowel movement was on the day of hospital discharge. VS: T = 98.6°F (37.0°C); HR = 86 BPM; RR = 18 bpm; BP 120/78 mm Hg

ITEM 1

The nurse documents the following focused assessment. Highlight the findings in the assessment that are of **immediate concern.**

Nurses' Notes

VS: T = 99.2°F (37.3°C); HR = 60 BPM; RR = 18 bpm; BP 150/90 mm Hg. Alert and oriented. Reports poor appetite over the last few days and is nauseated. Reports tiredness and continued sweating during the night. Muscle spasms in the lower body worsening and was incontinent once during the night. Reports feeling as though is getting the flu because of nausea, nasal stuffiness, and pounding headaches. States last bowel movement was 4 days ago.

The nurse reviews all of the clinical data and prepares to act based on **day three's findings**
Complete the sentence below from the list of options

ITEM 2

The nurse determines that the client assessment findings would most likely be the result of

_____ caused by the

Select...
1. Anxiety
2. Noxious stimuli
3. Urinary incontinence
4. Further spinal cord damage.

Select...
1. Infection
2. Paralysis
3. Constipation
4. Worsening muscle spasms.

NOTES:

ITEM 3

The client is at highest risk for developing which **three conditions**?

1. Infection
2. Malnutrition
3. Spinal shock
4. Hyperthermia
5. Skin breakdown
6. Neurogenic shock
7. Autonomic dysreflexia

For each potential intervention, click to specify whether the intervention is indicated or contraindicated in the care of the client.

ITEM 4

Potential Intervention	Indicated A	Contraindicated B
1 - Assist the client in getting back into bed, and position supine.		
2 - Check the BP frequently.		
3 - Check for bladder distention.		
4 - Check for bowel impaction.		
5 - Contact the physician.		
6 - Place cold packs on the back of the client's neck and in the axilla areas.		
7 - Administer sublingual nifedipine.		

NOTES:

ITEM 5

1010: The nurse quickly considers the plan of care for autonomic dysreflexia and intervenes to manage this complication the client is experiencing. Which actions would the nurse **perform immediately?** Select all that apply.

1. Catheterize the client
2. Loosen the client's clothing.
3. Remove impacted stool digitally.
4. Help into bed in an upright position.
5. Send a urine specimen to the lab for culture and sensitivity.
6. Teach the client about the measures to prevent autonomic dysreflexia.
7. Call EMS to transport the client to the hospital.

Which client statement indicates that the client understood or requires further teaching? Select Understood or the Requires Further Teaching column.

ITEM 6

Client Statement	Understood A	Requires Further Teaching B
1. "I need to follow the bowel regimen every day."		
2. "A low-fiber diet will help with the abdominal discomfort and muscle spasms that I get."		
3. "It's best to go back to bed during the day and limit the amount of time I spend in the wheelchair to 2 to 3 hours a day."		
4. "I should check my bladder to see if it is distended and make sure that I don't allow it to get too full."		
5. "I will call 911 immediately to take me to the hospital if I experience any of these symptoms."		
6. "I need to have my spouse help me check my skin to be sure there is no redness or skin breakdown."		

NOTES:

MY NOTES

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"Every day it's a new opportunity!"

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Bilingual Review





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