

PREPARATION GUIDE

REGIONAL EXAMINATION FOR NURSE REGISTRATION

CARICOM COUNTRIES

JUNE 2014



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ACRONYMS AND ABBREVIATIONS

AP	Application
ASE	Analysis/Synthesis/Evaluation
CARICOM	Caribbean Community
CDM	Clinical Decision Making
COM	Communication
CPR	Candidate Performance Report
CXC	Caribbean Examinations Council
HPMW	Health Promotion and Maintenance of Wellness
ICN	International Council of Nurses
KC	Knowledge/Comprehension
NLM	Nursing Leadership and Management
NP	Nursing Practice
PAHO	Pan American Health Organization
PC	Professional Conduct
PD	Professional Development
RENr	Regional Examination for Nurse Registration
RGNC	Regional General Nursing Councils
RN	Registered Nurse
RNB	Regional Nursing Body
WHO	World Health Organization

PREFACE

The Caribbean Examinations Council (CXC) has developed the Regional Examination for Nurse Registration (RENr) Preparation Guide to assist you in your preparation for the RENr. The guide is designed to familiarize you with the requirements of the RENr and to help you to prepare for the examination.

This Preparation Guide includes a practice test based on the nursing domains and competencies outlined in the *RENr Blueprint*. This test consists of 100 multiple-choice questions which will test knowledge, comprehension, and the ability to apply, analyse and synthesize the knowledge, skills and ability you would have acquired through your period of study.

The items in this guide are only a sample of the questions that may appear in the RENr and the different types of health problems and situations that can be tested. The items will assist you in reviewing for the examination and will prepare you for taking the test.

The actual test will consist of two papers, Paper 1 and Paper 2. Each paper will consist of 100 to 120 multiple-choice items and you will have 2 hours and 30 minutes to answer each paper. There will be a break between the two papers.

The Preparation Guide is the result of collaboration between representatives of the nursing profession across the Caribbean and staff of the Caribbean Examinations Council. The professional expertise and commitment of persons engaged in the practice of nursing, nursing education and management were essential in the crafting of this document. It is anticipated that the main users of the guide, the candidates preparing for the RENr, will benefit from using this document. It is expected, too, that they will provide feedback which will be used to further enhance future versions of the Preparation Guide to provide even more effective support to persons preparing to sit the examination.

SECTION ONE: INTRODUCTION

The Preparation Guide is designed to familiarize you with the structure of the RENR and assist you in your preparation for the RENR. It is designed specifically for persons preparing to write the CXC-managed RENR in or after October 2014.

Background to the RENR

During the 1970s several initiatives were implemented to improve the standard and quality of nursing education within the Caribbean Community (CARICOM) region. Under its programme of technical cooperation with the region, and at the request of the Ministries of Health, the Pan American Health Organization/World Health Organization (PAHO/WHO) provided direct technical assistance in the development and strengthening of nursing education and nursing service. Standards to guide the education and practice of nurses were developed and schools of nursing were evaluated to assess their effectiveness. The overall theme was the standardization and harmonization among divisions of nursing education within the region.

The CARICOM territories, after many years of planning and based on health care conditions common across the region, introduced a Regional Examination for Nurse Registration in 1993. These conditions included common health problems, similarities in nursing education programmes, similar nursing practice and supporting infrastructure, and, above all, a conscious need to enhance the effectiveness of nursing care available to the peoples of CARICOM territories.

As early as 1970, the Regional Nursing Body (RNB), the policy making body for nursing in CARICOM states, had, as one of its priority objectives, the development of a Regional Examination for Nurse Registration.

The feasibility study for the RENR, a recommendation of the RNB, which was conducted in the 13 Commonwealth countries of the region, established the governments' consensus, in principle to a Regional Examination for Professional Nurse Registration.

Workshops held at the Jolly Beach Hotel, Antigua, circa 1977, and at Dover, Barbados, in 1978 provided valuable documents, which outlined common aspects of nursing deemed essential for nurse registration in the region.

The *Jolly Beach Report* outlined the curriculum framework to be used for the primary health care-oriented curricula in the region. This document provided the direction for the next stage of discussions and decisions indicated in the *Dover Report*. The *Dover Report*, a continuation of the *Jolly Beach Report*, further elaborated the process and provided background material for the development of the *RENR Blueprint*.

There were subsequent activities in the further development of the project. The General Nursing Councils met at the Ocean View Hotel, Barbados, in 1990 to develop strategies for the implementation of the examination. The representatives identified 24 competencies from the participating schools in nursing curricula as the scope of

practice for all registered nurses wishing to practice nursing within CARICOM member states.

The *Blueprint* highlighted the rationale for the RENR. It also included the philosophy, goals, objectives, competencies and content outlines for nursing and the relevant supporting sciences.

The *RENR Blueprint* has been used to guide the conduct and content of the RENR, since its inauguration in October 1993.

These documents have been revised periodically to reflect the current regional and global health care indicators. The *RENR Blueprint* is the property of the General Nursing Councils of the region and are reference documents for the education and examination of nurses within the CARICOM region.

The General Nursing Councils of the region have the legal responsibility for nursing education and registration and are tasked with a number of activities critical to the successful education and practice of nurses within the region. The RENR developed and administered in CARICOM since 1993 signified a significant milestone and similar standards of nursing education in the ten of the participating CARICOM countries.

What is the RENR?

The Regional Examination for Nurse Registration is an examination developed and administered by the Caribbean Examinations Council (CXC) in collaboration with representatives of the Regional General Nursing Councils (RGNC) in CARICOM Countries. Effective October 2014, the first CXC-managed RENR will be implemented.

The purpose of the RENR is to test the competencies of the entry-level registered nurse, ensuring fitness-to-practice and the public's safety.

The successful completion of the RENR enables the candidate to:

- Be registered with the Nursing Council of the respective participating jurisdictions;
- Use the designation specified in the nursing law which identifies the professional nurse as a Registered Nurse (RN);
- Have reciprocity for employment purposes in any RENR-participating CARICOM country.

Rationale for the RENR

The Regional Examination for Nurse Registration:

1. Establishes a uniform standard of testing and evaluating nursing students for nurse registration in the region;
2. Facilitates the development of a system for reciprocal registration of nurses in the CARICOM region;
3. Provides guidelines for the production, administration and scoring of examinations;
4. Provides data for evaluating nursing education schools and departments within the CARICOM community;
5. Facilitates the development of a wide cross section of professional nurses in testing and evaluating competencies and expertise;
6. Institutes a medium for continuing research in testing and measurement within the CARICOM region;
7. Provides quality examinations in the region through the cooperation of the General Nursing Councils.
8. Facilitates a system of reciprocity for RNs among countries of the region.

Eligibility for the RENR

In order to be eligible for the RENR, you must have successfully completed a basic nursing programme of a minimum of three years' duration from a recognized institution, have approval from the educational institution and be registered with the General Nursing Council.

Definition of Entry-Level Nurse

The Entry-Level nurse should have completed a basic nursing education programme from a recognized institution and be registered by a legally constituted regulatory nursing body to practise nursing. The nurse should have the capacity to think critically, and make sound, ethical clinical decisions when providing quality nursing care. In addition, the nurse should be able to function independently and interdependently within an interdisciplinary health team. The nurse should display a caring attitude and show a willingness to be mentored during the novice stage.

Philosophy of Nursing

The philosophy which guides the conduct and content of nursing education programmes within CARICOM countries incorporates tenets from the philosophy of nursing and that of general education.

The General Nursing Councils of the region believe that:

- **Health** is a dynamic holistic process in which the individual or family interact with physiological, psychological, cultural and spiritual stimuli in order to achieve maximum potential. Health is also the actualization of inherent and acquired human potential through goal-directed behaviour, competent self-care and satisfying relationships with others. Adjustments are made along a health-illness continuum as needed to maintain structural integrity and to effect harmony with the environment.
- **Health care** is the process of assisting the individual, family and community to attain or maintain a state of optimum wellness or to adjust to a comfortable position on the health-illness continuum. It is a basic human right and a priority for individuals, families and communities. Health care should be available, accessible, affordable, comprehensive, continuous, coordinated and delivered by a team of trained competent professionals. Health care programmes must reflect the health priorities of the society, and must be delivered in a way that will benefit the greater majority of citizens.
- **Nurses** are professionals who have completed a programme of education in a recognized educational institution and are qualified, registered and licensed to practice nursing. The Nurse as a professional is capable of critical inquiry, sound clinical judgement and ethical decision making. Nurses function independently and interdependently within a multi-disciplinary health team.
- Nursing is a **practice-based discipline**, built upon the contribution of many nurse theorists as well as inputs from several other scientific disciplines. Nursing makes a distinctive contribution to the maintenance and promotion of health of individuals, families, communities and nations. Nursing is administered through the use of the Nursing Process, which allows for critical thinking, progressive inquiry and informed decision making. Nursing practice integrates multiple roles and functions, is committed to evidence-based practice and is directed towards the achievement of optimal functioning of the patient/client.
- **Education** is the process whereby individuals are taught to develop critical thinking skills in determining the realities of the universe and to harness those skills for the benefit of themselves and the society. Education is a lifelong process that seeks to inculcate knowledge, skills and attitudes, thus producing a change in behaviour.

- **Nursing Education Programmes** are based on scientific principles, provide a broad and sound foundation for the effective practice of nursing, and a basis for continuing development in nursing. These programmes, must of necessity focus on the common health problems within the region and reflect the current evidence-based trends in nursing practice.
- Professional nursing education programmes in the region should be offered in institutions of higher learning, at the **first-degree level** and should prepare graduates who are capable of providing leadership and management as well as professional reflection and visioning. The administration of these programmes should reflect the *Global standards for the initial education of professional nurses and midwives*, and those developed by the RNB.

SECTION TWO: DOMAINS AND COMPETENCIES OF THE RENR

Theoretical Framework

The main focus of the RENR is nursing science and nursing practice, the life cycle of man and the health–illness continuum. Nursing science is organized in keeping within the following seven domains, which serve as anchors of the nursing profession. These domains are:

- Nursing Practice
- Professional Conduct
- Health Promotion and Maintenance of Wellness
- Nursing Leadership and Management
- Communication
- Clinical Decision Making
- Professional Development

These **domains** give rise to the **competencies** expected of the practitioner in the delivery of nursing care. The competencies are used as standards to assess the extent to which nurses can function effectively. The nursing role is reflected as pivotal to the health and wellbeing of individuals, families and communities and is therefore the object of testing. The RENR, therefore, utilizes these competencies as the framework for the development of test objectives and items.

Domain 1: Nursing Practice (NP) – 30%

Descriptor

Refers to the holistic approach and treatment of people as human beings of value and worth and the demonstration of caring behaviours and attitudes by the nurse. It also includes the nurse's ability to undertake nursing care within the framework of informed consent. Nursing care should be evidence based on an appropriate repertoire of skills indicative of safe and effective practice. In addition, the nurse is required to demonstrate knowledge of current health care trends, and a sense of accountability for practice in accordance with health and nursing legislation. In so doing, the nurse should be sensitive to, and demonstrate respect for patient rights.

Competencies

1. Integrates nursing and health care knowledge, skills and attitudes to provide safe, ethical and effective nursing care.
2. Utilizes the nursing process as the framework for providing safe ethical, and effective nursing care.
3. Practises within national, regional and international legal and regulatory framework for nursing.

4. Demonstrates knowledge of the influence of organizational and societal culture on the provision of health and nursing care.
5. Demonstrates sensitivity and respect for patients' rights, diversity in personal choices, socio-cultural practices and beliefs including religion, sexuality, gender issues in patient/client and family interactions.
6. Demonstrates caring attitudes and behaviour in delivery of nursing care.
7. Selects valid and reliable assessment tools and techniques to collect required data to inform the delivery of nursing care.
8. Collects data systematically regarding the health and functional status of individuals, families and communities through appropriate interaction, observation, measurement and evaluation.
9. Interprets data accurately to inform the selection of nursing interventions in the delivery of patient care.
10. Establishes priorities of care based on the needs of individuals, families and communities.
11. Demonstrates the safe application of cognitive, affective and psychomotor skills required to meet the needs of patients/clients within current scope of practice.
12. Collaborates with the interdisciplinary health care team, patients/clients, families and significant others, when appropriate, to review and monitor the plan of care.
13. Utilizes health information systems and technology to manage nursing care.
14. Demonstrates scientific rigour in using research to solve problems and address issues in nursing and health care delivery settings.
15. Takes immediate action on actual and potential safety risks to clients/patients, self and/or others.
16. Integrates organizational policies, best-practice guidelines and professional standards in the performance of all nursing roles and functions.

Domain 2: Professional Conduct (PC) – 10%

Descriptor

Relates to the manner in which the nurse demonstrates professionalism which is in keeping with the Code of Ethics of the International Council of Nurses (ICN) and the RNB and with national nursing legislation and regulations.

These guidelines direct the professional and inter-professional relationships that are established during the scope and functions of nursing practice. It also emphasizes the attitude of the nurse to patient care and the need for each nurse to display a professional manner particularly in challenging situations when interacting with patients and co-workers.

Competencies

1. Delivers safe and competent care through ethical decision making that is consistent with national, regional and international nursing codes of ethics and legislation.
2. Provides nursing care within stipulated scope of practice.
3. Demonstrates respect for the roles and responsibilities of the other members of the health care team.
4. Demonstrates accountability for nursing decisions and actions.

Domain 3: Health Promotion and Maintenance of Wellness (HPMW) – 10%

Descriptor

Health promotion and health education, disease, and injury prevention across the lifespan are essential elements of entry-level nursing practice at the individual and population levels. Health promotion includes assisting individuals, families, communities, and populations to prepare for and minimize adverse health outcomes and maintain wellness. Population-focused nursing involves identifying determinants of health, prioritizing primary prevention strategies, and using available resources to assure the best overall improvement in the health of the population.

Health promotion and health education interventions prevent the escalation of diseases and assists with the understanding of the link between health promotion strategies and health outcomes. Collaboration with other health care professionals and populations is necessary to promote healthy behaviours that improve population health.

Competencies

1. Assists the client/patient to understand the link between health promotion strategies and health outcomes across the life cycle.
2. Utilizes evidence-based practices to guide planning, implementation, monitoring and evaluation of health education and health promotion activities.
3. Assesses health/illness beliefs, values, attitudes, and practices to develop health promotion strategies for delivery of primary health care to individuals, families, and communities.

4. Collaborates with the interdisciplinary health care team and patient/client to implement intervention plans that incorporate the determinants of health through the use of available resources in the delivery of comprehensive nursing care.
5. Uses an ethical framework to evaluate the impact of social policies on health care, especially for vulnerable individuals, families, communities and populations.

Domain 4: Nursing Leadership and Management (NLM) – 15%

Descriptor

Relates to use of leadership skills to adequately carry out management functions in the health care environment. The health care environment includes patient care units in a variety of settings at the institutional or community level.

Nursing leadership and management also involves the application of the principles of decision making, problem solving and conflict resolution to facilitate a work environment that is supportive to healthy patient outcomes.

Integral to evaluation in nursing management are continuous quality improvement systems along with revision and development of practice policies to enhance patient care.

Competencies

1. Utilizes management theories and leadership styles to carry out the activities of planning, organizing, controlling and evaluating patient care within the clinical work environment.
2. Demonstrates leadership and management skills by adequately delegating responsibilities in planning the activities related to patient care within the clinical work environment.
3. Promotes collaborative practice through the application of the principles of decision making, problem solving and conflict management among the health care team to facilitate the effective operation of the work environment.
4. Manages resources to provide safe, efficient and ethical nursing care.
5. Utilizes the principles of change to respond to the health care environment and nursing practice.
6. Integrates quality improvement principles and activities into nursing practice to promote quality care.

7. Participates in the development, implementation, analysis and evaluation of clinical nursing standards and policies that guide the delivery of care.
8. Participates in providing learning opportunities for nursing students to attain required competencies.
9. Develops long and short-term goals which reflect clients' needs and national priorities for health care.
10. Demonstrates knowledge and awareness of contemporary health issues of national, regional and international significance and the roles of various stakeholder groups/agencies.
11. Assesses the health care and emergency preparedness needs of a defined population.
12. Uses clinical judgement and decision-making skills in providing appropriate and timely nursing care during disasters.
13. Assists with coordination of efforts to build, sustain and improve capacity to respond to disasters

Domain 5: Communication (COM) – 10%

Descriptor

Refers to the processes whereby meanings are assigned and conveyed to others to create shared awareness and understanding of phenomena. It includes the ability to recognize and eliminate barriers, and to utilize appropriate methods of effective communication.

Nursing practice utilizes constant communication between the nurse and the patient, the family, communities and the interdisciplinary team. Communication is inherent in the establishment and continuation of the therapeutic nurse–client relationship to facilitate provision of care.

Competencies

1. Articulates the roles and responsibilities of a professional nurse in fostering therapeutic relationships with individuals and groups in the provision of quality nursing care.
2. Utilizes appropriate communication and interpersonal skills to engage in, develop and disengage from therapeutic relationships with individuals and groups.
3. Utilizes effective communication to influence interpersonal relationships that occur in the context of delivering nursing care.

4. Acknowledges the boundaries of a professional caring relationship by demonstrating appropriate communication and interpersonal relationship skills.
5. Demonstrates sensitivity when interacting with patients, families and communities.
6. Utilizes established protocols to disseminate information related to health care activities

Domain 6: Clinical Decision Making (CDM) – 20%

Descriptor

Refers to the mental processes of reaching agreement on the selection of courses of actions, their rationales and outcomes. Clinical decision-making is context specific and changes according to client needs and practice-setting circumstances. These decisions are made with available data independently or in collaboration with the interdisciplinary team, the patient/client and the family.

Critical thinking is integral to decision-making and includes the activities of organizing assessment information, recognizing patterns and compiling evidence to support the conclusions drawn.

Competencies

1. Utilizes critical thinking skills and professional judgement to inform decision-making in the delivery of health care.
2. Incorporates evidence from research, clinical practice and client preferences to inform clinical decision making.
3. Applies bio-psychosocial knowledge in the provision of nursing care.
4. Provides information to enable patients/clients to make informed choices and to practice self-care skills.
5. Demonstrates sound clinical decision making based on available information.
6. Evaluates the effectiveness of nursing interventions based on appropriate research findings.

Domain 7: Professional Development (PD) – 5%

Descriptor

Relates to self-appraisal and professional development as well as reflection on practice, feelings and beliefs and their consequences for nurse/client relationships and interactions. This also reflects the need for planning for lifelong learning and

understanding the value of evidence based findings for competent nursing practice. It ensures that the nurse develops his or her professional practice in accordance with the health needs of the population and the changing patterns of disease and illness.

Competencies

1. Identifies one's own professional development needs by engaging in reflective practice in the context of lifelong learning.
2. Develops a personal development plan which takes into account personal, professional and organizational needs.
3. Takes action to meet identified knowledge and skills deficit likely to affect the delivery of care within the current sphere of practice
4. Maintains membership in professional nursing organizations.
5. Participates in continuing education programmes to keep pace with the changing nursing and health care environment.

SECTION THREE: GUIDELINES FOR DEVELOPMENT OF EXAMINATION PAPERS

This section provides a summary of the guidelines used for the development the examination papers, in terms of a) the domains and competencies and b) cognitive levels.

Examination Weighting by Nursing Domains

The domains and competencies will be assigned the following emphases in the examination.

	Nursing Domains	Exam Weight (%)	Number of Items
1	Nursing Practice (NP)	30	60
2	Professional Conduct (PC)	10	20
3	Health Promotion and Maintenance of Wellness (HPMW)	10	20
4	Nursing Leadership and Management (NLM)	15	30
5	Communication (COM)	10	20
6	Clinical Decision Making (CDM)	20	40
7	Professional Development (PD)	5	10
	TOTAL	100%	200

Examination Weighting by Taxonomy Levels

The examination will reflect the cognitive levels adapted from Bloom's Taxonomy as follows:

Knowledge/Comprehension (KC) – 20%

Refers to the ability to recall previously learned material and understand its significance. It goes beyond mere knowledge of factual information, principles and concepts and includes the ability to interpret data and information that will be encountered in the environment in which entry-level nurses will function.

Application (AP) – 50%

Refers to the entry-level nurses' ability to use what they have learnt in novel, realistic situations. It includes application of rules and regulations, methods, nursing principles and theories in the provision of safe and ethical nursing care to patients.

Analysis/Synthesis/Evaluation (ASE) – 30%

Encompasses critical thinking and problem solving and refers to the ability to determine priorities, to distinguish between relevant and irrelevant data, and to arrive at and be able to justify decisions based on consideration of all the available evidence in the patient care situation.

The RENR Blueprint for CARICOM Countries provides further details on examination specifications and other relevant information.

SECTION FOUR: BEFORE THE EXAMINATION

Approval for the Examination

1. Principals/Directors of the nursing educational institutions will provide the RGNC with proof that you have completed an approved basic nursing programme.
2. A list of candidates will be submitted to the Nursing Council in each participating country for registration for the RENR.

Registration for the Examination

The RGNC in each territory is responsible for registration for the RENR. The following documents must be submitted to the RGNC:

1. Application/registration forms
2. Receipt of payment of examination fees

The RGNC will issue an examination ID number which you must present in order to gain entrance to the examination centre.

Request for special accommodations during the administration of the test must be made during the registration process or at least four months prior to the examination date.

Verification of registration for the examination will include the examination ID and a government issued photo ID.

Please note that you are advised to contact your Nursing Council for specific requirements for registration in your territory.

How to Study for the RENR

Study techniques used to prepare for writing the RENR are not much different from those used to prepare for a school examination in a particular course. The major difference is probably that for the RENR, there is much more content to review than there is for a course examination. Although the examination will only sample the content of your nursing programme, it could include content drawn from your entire programme of study.

The following tips may help you to gain the greatest benefit from the time you spend preparing for the RENR:

1. Begin your review as soon as possible; be sure you have enough time to cover all the material you decide to review. This material will probably include the course

notes taken throughout your programme, and perhaps some major topics in a few nursing textbooks. Too often, candidates do not begin to study early enough and then find they have to rush or they run out of time. This could increase the anxiety candidates may feel about writing the examination which will, in turn, make it more difficult to study and concentrate.

2. Choose a quiet place for studying, preferably one where you or your group will not be distracted. Group study is advisable.
3. Develop a schedule for study, that is, allow so many hours per day for the number of days you think it will take you to complete your review.
4. Take periodic breaks to keep your ability to concentrate at a maximum level. A few minutes spent doing simple exercises will help your circulation and increase your oxygen supply.
5. Develop a study plan to help keep you focused on your task. For example, you might decide to list the particular areas of nursing you think you should review. Then you might find it useful to divide your list into two parts:
 - those areas you know you have the most trouble understanding or are weakest in, since you may need to pay particular attention to these and review them in depth. Here is where your group will be able to assist you to master these areas;
 - those areas you feel more comfortable with and understand most easily, since you might want to leave these till last and may only need to review them briefly.
6. Set yourself little quizzes to do. For example, list three or four nursing issues or patient conditions and then, without referring to any books or notes, list the steps in each procedure and note any particular information that should accompany each step. After you have done this, go back to your notes or to a nursing textbook and check how much information you identified correctly about each procedure. If you missed some steps or omitted some important information, note it down and use it to complete your review of that area.
7. Identify key words or phrases related to a particular area, for example, a nursing procedure, a treatment process or, nursing actions associated with various health problems.
8. There are several useful websites and online texts with practice items that may help you in your review. Use them judiciously.
9. Relax as much as possible before the examination. Try to avoid revising right up to the day of the examination. Remember, you need a clear head. Organize your thoughts and put your best effort into writing the examination.

SECTION FIVE: THE DAY OF THE EXAMINATION

Examination Rules

1. On the day of the examination, candidates should arrive at the exam centre at least 60 minutes before the scheduled start of the exam to allow for (a) verification, (b) identification and (c) sign-in procedures.

Candidates who arrive 15 minutes or more after the scheduled start of the examination will not be permitted to enter the room. No candidate is permitted to leave during the last 15 minutes of the examination.

At the end of the examination, candidates must remain seated until they are dismissed by the Supervisor. You will be required to present a valid government-issued photo identification such as:

- (a) Driver's Licence
- (b) Passport
- (c) National Identification

2. Identification will be re-verified for the afternoon session.

Candidates must be appropriately dressed in business casual attire. No hats may be worn. Religious head gear may be worn, but is subject to inspection.

3. You must bring several 3B pencils and unwrapped erasers to the examination. You may bring manual sharpeners which will be inspected by the Supervisors. You may bring and use a silent, non-programmable calculator for questions that require simple mathematical calculations. **Calculators with storage and communication functions are strictly prohibited.**
4. You will not be allowed to enter the examination room with any paper material. You will be provided with scrap paper.
5. You may not remove any used or unused material from the examination.
6. No cellphones, pagers, electronic devices, liquid paper/white out, pencil cases, books or unauthorized materials will be permitted in the examination room.
7. Candidates found in possession of unauthorized materials while the exam session is in progress will be disqualified from the examination.
8. No unauthorized person may be allowed in the examination room. The conduct of the examination must remain under the control of the Supervisor.
9. Candidates must not communicate in any way with each other or give or receive assistance in answering the examination questions.
10. Any candidate who wishes to leave the examination room for a valid reason must be accompanied by a Supervisor or Invigilator, if he/she wishes to return.

11. Any candidate, who wishes to leave the examination room due to illness or other cause, must hand over all the examination material to the Supervisor/Invigilator.
12. The Supervisor may ask candidates who disobey the regulations to leave the examination room. A written report on any such incidents must be submitted by the Supervisor to the General Nursing Council and CXC.
13. In cases of illness, the candidate should present to the Nursing Council a medical certificate as proof of illness and a confidential medical report signed by a registered medical practitioner. The candidate shall send the medical certificate to the Council within seven days from the date of the examination in which the candidate was affected. A certificate received after this period will be considered only in exceptional cases. So that your case may be considered by the Nursing Council, certificates which only state that you were unfit for the examination on the scheduled day will not be accepted.
14. If you need assistance during the examination, you must raise your hand and a supervisor will come to you.
15. In case of a major emergency, candidates are to follow the instructions of the Supervisor.

Test Centres

One or more testing centres will be identified in each country.

Examination Dates

The RENR will be written in all participating CARICOM countries on the same date and time, in the months of April and October of each year.

Examination Date and Time

Date

- October - First Thursday
- April - First Thursday

Time

- Paper 1: 9:00 a.m. – 11:30 a.m.
- Paper 2: 1:00 p.m. – 3:30 p.m.

SECTION SIX: AFTER THE EXAMINATION

Issuing of Results

The results will be issued by the local Nursing Council approximately one month after the exam date.

Official results are available ONLY through your Nursing Council. Your local Nursing Council will notify you when results are available and how you may receive them.

Please do not call the Nursing Council for results prior to notification of availability of results.

CXC will not release any results directly to any candidate. Please do not call CXC.

Unsuccessful Candidates

If you do not pass the exam, you will receive an RENR Candidate Performance Report (CPR). This is an individualized document that outlines your performance in each of the domains. Candidates can use the CPR as a guide to prepare for the resit.

Queries

- If you have any queries about your examination results, these must be submitted in writing to the Registrar/Secretary of the General Nursing Council within 14 days of receiving your results.
- You will be required to pay a fee for the query process, the amount will be stipulated by your local General Nursing Council.

Review Process

- Your responses will be reviewed by an external and independent, qualified and competent educator/practitioner.
- The review process may take up to four weeks following which the General Nursing Council will inform you of the results of the review.

Resitting the RENR

- If you fail the RENR, you are entitled to two chances to rewrite the examination.
- You are responsible for your own revision process to prepare you for the resit examination.
- To register for the resit RENR you must contact the General Nursing Council no later than two (2) months before the next scheduled examination. The Council will determine what fees are required to resit the examination.
- Wait to receive your resit examination permit. If you do not receive your resit examination permit one month prior to the scheduled examination, please contact your local Nursing Council.

SECTION SEVEN: PRACTICE TEST

This practice test consists of 100 multiple-choice questions which will test knowledge, comprehension, and the ability to apply, analyse and synthesize the knowledge, skills and ability you would have acquired through your period of study. These questions exemplify what you may expect to find on your examination.

Appendix A provides the correct answer for each question and the domains and competencies that are being tested. Please note that this guide is not the only means of test preparation. Success on the examination depends on your knowledge and understanding of nursing concepts and principles, and your ability to apply this knowledge that you would have acquired over the course of your studies.

The actual test will consist of two papers, Paper 1 and Paper 2. Each paper will consist of 100 to 120 multiple-choice items and you will have 2 hours and 30 minutes to answer each paper. There will be a break between the two papers.

INSTRUCTIONS TO CANDIDATES [SAMPLE]

Follow the instructions you are given to ensure you receive maximum credit for your answers.

This paper contains 100 multiple-choice questions. Some are discrete, 'stand-alone' questions, while others are presented as a series of questions based on a brief nursing scenario.

For each question, choose the correct answer from the four alternatives given and, on your answer sheet, shade the letter (A, B, C or D) corresponding to your choice.

B MARK YOUR ANSWERS BELOW		
1 (A) (B) (C) (D)	11 (A) (B) (C) (D)	21 (A) (B) (C) (D)
2 (A) (B) (C) (D)	12 (A) (B) (C) (D)	22 (A) (B) (C) (D)
3 (A) (B) (C) (D)	13 (A) (B) (C) (D)	23 (A) (B) (C) (D)
4 (A) (B) (C) (D)	14 (A) (B) (C) (D)	24 (A) (B) (C) (D)
5 (A) (B) (C) (D)	15 (A) (B) (C) (D)	25 (A) (B) (C) (D)

EXAMPLES:	
WRONG	(A) (B) (C) (D)
WRONG	(A) (B) (C) (D)
WRONG	(A) (B) (C) (D)
WRONG	(A) (B) (C) (D)
RIGHT	(A) (B) (C) (D)

The Appendix B provides a sample of the Answer Sheet (front and back page).

If you change an answer, erase your first answer completely before you choose your new answer. Otherwise, you may not get credit for the question.

There is only one answer to each question. If you are not sure of an answer, you should guess. There is no penalty for guessing.

Do not spend too much time on any question. If you are not sure of an answer, mark the question and come back to it after you answer the remaining questions. If you spend too much time on a few questions, you may not have time to finish the test and this will lower your score. However, you should read each question carefully before deciding on your answer.

If at any time you need assistance, raise your hand and an Invigilator will help you. However, the Invigilator will not be able to give you any information about actual test content.

NOTE: PRINT YOUR REGISTRATION NUMBER CLEARLY ON THE COVER OF THE TEST BOOKLET.

DO NOT WRITE YOUR NAME ANYWHERE ON YOUR TEST BOOKLET.

YOU WILL HAVE THREE HOURS TO COMPLETE THIS PAPER.

DO NOT OPEN YOUR TEST BOOKLET UNTIL YOU ARE TOLD TO DO SO.

PRACTICE TEST

1. Which of the following is the correct sequence of actions to be used by the nurse when examining a client who complains of a painful abdomen?
 - A. Inspection, palpation, percussion, auscultation
 - B. Inspection, auscultation, percussion, palpation
 - C. Inspection, percussion, auscultation, palpation
 - D. Inspection, palpation, auscultation, percussion
2. The calculated drop rate for 100 ml of intravenous (IV) fluids to be given over a half hour via a giving set that delivers 10 drops/ml is
 - A. 43 drops/minute
 - B. 33 drops/minute
 - C. 23 drops/minute
 - D. 13 drops/minute

SCENARIO 1**ITEMS 3-8**

A 42-year-old male was admitted to the Psychiatric Hospital for management of schizophrenia. He isolated himself by remaining in his room and was observed to be staring at the ceiling, his head leaning to one side, and tugging at his left ear. He refused his medications because he said they were poisonous.

3. Which form of schizophrenia is this patient MOST likely experiencing?
 - A. Paranoid
 - B. Catatonic
 - C. Disorganized
 - D. Undifferential
4. Which of the following areas are CRITICAL to the mental status assessment of this patient?
 - I. Hearing
 - II. Judgement
 - III. Thought process
 - IV. Personal appearance
 - A. I, II and III only
 - B. I, II and IV only
 - C. I, III and IV only
 - D. II, III and IV only

5. Which of the following indicators is NOT a diagnostic criterion for schizophrenia?
- A. Enhances intellectual skills
 - B. May lead to severe disability
 - C. Tends to increase socialization skills
 - D. May lead to deterioration in self-care
6. Which of the following behaviours is the nurse MOST likely to observe when caring for this patient?
- A. Regression
 - B. Suspiciousness
 - C. Emotional outbursts
 - D. Abnormal body posturing
7. Which of the following nursing strategies is MOST appropriate to address this patient's withdrawal?
- A. Conduct one-on-one counselling sessions with him
 - B. Make group interaction the main focus of his therapy
 - C. Keep interactions short, frequent and non-demanding
 - D. Make infrequent attempts to establish a relationship with him
8. Which of the following pharmacological agents would NOT be prescribed for this patient?
- A. Diazepam
 - B. Haloperidol
 - C. Fluphenazine
 - D. Lithium carbonate

SCENARIO 2**ITEMS 9-13**

A 50-year-old male is admitted to the surgical ward from the operating theatre after having a laparotomy and an underwater seal placed in the right side of his chest following a motor vehicle accident that resulted in chest and abdominal injuries.

9. Which of the following manifestations can be detected by auscultation during collapse of a lung?
- A. Rhonchi
 - B. Wheezes
 - C. No breath sounds
 - D. Adventitious sounds

10. The patient may have suffered a haemothorax requiring the underwater seal drainage system. A haemothorax is the presence of
- A. air inside the lungs and escaping into the trachea
 - B. air within the pleural cavity usually related to trauma
 - C. blood within the pleural cavity usually related to trauma
 - D. blood inside the lungs which is escaping into the trachea
11. The doctor ordered a computerized tomography (CT) scan. During transportation of the patient with a chest tube *in situ* the nurse should
- A. reinforce the dressing at the tube's insertion site
 - B. clamp the chest tube in two places with blunt-tipped forceps
 - C. milk the tube immediately before transportation to radiology from the ward
 - D. keep the underwater seal device upright below the level of tube insertion
12. During transportation, the patient's chest tube is accidentally dislodged from the insertion site. What is the FIRST action that the nurse should take?
- A. Immediately reinsert the chest tube.
 - B. Place the tip of the chest tube in sterile saline.
 - C. Clamp the chest tube with two rubber-tipped forceps.
 - D. Apply an occlusive dressing and seal it on three sides.
13. What nursing interventions may be used with a nursing diagnosis of "Risk for Infection..." for this patient with the underwater seal?
- I. Observe for foul-smelling discharge at the dressing site.
 - II. Clamp the underwater tube to prevent back-flow of fluid into the lungs.
 - III. Utilize strict aseptic technique when performing dressing change at insertion site.
- A. I and II only
 - B. I and III only
 - C. II and III only
 - D. I, II and III
14. When caring for a patient with a nasogastric (NG) tube for the purpose of decompression, which nursing action takes PRIORITY?
- A. Instill 30 mL of air in the tube every two hours.
 - B. Discontinue wall suction while providing care.
 - C. Provide care to the nares at least every eight hours.
 - D. Position the patient in the semi-Fowler's position.

15. A patient has an intravenous infusion in progress and a urethral catheter *in situ*. When turning and positioning the patient the **PRIORITY** action of the nurse will be to
- A. ensure that the tubes are safely positioned
 - B. enlist the assistance of the patient if possible
 - C. obtain the assistance of an additional caregiver
 - D. document the need for turning and positioning
16. A patient who is admitted for uncontrolled diabetes and poor compliance states, "All persons with diabetes cheat on their diet." This statement is an example of
- A. denial
 - B. undoing
 - C. sublimation
 - D. rationalization
17. A 58-year-old client has been told by his doctor that he has metastatic lung cancer and he is seriously ill. After a severe episode of coughing and shortness of breath the patient says to the nurse, "This is just a cold. I'll be fine once I get over it." The **BEST** response by the nurse would be,
- A. "Tell me more about your illness."
 - B. "I'm afraid it is not a cold. It is lung cancer."
 - C. "The doctor has some bad news for you today."
 - D. "Didn't the doctor talk to you about your illness?"
18. A 73-year-old patient is preparing to be discharged. He lives alone in the country, and his daughter lives in the town. He will require assistance with his routine day-to-day activities. The **MOST** appropriate action to include in his discharge plan is to
- A. suggest that his neighbour check up on him every day
 - B. recommend that he stay with his daughter for a few days
 - C. recommend that he get assistance at home from a trained caregiver
 - D. suggest that he stay in the hospital until he can perform these activities
19. A 40-year-old patient underwent incisional hernia repair yesterday. He tells the nurse that he has been doing the deep breathing exercises as instructed. In response, the nurse should
- A. document the information stated by the client
 - B. observe the client as he does the breathing exercises
 - C. ask the client to explain the procedure for doing the deep breathing
 - D. encourage the client to include coughing also when doing his exercises

20. The MAIN goal of treatment in the management of acute glomerulonephritis is to
- A. encourage activity
 - B. maintain fluid balance
 - C. encourage high protein intake
 - D. teach urinary catheterization

SCENARIO 3

ITEMS 21–28

A mother brings her six-year-old daughter to the Emergency Department where the child is diagnosed as having bronchial asthma. She is admitted to the Paediatric Unit for management of her condition.

21. Which of the following pathological changes are responsible for the signs and symptoms associated with the child's condition?
- I. Bronchial inflammation and dilation
 - II. Accumulation of thick, tenacious mucus
 - III. Spasm of the bronchial smooth muscles
 - IV. Inflammation and oedema of the bronchial mucosa
- A. I and II only
 - B. I, II and III only
 - C. II, III and IV only
 - D. I, II, III and IV
22. Which of the following clinical manifestations would be present during INITIAL assessment of the patient?
- A. Cough, cold, shivers
 - B. Shivers, cough, wheezing
 - C. Chest tightness, cold, shortness of breath
 - D. Shortness of breath, cough, chest tightness
23. Which of the following sounds is the nurse likely to hear on auscultating the patient's chest?
- I. Crackles
 - II. Hyper-resonance
 - III. Coarse breath sounds
 - IV. Wheezing throughout the lung fields
- A. I, II and III only
 - B. I, III and IV only
 - C. II, III and IV only
 - D. I, II, III and IV

24. The diagnosis of asthma is made by
- A. skin testing, chest X-ray and history
 - B. chest X-ray, physical examination and skin testing
 - C. pulmonary functions tests, physical examination and history
 - D. physical examination, history and pulmonary clinical manifestations
25. Which of the following nursing diagnoses would be MOST appropriate for the nurse to include in the patient's plan of care?
- I. Pain related to inflammatory process of the bronchial mucosa
 - II. Fluid volume excess related to fluid accumulation in the alveoli
 - III. High risk for fluid volume deficit related to difficulty taking fluids
 - IV. Activity intolerance related to imbalance between oxygen supply and demand
- A. I and II only
 - B. I and III only
 - C. II and IV only
 - D. III and IV only
26. The BEST method that the nurse should use to calm the child's anxiety during the physical examination is
- A. holding her while the examination is being done
 - B. giving her a toy to play with during the examination
 - C. telling her "Be quiet, everything is going to be alright"
 - D. allowing her mother to stay with her during the examination
27. The doctor prescribes salbutamol (Ventolin®) by nebulizer. The administration of salbutamol via nebulizer is MORE effective than the oral route because it
- A. has a direct effect on the lungs
 - B. reduces systemic side effects
 - C. will prevent an increase in heart rate
 - D. is easier to inhale the mist than swallow tablets
28. Which of the following statements by the patient's mother indicates that she understands her daughter's condition?
- A. "I have to restrict my daughter's exercises."
 - B. "My daughter should be kept warm at all times."
 - C. "My daughter's cough and cold must be treated promptly."
 - D. "I must keep my daughter far away from the other children."

- 29.** The nurse needs to interview a 19-year-old client in a room at the hospital. Which of the following are desirable features of the environment in which the interview is held?
- I. TV or radio playing quietly in the background
 - II. Client seated at a comfortable distance from the nurse
 - III. Chairs positioned at a right-angle to each other
- A. I and II only
 - B. I and III only
 - C. II and III only
 - D. I, II and III
- 30.** The nurse is preparing a 55-year-old male for discharge after one week of hospitalization for congestive cardiac failure. In educating the client and his family about his condition, the nurse should place MOST emphasis on
- I. recognizing any adverse effects of his medication
 - II. restricting the amount of sodium in his diet
 - III. ensuring he has adequate rest
 - IV. avoiding respiratory illnesses
- A. I and II only
 - B. I and IV only
 - C. II and III only
 - D. III and IV only
- 31.** Which of the following activities is NOT a function of the International Council of Nurses (ICN)?
- A. Lobbying for higher status for nurses
 - B. Accreditation of regional nursing programmes
 - C. Promotion of national associations of nurses
 - D. Improvement of standards for nursing practice
- 32.** Which of the following are elements of the International Code of Ethics?
- I. Nurses and People
 - II. Nurses and Practice
 - III. Nurses and Co-workers
 - IV. Nurses and the Profession
- A. I, II and III only
 - B. I, II and IV only
 - C. I, III and IV only
 - D. I, II, III and IV

SCENARIO 4**ITEMS 33–37**

The registered nurse was assigned by her supervisor to conduct a series of in-service education sessions on legal and ethical standards in nursing practice for the nursing staff on her ward.

- 33.** During the educational sessions, the registered nurse should highlight that legal nursing practice is based on
- I. standards of conduct and care
 - II. standards of moral judgement
 - III. application of the Nursing Practice Act
- A. III only
 - B. I and II only
 - C. I and III only
 - D. I, II and III
- 34.** Which of the following activities are examples of the ethical principle of beneficence?
- I. Changing a dressing
 - II. Providing emotional support
 - III. Administering pain medication
- A. I and II only
 - B. I and III only
 - C. II and III only
 - D. I, II and III
- 35.** An act of negligence is committed if a nurse FAILS to
- I. obtain informed consent
 - II. give information to the family by phone
 - III. document suicidal statements by a patient
 - IV. teach a patient about his medication before discharge
- A. I, II and III only
 - B. I, II and IV only
 - C. I, III and IV only
 - D. II, III and IV only

36. The principle of informed consent includes the
- I. proposed treatment and its rationale
 - II. outcomes of not consenting to treatment
 - III. emphasis on risks of alternative treatment
 - IV. voluntary signing of relevant documentation by client
- A. I, II and III only
 - B. I, II and IV only
 - C. I, III and IV only
 - D. II, III and IV only
37. Performing a procedure on a client without consent would be considered
- A. assault
 - B. battery
 - C. breach of duty
 - D. invasion of privacy

SCENARIO 5**ITEMS 38-40**

A 50-year-old male was admitted to a medical unit with a diagnosis of AIDS. A nurse passing through the unit recognized him as her uncle and asked him why he was there. As he did not reply, she stealthily accessed his notes and discovered that he was diagnosed with AIDS. She stated angrily that she would inform her mother of his condition.

38. Which element of the ICN code of ethics was breached when the nurse accessed the patient's notes to find out his condition?
- A. Nurses and People
 - B. Nurses and Co-workers
 - C. Nurses and Practice
 - D. Nurses and the Profession
39. The nurse told the patient that she had no sympathy and would not be caring for him. Withholding care from this patient violated the ethical-legal principle of
- A. veracity
 - B. beneficence
 - C. malpractice
 - D. maleficence

40. The nurse's angry reaction to the patient when she found out his condition PRIMARILY demonstrated a
- A. breach of legal obligation
 - B. failure to adhere to procedures
 - C. lack of empathy for the patient's feelings
 - D. disregard for the patient's right to privacy
41. Before developing an effective health education and promotion programme on HIV/AIDS for teenagers, the MAJOR priority will be to determine participants'
- A. job satisfaction
 - B. available time
 - C. educational goals and plans
 - D. attitudes, values and beliefs
42. The nurse is collaborating with the secondary school in the community to plan a health and family life education programme. Which of the following considerations is MOST important in designing the programme?
- A. How easily the material can be presented in class
 - B. What types of learners make up the class population
 - C. What motivates enthusiasm in the learner for the subject
 - D. How the information presented is relevant to the learner
43. While performing a physical examination on a newborn, which assessment should be reported to the physician?
- A. Chest circumference of 32 cm
 - B. Head circumference of 40 cm
 - C. Acrocyanosis and oedema of the scalp
 - D. Heart rate of 160; respirations of 40
44. Which of the following instructions should the nurse include in the teaching plan about skin care for the mother of a child with atopic dermatitis?
- A. Using an antibacterial soap twice a week
 - B. Soaking the child in a tub for 30 minutes to soften the skin
 - C. Using a mild soap followed by patting the skin to dry it
 - D. Washing clothes in a strong detergent to prevent infections

45. A 60-year-old client is admitted to the ward with a diagnosis of right-side congestive cardiac failure (CCF). While administering digoxin to the client, the nurse educates him about the action of the drug. The nurse tells the client that digoxin
- A. increases the force of contraction and cardiac output
 - B. decreases the force of contraction and cardiac output
 - C. increases the heart rate and decreases arrhythmia
 - D. increases the heart rate and depth of contractions

SCENARIO 6**ITEMS 46–48**

A 46-year-old male, who weighed 200 lb (90.9 kg), was admitted to the medical ward complaining of severe chest pain. A diagnosis of myocardial infarction was made.

46. Which of the following laboratory results will confirm a diagnosis of myocardial infarction?
- A. CK-MB ≥ 9 U/L
 - B. Troponin I ≥ 0.4 ng/mL
 - C. Creatine Kinase ≥ 150 U/L
 - D. Total cholesterol ≥ 7.6 mmols/L
47. The patient may be informed that the MOST likely risk factor that may have contributed to his condition is
- A. diet
 - B. high LDL
 - C. high HDL
 - D. moderate exercise
48. Which of the following needs is of MAJOR concern in the management of the patient's weight?
- A. Elimination
 - B. Safety and security
 - C. Love and belonging
 - D. Rest, comfort and activity

SCENARIO 6 CONTINUED**ITEMS 49–50**

The patient and his two children were discussing the new responsibilities that would be assigned to each family member during his illness. His daughters reported that he did not participate in the conversation, as he normally would have.

49. Which of the following factors would BEST indicate the reason for the patient's silence?
- I. Anxiety about possible death
 - II. Inability to adapt to his illness
 - III. Concern about his sudden role change
 - IV. Confidence in his family's ability to cope
- A. I, II and III only
 - B. I, II and IV only
 - C. I, III and IV only
 - D. I, II, III and IV
50. To which of the following should the nurse give PRIORITY during family counselling?
- A. Maintenance of privacy
 - B. Family's ability to adjust
 - C. Fear of developing the condition
 - D. Lack of confidence in health care professionals
51. Which of the following levels of management will have the GREATEST responsibility for shaping the philosophy of the organization?
- A. Top
 - B. First-line
 - C. Middle
 - D. First-line and middle

SCENARIO 7**ITEMS 52-55**

The Nurse Manager is given the responsibility to organize the ward of 20 patients, ensuring that the best quality care is given in spite of limited resources. She is aware that she will need to do some reorganization of the ward and uses the ideas and opinions of her staff to do so.

52. Which leadership style does the Nurse Manager use in carrying out management functions?
- A. Creative
 - B. Autocratic/directive
 - C. Laissez-faire/permissive
 - D. Democratic/participative

53. According to John Kotter, the FIRST step that the Nurse Manager should adopt in successfully implementing change in the ward would be to
- A. educate the nursing staff about the change process
 - B. increase the work load for each member of the nursing staff
 - C. create the need for change and emphasize its importance to the staff
 - D. use incentives to motivate staff thus preventing rapid turnover during the change process
54. The Nurse Manager realizes that she is having challenges with some of the newly assigned nurses. The BEST way for her to approach this situation is to
- A. seek advice and help from the Director of Nursing
 - B. apologize to the staff who are unhappy with their assignments
 - C. ignore the matter and allow some time for issues to be settled
 - D. identify the source of the conflict and meet with the affected staff
55. The Nurse Manager seeks to ensure that adequate resources are available at all times. The MOST important means of accomplishing this is to
- A. keep patient count to a low level
 - B. operate a tight budget each month
 - C. discuss with the staff how to effectively manage resources to avoid wastage
 - D. keep a close track of the amount of resources available on a day-to-day basis

SCENARIO 8**ITEMS 56-59**

The nurse in charge of the medical/surgical unit was granted sick leave for a period of one week. A graduate nurse is assigned to take charge of the unit in her absence.

56. Which of the following actions is of LEAST relevance to the graduate nurse when she is delegating?
- A. Organize and evaluate work done.
 - B. Allocate staff according to their skills.
 - C. Assign responsibility to complete an assignment.
 - D. Give authority to undertake assigned activities.

57. Which of the following activities BEST reflect supervision of staff by the graduate nurse on the unit?
- I. Recognizing group needs
 - II. Assessing outcomes of care
 - III. Planning and organizing work
 - IV. Directing and instructing staff
- A. I, II and III only
 - B. I, II and IV only
 - C. I, III and IV only
 - D. II, III and IV only
58. Which of the following statements about responsibility would be MOST appropriate to guide the graduate nurse in managing the unit?
- I. Authority may be delegated but responsibility may not.
 - II. Accountability accompanies responsibility.
 - III. Responsibility is the amount of power granted by an organization.
 - IV. Responsibility is an expectation of the level of performance of an individual.
- A. I, II and III only
 - B. I, II and IV only
 - C. I, III and IV only
 - D. II, III and IV only
59. Which of the following measures should the graduate nurse utilize in order to establish control on the unit?
- A. Deciding on priorities
 - B. Setting goals and objectives
 - C. Reviewing outcomes of patient care
 - D. Defining standards of performance
60. The correct sequence of actions in decision making in emergency situations is
- A. identify and define problems; determine priorities; develop alternative solutions; evaluate consequences of proposed actions
 - B. identify and define problems; develop alternative solutions; determine priorities; evaluate consequences of proposed actions
 - C. determine priorities; identify and define problems; develop alternative solutions; evaluate consequences of proposed actions
 - D. determine priorities; develop alternative solutions; identify and define problems; evaluate consequences of proposed actions

61. Which of the following activities is MOST appropriate for a graduate nurse to perform during an emergency situation on the unit?
- A. Have a discussion with staff
 - B. Call the nursing office for assistance
 - C. Give orders relevant to the situation
 - D. Ascertain number of staff on the shift
62. The Nurse Manager recognizes that the staff members in the unit are all mature, self-directed experts. Which of the following leadership styles is likely to be MOST effective?
- A. Authoritarian
 - B. Bureaucratic
 - C. Democratic
 - D. Laissez-faire
63. All is not well in the unit. Staff morale and client satisfaction are at an all-time low. Which of the following actions should be the IMMEDIATE priority of the newly appointed nurse manager?
- A. Organize a staff meeting and place the issues on the agenda.
 - B. Seek help and support from higher-level management.
 - C. Develop a strategic plan to deal with the issues.
 - D. Observe the situation for a few months then take action.
64. Immediately after an earthquake, a number of patients in the Accident and Emergency department are exhibiting inappropriate behaviour, depression and hysterical reactions. To which of the following needs should the nurse give priority?
- A. Self-esteem
 - B. Physiological
 - C. Psychological
 - D. Love and belonging
65. Which of the following guidelines is LEAST relevant in formulating objectives for nursing care?
- A. Cater for staff preferences
 - B. Adopt a holistic approach
 - C. Adhere to prescribed standards
 - D. Follow written nursing care plan

SCENARIO 9**ITEMS 66–68**

The nurse, a community care specialist, visits a 52-year-old Rastafarian who is being treated for diabetes and a non-healing venous ulcer on his left ankle. The client tells the nurse he has stopped applying the antibiotic ointment and taking his oral hyperglycemic drugs on the advice of a herbal healer. He is wearing a religious medal given to him by the herbal healer.

- 66.** Which action by the nurse will ensure communication is effective in helping the client to meet his health care needs?
- A. Adopting appropriate communication for cultural change
 - B. Engaging the client in dialogue to ensure compliance with treatment
 - C. Asking the client to discuss the evidence of the efficacy of the medal
 - D. Telling the client clearly what she knows will make him recover
- 67.** Which question about the medal would be MOST appropriate for the nurse to ask?
- A. “Will you tell me the significance of the medal to you?”
 - B. “What is the justification for wearing the medal?”
 - C. “Do you think that the medal will help heal your leg?”
 - D. “Tell me why you have to use that medal in the hospital.”
- 68.** The client insists on going to the theatre wearing the medal. Which of the following actions should the junior nurse take in this situation?
- A. Keep the medal safely until he returns from the theatre and then give it back.
 - B. Remove the medal just before the start of surgery and give it back to the client when surgery is completed.
 - C. Send the client to the theatre with the medal and a written note stating its importance to the client.
 - D. Explain to the client that the medal does not have any healing value and scientific basis.
- 69.** A hospitalized, 70-year-old patient refuses her sleeping medication. The BEST action by the nurse will be to
- A. call the doctor and inform him
 - B. reason with the client and insist that she takes it
 - C. ascertain the reason for refusal and educate the client
 - D. comply with the client’s wishes and chart the incident

70. What is the FIRST action that a nurse should take after overhearing a colleague making a disrespectful comment about a co-worker?
- A. Advise the offender that this type of behaviour is undesirable.
 - B. Encourage the offender to apologize to the colleague immediately.
 - C. Ask the offender to give a reason for the comment.
 - D. Report the incident immediately to a supervisor.
71. A 60-year-old female client has just been told that she has inoperable pancreatic cancer. She and her husband are speaking with the nurse and they are clearly in great distress. The BEST action by the nurse to provide support for the couple would be to
- A. acknowledge their feelings and tell them there is still time for them to spend quality time together
 - B. recognize the difficulty of the situation and ask them if they would like to spend some time alone
 - C. advise them that there are advances in medicine constantly and that they should not give up hope
 - D. tell them that the hospital has many experts in cancer care and will provide excellent treatment
72. A 96-year-old client tells the nurse that he wishes to speak with his father. Which of the following responses by the nurse BEST demonstrates empathy?
- A. "I know that it's really hard for you to be alone."
 - B. "I'll try, but it's going to be difficult to locate him."
 - C. "I'm really sorry that your dad is not here right now."
 - D. "Is there anyone else I can contact for you to talk to?"
73. The registered nurse is developing an information brochure on glaucoma to distribute to persons in the community. Which of the following statements should be emphasized?
- A. Glaucoma is easily corrected with eyeglasses.
 - B. White and Asian individuals are at the highest risk for glaucoma.
 - C. Yearly screening for glaucoma for people ages 20–40 years is recommended.
 - D. Glaucoma can be painless with loss of vision before a person is aware of a problem.
74. To communicate effectively with clients of different ethnicity, the nurse should
- A. treat all clients equally
 - B. be aware of clients' cultural differences
 - C. act as if he or she is comfortable with the clients' beliefs
 - D. avoid asking questions about the clients' cultural background

75. The registered nurse overhears a colleague describing a client as “the nasty old man in Ward C”. It would be appropriate to point out that this is an example of
- A. maleficence
 - B. indiscipline
 - C. breach of professional conduct
 - D. violation of nursing legislation
76. It is observed that the infusion rate of 5% dextrose water for a Type 1 diabetic client is 50 drops per minute. The FIRST action of the registered nurse should be to
- A. verify the physician’s order
 - B. decrease the rate of the infusion
 - C. inform the nurse in charge of the flow rate
 - D. continue and take no other action at this time

SCENARIO 10**ITEMS 77–81**

A 22-year-old female presented at the Accident and Emergency department with pleuritic chest pain, dyspnoea, slight fever and cough productive of blood-tinged sputum. A provisional diagnosis of pulmonary embolism (PE) was made.

77. Which of the following materials are necessary in preparation for a lung scan?
- A. Face mask and intravenous line
 - B. Naso-gastric tube and face mask
 - C. Urethral catheter and nasogastric tube
 - D. Intravenous line and urethral catheter
78. Following the procedure the nurse instructs the client to drink
- A. little water, and empty bladder four hourly
 - B. little water, and empty bladder on demand
 - C. plenty of water, and empty bladder four hourly
 - D. plenty of water, and empty bladder on demand
79. The patient returned to the ward with the diagnosis of PE confirmed. The primary physician has prescribed medications. Which of the following would be the nurse’s priority actions?
- I. Commence antibiotics.
 - II. Place the patient in the Fowler’s position.
 - III. Initiate the anticoagulant.
- A. I and II only
 - B. I and III only
 - C. II and III only
 - D. I, II and III

- 80.** The nurse caring for the patient with PE reports that the patient becomes tachycardic, tachypnoeic and cyanotic. The nurse's PRIORITY action should be to
- A. withhold the medication and call the doctor
 - B. advocate for the doctor to relieve the anxiety
 - C. provide emotional support and reassurance
 - D. position the patient and increase the oxygen flow
- 81.** Which of the following instructions are important for this client who is being discharged on anticoagulant therapy?
- I. Increase the vitamin C intake.
 - II. Report signs or symptoms of bleeding.
 - III. Keep appointment for regular follow-up.
 - IV. Report symptoms of nausea to your doctor.
- A. I and III only
 - B. II and IV only
 - C. I, III and IV only
 - D. II, III and IV only
- 82.** The nurse is preparing a 50-year-old patient for discharge after hospitalization for diabetic ketoacidosis when the patient states that "on sick days" he neglects himself. What advice should the nurse give this patient?
- I. Take insulin, even if too ill to eat.
 - II. Engage in at least 30 minutes of vigorous exercise each day.
 - III. Check blood glucose and urine ketones every 2 to 4 hours.
 - IV. Stay hydrated by drinking 8 ounces of caffeine-free liquids every hour.
- A. I, II and III only
 - B. I, III and IV only
 - C. II, III and IV only
 - D. I, II, III and IV
- 83.** When caring for a client who has had a colostomy done, the nurse assesses the stoma and observes that it is swollen and bluish in colour. What should be the nurse's priority intervention?
- A. Reinforce client teaching in colostomy care.
 - B. Carry out colostomy care as soon as possible.
 - C. Document accurately exactly what is observed.
 - D. Make a request that the doctor assesses the client.

84. The registered nurse in a rural community discovers that at least 60% of the women do not recognize the need to have a mammogram. Which **initial** approach is MOST likely to motivate change among these clients?
- A. Administering a survey to assess the exact nature of the women's self-care behaviours before planning the next step
 - B. Arranging for reduced-cost mammograms and free transportation to the hospital in town
 - C. Planning some small group sessions with these women to allow them to explore their beliefs and attitudes
 - D. Presenting another educational session that includes a speech by a well-known physician and then distributing additional literature
85. The registered nurse is preparing a male patient for discharge. The patient states, "I will never learn how to inject myself with the medication because I am terrified of needles." Which approach by the nurse is MOST likely to be effective with this patient in the **initial** stage of acceptance?
- A. Engaging the patient in activities that sensitize him to self-injection
 - B. Arranging for the home health agency to give the injection to the patient at home
 - C. Providing the patient with an instructional DVD on the self-injection of medications
 - D. Acknowledging the patient's fears, and suggesting a different route for the medication
86. The registered nurse, working with community leaders, identifies the need for a healthy lifestyle class addressing obesity and hypertension. The MOST important information to relay to the community leaders is
- A. the available community resources
 - B. an overview of the scope of the problem
 - C. the role of the nurse in community activities
 - D. a communication plan for the members of the class

87. The registered nurse is a member of a team working to design a programme to reduce the number of patient falls. After determining the fall rate on the unit, the next actions of the team, IN CORRECT SEQUENCE, will be to
- A. contact the risk management department; incorporate specific interventions; evaluate nursing practice interventions; determine outcome reporting mechanisms
 - B. contact the risk management department; incorporate specific interventions; determine outcome reporting mechanisms; evaluate nursing practice interventions
 - C. incorporate specific interventions; evaluate nursing practice interventions; contact the risk management department; determine outcome reporting mechanisms
 - D. determine outcome reporting mechanisms; contact the risk management department; incorporate specific interventions; evaluate nursing practice interventions
88. A 52-year-old has a history of emphysema and attended a discharge teaching session. Which statement made by the patient will allow the nurse to think that he has fully understood and can care for himself?
- A. "When the air is polluted I should limit how often I go outside."
 - B. "My breathing problems will get worse in the cold temperatures."
 - C. "To regain my physical strength I will need to exercise extensively."
 - D. "I need to eat balanced meals and reduce the amount of fluid I consume."
89. The registered nurse is caring for a 70-year-old client with chronic disease. What is the BEST way of assessing this client's level of pain?
- A. A numeric pain scale
 - B. A written questionnaire
 - C. Reports from family members
 - D. Observation of the client's behaviour
90. What symptom(s) should the registered nurse understand as typical for acute myocardial infarction in female clients?
- A. Esophageal pain
 - B. Absence of pain entirely
 - C. Fatigue and inability to sleep, with or without chest discomfort
 - D. Left-sided classic chest pain, with or without inability to sleep

91. A patient diagnosed with acute myocardial infarction who is lying in bed suddenly becomes short of breath. Priority action for the nurse should be to
- A. elevate the patient's feet
 - B. take the patient's vital signs
 - C. ask the patient to take deep breaths
 - D. place the patient in the Fowler's position
92. A 42-year-old male client has been diagnosed with angina. Which approach should the registered nurse take FIRST to encourage a healthy lifestyle and minimize progression of the disease?
- A. Refer the client to a cardiac support group.
 - B. Provide the client with pamphlets about his condition.
 - C. Ask the client about risk factors related to cardiovascular disease.
 - D. Discuss lifestyle changes and develop a teaching plan for the client.

SCENARIO 11**ITEMS 93-95**

A female client, aged 58 years, was admitted to the medical ward with an acute episode of rheumatoid arthritis. She stated, "I can't do my household chores without becoming tired and my knees hurt whenever I walk." The physician's orders include laboratory investigations, splinting of each hand, heat application, aspirin and Rheumatrex (Methotrexate).

93. Which of the following nursing diagnoses relates to the client's statement?
- A. Ineffective coping related to chronic pain
 - B. Activity intolerance related to fatigue and pain
 - C. Self-care deficit related to increasing joint pain
 - D. Disturbed body image associated with fatigue and joint pain
94. Which of the following methods of heat application should be used to relieve the client's discomfort?
- A. Hot water bottle
 - B. Infrared heat lamp
 - C. Electrical heating pad
 - D. Warm moist compresses
95. Which of the following activities should the nurse instruct the client to AVOID during rest periods?
- A. Lying in prone positions
 - B. Elevating the affected part
 - C. Assuming positions of flexion
 - D. Maintaining proper body alignment

96. The PRIMARY purpose of nurse licensure is to
- A. keep track of delinquent nurses
 - B. define the scope and practice of nursing
 - C. protect the society as well as the practitioners
 - D. allow for professional networking among nurses
97. Basic nursing education programmes in the Caribbean provide the foundation for further growth of registered nurses by
- I. promoting prioritization as a strategy for decision making
 - II. teaching the scientific approach to encourage lifelong learning
 - III. developing leadership abilities to enhance health care management
 - IV. emphasizing the development of advanced nursing skills in various specialties
- A. I, II and III only
 - B. I, II and IV only
 - C. I, III and IV only
 - D. II, III and IV only
98. A graduate from a basic nursing education programme should be able to function independently when the need arises to
- I. coordinate and evaluate patient care
 - II. protect and defend the rights of clients
 - III. advise and direct clients in decision making
- A. I and II only
 - B. I and III only
 - C. II and III only
 - D. I, II and III
99. Which of the following will be priorities for the registered nurse seeking to create a professional development plan?
- I. Increased understanding of the theoretical rational for practice
 - II. Identification of knowledge and skills deficits
 - III. Consideration of personal and organizational needs
- A. I and II only
 - B. I and III only
 - C. II and III only
 - D. I, II and III

- 100.** The registered nurse is collaborating in the delivery of a continuing education programme. In which of the following instances is the lecture–demonstration approach recommended?
- A. The material to be presented is complex and detailed.
 - B. The learning outcomes focus on attitudes, values and feelings.
 - C. The main purpose of the programme is delivery of information.
 - D. The overall goal is to achieve the long-term retention of knowledge.

==== END OF PRACTICE TEST ====

APPENDIX A: ANSWER KEY FOR THE PRACTICE TEST

Ques. No.	Key	Nursing Domain	Competence	Taxonomy Level
1	B	NP	2	KC
2	B	NP	1	KC
3	A	NP	8	AP
4	A	NP	7	AP
5	C	NP	1	KC
6	B	NP	1	ASE
7	C	NP	11	AP
8	D	NP	11	KC
9	C	NP	8	KC
10	C	NP	1	KC
11	D	NP	11	AP
12	D	NP	15	AP
13	B	NP	16	AP
14	D	NP	10	ASE
15	A	NP	10	ASE
16	D	NP	5	ASE
17	A	NP	6	ASE
18	C	NP	12	ASE
19	B	NP	8	AP
20	B	NP	1	ASE
21	C	NP	1	KC
22	D	NP	1	KC
23	B	NP	1	KC
24	C	NP	9	KC
25	D	NP	10	ASE

KEY

NURSING DOMAINS		TAXONOMY LEVELS	
NP	Nursing Practice	KC	Knowledge/Comprehension
PC	Professional Conduct	AP	Application
HPMW	Health Promotion and Maintenance of Wellness	ASE	Analysis/Synthesis/Evaluation
NLM	Nursing Leadership and Management		
COM	Communication		
CDM	Clinical Decision Making		
PD	Professional Development		

Ques. No.	Key	Nursing Domain	Competence	Taxonomy Level
26	D	NP	6	ASE
27	A	NP	1	ASE
28	C	NP	12	AP
29	C	NP	16	AP
30	B	NP	12	AP
31	B	PC	1	KC
32	D	PC	1	KC
33	C	PC	2	AP
34	D	PC	2	AP
35	C	PC	4	AP
36	B	PC	3	AP
37	B	PC	4	AP
38	A	PC	3	AP
39	B	PC	4	AP
40	C	PC	1	ASE
41	D	HPMW	2	ASE
42	D	HPMW	4	ASE
43	B	HPMW	2	AP
44	C	HPMW	1	AP
45	A	HPMW	1	KC
46	C	HPMW	2	AP
47	B	HPMW	1	AP
48	B	HPMW	4	AP
49	A	HPMW	3	ASE
50	B	HPMW	4	ASE

KEY

NURSING DOMAINS		TAXONOMY LEVELS	
NP	Nursing Practice	KC	Knowledge/Comprehension
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NLM	Nursing Leadership and Management		
COM	Communication		
CDM	Clinical Decision Making		
PD	Professional Development		

Ques. No.	Key	Nursing Domain	Competence	Taxonomy Level
51	A	NLM	1	KC
52	D	NLM	1	AP
53	C	NLM	5	AP
54	D	NLM	1	ASE
55	C	NLM	4	ASE
56	A	NLM	2	ASE
57	D	NLM	6	ASE
58	B	NLM	2	ASE
59	C	NLM	6	AP
60	A	NLM	12	AP
61	C	NLM	11	ASE
62	D	NLM	1	ASE
63	A	NLM	3	ASE
64	C	NLM	11	AP
65	A	NLM	9	AP
66	B	CM	2	AP
67	A	CM	3	AP
68	C	CM	5	AP
69	D	CM	6	ASE
70	A	CM	4	ASE
71	B	CM	5	ASE
72	A	CM	5	ASE
73	D	CM	3	AP
74	B	CM	2	AP
75	C	CM	4	AP

KEY

NURSING DOMAINS		TAXONOMY LEVELS	
NP	Nursing Practice	KC	Knowledge/Comprehension
PC	Professional Conduct	AP	Application
HPMW	Health Promotion and Maintenance of Wellness	ASE	Analysis/Synthesis/Evaluation
NLM	Nursing Leadership and Management		
COM	Communication		
CDM	Clinical Decision Making		
PD	Professional Development		

Ques. No.	Key	Nursing Domain	Competence	Taxonomy Level
76	A	CDM	1	AP
77	A	CDM	5	AP
78	D	CDM	4	AP
79	C	CDM	1	ASE
80	A	CDM	1	AP
81	D	CDM	4	AP
82	B	CDM	4	AP
83	D	CDM	5	ASE
84	C	CDM	2	AP
85	B	CDM	4	AP
86	B	CDM	4	AP
87	A	CDM	6	AP
88	A	CDM	3	AP
89	A	CDM	2	AP
90	C	CDM	3	KC
91	D	CDM	1	AP
92	C	CDM	1	AP
93	B	CDM	3	AP
94	D	CDM	5	AP
95	C	CDM	4	AP
96	C	PD	1	KC
97	A	PD	3	KC
98	D	PD	3	KC
99	D	PD	2	KC
100	C	PD	5	KC

KEY

NURSING DOMAINS		TAXONOMY LEVELS	
NP	Nursing Practice	KC	Knowledge/Comprehension
PC	Professional Conduct	AP	Application
HPMW	Health Promotion and Maintenance of Wellness	ASE	Analysis/Synthesis/Evaluation
NLM	Nursing Leadership and Management		
COM	Communication		
CDM	Clinical Decision Making		
PD	Professional Development		

APPENDIX B: ANSWER SHEET

Answer Sheet (front page)

SUBJECT: _____

CANDIDATE NAME: _____

CARIBBEAN EXAMINATIONS COUNCIL

MULTIPLE CHOICE
ANSWER SHEET

D ABSENT

E

GRODDING
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GRODDER
INITIALS

CHECKER
INITIALS

SCANNING
OCCURRENCES

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AT THE END OF THE EXAMINATION, PLACE THIS COMPLETED ANSWER SHEET AT THE FRONT OF THE QUESTION BOOKLET. THE ANSWER SHEET MUST NOT BE ENCLOSED IN THE BOOKLET.

B MARK YOUR ANSWERS BELOW

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SIGNATURE OF CANDIDATE

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Answer Sheet (back page)

INSTRUCTIONS FOR COMPLETION OF THIS FORM

1. Print your name in the space provided, just as it appears on your timetable slip.
2. Copy your Registration Number from your timetable slip and grid the appropriate circles
3. Print the Subject and Proficiency of the examination you are taking in the spaces provided.
4. The Test Code is the number in large Black numbers at the top right hand corner of your examination booklet. Copy it into the boxes and grid the appropriate circles.
5. Check all the information you have entered, make sure it is correct and sign your name in the box provided. DO NOT MAKE ANY MARKS OTHER THAN WHAT IS SPECIFIED ABOVE.

HOW TO MARK THIS FORM

1. Use a No. 3B pencil only.
2. Make heavy black marks that fill the circle completely.
3. Erase completely any marks you wish to change.
4. Do NOT make any stray marks on this form.

EXAMPLES:

WRONG ☐ A ☐ B ☐ C ☐ D

WRONG ☐ A ☐ B ☒ C ☐ D

WRONG ☐ A ☐ B ☐ C ☒ D

RIGHT ☐ A ☒ B ☐ C ☐ D