FUNDAMENTALS OF NURSING – COMMUNICATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. In discussing potential impotence, which statement best invites the patient to talk about the issue?

A. I'm sure your wife will be willing to make the sacrifice in exchange for your well-being.

B. The doctors are getting great results with nerve-sparing surgery today.

C. Let's talk about how you feel about this surgery.

D. Your wife may not put as much emphasis on sex as you think.

2. How does cultural competence differ from cultural humility in nursing communication?

A. Cultural humility is a fixed readiness to interact across cultures; cultural competence is ongoing self-evaluation.

B. Cultural competence is the lifelong, ongoing practice of self-evaluation.

C. Cultural competence is the ability to interact effectively across cultures; cultural humility is a lifelong, ongoing practice of self-evaluation and learning from patients.

D. They are identical concepts.

3. What phase is characterized by finding healthy ways to conclude a relationship?

A. Phase 1 - Pre-Interaction phase

B. Phase 2 - Orientation phase

C. Phase 3 - Working phase

D. Phase 4 - Termination phase

4. Which intramuscular site is least appropriate for administration of a 3 mL dose?

A. Deltoid

B. Dorsogluteal

C. Ventrogluteal

D. Vastus Lateralis

5. Which statement describes the teach-back method?

A. A nurse explains and then leaves the room without confirmation.

B. A method where the patient explains back the information in their own words to confirm understanding.

C. A quiz given to measure literacy level.

D. A formal written test about the information.

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6. Which of the following is the recommended approach when a clinician is unsure about an answer the patient asks?

A. Admit you know and provide an approximate answer.

B. Guess the answer to avoid embarrassment.

C. Tell the patient the information is not important.

D. Admit you don't know and offer to find the correct information and follow up.

7. What is a key element of end-of-life discussions with patients and families?

A. Only discuss medications

B. Avoid discussing prognosis

C. Delay discussions until discharge

D. Clarify goals of care, values, and preferred place of care while maintaining honesty and compassion

8. What phase is characterized using techniques related to therapeutic communication and allowing the client to clarify any concerns?

A. Phase 1 - Pre-Interaction phase

B. Phase 2 - Orientation phase

C. Phase 3 - Working phase

D. Phase 4 - Termination phase

9. For an intradermal injection, the needle should be inserted at which angle?

A. 15 degrees

B. 30 degrees

C. 45 degrees

D. 90 degrees

10. The concept of a pebble dropped in a pond relates most directly to which part of a nursing diagnosis?

A. Defining characteristics

B. Outcome criteria

C. Etiology

D. Goal

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Answers

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1. C
2. C
3. D
4. A
5. B
6. D
7. D
8. C
9. A
10. C

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Explanations

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1. In discussing potential impotence, which statement best invites the patient to talk about the issue?

A. I'm sure your wife will be willing to make the sacrifice in exchange for your well-being.

B. The doctors are getting great results with nerve-sparing surgery today.

C. Let's talk about how you feel about this surgery.

D. Your wife may not put as much emphasis on sex as you think.

Fostering open conversation about sensitive topics like impotence relies on inviting the patient to share feelings in a nonjudgmental, collaborative way. The best choice uses an open-ended prompt that centers the patient's own emotions and thoughts about the surgery and its possible sexual effects. "Let's talk about how you feel about this surgery" does exactly that: it signals respect for the patient's perspective and invites discussion of worries, fears, and expectations rather than dictating information or implying others' beliefs. This approach helps build trust and makes it easier for the patient to disclose concerns, which is essential for providing appropriate support, education, and planning. In contrast, the other statements steer the conversation toward assumptions or external factors (spouse's willingness, doctor's results, or the spouse's perspective) and don't invite the patient to express personal feelings about the issue.

2. How does cultural competence differ from cultural humility in nursing communication?

A. Cultural humility is a fixed readiness to interact across cultures; cultural competence is ongoing self-evaluation.

B. Cultural competence is the lifelong, ongoing practice of self-evaluation.

C. Cultural competence is the ability to interact effectively across cultures; cultural humility is a lifelong, ongoing practice of self-evaluation and learning from patients.

D. They are identical concepts.

Distinguishing cultural competence from cultural humility in nursing communication. Cultural competence is the ability to interact effectively across cultures—developing knowledge about different cultural practices, beliefs, and health needs and applying that understanding in care. Cultural humility is a lifelong, ongoing practice of self-evaluation and learning from patients, recognizing that no one can know everything about every culture and staying open to patients' perspectives. This is why the best choice pairs competence with the ability to interact across cultures and humility with ongoing self-reflection and learning from patients. The other ideas misplace the nature of humility as fixed or treat the two concepts as the same, which doesn't capture their distinct yet complementary roles in nurse–patient communication.

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3. What phase is characterized by finding healthy ways to conclude a relationship?

A. Phase 1 - Pre-Interaction phase

B. Phase 2 - Orientation phase

C. Phase 3 - Working phase

D. Phase 4 - Termination phase

Ending the relationship in a healthy, structured way is the focus of the termination phase. In this phase, both nurse and patient review what has been accomplished, reflect on progress, and plan for future needs or follow-up. It also includes addressing emotions around the ending, ensuring the patient knows how to access support if needed, and arranging any referrals or transfers of care. This emphasis on closure, evaluation, and continuity of care is what distinguishes termination from the other phases, which are about getting ready to meet the patient, building rapport and boundaries, and working through goals and problems together.

4. Which intramuscular site is least appropriate for administration of a 3 mL dose?

A. Deltoid

B. Dorsogluteal

C. Ventrogluteal

D. Vastus Lateralis

Understanding where and how much can be injected into muscle is about matching the dose to the size and safety of the muscle. The deltoid muscle in the upper arm is relatively small, so it has a limited capacity to hold intramuscular injections. For most adults, the deltoid is best for small volumes—about 1 mL. A 3 mL dose would overfill this site, increasing pain, tissue irritation, and the chance that the medication ends up deposited in subcutaneous tissue rather than truly in muscle, with unreliable absorption. Other sites with thicker, well-developed muscle—like the ventrogluteal area and the vastus lateralis—can safely accommodate a 3 mL dose and provide better absorption. The dorsogluteal site, while able to hold larger volumes, is avoided in many practices because of the risk to the sciatic nerve and less reliable landmarks. Thus, the deltoid is the least appropriate choice for a 3 mL IM dose.

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5. Which statement describes the teach-back method?

A. A nurse explains and then leaves the room without confirmation.

B. A method where the patient explains back the information in their own words to confirm understanding.

C. A quiz given to measure literacy level.

D. A formal written test about the information.

Teach-back is a collaborative check of understanding. After you provide instructions, you ask the patient to explain in their own words what they will do or to demonstrate how they will perform the task. This shows whether the information was understood and highlights exactly where teaching is needed, so you can clarify in plain language and have the patient restate again. This approach promotes safety and adherence because it reveals gaps in comprehension, regardless of literacy level, and it engages the patient in their own care. It moves beyond a one-way explanation to a true two-way conversation, ensuring concepts like medication steps, follow-up actions, or post-discharge care are ready to be carried out. To implement well, keep language simple, avoid medical jargon, and frame prompts encouragingly, such as, "In your own words, can you tell me what you'll do next?" or "Show me how you would take this medication." If you find misunderstandings, re-teach the information and have the patient teach back again until it's correct. The other descriptions don't fit teach-back because they describe merely explaining without confirmation, evaluating literacy with a quiz, or taking a formal written test, rather than actively verifying understanding through the patient's own words or demonstration.

6. Which of the following is the recommended approach when a clinician is unsure about an answer the patient asks?

A. Admit you know and provide an approximate answer.

B. Guess the answer to avoid embarrassment.

C. Tell the patient the information is not important.

D. Admit you don't know and offer to find the correct information and follow up.

When a clinician isn't sure of an answer, honesty paired with a plan to find the right information is the most responsible approach. Admitting you don't know signals to the patient that accuracy matters and that safety comes first. It preserves trust and demonstrates professionalism. Following up with the exact answer after checking credible sources, guidelines, or consulting a supervisor shows commitment to informed care and to the patient's needs. In practice, you might say, "I don't have that information right now, but I'll look it up and get back to you with the precise answer." Then you would verify the information using reliable resources, document the patient's question, and communicate the findings within a reasonable time frame. This approach also sets expectations and gives the patient confidence that their questions will be answered carefully. Other approaches fall short because guessing or claiming knowledge you don't have can spread misinformation and undermine safety and trust. Declaring the information unimportant to the patient's care dismisses their right to accurate, evidence-based information.

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7. What is a key element of end-of-life discussions with patients and families?

A. Only discuss medications

B. Avoid discussing prognosis

C. Delay discussions until discharge

D. Clarify goals of care, values, and preferred place of care while maintaining honesty and compassion

End-of-life discussions should center on clarifying goals of care, values, and the preferred place of care, all conveyed with honesty and compassion. This approach ensures that the care plan aligns with what matters most to the patient—whether that's staying at home, transitioning to hospice, or receiving care in a hospital—while respecting autonomy and guiding decisions about treatments accordingly. Honest conversations about prognosis and likely outcomes equip families to make choices that match the patient's wishes and can be revisited as the situation evolves. Limiting discussion to medications misses the broader goal of planning and can lead to care that isn't aligned with the patient's values. Delaying talks until discharge deprives families of essential information needed to plan ahead.

8. What phase is characterized using techniques related to therapeutic communication and allowing the client to clarify any concerns?

A. Phase 1 - Pre-Interaction phase

B. Phase 2 - Orientation phase

C. Phase 3 - Working phase

D. Phase 4 - Termination phase

The working phase is where the nurse and client actively collaborate to solve problems using therapeutic communication, and the client is encouraged to voice and clarify concerns. In this stage, the nurse uses techniques like open-ended questions, reflective listening, paraphrasing, and clarifying to help the client express thoughts and worries, explore options, and work toward agreed-upon goals. It's a joint, problem-solving period that hinges on building trust and engaging in meaningful dialogue. Earlier phases focus on establishing rapport and gathering data, while the termination phase centers on summarizing progress and planning for future care.

9. For an intradermal injection, the needle should be inserted at which angle?

A. 15 degrees

B. 30 degrees

C. 45 degrees

D. 90 degrees

Intradermal injections are delivered into the dermal layer just under the epidermis, so the needle must be inserted very shallowly. The correct angle is about 15 degrees to the skin surface. This shallow angle helps keep the needle tip within the dermis and allows a small amount of solution to form a raised wheal (bleb), which confirms proper placement. Deeper angles—30, 45, or 90 degrees—drive the needle into subcutaneous tissue or muscle, not the dermis, and would not produce the characteristic wheal. Keeping the skin taut and the bevel oriented appropriately aids visualization and accurate placement.

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10. The concept of a pebble dropped in a pond relates most directly to which part of a nursing diagnosis?

A. Defining characteristics

B. Outcome criteria

C. Etiology

D. Goal

The concept being tested is etiology—the underlying cause or related factors that contribute to a nursing diagnosis. A pebble dropped into a pond creates ripples that move outward from the center; similarly, the etiology is the factor that starts or explains the problem, connecting the diagnosis to the patient's condition. The observable signs and symptoms that confirm the diagnosis are like the ripples themselves—defining characteristics—while outcome criteria and goals describe the desired end state or measurable improvements after intervention. So the pebble represents the initiating factor, which is the etiology.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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