

Test Bank - Chapter 02

Q1: Which of the following is not a benchmark of respect in the health professional and patient relationship?

- A. Evidence of the health professional's attention to the patient's discomfort due to the circumstance that has brought the patient into the relationship
- B. Actions that demonstrate the health professional's trustworthiness
- C. Professional conduct that reflects the professional's commitment to treating each person with dignity

D. Evidence that the health professional's right to expect respect from the patient is being honored because of the professional's elevated societal position (Correct)

Rationale: Evidence that the health professional's right to expect respect from the patient is being honored because of the professional's elevated societal position is not a benchmark of respect in the health professional and patient relationship. Societal position is meaningless to others if the health care professional does not both profess and convincingly apply it. The other answer choices are benchmarks of respect in the health professional and patient relationship.

Q2: The most important means by which trust is brought about in the health professional and patient relationship is for the professional caregiver to:

- A. try to develop a personal intimacy with the patient so that the patient can treat the health professional as a friend.
- B. decide first which member of the interprofessional care team should treat the patient.

C. focus on applying skills within ones scope of competence with the goal of addressing the patient's health related needs. (Correct)

- D. avoid offering hope because you never know what is going to happen.

Rationale: The most important means by which trust is brought about in the health professional and patient relationship is for the professional caregiver to focus on applying skills within one's scope of competence with the goal of addressing the patient's health related needs. A health professional is considered trustworthy when a patient is helped to feel secure not only in the professionals' technical skills and decisions but can rely on them to support fuller participation in decisions about personal health and well-being. The other answer options do not bring about trust in the health professional and patient relationship.

Q3: Integrity, a component of a health professional and patient relationship built on respect, is:

- A. essential for only long-term relationships because time is needed to build it.

B. perceived by the patient as a high level of consistency between what the professional says and does. (Correct)

- C. a character trait of individuals but not teams or systems; there is no such thing as collective integrity.

- D. recognizable by conduct highlighting the professional's awareness of the transference and countertransference inevitably present in every health professional and patient relationship.

Rationale: Integrity is perceived by the patient as a high level of consistency between what the professional says and does. Integrity means projecting an authentic wholeness in attitudes, words, and actions, providing evidence that patients may confidently place their trust in you. The other answer options do not define integrity.

Q4: Professional courtesy in comparison with casualness is:

A. a false distinction; there is no difference.

B. a distinction between a professional's attitudes and conduct that the patient experiences as respect and those that may convey indifference or disrespect. (Correct)

C. the idea that health professionals should be courteous to other members of the interprofessional care team in front of the patient to demonstrate their solidarity and thereby increase the patient's confidence.

D. a legal distinction between contract-based and covenant-based conduct toward patients.

Rationale: Professional courtesy in comparison with casualness is a distinction between a professional's attitudes and conduct that the patient experiences as respect and those that may convey indifference or disrespect. Professional courtesy can be defined as politeness undergirded by attitudes and actions conveying genuine respect for that person's dignity. Acting in a casual manner in a professional medical office may be construed as not taking the patient's concern seriously. The other answer options do not accurately compare professional courtesy and casualness.

Q5: Which of the following is not an example of person - first language:

A. Person with dementia

B. Individual in recovery

C. Schizophrenic (Correct)

D. Child with autism

Rationale: The term schizophrenic is diagnosis first, rather than person first language. By regarding the patient as a person with schizophrenia rather than a schizophrenic you do not equate the person with a diagnosis but communicate that they have the diagnosis among their many other traits and characteristics. It is more inclusive and less stigmatizing.

Q6: Professional boundaries serve many functions. Which one of the following is the core function?

A. They are tools of care to encourage a flourishing professional relationship. (Correct)

B. They help guarantee that awkward emotional feelings or attachments will never arise in the health professional and patient relationship.

C. They are designed to protect the professional from legal liability in the health professional and patient relationship.

D. They are lists of specific clinical functions that each profession is expected to perform within its scope of practice. Used to navigate tensions among members of the interprofessional care team.

Rationale: The core function of professional boundaries is that they are the tools of care to encourage a flourishing professional relationship. A professional boundary is a term developed in the professions literature and professional practice guidelines to provide guidance regarding appropriate, prudent physical and emotional constraints to intimacy. While most benchmarks of respect involve positive action, this one calls for understanding where and when to exercise constraint. The other answer options do not describe the core function of professional boundaries.

Q7: Enmeshment:

A. signifies the healthy emotional characteristics of a health professional and patient relationship based on respect.

B. is an indication that interprofessional care team members have strongly held, but differing, perceptions of a patient's needs and the patient is caught in a net of conflict.

C. refers to the complex web of family relationships and how it can undermine respect between the health professional and patient.

D. refers to emotional responses and psychological attachments of the health professional to the patient that threatens to interfere with respect in the relationship. (Correct)

Rationale: Enmeshment refers to emotional responses and psychological attachments of the health professional to the patient that threatens to interfere with respect in the relationship. This can ultimately lead to client feelings of anger or emotional pain and to a sense of abandonment. The process of enmeshment may also complicate provision of adequate care at a later time. This can occur if the patient sees the other care team members as not caring sufficiently or as providing inadequate care, in comparison with the nurse who is enmeshed. The other answer options do not describe enmeshment.