CNE Quiz: It Could Never Happen Here: Promoting Violence Prevention Education for Emergency Department Nurses

1. Despite the importance of violence prevention training for nurses working in emergency departments:
   A. Few studies have tested the program’s effectiveness.
   B. Studies generally only evaluate a recommended curriculum.
   C. Most programs are designed for nurses working in tertiary care.
   D. Limited studies have been completed regarding nursing education.

2. The scarcity of violence prevention education for nurses:
   A. Is because of a lack of practice standards for nurses.
   B. Means most nurses learn about violent patients “on the job.”
   C. Leaves nurses susceptible to injury from violent patients.
   D. Is unrelated to the number of injuries nurses receive.

3. The emergency department environment contributes to patient violence because it is:
   A. Often noisy and chaotic.
   B. A provider of services 24 hours per day.
   C. Equipped with impersonal electronic sign-in and -out processes.
   D. Primarily staffed with female nurses and physicians.

4. A well-designed violence prevention program for emergency department nurses is usually taught:
   A. By staff development within the emergency department.
   B. At the most convenient time and designed for the intended audience.
   C. In a limited time frame to accommodate work assignments.
   D. By an instructor with experience in working with violent patients.

5. A well-written violence prevention policy is important because it:
   A. Provides guidance for reporting, responding to, and debriefing violent events.
   B. Makes violence prevention consistent in all hospital departments.
   C. Ensures the police will be notified when a violent event even occurs.
   D. Has received approval from administration and local law enforcement.
6. Taking part in violence prevention drills allows the nursing staff to test:
   A. Hospital security’s response to the event.
   B. Staff’s knowledge and identify gaps in their responses.
   C. Security equipment to be sure it is in working order.
   D. The amount of time it takes local police to respond.

7. A possible sign that a patient could become violent is:
   A. Complaining of a pain but calm.
   B. The recent loss of employment.
   C. Being unaccompanied.
   D. Being under the influence of drugs or alcohol.

8. The five observable behaviors of a potentially violent patient in the acronym STAMP are:
   A. Staring, trembling, anxious, monotone, and pacing.
   B. Swearing, tired, apprehensive, muttering, and paranoid.
   C. Staring, tone of voice, anxiety, mumbling, and pacing.
   D. Sleeping, tired, alert, mean, and pacing.

9. It is helpful to move a potentially violent patient to a special area to:
   A. Promote the safety of nurses in a more protected environment.
   B. Create a private, quiet location for friends and family to visit.
   C. Foster a safe environment, free of equipment that could be used as a weapon.
   D. Position the patient closer to the emergency exits in case of a violent event.

10. Nurses should report all violent episodes by filing incident reports because they:
    A. Will be used in emergency departmental performance evaluations.
    B. Allow a facility to gather information about violent events.
    C. Are required by corporate compliance officers and insurance companies.
    D. Are needed for accreditation and are shared with local police.

CNE QUIZ ANSWERS

2. C  7. D
4. D  9. C
5. A  10. B