

PRACTICE EXAM 3 — FULLLENGTH SIMULATION (115 QUESTIONS)

1. A nurse manager is preparing to deliver negative performance feedback to a nurse who has a history of becoming defensive and filing grievances after receiving criticism. The documentation supports the feedback, and the issues are affecting patient care. Which approach is MOST appropriate?

- A. Deliver the feedback in writing only and avoid a face-to-face meeting to reduce the likelihood of a confrontational interaction
- B. Invite a human resources representative to attend the meeting as a witness and allow HR to lead the feedback conversation
- C. Focus the conversation exclusively on the positive aspects of the nurse's performance and mention the areas for improvement briefly
- D. Prepare thoroughly with specific documented examples, use objective behavioral language, focus on the impact on patient care, and allow the nurse to respond

2. A nurse manager oversees a forty-bed medical-surgical unit. The unit's HCAHPS scores for the question "nurses always communicated well" have declined for three consecutive quarters. Exit surveys reveal that patients feel nurses use too much medical jargon. Which intervention is MOST targeted?

- A. Require all nurses to complete a customer service training course within sixty days and reassess HCAHPS scores after the next reporting period
- B. Implement structured communication techniques such as teachback and plain language standards, integrate communication expectations into daily huddles, and monitor through direct observation
- C. Post the declining HCAHPS data in the break room with a goal of returning to the previous baseline within two quarters
- D. Assign the unit's patient experience champion to round on all patients and interpret medical information the bedside nurses have provided

3. During an interdisciplinary care conference, a social worker and a bedside nurse disagree sharply about a patient's discharge disposition. The social worker recommends a skilled nursing facility, while the nurse advocates for home health services based on the patient's expressed preference. The

disagreement escalates and other team members withdraw from the conversation. Which action by the nurse manager is MOST appropriate?

- A. Support the nurse's position since the patient's expressed preference should always take priority over the social worker's recommendation
- B. End the conference and schedule separate meetings with the social worker and nurse to resolve the disagreement privately
- C. Ask both parties to submit written justifications for their positions and present the options to the attending physician for a final decision
- D. Redirect the conversation by acknowledging both perspectives, refocusing on the patient's clinical needs and preferences, and facilitating a collaborative decision

4. A nurse manager receives a request from the hospital's marketing department to feature a unit nurse in a promotional video highlighting the hospital's patient care excellence. The nurse is enthusiastic about participating, but the nurse manager has concerns about how other staff members may perceive the selection. Which response is MOST appropriate?

- A. Decline the marketing request to avoid creating jealousy or resentment among staff members who were not selected for the video
- B. Approve the request without informing the rest of the staff and allow the nurse to participate during a scheduled day off
- C. Approve the request, communicate the opportunity transparently to all staff, acknowledge the selected nurse's contributions, and offer to facilitate future opportunities for others
- D. Ask the marketing department to feature the entire unit team rather than an individual nurse to avoid any appearance of favoritism

5. A nurse manager is working with a newly hired nurse practitioner who has joined the unit's care team. The nurse practitioner issues orders that sometimes contradict established nursing protocols, creating confusion among the bedside nurses about which directives to follow. Which action is MOST appropriate?

- A. Instruct the bedside nurses to follow existing nursing protocols unless the nurse practitioner provides a written override for each specific patient situation

B. Report the nurse practitioner's ordering patterns to the medical director and request a formal review of prescribing privileges on the unit

C. Meet with the nurse practitioner to review the unit's established protocols, discuss the inconsistencies, and collaboratively establish a communication process for protocol modifications

D. Send a unitwide email to all staff clarifying that established nursing protocols take precedence over any individual provider's orders in all clinical situations

6. A nurse manager is leading a rapid process improvement event focused on reducing patient wait times for pain medication. The team includes nurses, pharmacists, and physicians. During the event, the pharmacist dominates the discussion and dismisses nursing input about workflow barriers. Other team members have stopped contributing. Which facilitation technique is MOST effective?

A. Use a structured roundrobin approach requiring each team member to share input on each agenda item, establish time limits for individual contributions, and redirect the conversation when one voice dominates

B. Allow the pharmacist to continue leading the discussion since pharmacy processes are central to medication delivery and the pharmacist's expertise is most relevant

C. Take a break and privately ask the pharmacist to allow more space for other team members to contribute their perspectives during the remainder of the event

D. End the rapid improvement event early and reconvene with a smaller group that excludes the pharmacist to ensure nursing voices are adequately represented

7. A nurse manager is addressing a pattern where night shift nurses leave incomplete tasks for the day shift, creating tension between the two groups. Day shift nurses have begun retaliating by withholding information during evening handoff. Which intervention addresses BOTH issues?

A. Convene a joint meeting with representatives from both shifts to identify the root causes of incomplete tasks, establish shared accountability standards, and develop a bidirectional communication agreement that both shifts cocreate

B. Implement a task completion checklist that night shift nurses must sign before leaving and day shift nurses must verify upon arrival each morning

C. Meet separately with the night shift and day shift charge nurses and instruct each to address the behavior with their respective teams independently

D. Assign the unit educator to observe both shift changes for one week and provide a written report identifying specific communication failures and task deficiencies

8. A nurse manager receives a complaint from a physician who states that a charge nurse was rude and dismissive when the physician called to give telephone orders at two o'clock in the morning. The charge nurse reports that the physician was condescending and used a demeaning tone. Which approach is MOST appropriate?

A. Support the charge nurse's account since nurses frequently experience disrespectful physician communication during offhours and should be empowered to set boundaries

B. Apologize to the physician for the charge nurse's behavior and counsel the charge nurse about maintaining a professional demeanor regardless of provocation

C. Forward both complaints to the chief nursing officer and the chief medical officer for joint review and resolution at the leadership level

D. Acknowledge both perspectives, meet with each individual to discuss professional communication expectations, and facilitate a conversation focused on establishing mutually respectful communication practices

9. A nurse manager is piloting a new teambased care model where registered nurses are paired with licensed practical nurses and nursing assistants in designated care teams. During the first week, several registered nurses express frustration that the LPNs and nursing assistants are not meeting expectations. Which action is MOST appropriate?

A. Assess whether role expectations were clearly defined and communicated to all team members, identify specific skill or knowledge gaps, provide targeted education, and adjust the care team structure based on early findings

B. Extend the pilot period by an additional month without intervention to allow staff adequate time to adjust to the new care model

C. Revert to the previous staffing model and convene a planning committee to redesign the teambased approach before attempting another pilot

D. Meet with the registered nurses and instruct them to provide direct feedback to their assigned LPNs and nursing assistants about performance expectations

10. A nurse manager is introducing a standardized patient safety briefing at the beginning of each shift. The briefing requires the charge nurse to communicate key safety concerns, staffing updates, and patient status changes to the entire oncoming team. Several charge nurses express discomfort with public speaking and resist leading the briefings. Which approach is MOST effective?

- A. Excuse the resistant charge nurses from leading briefings and assign the responsibility to charge nurses who are comfortable with public speaking
- B. Provide the charge nurses with a structured briefing template, conduct practice sessions in a supportive environment, offer coaching on presentation skills, and gradually transition to independent facilitation
- C. Lead the briefings personally until all charge nurses voluntarily express readiness to assume the responsibility on their own shifts
- D. Require all charge nurses to lead briefings immediately since public communication is an essential function of the charge nurse role

11. A nurse manager discovers that staff nurses have been communicating patient care concerns to the chief nursing officer via email, bypassing the nurse manager entirely. The CNO has been responding directly to the staff without copying the nurse manager. Which action is MOST appropriate?

- A. Send an email to the staff directing them to follow the chain of command and reminding them that all concerns must go through the nurse manager first
- B. Confront the chief nursing officer about the inappropriate communication pattern and request that all staff emails be redirected to the nurse manager
- C. Schedule a meeting with the CNO to discuss the communication pattern, understand the context, collaboratively establish a process that keeps the nurse manager informed, and separately assess whether staff feel their concerns are being heard
- D. Accept the communication pattern since staff should have open access to senior leadership and restricting communication could be perceived as retaliation

12. A nurse manager is working to improve handoff communication for patients transferring from the emergency department to the inpatient unit. ED nurses report that floor nurses are unavailable to receive report, while floor nurses report that ED reports are disorganized and incomplete. Which strategy MOST effectively addresses BOTH perspectives?

- A. Require ED nurses to document a written handoff summary in the electronic health record that floor nurses can review independently of a verbal report
- B. Establish a dedicated phone line for EDtofloor handoffs and set a policy requiring floor nurses to answer within three minutes of the initial call
- C. Schedule a meeting between ED and floor leadership to negotiate a mutually acceptable handoff time window and require both departments to comply
- D. Convene a joint working group with ED and floor nursing representatives to codesign a standardized handoff protocol that addresses timing, content, and accountability from both perspectives

13. A nurse manager is responsible for a unit where several nurses are fluent in Spanish and routinely serve as informal interpreters for Spanishspeaking patients. The nurses report feeling overburdened by the interpreter role in addition to their patient care assignments. Which action is MOST appropriate?

- A. Compensate the bilingual nurses with additional pay for serving as interpreters since they are providing a service beyond their standard nursing role
- B. Prohibit bedside nurses from serving as interpreters and require that all communication with Spanishspeaking patients go through the hospital's interpreter services
- C. Hire a fulltime Spanish interpreter for the unit to relieve the bilingual nurses of the additional responsibility during their patient care shifts
- D. Assess the frequency and impact of informal interpreting, ensure adequate access to professional interpreter services, establish guidelines for when professional interpretation is required versus incidental communication, and address the workload concern

14. A nurse manager has a staff nurse who sends excessively long and detailed emails about routine matters, often copying senior leadership unnecessarily. The emails create confusion because critical information is buried within nonessential details. Which coaching approach is MOST appropriate?

- A. Meet with the nurse to discuss effective professional communication, provide guidance on email structure and audience selection, practice drafting concise messages together, and establish expectations for when leadership should be copied
- B. Reply to the nurse's emails with corrections and ask her to resend them in a more concise format each time the issue occurs
- C. Instruct the nurse to stop sending emails and communicate all information verbally to the charge nurse instead of using written channels

D. Forward the nurse's emails to the unit educator and ask the educator to provide feedback on professional communication as part of the next performance review

15. A nurse manager needs to communicate a complex staffing restructure to the unit. The restructure affects shift lengths, weekend rotation frequency, and holiday scheduling. Staff members have widely varying preferences, and the manager anticipates significant pushback regardless of the final plan. Which communication strategy is MOST effective?

A. Present the restructure in a series of smallgroup meetings organized by shift, explain the rationale and constraints, share the data that drove the decision, acknowledge the impact on individual preferences, and provide a mechanism for staff input on implementation details

B. Send a comprehensive email explaining all changes simultaneously and allow a twoweek comment period before finalizing the plan

C. Announce the restructure at a single allstaff meeting to ensure everyone receives the same information at the same time and hold a questionandanswer session

D. Ask the charge nurse team to design the restructure and present it to staff as a peerdeveloped plan to increase acceptance and reduce resistance

16. A nurse manager is building a relationship with a new hospitalist group that has recently been contracted to provide medical coverage on the unit. The previous hospitalist group had a strong collaborative relationship with nursing. The new hospitalists appear to operate independently and rarely engage nurses in care planning discussions. Which approach is MOST effective?

A. Report the lack of collaboration to the chief medical officer and request that the hospitalist group be counseled about the importance of interdisciplinary teamwork

B. Wait for the new hospitalist group to acclimate to the unit culture before initiating formal efforts to build the collaborative relationship

C. Initiate structured opportunities for interdisciplinary engagement such as joint rounds, care planning meetings, and informal relationshipbuilding events, and clearly communicate nursing's expectations for collaborative practice

D. Instruct the nursing staff to be more proactive about inserting themselves into care planning discussions with the new hospitalist group

17. A nurse manager is dealing with a situation where a patient's family has filed a formal complaint alleging that nurses ignored the patient's repeated requests for assistance. The family posted a negative review on social media naming specific nurses. Staff morale has plummeted, and the named nurses are considering legal action against the family. Which response is MOST appropriate?

- A. Direct the named nurses to contact their personal attorneys independently since the organization cannot provide legal representation for individual staff members
- B. Assist the named nurses in drafting a public response to the social media post that corrects inaccuracies while maintaining patient confidentiality requirements
- C. Issue a ceaseanddesist letter to the family through the hospital's legal department demanding that the social media post be removed immediately
- D. Support the affected staff emotionally, refer them to organizational resources including risk management and employee assistance, investigate the complaint thoroughly, and follow organizational policy regarding public communications

18. A nurse manager observes that a veteran charge nurse consistently uses a directive communication style that intimidates newer staff members. The newer nurses avoid asking questions or reporting concerns to this charge nurse. Patient safety may be at risk because newer staff are not escalating clinical changes. Which action is MOST appropriate?

- A. Reassign the charge nurse to a shift where newer staff members are not present to eliminate the interpersonal dynamic that is affecting communication
- B. Provide the charge nurse with specific feedback about how the directive style is perceived by newer staff, discuss the patient safety implications, collaboratively develop strategies for adapting communication approaches, and monitor the impact
- C. Instruct the newer nurses to develop thicker skin and understand that experienced charge nurses communicate directly because of the highpressure clinical environment
- D. Remove the charge nurse from the leadership role and replace her with a nurse who has a more approachable communication style that encourages questions

19. A nurse manager is implementing a shared decisionmaking model on the unit. During the first governance council meeting, two assertive staff members dominate the discussion while six other members remain silent throughout the entire session. Which facilitation strategy should the nurse manager use in future meetings?

- A. Implement techniques such as nominal group process, written idea submissions before discussion, structured turntaking, and smallgroup breakouts to ensure all members have equitable opportunities to contribute
- B. Allow the current dynamic to continue since selfselection of speakers is a natural group process and quieter members will contribute when they have something important to say
- C. Privately ask the two dominant members to limit their comments during future meetings so that other members have an opportunity to participate in the discussion
- D. Replace the silent governance council members with staff who are known to be more vocal and comfortable sharing opinions in group meeting settings

20. A nurse manager receives a request from a local nursing school to establish a clinical rotation partnership on the unit. The unit is already managing high patient acuity, and several staff nurses express concern that students will increase their workload. Which response BEST balances the competing interests?

- A. Accept the partnership contingent on a manageable number of students, clear preceptor role delineation, workload accommodation, and a structured orientation for faculty and students that addresses staff concerns while supporting the professional obligation to advance nursing education
- B. Decline the partnership until the unit's staffing and acuity stabilize to a level where staff nurses can absorb the additional responsibility without concerns
- C. Accept the partnership without conditions since supporting nursing education is a professional obligation that all practicing nurses should embrace regardless of workload
- D. Propose an alternative arrangement where the nursing students observe on the unit but do not participate in direct patient care activities until staffing improves

21. A nurse manager wants to improve the timeliness and quality of nursing documentation on the unit. An audit reveals that nursing assessments are frequently completed late and contain templated language that does not reflect the individual patient's condition. Which intervention is MOST comprehensive?

- A. Implement realtime documentation audits and require nurses who submit late or incomplete assessments to resubmit them before the end of their shift
- B. Mandate the use of standardized nursing assessment templates within the electronic health record to ensure consistency and reduce documentation variation

C. Identify documentation barriers including workflow design, template usability, and time constraints, redesign the assessment workflow to promote realtime individualized documentation, provide targeted education, and monitor through periodic audits

D. Assign a documentation specialist to the unit who reviews all nursing assessments for timeliness and accuracy and provides individual feedback to nurses weekly

22. A nurse manager is mediating a conflict between two nurses who have differing opinions about the best approach to wound care for a specific patient. One nurse advocates for a traditional wettodry dressing technique, while the other insists on a newer negativepressure wound therapy approach. Both nurses refuse to compromise. Which action is MOST appropriate?

A. Make the clinical decision based on the nurse manager's own wound care knowledge and direct both nurses to follow the selected approach consistently

B. Redirect the discussion from personal opinions to evidencebased guidelines, consult the wound care specialist, and facilitate a collaborative decision based on the patient's specific clinical needs

C. Allow each nurse to use her preferred wound care technique on her assigned shifts and compare outcomes over the next two weeks to determine which approach is more effective

D. Escalate the wound care decision to the attending physician and ask the physician to write a specific wound care order that resolves the nursing disagreement

23. A nurse manager is responsible for communicating the results of the annual employee engagement survey to the unit staff. The results show significant improvement in most categories but a notable decline in "trust in leadership." Which approach is MOST appropriate?

A. Present only the improved categories during the staff meeting and address the trust decline privately with the charge nurse team to develop a plan

B. Share the results in a written summary and focus the staff meeting agenda on operational topics that are more immediately actionable for the team

C. Present all the results but frame the trust decline as a hospitalwide issue rather than a unitspecific concern to avoid personalizing the negative feedback

D. Present all results transparently including the trust decline, acknowledge the feedback without defensiveness, ask staff for specific concerns and suggestions, and commit to visible followup actions

24. A nurse manager has been assigned a mentee through the organization's formal mentoring program. After three meetings, the mentee confides that she is struggling with a personal addiction and fears it may affect her professional performance. Which response is MOST appropriate?

A. Express genuine concern for the mentee's wellbeing, provide information about the employee assistance program and any applicable state monitoring programs for nurses, maintain confidentiality within the limits of patient safety obligations, and encourage the mentee to seek help

B. Report the mentee immediately to the state board of nursing since substance use disorders pose a direct threat to patient safety in all circumstances

C. Maintain strict confidentiality and continue the mentoring relationship without involving any third parties since the mentee disclosed in confidence

D. Advise the mentee to voluntarily disclose the addiction to her direct supervisor and offer to accompany her during the conversation for support

25. A nurse manager is facilitating a conversation between a family and the nursing staff after the family expressed dissatisfaction with the way code status was discussed by a night shift nurse. The family felt pressured to make a decision about do not resuscitate status during an emotional moment. Which facilitation approach is MOST appropriate?

A. Apologize to the family on behalf of the nurse and reassure them that the code status discussion will be repeated with a physician present during daytime hours

B. Explain to the family that code status discussions are required by hospital policy and that the nurse was following standard procedure during the overnight admission

C. Arrange for a palliative care consultation to facilitate a comprehensive goals of care discussion with the family in a supportive setting during regular hours

D. Acknowledge the family's experience, validate their feelings, facilitate a conversation that includes the nurse and the family to restore trust, and review the unit's approach to sensitive conversations

26. A nurse manager is asked to provide input on redesigning the unit's physical layout as part of a renovation project. The architect has proposed an open nursing station design that eliminates private workspace. Nurses express concern about confidentiality and the ability to concentrate during documentation. Which response is MOST appropriate?

- A. Advocate for a design that balances visibility and accessibility with adequate private spaces for confidential conversations, focused documentation, and telephone communications, incorporating staff input into the design process
- B. Accept the architect's open station design since evidence supports that open nursing stations improve communication and team collaboration
- C. Reject the proposed design entirely and insist that the current enclosed nursing station layout be replicated in the renovation plan
- D. Defer to the architect's expertise in healthcare facility design and trust that the proposed layout has been developed with clinical workflow in mind

27. A nurse manager is managing a team where generational differences are creating friction. Experienced baby boomer nurses perceive younger millennial nurses as disengaged and entitled, while millennial nurses feel that baby boomers resist technology and new ideas. The tension is affecting team cohesion. Which approach is MOST effective?

- A. Assign mentoring pairs that cross generational lines and require each pair to complete a joint project that leverages both members' strengths
- B. Conduct a generational awareness workshop and distribute written materials explaining the characteristics and work preferences of each generational cohort
- C. Avoid addressing generational differences directly since labeling staff by generation risks reinforcing stereotypes and increasing division among the team
- D. Facilitate open dialogue that moves beyond generational labels to individual strengths and preferences, create collaborative projects that leverage diverse skills, and establish shared team values that transcend generational stereotypes

28. A nurse manager receives feedback from the respiratory therapy department that nursing staff are not communicating ventilator alarm parameters effectively during patient transfers. Two nearmiss events have been attributed to this communication gap in the past month. Which action is MOST appropriate?

- A. Require nursing staff to complete a ventilator management refresher course and pass a posttest before being allowed to transfer ventilated patients
- B. Assign the respiratory therapist to accompany every ventilated patient during transfer to ensure continuity of ventilator management and alarm parameters

C. Create a written checklist of ventilator parameters that must accompany every ventilated patient during transfer and require both the sending and receiving nurse to verify the information

D. Collaborate with respiratory therapy to develop a standardized ventilator transfer communication protocol, train both departments on the new process, and implement a verification step that both teams execute during transfers

29. A nurse manager has an opendoor policy but finds that staff members frequently arrive with complaints about minor issues that could be resolved at the charge nurse level. The constant interruptions are preventing the nurse manager from completing strategic work. Which approach BEST balances accessibility with efficiency?

A. Establish clear expectations about which issues should be addressed at the charge nurse level, empower charge nurses to resolve frontline concerns, maintain availability for complex issues, and schedule regular open forums for broader discussions

B. Eliminate the opendoor policy and establish specific office hours during which staff may bring concerns to the nurse manager's attention

C. Continue the opendoor policy without change since staff accessibility is a fundamental leadership responsibility that should not be limited

D. Ask the unit secretary to screen all requests for the nurse manager's time and redirect minor issues to the charge nurse before they reach the manager

30. A nurse manager reviews the following unit data for the past month:

Total patient days: 840

Total nursing care hours provided: 6,720

What is the unit's hours per patient day (HPPD)?

A. 6.0

B. 7.0

C. 7.5

D. 8.0

31. A nurse manager is implementing a new rapid assessment protocol for patients presenting with stroke symptoms. The protocol requires a neurological assessment within ten minutes of arrival. During the first month, compliance is only fortyfive percent. Which action is MOST appropriate as a FIRST step?

- A. Discipline the nurses who failed to complete the assessment within the required timeframe to establish accountability for the new protocol
- B. Request additional nursing staff dedicated to stroke assessments to ensure compliance without increasing workload on existing team members
- C. Reduce the protocol requirements to a thirtyminute assessment window since the tenminute standard appears to be unachievable with current resources
- D. Conduct a process analysis to identify the specific barriers to timely assessment, gather frontline staff input on workflow challenges, and implement targeted solutions based on findings

32. A nurse manager is evaluating the unit's compliance with the Surgical Care Improvement Project measures. Data shows that prophylactic antibiotics are administered within the recommended timeframe for only seventyeight percent of surgical patients. The national benchmark is ninetyfive percent. Which action is MOST appropriate?

- A. Map the current antibiotic administration workflow, identify the points where delays occur, implement process changes to eliminate specific delay points, and track compliance weekly with realtime feedback
- B. Send a memo to the surgical team and anesthesia department reminding them of the recommended timeframe for prophylactic antibiotic administration
- C. Transfer responsibility for prophylactic antibiotic administration from the nursing staff to the anesthesia team since they have direct access during the preoperative period
- D. Implement a preoperative checklist that includes antibiotic administration timing and require the circulating nurse to verify compliance before the incision is made

33. A nurse manager is informed that the state has enacted a new mandatory nurse staffing ratio law that takes effect in ninety days. The law requires specific nursetopatient ratios that are more stringent than the unit's current staffing plan. Which action should the nurse manager take FIRST?

- A. Begin recruiting additional nursing staff immediately to meet the new ratio requirements before the law takes effect in ninety days
- B. Contact the state nursing association to confirm the specific ratio requirements and determine whether exemptions or phase-in periods are available
- C. Analyze the gap between current staffing levels and the new requirements, develop a compliance plan addressing recruitment, scheduling, and budget implications, and present the plan to leadership
- D. Communicate the upcoming change to current staff and ask them to volunteer for additional shifts to bridge the gap until permanent staffing is secured

34. A nurse manager is conducting a risk assessment of the unit's medication storage areas. Which finding represents the MOST significant patient safety risk?

- A. High-alert medications such as concentrated potassium chloride are stored alongside routine medications without visual differentiation or physical separation
- B. The automated dispensing cabinet is located fifteen feet from the nearest patient room rather than the recommended ten feet
- C. The medication room temperature log shows one reading at seventy-seven degrees Fahrenheit, one degree above the recommended storage range
- D. Two staff members share a single login credential for the automated dispensing cabinet during periods of high medication administration volume

35. A nurse manager is overseeing a unit that has been designated as a Centers for Medicare and Medicaid Services Hospital-Acquired Condition Reduction Program participant. The unit's composite score places it in the bottom quartile nationally. Which action is MOST important?

- A. Analyze the specific hospital-acquired conditions contributing to the poor composite score, benchmark current prevention practices against evidence-based guidelines, develop a targeted improvement plan for the highest-impact conditions, and engage frontline staff in implementation
- B. Request a meeting with the chief quality officer to discuss the CMS designation and its financial implications for the organization
- C. Focus improvement efforts exclusively on the single hospital-acquired condition with the highest incidence rate to maximize the impact on the composite score
- D. Implement all available evidence-based prevention bundles for every hospital-acquired condition simultaneously to demonstrate comprehensive improvement efforts

36. A nurse manager is reviewing an incident report involving a patient who received the wrong blood product. The error was identified before the transfusion was completed, and the patient did not experience an adverse reaction. Which action is MOST critical in the immediate response?

A. Ensure the patient is medically stable, report the event through organizational and regulatory channels as required, preserve all relevant documentation and blood bank samples, and initiate a thorough investigation

B. Notify the patient's attending physician, stop the transfusion, complete the transfusion reaction protocol, document the event in the medical record, initiate the organization's blood product error investigation, and report to the blood bank and regulatory bodies

C. Counsel the nurse who administered the wrong blood product and require immediate retraining on blood product verification procedures before she returns to direct patient care

D. Complete the incident report and submit it to the quality department for investigation during their next regularly scheduled review meeting

37. A nurse manager is responsible for ensuring the unit's compliance with the Emergency Medical Treatment and Labor Act requirements. A staff nurse asks whether a patient who has been stabilized in the emergency department and admitted to the floor is still covered under EMTALA protections. Which response is MOST accurate?

A. EMTALA obligations end once the patient is formally admitted as an inpatient, and the patient is then covered under the hospital's general duty of care

B. EMTALA continues to apply to the patient throughout the entire hospitalization until the patient is formally discharged from the facility

C. EMTALA obligations transfer from the emergency department to the admitting unit and the nurse manager becomes responsible for ensuring compliance

D. EMTALA obligations are generally considered to end once the patient is admitted as an inpatient in good faith and receives care from the admitting physician, though some legal interpretations may vary by jurisdiction

38. A nurse manager is developing an action plan after a sentinel event in which a patient experienced a severe injury due to a fall from a bed without side rails. The root cause analysis reveals multiple contributing factors including inconsistent fall risk assessment, lack of individualized care planning, and environmental hazards. Which component of the action plan is MOST important?

- A. Require all patients to have bilateral side rails raised at all times regardless of fall risk assessment results to prevent future fall-related injuries
- B. Assign a fall prevention specialist to conduct daily rounds on all patients and verify that fall prevention interventions are in place for each individual
- C. Implement system-level changes that address each identified contributing factor with specific interventions, assign accountability for each action, establish measurable outcomes, and create a monitoring plan to evaluate effectiveness
- D. Focus the action plan exclusively on reeducating all nursing staff on proper fall risk assessment technique since inconsistent assessment was identified as a contributing factor

39. A nurse manager is evaluating the impact of a recently implemented clinical decision support tool embedded in the electronic health record. The tool generates alerts for potential drug interactions. Nurses report experiencing alert fatigue because the system generates excessive low-priority notifications. Which action is MOST appropriate?

- A. Instruct nursing staff to review each alert carefully regardless of priority level since any drug interaction alert could be clinically significant
- B. Collaborate with the informatics team to analyze alert data, reduce low-value alerts, optimize alert thresholds based on clinical significance, and evaluate whether clinically meaningful alerts are being overridden
- C. Disable the clinical decision support tool until the alert thresholds can be recalibrated to reduce the number of notifications nurses receive each shift
- D. Add a pharmacist verification step for all alerts so that nurses no longer need to evaluate drug interaction notifications independently

40. A nurse manager is participating in the development of a clinical pathway for patients admitted with community-acquired pneumonia. Which element is MOST essential to include in the pathway?

- A. A detailed educational handout for patients explaining the pathophysiology of pneumonia and the expected course of treatment during hospitalization
- B. A protocol for automatic transfer to the intensive care unit for any patient whose condition has not improved within forty-eight hours of admission
- C. Evidence-based standardized order sets, assessment intervals, escalation criteria, transition of care milestones, and measurable outcomes benchmarked against national standards

D. A physicianspecific order template that allows each attending to customize the pathway based on individual practice preferences and clinical judgment

41. A nurse manager is reviewing the unit's core measures compliance data. The nurse manager's supervisor asks for an explanation of why the unit's pneumonia core measure for blood culture collection before antibiotic administration is below the national target. Which response demonstrates the MOST appropriate analytical approach?

A. Acknowledge the deficiency and commit to improving the metric through additional staff education on blood culture collection timing requirements

B. Present a root cause analysis showing the specific process failures contributing to missed blood cultures, propose targeted interventions addressing each failure point, and outline a timeline for improvement

C. Explain that blood culture timing is dependent on physician ordering practices and suggest that the medical staff office address the issue with the attending physicians

D. Compare the unit's performance to other units in the organization and demonstrate that the deficiency is consistent across all medicalsurgical units

42. A nurse manager is assessing the unit's readiness to implement a nursedriven glycemic management protocol. Currently, nurses contact the physician for every insulin dosage adjustment. Which assessment finding would MOST support successful implementation?

A. Nursing staff demonstrate competency in blood glucose monitoring, insulin administration, and recognition of hypoglycemia and hyperglycemia, and the unit has access to endocrinology consultation when needed

B. The electronic health record has the capability to generate automated insulin dosing recommendations based on patientspecific blood glucose readings

C. The unit has a dedicated diabetes educator who can serve as a resource for nursing staff during the initial implementation of the glycemic management protocol

D. The medical staff has endorsed the use of nursedriven insulin protocols on all medicalsurgical units throughout the organization

43. A nurse manager is informed that the unit will begin receiving patients with a newly emerging infectious disease for which clinical guidance is evolving rapidly. Staff express anxiety about caring for these patients, and some request reassignment. Which action is MOST appropriate?

A. Mandate that all nursing staff participate in the care of infectious disease patients without exception since patient care is the fundamental nursing obligation

B. Acknowledge staff concerns, provide comprehensive education on current infection prevention protocols, ensure adequate personal protective equipment supply, create a communication plan for updating staff as guidance evolves, and offer psychological support resources

C. Allow nurses who are uncomfortable to opt out of caring for infectious disease patients and rely on volunteers and agency staff to fill the coverage gaps

D. Restrict the number of nurses caring for infectious disease patients to a small dedicated team to minimize overall staff exposure and anxiety

44. A nurse manager is reviewing the unit's data on patient-reported outcomes and notices that patients with chronic obstructive pulmonary disease consistently report lower satisfaction with discharge preparation compared to other patient populations. Which action is MOST appropriate?

A. Request that the respiratory therapy department take over discharge education for all COPD patients since they have specialized expertise in respiratory care

B. Investigate the specific aspects of discharge preparation that COPD patients find inadequate, engage COPD patients and their caregivers in identifying needs, and redesign the discharge education process to address the gaps

C. Implement a standardized COPD discharge education packet that includes written instructions, medication guides, and community resource information for every patient

D. Assign a case manager to coordinate all COPD discharge activities and relieve the bedside nurse of responsibility for discharge preparation for this population

45. A nurse manager is informed that a new physician has begun ordering treatments that the nurse manager believes may be outside the accepted standard of care for the patient population. Nursing staff have expressed discomfort but are reluctant to question the physician's medical judgment. Which action is MOST appropriate?

- A. Instruct the nursing staff to follow the physician's orders as written since nurses are not authorized to override physician treatment decisions
- B. File an anonymous complaint with the medical staff office and allow the peer review process to evaluate the physician's ordering practices
- C. Direct the nursing staff to refuse to carry out orders they believe are unsafe and document their refusal in the patient's medical record
- D. Discuss the concerns with the physician directly, consult evidencebased guidelines, escalate through organizational channels if the concerns are not resolved, and support nursing staff in using the chain of command

46. A nurse manager is evaluating the effectiveness of the unit's skin integrity program. The program has been in place for one year, and the unit's hospitalacquired pressure injury rate has decreased from four percent to two percent. However, the national benchmark is one percent. Which interpretation is MOST appropriate?

- A. The program has demonstrated meaningful improvement and should be continued with targeted enhancements focused on closing the remaining gap between the unit's rate and the national benchmark
- B. The program has failed to meet the national benchmark and should be replaced with a different skin integrity protocol that has demonstrated superior outcomes in published research
- C. The program has achieved a fifty percent reduction, which represents adequate improvement, and resources should be redirected to other quality priorities
- D. The unit's patient population likely has risk factors that make achieving the national benchmark unrealistic, and the current rate should be accepted as the best achievable outcome

47. A nurse manager is responsible for a unit that admits patients undergoing clinical trials. A research coordinator asks the nurse manager to grant research staff access to patient medical records for screening purposes without obtaining individual patient consent. Which response is MOST appropriate?

- A. Grant the access since research coordinators are bound by HIPAA and their access to patient records is limited to information directly related to the clinical trial
- B. Deny the request and instruct the research coordinator to obtain consent from each patient before reviewing any portion of the medical record

C. Verify that the research protocol has IRB approved waiver of consent for screening, confirm that access complies with organizational policy and HIPAA regulations, and coordinate with the privacy officer before granting any access

D. Refer the research coordinator to the hospital's legal department to determine whether the requested access is permissible under federal privacy regulations

48. A nurse manager is implementing an antimicrobial stewardship initiative and needs to gain the cooperation of the medical staff. Several physicians perceive the initiative as an intrusion on their clinical autonomy. Which approach is MOST effective?

A. Present the initiative as a mandatory organizational directive and inform physicians that compliance will be tracked and reported to the medical staff committee

B. Engage physician champions who support antimicrobial stewardship to lead the initiative, present outcome data demonstrating the impact of stewardship on resistance patterns and patient outcomes, and frame the initiative as a partnership rather than a restriction

C. Allow physicians to opt out of the stewardship program if they provide written justification for their prescribing decisions in the patient's medical record

D. Implement the stewardship protocols for nursing assessment and screening while allowing physicians to maintain complete autonomy over antibiotic prescribing decisions

49. A nurse manager is developing the unit's emergency preparedness plan for a potential cyberattack that could disable the electronic health record system for an extended period. Which element is MOST critical to include?

A. Downtime procedures for medication administration, clinical documentation, order processing, and patient identification that do not depend on electronic systems, along with staff training and regular drills

B. A communication tree that ensures all staff members are notified within thirty minutes of a cyberattack and understand the chain of command during the event

C. Backup generators and redundant server systems that ensure the electronic health record remains operational during any cybersecurity incident

D. A policy requiring the information technology department to restore electronic health record functionality within four hours of any cybersecurity breach

50. A nurse manager reviews the following quality data for the unit:

Quarter 1: CAUTI rate 2.1 per 1,000 catheter days

Quarter 2: CAUTI rate 1.8 per 1,000 catheter days

Quarter 3: CAUTI rate 3.4 per 1,000 catheter days

Quarter 4: CAUTI rate 1.5 per 1,000 catheter days

Which interpretation of the data is MOST appropriate?

- A. The overall downward trend from Q1 to Q4 indicates that the CAUTI prevention program is effective and no additional investigation is needed
- B. The data shows consistent improvement and the Q3 spike is an expected statistical variation that does not require further investigation
- C. The Q4 rate is the lowest, confirming that the unit's prevention strategies are working effectively and should be maintained without modification
- D. The Q3 spike warrants investigation to determine whether a specific event, practice change, or data collection issue contributed to the increase, even though Q4 showed improvement

51. A nurse manager applies Lewin's change theory to restructure the unit's patient assignment process. The manager has completed the "unfreezing" stage by helping staff recognize that the current assignment process contributes to inequitable workloads. Which action is MOST appropriate for the "moving" stage?

- A. Celebrate the team's recognition of the problem and allow staff to organically develop new assignment methods through trial and error
- B. Introduce and implement the new assignment methodology, provide training and support, address resistance, and guide staff through the transition to the new process
- C. Lock in the new process by updating the unit's policy manual and incorporating the new assignment method into annual competency requirements
- D. Survey the staff to determine their preferred assignment method and implement whichever approach receives the highest number of votes

52. A nurse manager notices that a recently promoted charge nurse is exhibiting signs of role strain. The charge nurse is attempting to maintain her previous workload as a bedside nurse while simultaneously managing the unit during her shifts. Her clinical documentation has become incomplete, and she appears overwhelmed. Which action is MOST appropriate?

A. Counsel the charge nurse that if she cannot manage the demands of the role, she should voluntarily step down and return to the bedside position

B. Meet with the charge nurse to clarify the expectations of the charge role, discuss which bedside responsibilities should be redistributed, collaboratively develop a transition plan, and provide ongoing support and mentoring

C. Reduce the charge nurse's patient assignment by one patient per shift to accommodate the additional leadership responsibilities she has assumed

D. Allow the charge nurse to find her own balance since role transition takes time and she will naturally adjust to the competing demands over the next few months

53. A nurse manager wants to apply the principles of a learning organization to the unit. Which set of actions BEST reflects Peter Senge's five disciplines of a learning organization?

A. Implementing weekly staff education sessions, subscribing to nursing journals, and requiring all nurses to present a research article once per quarter

B. Increasing the education budget, sending staff to external conferences, and creating a unit library with current evidencebased practice resources

C. Encouraging personal mastery among staff, building shared vision, fostering team learning, challenging existing mental models, and promoting systems thinking

D. Developing a comprehensive competencybased education program, establishing annual learning objectives, and tracking completion rates for all staff members

54. A nurse manager is applying servant leadership principles. Which behavior BEST exemplifies this leadership approach?

A. Setting ambitious performance targets and holding each staff member individually accountable for achieving measurable goals each quarter

B. Delegating all operational decisions to the charge nurses and focusing exclusively on removing organizational barriers that prevent staff from succeeding

C. Providing staff with comprehensive education about servant leadership theory and encouraging them to adopt servant leadership behaviors in their own practice

D. Prioritizing the growth and wellbeing of staff members, removing barriers to their success, actively listening to their needs, and empowering them to develop their full potential

55. A nurse manager is evaluating the unit's readiness for Magnet redesignation. The manager identifies that the unit has strong clinical outcomes but limited evidence of nursing research or evidencebased practice projects. Which action is MOST strategic?

A. Hire an advanced practice nurse researcher to design and lead nursing research projects on the unit to fulfill the Magnet research requirement

B. Partner with a local university's school of nursing to provide research mentorship and embed a faculty researcher on the unit for collaborative projects

C. Develop a plan to build EBP and research capacity by mentoring staff through the EBP process, supporting staffed practice inquiry projects, creating a journal club, and partnering with academic resources

D. Focus on strengthening clinical outcomes further since exceptional clinical performance may compensate for limited research activity during Magnet review

56. A nurse manager is leading a unit during a period of significant organizational uncertainty. The hospital has announced potential layoffs, and staff members are anxious about job security. Productivity and morale are declining. Which leadership approach is MOST effective?

A. Reassure staff that their positions are secure even though the manager does not have official confirmation, to maintain morale during the uncertainty

B. Focus on what the manager does know about the current performance of the unit and use this as justification for why the unit is unlikely to be affected

C. Communicate honestly about what is known and unknown, maintain focus on patient care quality, provide emotional support, increase visibility on the unit, and advocate for staff through organizational channels

D. Avoid discussing the potential layoffs to prevent escalating anxiety and instead redirect all conversations toward clinical priorities and patient outcomes

57. A nurse manager is implementing a just culture framework on the unit. A nurse makes a medication error by administering the wrong dose due to an ambiguous label on the medication vial. The nurse immediately reported the error. Under a just culture framework, how should this event be classified?

A. Reckless behavior, since the nurse should have verified the dose through an independent doublecheck before administering the medication to the patient

B. At-risk behavior, since the nurse chose to proceed with administration without seeking clarification about the ambiguous label from the pharmacy

C. A system error that requires no individual accountability since the ambiguous label created a trap that any nurse could have fallen into during medication administration

D. Human error, since the nurse did not intend to give the wrong dose and the ambiguous label was a contributing system factor that should be addressed through process improvement

58. A nurse manager is developing a strategic plan for the unit for the next fiscal year. The manager needs to identify the most important strategic priorities. Which approach provides the MOST comprehensive foundation for strategic planning?

A. Review the organization's strategic plan and adopt its priorities as the unit's priorities to ensure alignment with institutional goals and objectives

B. Conduct an environmental scan including internal assessment of unit performance data, staff capabilities, and resources, and external analysis of regulatory changes, market trends, and community health needs

C. Survey the unit staff to identify their top priorities and use the survey results as the primary driver of the unit's strategic direction for the next year

D. Benchmark the unit's performance against top-performing units nationally and develop goals to close the gap between current performance and national leaders

59. A nurse manager is coaching a charge nurse who consistently avoids making difficult decisions about patient assignments, instead defaulting to seniority-based decisions that do not account for patient acuity or nurse competency. Which coaching approach is MOST effective?

A. Remove the charge nurse from the assignment-making responsibility and make all patient assignments personally until the charge nurse demonstrates improved judgment

B. Provide a computerized acuitybased assignment tool and require the charge nurse to use it exclusively for all shift assignments without deviation

C. Explore the charge nurse's decisionmaking barriers, teach a structured framework for balancing acuity, competency, and fairness, practice applying the framework to real scenarios, and debrief assignment decisions regularly

D. Accept the senioritybased approach since it provides an objective, defensible method that avoids accusations of favoritism in patient assignment decisions

60. A nurse manager wants to create a culture of psychological safety on the unit. Which combination of behaviors BEST promotes psychological safety?

A. Responding to mistakes and questions without judgment, encouraging staff to speak up about concerns, modeling vulnerability by admitting personal errors, and acting on staff input to demonstrate that speaking up leads to change

B. Implementing an anonymous reporting system for all safety concerns and assuring staff that no disciplinary action will ever result from reported errors

C. Establishing a rule that no staff member may be criticized during team meetings and requiring all feedback to be delivered in private oneonone conversations

D. Creating a suggestion box system and committing to implement the top three suggestions each quarter regardless of feasibility or clinical appropriateness

61. A nurse manager is evaluating whether to implement a selfscheduling system on the unit. Currently, the nurse manager creates the schedule unilaterally. Which factor should MOST heavily influence the decision?

A. The nurse manager's comfort level with relinquishing control over scheduling since the manager's support is essential for successful implementation

B. The unit's readiness to adopt selfscheduling based on staff maturity, accountability, and the availability of clear guidelines to ensure equitable coverage

C. The cost savings associated with selfscheduling since eliminating the manager's time spent creating schedules can be redirected to other priorities

D. Whether other units in the organization have successfully implemented selfscheduling and the lessons learned from their experience

62. A nurse manager is responsible for a unit that consistently exceeds quality benchmarks but has the lowest employee engagement scores in the organization. Which interpretation is MOST concerning?

A. The low engagement scores are likely a temporary issue that will resolve as the unit's quality success is recognized and celebrated by organizational leadership

B. High quality outcomes achieved despite low engagement suggest that the unit may be relying on unsustainable practices such as excessive workload, pressure, or burnout that will eventually degrade both quality and retention

C. The high quality scores confirm that the unit is functioning effectively and the low engagement scores may reflect a survey methodology issue rather than a genuine morale problem

D. The unit should be recognized for its quality achievements, which should help improve engagement scores by demonstrating that staff contributions are valued by leadership

63. A nurse manager is applying the concept of emotional intelligence to improve leadership effectiveness. Which behavior BEST demonstrates emotional intelligence in a leadership context?

A. Recognizing personal emotional triggers, managing emotional responses during stressful situations, demonstrating empathy toward staff, and using emotional awareness to guide interactions and decisions

B. Maintaining a consistently calm and neutral demeanor regardless of the circumstances to project confidence and stability to the nursing team

C. Sharing personal feelings openly with staff to model vulnerability and create an environment where emotional expression is normalized and expected

D. Using emotional appeals during staff meetings to motivate the team and generate enthusiasm for new initiatives and organizational changes

64. A nurse manager is leading a committee charged with standardizing the unit's response to workplace violence incidents. The committee has been meeting for six months without producing a finalized protocol. Members disagree on key elements including reporting thresholds and deescalation techniques. Which action is MOST appropriate?

A. Disband the committee and delegate protocol development to the unit educator who can research best practices and develop the protocol independently

B. Set a deadline of thirty days for the committee to finalize the protocol and inform members that the manager will make the final decisions on unresolved elements

C. Invite an external expert on workplace violence prevention to facilitate a structured decisionmaking session with the committee to break through the impasse

D. Assess the specific areas of disagreement, bring evidencebased guidelines to resolve contested elements, facilitate consensus where possible, make leadership decisions on remaining unresolved items, and set a firm timeline for finalization

65. A nurse manager is implementing a bedside rounding program where the nurse manager rounds on every patient during each weekday shift. After three months, patient satisfaction scores have improved, but the nurse manager is spending four hours daily on rounds and falling behind on administrative responsibilities. Which adjustment is MOST appropriate?

A. Discontinue the rounding program since the administrative workload is unsustainable and patient satisfaction improvements may be maintained through other interventions

B. Delegate all administrative tasks to the charge nurse team to free the nurse manager to continue the fourhour daily rounding program indefinitely

C. Redesign the rounding approach to be more efficient by focusing on targeted patients, sharing rounding responsibilities with charge nurses, and using a structured format that reduces time per patient while maintaining quality

D. Reduce rounding to two days per week and use the remaining three days for administrative tasks to create a sustainable balance between visibility and management

66. A nurse manager is determining the appropriate span of control for the charge nurse positions on the unit. The unit has sixty beds divided into three pods of twenty beds each. Which factor is MOST important when determining span of control?

A. The number of charge nurse positions currently funded in the unit budget and the organization's willingness to add positions if needed

B. The complexity of patients, number of staff supervised, geographic layout of the unit, and the scope of responsibilities assigned to the charge nurse role

C. The charge nurses' individual preferences for the number of staff they are comfortable supervising during each shift they work

D. National benchmarking data for charge nursetostaff ratios on similarly sized medicalsurgical units across the United States

67. A nurse manager identifies that the unit's turnover rate for nurses with two to five years of experience is significantly higher than for other tenure groups. Exit interviews reveal that these nurses feel they have outgrown their current roles but see no clear advancement pathway. Which retention strategy is MOST targeted?

A. Implement a meritbased pay increase program for nurses in the twotofiveyear tenure group to provide financial incentive for continued employment

B. Create clinical advancement pathways with defined competency milestones, expanded roles such as precepting and committee leadership, and clear criteria for progression that give midcareer nurses a visible trajectory for professional growth

C. Offer each nurse in the twotofiveyear group a guaranteed promotion to a charge nurse position within twelve months to demonstrate commitment to their advancement

D. Establish a tuition reimbursement program for nurses pursuing advanced degrees to redirect their growth aspirations toward academic rather than clinical advancement

68. A nurse manager observes that a highperforming nurse who was recently passed over for a charge nurse position has become disengaged. The nurse arrives late, participates minimally in team activities, and has stopped volunteering for projects. Which approach is MOST appropriate?

A. Issue a written warning for the tardiness and declining performance to establish that professional standards apply regardless of disappointment

B. Allow the nurse time and space to process the disappointment since grief over career setbacks is normal and performance typically selfcorrects over time

C. Reassign the nurse to a different unit where a fresh start may help restore engagement and motivation without the reminder of the missed promotion

D. Meet privately with the nurse to acknowledge the disappointment, discuss the selection rationale, explore career development interests, identify alternative growth opportunities, and create a plan for reengagement

69. A nurse manager is evaluating decisionmaking authority distribution on the unit. Currently, all decisions about patient care assignments, scheduling changes, equipment purchases, and process modifications require the nurse manager's approval. Which change would MOST effectively empower staff while maintaining appropriate oversight?

- A. Categorize decisions by type and risk level, delegate defined decisionmaking authority to appropriate roles with clear parameters, retain oversight of highrisk and highcost decisions, and create accountability mechanisms
- B. Delegate all operational decisions to the charge nurse team and reserve only strategic decisions for the nurse manager to focus on higherlevel leadership priorities
- C. Maintain the current approval structure but reduce the response time for decision requests to ensure that staff do not experience delays in operational workflow
- D. Create a unit governance council and transfer all decisionmaking authority to the council, allowing staff to collectively govern all aspects of unit operations

70. A nurse manager is considering implementing transformational rounding as a leadership practice. Which description BEST captures the purpose and method of transformational rounding?

- A. Structured, intentional leader rounding that focuses on connecting with patients and staff, identifying system barriers, recognizing excellence, and gathering realtime intelligence to drive improvement
- B. Informal walkthroughs of the unit during which the nurse manager observes workflow and documents compliance issues for discussion at the next quality meeting
- C. A daily meeting format where the nurse manager reviews quality metrics and key performance indicators with the charge nurse team at the beginning of each shift
- D. A patient satisfaction initiative where the nurse manager asks every patient a standardized set of questions about their care experience and documents responses for analysis

71. A nurse manager must make a staffing decision during a weekend when census has dropped unexpectedly. The unit has two more nurses than needed for the current patient load. One nurse has been called off three times already this month and is concerned about lost income. The other nurse has not been called off at all but has less seniority. Which approach is MOST equitable?

- A. Call off the nurse with less seniority since senioritybased systems are the most transparent and defensible approach to lowcensus staffing decisions
- B. Use established lowcensus guidelines that consider equitable distribution of calloffs, allowing the nurse who has already been called off multiple times to remain, and communicate the rationale transparently
- C. Ask both nurses to volunteer and call off whichever nurse expresses willingness to leave, avoiding the need for the manager to make a potentially unpopular decision

D. Split the remaining shift between both nurses by sending one home for the first half and the other for the second half to distribute the financial impact equally

72. A nurse manager is leading a unit that has achieved a significant reduction in patient falls over the past year. The manager wants to ensure the improvements are sustained. Which action is MOST effective for hardwiring the improvement?

A. Continue to celebrate the improvement publicly and rely on the team's intrinsic motivation and professional pride to maintain the lower fall rate over time

B. Assign a permanent falls champion who is solely responsible for monitoring fall prevention practices and providing realtime feedback to all nursing staff

C. Embed fall prevention practices into standardized workflows, integrate compliance monitoring into daily operations, maintain realtime data visibility, and conduct periodic reassessment of protocols to ensure they remain current and effective

D. Present the fall reduction data at a hospitalwide quality forum and submit the project for a national quality award to motivate the team to sustain their performance

73. A nurse manager is dealing with a situation where organizational leadership has mandated a significant change that the nurse manager personally disagrees with. The manager believes the change will negatively affect patient care on the unit. After expressing concerns through appropriate channels without success, which response is MOST professionally appropriate?

A. Implement the change as directed by leadership but document personal objections in writing and submit them to the chief nursing officer as a formal record

B. Publicly express disagreement with the decision to staff to maintain personal credibility and transparency about the manager's professional opinion

C. Resign from the position rather than implement a change that the nurse manager believes will compromise patient care quality on the unit

D. Implement the change while continuing to advocate through appropriate channels, monitor outcomes for evidence of the concerns, and present data to leadership if negative impacts materialize

74. A nurse manager is developing criteria for evaluating the effectiveness of the unit's shared governance councils. Which set of metrics provides the MOST meaningful evaluation?

- A. The number of practice changes initiated by councils, measurable outcomes of those changes, staff perception of empowerment and voice, council member engagement, and alignment between council activities and unit strategic priorities
- B. Meeting attendance rates, number of meetings held per quarter, and the total number of agenda items discussed during each governance council session
- C. The percentage of unit staff who have served on at least one governance council during the past two years and their satisfaction with the experience
- D. A comparison of the unit's quality metrics before and after shared governance implementation attributed entirely to the governance council activities

75. A nurse manager is implementing a mentoring program and must match mentors with mentees. Which matching criteria are MOST likely to produce successful mentoring relationships?

- A. Match mentors and mentees who share similar clinical backgrounds and personality types to ensure compatibility and minimize interpersonal friction
- B. Match based on random assignment to eliminate the potential for bias in the selection process and ensure equitable access to mentoring for all staff members
- C. Consider the mentee's developmental goals, the mentor's expertise and strengths, interpersonal compatibility, and schedule alignment, while avoiding direct supervisory relationships within the mentormentee pair
- D. Allow mentees to select their own mentors from a list of available volunteers since selfselected relationships are inherently more compatible and motivated

76. A nurse manager is preparing the unit for a transition from a functional nursing model to a relationshipbased care model. Staff members have practiced functional nursing for years and are skeptical about the change. Which implementation strategy is MOST effective?

- A. Educate staff on the philosophy and evidence supporting relationshipbased care, pilot the model on one section of the unit, engage early adopters as champions, provide ongoing support and coaching, and expand based on lessons learned

- B. Implement the model simultaneously across the entire unit with a firm go-live date to create momentum and prevent pockets of resistance from forming
- C. Allow staff to choose which care model they prefer to practice and gradually transition the unit as more nurses voluntarily adopt the relationship-based approach
- D. Hire a consultant to design and implement the relationship-based care model and serve as the primary resource for staff during the first six months of transition

77. A nurse manager is addressing a situation where several experienced nurses routinely complete tasks for less experienced nurses rather than teaching them how to perform the tasks independently. While the experienced nurses' intention is to ensure patient safety, the behavior is preventing newer nurses from developing competence. Which approach is MOST effective?

- A. Instruct the experienced nurses to stop completing tasks for newer nurses immediately and require the newer nurses to figure out the tasks on their own with available resources
- B. Allow the pattern to continue since patient safety must always take priority over staff development and the experienced nurses' instincts are protective of patients
- C. Reframe the experienced nurses' role from task completion to teaching and coaching, establish expectations for supervised skill development, create competency milestones for newer nurses, and recognize experienced nurses for their mentoring contributions
- D. Pair experienced and newer nurses on opposite shifts so the newer nurses are forced to perform tasks independently without the option of relying on experienced colleagues

78. A nurse manager is creating a leadership development curriculum for aspiring charge nurses on the unit. Which combination of learning methods is MOST effective for developing leadership competence?

- A. A comprehensive reading list of leadership textbooks combined with a written examination assessing knowledge of leadership theories and management principles
- B. Enrollment in a formal leadership certificate program at a local university with a minimum of thirty credit hours of coursework in healthcare administration
- C. A blended approach combining didactic education on leadership concepts, experiential learning through progressive leadership assignments, mentoring from experienced leaders, reflective practice, and competency-based assessment
- D. Shadowing the nurse manager for a two-week period followed by a one-month trial as acting charge nurse with full autonomy and a post-trial performance evaluation

79. A nurse manager is evaluating the unit's approach to managing clinical alarms. Data shows that the unit averages over three hundred clinical alarms per patient per day, and nursing staff report significant alarm fatigue. Which intervention is MOST comprehensive?

- A. Reduce alarm volumes to lower levels so that nurses are not overwhelmed by the auditory stimulation while still being able to hear critical notifications
- B. Implement a tiered alarm notification system that routes noncritical alarms to secondary monitoring while escalating critical alarms directly to the bedside nurse
- C. Assign a dedicated monitor technician to screen all alarms and notify the bedside nurse only when an alarm requires clinical intervention or assessment
- D. Assign one nurse per shift to be solely responsible for responding to all clinical alarms on the unit so the remaining nurses can focus on direct patient care

80. A nurse manager is reviewing the organization's policy on gifts from patients and families. A grateful family offers a fivehundreddollar gift card to the unit's nursing staff after their family member's discharge. Which response is MOST appropriate?

- A. Accept the gift on behalf of the unit and use it to purchase supplies for the staff break room, documenting the donation in the unit's records
- B. Graciously decline the gift, explain the organization's gift policy, and suggest alternative ways the family can express gratitude such as a letter to administration or a charitable donation
- C. Accept the gift card and distribute it equally among the nurses who provided direct care to the patient during the hospitalization
- D. Refer the family to the hospital's foundation office where they can make a formal donation that will be directed to the nursing unit's discretionary fund

81. A nurse manager discovers that a staff nurse has been working as an independent health coach on social media during offduty hours. The nurse uses her nursing credentials in her marketing materials and makes health claims that the nurse manager believes are not evidencebased. Which action is MOST appropriate?

- A. Discuss the professional and legal implications with the nurse, including the risk of misrepresenting nursing credentials, the obligation to provide evidencebased information, and the potential impact on the organization's reputation

B. Report the nurse to the state board of nursing for using nursing credentials to promote unapproved health claims outside of a clinical setting

C. Inform the nurse that off-duty activities are beyond the nurse manager's authority and take no further action unless patient care is directly affected

D. Ask the human resources department to investigate whether the nurse's off-duty activities violate any organizational policies regarding secondary employment

82. A nurse manager is leading a team through a patient care situation involving a minor patient whose parents disagree about the plan of care. The father wants to pursue aggressive treatment, while the mother wants palliative comfort care. The clinical team is divided on the appropriate course of action. Which action is MOST appropriate?

A. Support the clinical team member whose recommendation is most consistent with the evidence-based standard of care for the patient's diagnosis

B. Initiate an ethics committee consultation to facilitate structured discussion among the family, clinical team, and ethics experts, and ensure that the patient's best interests guide the decision

C. Defer to the father's preference for aggressive treatment since pursuing the maximum available interventions is the most defensible clinical and legal position

D. Ask the hospital's legal department to determine which parent has the legal authority to make medical decisions and follow that parent's directive

83. A nurse manager is evaluating the unit's culture of safety using the Agency for Healthcare Research and Quality Hospital Survey on Patient Safety Culture. The results show that the dimension "nonpunitive response to error" scores in the lowest quartile nationally. Which action is MOST appropriate?

A. Present the results to staff and explain that the organization uses a just culture framework to reassure them that errors will not result in automatic punishment

B. Implement a policy prohibiting disciplinary action for any reported errors to immediately shift the unit's approach from punitive to nonpunitive

C. Share the survey results transparently with staff and acknowledge the perception, but explain that the organization's disciplinary process is already aligned with best practices

D. Analyze the behaviors and practices contributing to the punitive perception, engage staff in identifying specific concerns, implement visible changes in how errors are addressed, and resurvey to measure improvement

84. A nurse manager is faced with a staffing crisis during a night shift when a nurse calls in sick and no replacement is available. The nurse manager considers asking the remaining nurses to accept an unsafe patient assignment. Which response BEST demonstrates professional accountability?

A. Assess the specific patient care needs, explore all available options including reassigning noncritical tasks, contacting the staffing office and float pool, adjusting assignments to prioritize highacuity patients, and escalate through the chain of command if a safe solution cannot be identified

B. Accept the staffing situation and divide the absent nurse's patients equally among the remaining staff since calling the supervisor at night would be perceived as an inability to manage the situation

C. Close the unit to new admissions and divert all incoming patients to other units until a replacement nurse can be secured for the remainder of the shift

D. Call in a per diem or agency nurse and authorize premium overtime pay without prior approval from the nursing supervisor to resolve the staffing gap immediately

85. A nurse manager is asked to serve on a peer review committee that will evaluate a colleague's clinical performance following a patient complaint. The nurse manager has a personal friendship with the colleague. Which response is MOST professionally appropriate?

A. Decline participation on the committee and disclose the personal relationship to ensure the integrity and objectivity of the peer review process

B. Disclose the personal relationship to the committee chair but agree to participate and commit to maintaining objectivity throughout the review process

C. Participate on the committee without disclosing the personal relationship since all committee members are expected to maintain objectivity as a standard of professional conduct

D. Agree to participate but recuse yourself from voting on the final determination while contributing your professional assessment during committee deliberations

86. A nurse manager is evaluating whether to support a staff nurse's application for certification in a specialty area that is not directly related to the unit's patient population. The nurse argues that the certification will broaden her clinical knowledge and enhance her value to the organization. Which response is MOST appropriate?

- A. Deny the request and redirect the nurse toward certifications that are directly aligned with the unit's specialty and patient population
- B. Approve the request unconditionally since all professional development is valuable regardless of its direct applicability to the current clinical setting
- C. Evaluate the request by considering the nurse's professional development goals, potential indirect benefits to the unit, organizational support policies, and whether the certification aligns with future career pathways
- D. Defer the decision to the nurse's annual performance review when professional development goals are formally discussed and documented

87. A nurse manager becomes aware that a staff nurse has been documenting nursing assessments as "within normal limits" without performing individualized patient assessments. A patient subsequently deteriorated, and the family is questioning whether the assessments were actually performed. Which action is MOST appropriate?

- A. Counsel the nurse about the importance of thorough documentation and provide additional education on assessment documentation standards
- B. Meet with the family to explain the unit's assessment practices and reassure them that the nursing staff follows established documentation protocols
- C. Complete a retroactive chart review of the nurse's documentation for the past thirty days to determine the scope of the potentially falsified assessments
- D. Address the documentation falsification as a serious professional, ethical, and legal violation through progressive discipline, report as required by policy, review the affected patient's care for potential harm, and implement safeguards

88. A nurse manager is considering whether to disclose a personal health diagnosis to the unit staff. The diagnosis does not affect the manager's ability to perform job duties but may require occasional schedule modifications for medical appointments. Which approach is MOST professionally appropriate?

- A. Disclose the diagnosis fully to all staff to model vulnerability and transparency as leadership values that the nurse manager promotes on the unit
- B. Share only the information necessary for staff to understand the occasional schedule modifications without disclosing the specific diagnosis unless the manager chooses to do so
- C. Disclose the diagnosis to the charge nurse team only and instruct them to handle questions from staff about the schedule modifications discretely
- D. Share only the information with the direct supervisor and human resources and manage schedule modifications without informing the staff of the reason for the absences

89. A nurse manager discovers that a staff nurse has been accepting expensive personal gifts from a patient's family in exchange for preferential treatment including extended visiting hours and additional nursing attention. Which action is MOST appropriate?

- A. Counsel the nurse about the organization's gift acceptance policy and require her to return the gifts and discontinue the preferential treatment arrangement
- B. Address the behavior as a serious ethical violation through the progressive discipline process, reinforce the organization's gift policy with all staff, and assess whether the preferential treatment compromised other patients' care
- C. Report the nurse to the state board of nursing for engaging in a relationship that exploits the nursepatient dynamic for personal financial benefit
- D. Transfer the nurse to a different unit to separate her from the family and prevent the giftgiving relationship from continuing further

90. A nurse manager is serving on the organization's ethics committee. A case is brought before the committee involving a nurse on the manager's own unit who is refusing to participate in a procedure that conflicts with her religious beliefs. Which response is MOST appropriate?

- A. Recuse yourself from the ethics committee discussion since you have a direct management relationship with the nurse and your objectivity may be compromised
- B. Advocate for the nurse's right to refuse participation in procedures that conflict with religious beliefs since conscientious objection is protected in healthcare settings
- C. Participate in the committee discussion with transparency about the management relationship, contribute the professional perspective of the unit's operational needs, and support the committee's process for balancing the nurse's rights with patient care obligations

D. Support whatever decision the ethics committee reaches without contributing personal or operational perspective to avoid influencing the committee's independent judgment

91. A nurse manager learns that a staff nurse has been working under the influence of alcohol during a shift. The nurse's impairment was observed by a charge nurse who detected alcohol on the nurse's breath and documented unsteady gait and slurred speech. Which action should the nurse manager take FIRST?

A. Contact the employee assistance program and arrange for the nurse to receive counseling before she returns to work on her next scheduled shift

B. Immediately remove the nurse from patient care, ensure patient safety, follow organizational policy for suspected impairment including possible drug and alcohol testing, and document all observations

C. Send the nurse home for the remainder of the shift and schedule a meeting for the following day to discuss the incident and determine appropriate next steps

D. Contact the state board of nursing to report the nurse for practicing while impaired since mandatory reporting is required in most jurisdictions

92. A nurse manager is evaluating the unit's adherence to the American Nurses Association Code of Ethics. Which situation represents the MOST significant ethical concern?

A. A nurse who consistently arrives five minutes late for shift change, requiring the offgoing nurse to remain beyond the scheduled end of her shift

B. A nurse who expresses personal disagreement with a patient's lifestyle choices during a conversation with colleagues in the nursing station

C. A nurse who accepts a patient assignment that exceeds the recommended nurse-to-patient ratio without escalating the concern through the chain of command

D. A nurse who selectively provides less attentive care to patients based on their insurance status, spending more time with privately insured patients than with those covered by Medicaid

93. A nurse manager is approached by a colleague who confides that she has been falsifying her continuing education records to meet recertification requirements. The colleague asks the nurse manager to keep this information confidential. Which response is MOST appropriate?

- A. Explain that falsifying continuing education records is a professional integrity violation that cannot remain confidential, encourage the colleague to self-report, and follow organizational reporting requirements
- B. Maintain the colleague's confidentiality since the information was shared in a private conversation and reporting would damage the professional relationship
- C. Offer to help the colleague complete the required continuing education hours before the recertification deadline to resolve the issue without formal reporting
- D. Report the colleague anonymously to the credentialing body to ensure accountability while preserving the confidentiality of the conversation

94. A nurse manager is reviewing the unit's compliance with the Nurse Practice Act. A chart audit reveals that a licensed practical nurse has been performing assessments and documenting findings that are within the exclusive scope of practice of the registered nurse in the state. Which action is MOST appropriate?

- A. Immediately remove the LPN from all assessment-related responsibilities and reassign her to tasks that are clearly within the LPN scope of practice
- B. Meet with the LPN to review the scope of practice regulations, clarify the distinction between LPN and RN assessment responsibilities, implement appropriate role delineation, and educate all staff on scope of practice boundaries
- C. Report the scope of practice violation to the state board of nursing since practicing outside the defined scope constitutes a violation of the Nurse Practice Act
- D. Allow the LPN to continue performing assessments under the direct supervision of a registered nurse since the quality of the LPN's assessments has been adequate

95. A nurse manager is asked to write a letter of recommendation for a staff nurse applying to a graduate nursing program. The nurse is an adequate performer but has not demonstrated exceptional clinical or leadership skills. Which approach is MOST professionally honest?

- A. Write a positive letter focusing exclusively on the nurse's strengths and omitting any mention of areas where the nurse has room for improvement
- B. Decline to write the letter and explain honestly that you cannot write a strong enough recommendation, then suggest the nurse seek a recommender who knows her strengths more intimately

C. Write a balanced, honest letter that accurately describes the nurse's competencies, strengths, and areas for development without overstating or understating her qualifications

D. Write the positive letter the nurse is hoping for since nurse managers have an obligation to support all staff members' professional development aspirations

96. A nurse manager is calculating the fulltime equivalent positions needed to staff a thirtybed unit that requires five registered nurses per shift, twentyfour hours per day, seven days per week. The organization uses a benefit replacement factor of 1.14. How many FTEs are needed?

A. 17.1

B. 15.0

C. 19.5

D. 21.0

97. A nurse manager reviews the unit's financial performance and notes the following data for the current month:

Budgeted patient days: 750

Actual patient days: 810

Budgeted salary expense: \$375,000

Actual salary expense: \$395,000

Which statement BEST describes the salary variance?

A. The salary variance is unfavorable and unexplained because actual expenses exceeded the budget regardless of the higherthanprojected volume

B. The salary variance should be evaluated as a flexible budget variance by adjusting the budgeted salary expense for the higher volume before determining whether the variance is truly unfavorable

C. The salary variance is favorable because the additional patient days generated revenue that more than offsets the increased salary expense

D. The salary variance is irrelevant because the unit exceeded its budgeted patient days, making the original budget assumptions invalid

98. A nurse manager is developing a proposal for a new observation unit adjacent to the emergency department. The proposal requires justification of the return on investment. Which data element is MOST critical to include?

A. The number of observationlevel patients currently boarded in the emergency department and the associated revenue lost from ED throughput delays

B. A comparison of observation unit models at other hospitals in the region including their bed counts, staffing models, and patient satisfaction scores

C. Projected revenue from observation patients, estimated operating costs, analysis of current ED boarding times and their financial impact, and projected improvement in ED throughput with a timeline for breakeven

D. Physician support letters endorsing the observation unit concept and committing to admitting their patients to the new observation beds

99. A nurse manager is analyzing supply chain data and discovers that the unit's utilization of a specific highcost wound care product has increased by forty percent over the past quarter without a corresponding increase in patients requiring that product. Which action is MOST appropriate?

A. Restrict access to the wound care product by requiring the wound care specialist's approval before any nurse can obtain the product from the supply room

B. Send a unitwide communication reminding staff of the indications for the highcost wound care product and requesting that they use lowercost alternatives when clinically appropriate

C. Investigate the cause of the increased utilization by reviewing patient data, interviewing staff about product selection practices, assessing whether the increase reflects appropriate or inappropriate use, and implement targeted interventions

D. Remove the highcost wound care product from the unit's supply inventory and replace it with a lowercost alternative product immediately

100. A nurse manager is preparing the unit's capital budget request. The unit needs three new infusion pumps at eight thousand dollars each and one portable cardiac monitor at thirtyfive thousand dollars. The organization's capital budget threshold is five thousand dollars per item. Which items qualify as capital expenditures?

- A. Only the portable cardiac monitor qualifies as a capital expenditure since it is the only item that exceeds the capital budget threshold
- B. All four items qualify as capital expenditures because each individual item costs more than the fivethousanddollar threshold
- C. Only the infusion pumps qualify as capital expenditures because their combined cost of twentyfour thousand dollars exceeds the threshold
- D. None of the items qualify as capital expenditures because the organization's threshold applies to the total purchase cost, not individual items

101. A nurse manager is responsible for monitoring the unit's labor productivity. The target hours per patient day is 8.5 for the unit. This month, the unit provided 7,200 nursing hours for 800 patient days. What is the actual HPPD, and how does it compare to the target?

- A. 8.0 HPPD, which is favorable to the target by 0.5 hours per patient day indicating greater efficiency than budgeted
- B. 9.0 HPPD, which is unfavorable to the target by 0.5 hours per patient day indicating that more hours were used per patient day than budgeted
- C. 8.5 HPPD, which is exactly on target indicating that labor productivity matched the budgeted expectation precisely
- D. 7.5 HPPD, which is favorable to the target by 1.0 hour per patient day indicating significantly greater efficiency than budgeted

102. A nurse manager is developing a business plan for implementing a nurseled chronic disease management clinic. Which financial component is MOST critical for demonstrating longterm viability?

- A. A fiveyear revenue projection based on the most optimistic patient volume estimate to demonstrate the clinic's maximum potential return
- B. A detailed marketing plan showing how the clinic will attract patients and build referral relationships with primary care physicians in the community

C. A comparison of the proposed clinic model to similar programs at competitor hospitals demonstrating that the market can support an additional clinic

D. A comprehensive financial pro forma including startup costs, projected revenue by payer source, operating expenses, breakeven analysis, and sensitivity analysis showing the impact of volume variations

103. A nurse manager is evaluating the costeffectiveness of the unit's current staffing model, which uses a combination of permanent staff, float pool, and agency nurses. Which analysis provides the MOST useful comparison?

A. A comparison of hourly wage rates across the three staffing sources without including benefits, orientation costs, or productivity differentials

B. Total cost per nursing hour worked for each staffing source including wages, benefits, agency fees, orientation costs, and productivity adjustments, correlated with quality outcome data

C. Total cost per nursing hour worked for each staffing source including wages, benefits, agency fees, orientation costs, and productivity adjustments

D. A comparison of patient satisfaction scores for patients cared for by permanent staff versus float pool versus agency nurses without considering cost differentials

104. A nurse manager is tasked with reducing the unit's average length of stay for total joint replacement patients from four days to three days. Which action is MOST likely to achieve the target?

A. Implement a multidisciplinary clinical pathway with standardized milestones for mobilization, pain management, and discharge criteria, engage physical therapy for early mobilization, and coordinate discharge planning beginning on admission

B. Discharge patients on the third day regardless of whether they have met clinical discharge criteria to achieve the lengthofstay target set by organizational leadership

C. Request that orthopedic surgeons modify their surgical techniques to reduce postoperative recovery time and allow earlier patient discharge

D. Eliminate the requirement for physical therapy evaluation prior to discharge and allow nursing staff to assess patient mobility readiness independently

105. A nurse manager is responsible for controlling supply costs on the unit. Current monthly supply expenditure is fortyfive thousand dollars, and the budget target is forty thousand dollars. Which approach to cost reduction is MOST effective?

- A. Implement a blanket tenpercent reduction across all supply categories and require staff to justify any expenditures that exceed the reduced allocation
- B. Lock the supply room during offpeak hours and require charge nurse approval for all supply access to reduce unauthorized utilization
- C. Analyze supply utilization by category, identify specific items with the highest variance from budget, evaluate utilization patterns, distinguish between appropriate and wasteful use, and implement targeted reduction strategies for highvariance items
- D. Switch to the lowestcost alternative for all supply items on the unit regardless of staff preference or clinical performance comparisons

106. A nurse manager reviews the following staffing data:

Budgeted FTEs: 25.0

Actual FTEs worked: 27.5

Agency FTEs used: 3.0

Overtime FTEs: 1.5

Which finding is MOST concerning from a financial management perspective?

- A. The unit is 2.5 FTEs over budget, which may indicate appropriate staffing adjustments for higherthananticipated patient acuity and volume
- B. The overtime FTEs represent only six percent of budgeted FTEs, which is within the acceptable range for most healthcare organizations
- C. The actual FTEs worked exceeds the budget by ten percent, suggesting adequate staffing levels to maintain quality patient care on the unit
- D. Agency utilization of 3.0 FTEs represents a significant premium cost that should be investigated to determine whether recruitment, retention, or scheduling issues are contributing factors

107. A nurse manager is negotiating a servicelevel agreement with the linen services department. The unit has experienced chronic shortages of clean linens during the night shift, resulting in patient care delays and staff frustration. Which negotiation approach is MOST effective?

- A. Escalate the linen shortage to senior leadership and request that they mandate compliance from the linen services department immediately
- B. Present data on the frequency and impact of linen shortages, propose specific delivery schedules and par levels for each shift, identify mutual performance metrics, and establish an accountability mechanism for both departments
- C. Stockpile extra linens on the unit during day shift deliveries to compensate for the night shift shortages and avoid the need for negotiations
- D. Accept the night shift shortage as an operational reality and train staff to manage patient care effectively with limited linen availability

108. A nurse manager is developing key performance indicators for a newly opened progressive care unit. Which set of KPIs provides the MOST comprehensive view of the new unit's performance during its first year?

- A. Financial metrics only, including cost per patient day, revenue per discharge, and variance from budget, to determine whether the unit is financially viable
- B. A balanced set including clinical quality metrics, patient experience scores, staff competency milestones, operational efficiency measures, financial performance indicators, and staff satisfaction data
- C. Clinical quality metrics only, including mortality rates, complication rates, and readmission rates, since patient outcomes are the primary measure of a new unit's success
- D. Operational metrics only, including average length of stay, bed turnover rate, and occupancy percentage, since operational efficiency determines the unit's capacity to serve patients

109. A nurse manager is asked to justify why the unit's perpatient cost is higher than a comparable unit at a sister hospital within the same health system. Which analytical approach is MOST thorough?

- A. Attribute the cost difference to the unit's higher patient acuity and present acuity data as the primary justification without further analysis
- B. Explain that cost differences between hospitals are expected due to regional variations in labor markets and supply chain contracts

C. Conduct a detailed comparison of patient acuity, case mix, staffing models, supply utilization, length of stay, payer mix, and operational processes between the two units to identify specific cost drivers and determine which are modifiable

D. Request that the sister hospital share its detailed financial data so the nurse manager can identify the specific line items where the cost differences originate

110. A nurse manager is responsible for managing a unit during a period of declining reimbursement. The organization has announced a hospitalwide initiative to reduce costs by eight percent. Which approach is MOST sustainable for the unit?

A. Engage staff in identifying waste and inefficiency, implement Lean principles to streamline workflows, evaluate supply utilization, optimize staffing to match patient volume and acuity, and protect investments that directly impact quality outcomes

B. Reduce the unit's education and professional development budget by eight percent since these represent discretionary spending that can be deferred

C. Implement an across-the-board eight percent reduction in all expense categories to demonstrate equitable participation in the organizational cost-reduction initiative

D. Request an exemption from the cost-reduction target based on the unit's high patient acuity and the potential impact of cost cuts on quality outcomes

111. A nurse manager is evaluating the financial return of a recently implemented early mobility program for ICU patients. Which outcome measure provides the STRONGEST evidence of financial return?

A. Reduction in physical therapy consultation costs resulting from nurses performing mobility activities independently without physical therapist involvement

B. Improvement in patient satisfaction scores related to the mobility program based on postdischarge survey data from the past two quarters

C. Measurable reduction in ICU length of stay, ventilator days, and associated costs, compared to preimplementation data, demonstrating that the mobility program produces cost savings that exceed program expenses

D. Reduction in nursing overtime costs resulting from more efficient patient care delivery associated with the early mobility protocol implementation

112. A nurse manager is preparing a variance report for the quarterly budget review. The unit shows a fifteen thousand dollar unfavorable variance in the pharmacy expense category. Which presentation approach is MOST effective?

- A. Present the raw variance data and request a budget adjustment from the finance department to cover the increased pharmacy expenses
- B. Attribute the variance to increased patient acuity and present average acuity data as the sole explanation without further detailed analysis
- C. Present the variance with a detailed analysis of contributing factors such as high cost medications, patient acuity changes, formulary additions, and volume changes, along with specific actions taken and planned to manage the expense
- D. Compare the unit's pharmacy expenses to other units and demonstrate that the variance is consistent across the organization to contextualize the overage

113. A nurse manager is developing a proposal to convert two parttime nursing positions into one fulltime position. Which financial argument is MOST compelling?

- A. Fulltime employees are more committed to the organization and produce higher quality patient care compared to parttime employees
- B. Parttime employees create scheduling complexity that consumes management time and reduces operational efficiency across the entire unit
- C. Converting parttime to fulltime positions aligns with the nursing staff's preference for fulltime employment and will improve employee satisfaction
- D. The conversion will reduce total compensation costs by eliminating duplicate benefit and orientation expenses, improve scheduling consistency, and enhance continuity of care

114. A nurse manager is tasked with developing a succession plan for key positions on the unit. The plan must address both planned retirements and unexpected departures. Which element is MOST essential to include?

- A. A prioritized list of external candidates who could be recruited to fill key positions on short notice if unexpected departures occur
- B. A guarantee of promotion for identified successors to maintain their engagement and prevent them from seeking opportunities at other organizations

C. Identification of critical roles, assessment of bench strength, individualized development plans for potential successors, crosstraining to ensure coverage, and documentation of institutional knowledge

D. A financial incentive program that rewards identified successors for remaining in their current positions while they wait for advancement opportunities

115. A nurse manager is conducting a costbenefit analysis of implementing a nurse practitionerled rapid assessment area in the emergency department to reduce patient boarding on the inpatient unit. Which component is MOST critical to include?

A. A comparison of nurse practitioner salaries to physician salaries to demonstrate the labor cost savings of using nurse practitioners in the rapid assessment area

B. Patient satisfaction data from emergency departments that have implemented similar models to demonstrate the expected improvement in patient experience

C. A comprehensive analysis including projected reduction in ED boarding hours, impact on inpatient throughput, NP staffing costs, estimated revenue from improved ED capacity, quality outcome projections, and timeline for return on investment

D. A legal analysis of nurse practitioner scope of practice in the state to confirm that NPs are authorized to perform rapid assessments in the emergency department

Answer Key – Exam 3 (with Full Answer Explanations)

1. D — Thorough preparation with documented examples, objective behavioral language, focus on patient care impact, and space for the nurse to respond models professional feedback delivery. Anticipating defensiveness should not change the manager's obligation to deliver honest, documented feedback. Avoiding the conversation or softening the message allows patient care problems to persist.

2. B — Structured communication techniques like teach-back and plain language standards directly address the identified root cause: medical jargon. Integrating expectations into daily huddles creates ongoing reinforcement, and direct observation provides real-time coaching. Generic customer service courses do not target the specific communication skill deficit identified by patients.

3. D — Redirecting by acknowledging both perspectives, refocusing on the patient's clinical needs and expressed preferences, and facilitating a collaborative decision models effective conflict resolution in interdisciplinary settings. The nurse manager's role is to maintain a productive environment where the best decision for the patient emerges from team input rather than positional arguments.

4. C — Transparent communication about the opportunity, acknowledgment of the selected nurse, and facilitation of future opportunities for others manages the perception of favoritism while supporting the nurse's participation. Hidden decisions create more resentment than transparent ones. The manager should normalize individual recognition as part of a broader culture of appreciation.

5. C — Meeting directly with the nurse practitioner to review protocols and collaboratively establish a communication process addresses the root cause: unfamiliarity with established unit practices. New providers need orientation to unit-specific protocols, and a collaborative approach builds the working relationship. Unilateral directives or formal reports escalate unnecessarily.

6. A — A round-robin approach with time limits and structured input ensures equitable participation from all disciplines. Effective process improvement requires diverse perspectives, and a single dominant voice suppresses the workflow insights that other team members possess. Facilitation techniques are the leader's responsibility when group dynamics become imbalanced.

7. A — A joint meeting identifying root causes of incomplete tasks and co-creating shared accountability standards addresses both the task completion issue and the retaliatory information withholding simultaneously. Solutions developed collaboratively across shifts create mutual ownership. Separate interventions risk reinforcing the adversarial dynamic.

8. D — Acknowledging both perspectives, meeting with each individual separately, and facilitating a conversation about mutually respectful communication addresses the behavior from both sides. Communication conflicts between nurses and physicians require the nurse manager to address both parties rather than automatically siding with or against either party.

9. A — Assessing whether role expectations were clearly defined identifies the most likely root cause of early-implementation frustration: unclear expectations. Skill gaps require targeted education, and structural adjustments based on early findings demonstrate responsive leadership. Reverting immediately wastes the planning investment while extending without intervention ignores valid feedback.

10. B — A structured template reduces cognitive load, practice sessions build confidence in a safe environment, coaching develops skills, and gradual transition prevents overwhelming the charge nurses. Communication anxiety responds to preparation and incremental exposure rather than mandates or indefinite delegation of the responsibility to others.

11. C — Meeting with the CNO to discuss the pattern, understand the context, and collaboratively establish a process addresses both the communication bypass and the potential underlying issue: staff may not feel heard by the nurse manager. Unilateral directives to staff about chain of command may suppress important communication without resolving the root cause.

12. D — A joint working group with representatives from both departments co-designing the protocol ensures that the solution addresses both the timing concerns of floor nurses and the content concerns of ED nurses. Effective handoff improvement requires the sending and receiving teams to jointly define what a successful handoff looks like.

13. D — Assessing the frequency and impact, ensuring access to professional interpreters, establishing guidelines for when professional interpretation is required, and addressing the workload concern provides a systematic response. Using bilingual nurses as interpreters creates both quality and liability concerns, but the solution requires assessment before restructuring.

14. A — Meeting to discuss effective professional communication, providing guidance on structure and audience selection, and practicing together develops the nurse's communication competency. Email communication skills are a coachable behavior that responds to specific instruction and practice rather than punitive correction or role restriction.

15. A — Small-group meetings organized by shift allow the manager to tailor the message, address shift-specific impacts, explain rationale with data, acknowledge individual concerns, and provide input mechanisms. Complex changes affecting daily work life require personal delivery with opportunity for dialogue rather than mass communication formats.

16. C — Initiating structured opportunities for interdisciplinary engagement and clearly communicating nursing's collaboration expectations creates the conditions for relationship development. New provider groups cannot be expected to automatically replicate their predecessors' collaborative patterns. The nurse manager must proactively build the working relationship.

17. D — Supporting affected staff, referring to organizational resources, investigating the complaint, and following policy for public communications addresses all dimensions of the situation. Staff need emotional support and professional guidance, the complaint requires investigation, and organizational policy governs public communications about patient care issues.

18. B — Specific feedback about how the directive style is perceived, discussion of patient safety implications, collaborative strategy development, and monitoring provides a developmental coaching approach. The charge nurse may be unaware of how her communication style affects newer staff. Patient safety concerns elevate this beyond a style preference to a leadership imperative.

19. A — Nominal group process, written submissions before discussion, structured turn-taking, and small-group breakouts are evidence-based facilitation techniques designed to ensure equitable participation. Governance councils that are dominated by a few voices fail to represent the full team's perspective and undermine the purpose of shared decision-making.

20. A — Accepting contingent on manageable numbers, clear role delineation, workload accommodation, and structured orientation balances the professional obligation to advance nursing education with the operational reality of high acuity. Absolute acceptance without conditions ignores legitimate staff concerns, while absolute refusal abdicates the profession's educational responsibility.

21. C — Identifying barriers including workflow design, template usability, and time constraints targets the system-level causes of documentation problems. Redesigning the workflow, providing education, and monitoring through audits creates a comprehensive improvement approach. Punitive audits and mandatory templates address symptoms rather than root causes.

22. B — Redirecting from personal opinion to evidence-based guidelines, consulting the wound care specialist, and facilitating a patient-centered collaborative decision grounds the disagreement in evidence rather than preference. Clinical disagreements should be resolved through evidence and expert consultation, not managerial decree or uncontrolled experimentation.

23. D — Transparent presentation of all results including the trust decline, acknowledgment without defensiveness, solicitation of specific concerns, and commitment to visible follow-up demonstrates the trustworthy behavior that the survey indicates is lacking. Hiding negative data or deflecting blame would further erode the trust that staff have indicated is already low.

24. A — Expressing genuine concern, providing information about EAP and state monitoring programs, maintaining confidentiality within patient safety limits, and encouraging help-seeking balances compassion with professional obligation. Immediate reporting without encouraging self-disclosure misses the opportunity to support voluntary recovery, while complete silence may endanger patients.

25. D — Acknowledging the family's experience, validating feelings, facilitating a restorative conversation including the nurse, and reviewing the unit's approach to sensitive conversations addresses both the immediate relationship and the systemic practice issue. Families need validation and restored trust, and the unit needs to examine how sensitive conversations are initiated.

26. A — Advocating for a design that balances competing needs while incorporating staff input addresses both the architect's design principles and the nurses' legitimate clinical workflow concerns. Healthcare facility design decisions have long-term impacts on care delivery, confidentiality, and staff well-being that require clinical input beyond architectural expertise alone.

27. D — Moving beyond generational labels to individual strengths, creating collaborative projects, and establishing shared team values addresses the friction without reinforcing stereotypes. Generational labels are broad generalizations that may not apply to individuals. The most effective approach focuses on behaviors and values rather than demographic categories.

28. D — Collaborating with respiratory therapy to develop a standardized protocol, training both departments, and implementing a verification step creates a reliable system-level solution. Near-miss events signal system vulnerabilities that require standardized processes rather than checklists that may not be verified or additional personnel that create dependency.

29. A — Establishing clear expectations about issue routing, empowering charge nurses for frontline resolution, maintaining availability for complex issues, and scheduling regular forums balances accessibility with strategic focus. The open-door policy should complement rather than replace an effective charge nurse layer that resolves routine concerns.

30. D — HPPD is calculated by dividing total nursing care hours by total patient days: $6,720 \div 840 = 8.0$ hours per patient day. HPPD is a fundamental productivity metric that nurse managers must be able to calculate and interpret. It measures the average number of nursing care hours provided per patient per day.

31. D — A process analysis identifying specific barriers and gathering frontline input targets the actual reasons for non-compliance rather than assuming the cause. Forty-five percent compliance in the first month likely reflects workflow design problems, resource constraints, or knowledge gaps that require diagnosis before intervention.

32. A — Mapping the current workflow and identifying specific delay points enables targeted process changes rather than broad directives. Compliance gaps in time-sensitive measures typically result from specific process bottlenecks that can be identified and eliminated through systematic workflow analysis.

33. C — Analyzing the gap between current staffing and new requirements, developing a compliance plan with recruitment, scheduling, and budget components, and presenting to leadership provides a comprehensive, actionable response. New staffing legislation requires systematic planning across multiple operational dimensions rather than a single reactive measure.

34. A — High-alert medications stored alongside routine medications without visual differentiation or physical separation creates the highest risk for a serious medication error. The Institute for Safe Medication Practices identifies separate storage of high-alert medications as a critical safety strategy. This finding requires immediate corrective action.

35. A — Analyzing specific hospital-acquired conditions, benchmarking prevention practices, developing a targeted improvement plan for highest-impact conditions, and engaging frontline staff addresses the CMS designation systematically. HAC Reduction Program penalties are based on composite scores, so improvement must target the conditions contributing most to the poor score.

36. B — The complete immediate response to a wrong blood product event includes ensuring patient stability, stopping the transfusion, completing the reaction protocol, physician notification, medical record documentation, blood bank notification, organizational investigation initiation, and regulatory reporting. Blood product errors require a multi-step response protocol regardless of whether the patient experienced a reaction.

37. D — EMTALA obligations are generally considered to end when a patient is admitted in good faith as an inpatient and receives care from the admitting physician, though legal interpretations vary. Understanding the boundaries of EMTALA is essential for nurse managers overseeing units that receive patients from the emergency department.

38. C — System-level changes addressing each contributing factor, assigned accountability, measurable outcomes, and a monitoring plan meet the Joint Commission's expectations for sentinel event corrective action plans. Root cause analyses that identify multiple contributing factors require action plans with multiple targeted interventions rather than single-point solutions.

39. B — Collaborating with informatics to analyze alert data, reduce low-value alerts, optimize thresholds, and evaluate clinically meaningful alert overrides addresses alert fatigue at the system level.

Alert fatigue is a recognized patient safety risk that requires calibration of the clinical decision support system rather than individual behavioral changes.

40. C — Evidence-based order sets, assessment intervals, escalation criteria, transition milestones, and measurable outcomes benchmarked nationally provide the comprehensive framework a clinical pathway requires. Clinical pathways standardize care delivery based on evidence while maintaining flexibility through escalation criteria.

41. B — A root cause analysis with specific process failures, targeted interventions, and an improvement timeline demonstrates analytical leadership and accountability. Effective variance explanation requires the manager to diagnose the problem, not just acknowledge it. Leaders who present solutions alongside problems build credibility with supervisors.

42. A — Demonstrated staff competency in blood glucose monitoring, insulin administration, and hypo/hyperglycemia recognition, plus access to endocrinology consultation, confirms the clinical foundation needed for safe protocol implementation. Nurse-driven protocols require validated staff competence in the relevant clinical skills before autonomous practice is authorized.

43. B — Acknowledging concerns, providing comprehensive education, ensuring PPE supply, creating a communication plan for evolving guidance, and offering psychological support addresses both the practical and emotional dimensions of caring for patients with emerging infectious diseases. Staff anxiety is valid and requires proactive leadership response.

44. B — Investigating specific adequacy gaps, engaging COPD patients and caregivers in identifying needs, and redesigning education to address those gaps targets the intervention precisely. Patient-reported outcomes are most valuable when they drive specific investigation into what the patient population actually needs rather than generic educational interventions.

45. D — Discussing concerns directly with the physician, consulting evidence-based guidelines, escalating through organizational channels if unresolved, and supporting staff in using the chain of command follows the appropriate sequence for addressing potential standard-of-care concerns. Patient safety advocacy requires direct communication before formal escalation.

46. A — The program has demonstrated meaningful improvement (fifty percent reduction) and should continue with targeted enhancements to close the remaining gap. A one percent national benchmark is

achievable, and the trajectory is positive. Replacing a working program or accepting current performance prematurely abandons further improvement opportunity.

47. C — Verifying IRB-approved waiver of consent for screening, confirming HIPAA compliance, and coordinating with the privacy officer ensures that research record access follows both federal regulations and organizational policy. Research access to patient records without consent requires specific IRB authorization that must be verified before granting access.

48. B — Physician champions leading the initiative, outcome data demonstrating impact, and framing as partnership rather than restriction addresses the autonomy concerns while building credibility through evidence and peer influence. Physician engagement in stewardship is most successful when driven by respected physician colleagues rather than administrative mandates.

49. A — Downtime procedures for medication administration, documentation, order processing, and patient identification that do not depend on electronic systems, along with staff training and drills, address the operational continuity requirements of an EHR outage. Cyberattacks can disable systems for days or weeks, making downtime procedures the most critical preparedness element.

50. D — The Q3 spike warrants investigation regardless of the Q4 improvement because an isolated spike may indicate a specific event, practice change, staff issue, or data collection anomaly that could recur. Improvement in Q4 does not explain the Q3 increase, and failing to investigate may allow a correctable problem to persist.

51. B — In Lewin's change theory, the "moving" stage involves implementing the actual change, providing training, addressing resistance, and guiding staff through the transition. The unfreezing stage has already created readiness; the moving stage is where the new method is introduced and practiced. Refreezing (stabilization) comes after successful implementation.

52. B — Meeting to clarify charge role expectations, discuss redistribution of bedside responsibilities, develop a transition plan, and provide support addresses role strain through structured role negotiation. Newly promoted leaders commonly experience strain from attempting to maintain previous responsibilities while adding new ones. Explicit role clarification is the intervention.

53. D — Senge's five disciplines are personal mastery, shared vision, team learning, mental models, and systems thinking. These represent the foundation of a learning organization. Education programs and

journal subscriptions support learning but do not constitute the organizational disciplines Senge describes.

54. D — Servant leadership prioritizes the growth and well-being of staff, removes barriers, actively listens, and empowers development. Robert Greenleaf's model defines the leader's primary role as serving others' needs rather than directing their behavior. The servant leader asks "what do my people need to succeed?" before "what do I need them to do?"

55. C — Building EBP and research capacity through mentoring, staff-led projects, journal clubs, and academic partnerships develops the sustainable infrastructure Magnet requires. Magnet designation values nursing-driven inquiry embedded in unit culture, not externally led research projects. Staff must demonstrate ownership of the EBP process.

56. C — Honest communication about knowns and unknowns, maintained focus on patient care, emotional support, increased visibility, and advocacy through organizational channels demonstrates authentic leadership during uncertainty. Fabricating reassurances that may prove false destroys credibility. Staff need truthful, present, and supportive leadership during anxious periods.

57. D — Under just culture framework, human error occurs when a person inadvertently does something other than what should have been done. The nurse did not intend to give the wrong dose, and the ambiguous label was a system factor that contributed to the error. Human error is addressed through system redesign, not individual punishment.

58. B — An environmental scan including internal performance data, staff capabilities, and resources alongside external regulatory, market, and community health analysis provides the comprehensive foundation strategic planning requires. Strategy must account for both internal capacity and external forces to be realistic and relevant.

59. C — Exploring barriers, teaching a structured framework, practicing with real scenarios, and debriefing decisions builds decision-making competence. Avoidance of difficult decisions often stems from unclear criteria, fear of consequences, or lack of a decision-making framework rather than unwillingness. Coaching addresses the underlying skill gap.

60. A — Responding without judgment to mistakes, encouraging speaking up, modeling vulnerability by admitting errors, and acting on staff input are the behaviors Harvard researcher Amy Edmondson

identifies as creating psychological safety. Teams with psychological safety demonstrate higher learning, innovation, and quality because members feel safe to take interpersonal risks.

61. B — Unit readiness based on staff maturity, accountability, and availability of clear guidelines determines whether self-scheduling will succeed or create chaos. Self-scheduling requires staff capability for collaborative problem-solving and adherence to shared guidelines. Units with high interpersonal conflict or low accountability are poor candidates.

62. B — High quality with low engagement suggests unsustainable practices such as excessive workload, pressure, or burnout that will eventually degrade both metrics. This paradox is a warning signal. Organizations that achieve quality through staff sacrifice experience eventual quality decline when burnout drives turnover and disengagement.

63. A — Recognizing personal triggers, managing emotional responses, demonstrating empathy, and using emotional awareness to guide interactions reflects Goleman's four domains of emotional intelligence: self-awareness, self-management, social awareness, and relationship management. Emotional intelligence in leadership is about using emotions constructively rather than suppressing or performing them.

64. D — Assessing specific disagreements, bringing evidence to resolve contested elements, facilitating consensus, making decisions on remaining items, and setting a firm timeline provides the structured intervention a stalled committee needs. Six months without output indicates that the group lacks either evidence to resolve disagreements or leadership to make final decisions.

65. C — Redesigning the approach for efficiency, focusing on targeted patients, sharing responsibilities with charge nurses, and using a structured format maintains the rounding program's benefits while addressing the sustainability problem. Four hours daily is unsustainable for a nurse manager, but the patient satisfaction improvement justifies optimizing rather than abandoning the program.

66. B — Patient complexity, number of staff supervised, geographic layout, and scope of responsibilities are the operational factors that determine appropriate span of control. Span of control must be calibrated to the actual demands of the role rather than arbitrary headcount targets. High-acuity units with wide geographic layouts require narrower spans.

67. B — Clinical advancement pathways with defined milestones, expanded roles, and clear progression criteria directly address the retention driver identified in exit interviews: lack of visible advancement

trajectory. Mid-career nurses need to see a future within their current organization. Without pathways, they seek growth elsewhere.

68. D — Acknowledging disappointment, discussing the selection rationale, exploring career interests, identifying alternative growth opportunities, and creating a re-engagement plan addresses the disengagement at its source. Performance decline following a missed promotion is a predictable response that requires empathetic, forward-looking leadership intervention.

69. A — Categorizing decisions by type and risk, delegating defined authority with clear parameters, retaining high-risk oversight, and creating accountability mechanisms provides structured empowerment. Effective delegation requires clarity about what is delegated, what parameters apply, and what accountability looks like. Unbounded delegation creates as many problems as excessive centralization.

70. A — Structured, intentional leader rounding focused on connecting with patients and staff, identifying system barriers, recognizing excellence, and gathering real-time intelligence captures the purpose and method of transformational rounding. It is both a relationship-building and intelligence-gathering practice that drives improvement through direct observation and engagement.

71. B — Established low-census guidelines considering equitable distribution of call-offs produce fair, consistent decisions that staff can understand and accept. Calling off the nurse who has already been called off three times would compound the financial inequity. Transparent rationale is essential for maintaining trust in staffing decisions.

72. C — Embedding practices into standardized workflows, integrating compliance monitoring into daily operations, maintaining data visibility, and periodically reassessing protocols hardwires improvements into the system. Sustained improvement requires system-level integration rather than reliance on motivation, individual champions, or external recognition.

73. D — Implementing while continuing to advocate, monitoring outcomes for evidence of concerns, and presenting data if negative impacts materialize demonstrates professional integrity within organizational boundaries. Effective leaders implement decisions they disagree with while maintaining their advocacy through appropriate channels. Data-driven follow-up is more persuasive than pre-implementation objections.

74. A — Practice changes initiated, measurable outcomes, staff empowerment perception, member engagement, and strategic alignment provide a comprehensive evaluation of governance effectiveness. Meaningful governance evaluation measures whether councils produce tangible improvements and genuine empowerment rather than simply tracking meeting activity.

75. C — Developmental goals, mentor expertise, interpersonal compatibility, schedule alignment, and avoidance of direct supervisory relationships are evidence-based matching criteria for mentoring programs. Mentoring relationships succeed when the mentor's strengths align with the mentee's development needs and when the relationship operates outside the performance evaluation hierarchy.

76. A — Education on philosophy and evidence, piloting on one section, engaging early adopters as champions, providing ongoing support, and expanding based on lessons learned applies structured change management to a significant practice transformation. Care model transitions require cultural change that cannot be achieved through mandates or simultaneous organization-wide implementation.

77. C — Reframing the experienced nurses' role from task completion to teaching, establishing expectations for supervised development, creating milestones, and recognizing mentoring contributions transforms a well-intentioned but counterproductive pattern. Experienced nurses who complete tasks for newer colleagues need to understand that teaching independence serves patients better long-term than perpetual dependence.

78. C — A blended approach combining didactic education, experiential learning through progressive assignments, mentoring, reflective practice, and competency-based assessment addresses the multiple dimensions of leadership development. Leadership competence requires both knowledge and practiced skill, which cannot be developed through reading, coursework, or shadowing alone.

79. A — A tiered alarm notification system that routes non-critical alarms to secondary monitoring while escalating critical alarms directly to the bedside nurse reduces alarm burden while maintaining safety for the highest-risk notifications. The Joint Commission has identified alarm management as a National Patient Safety Goal, requiring organizations to reduce nuisance alarms systematically.

80. B — Graciously declining the gift, explaining the policy, and suggesting alternatives such as a letter to administration or a charitable donation respects the family's gratitude while maintaining professional boundaries. Most healthcare organizations prohibit or restrict gifts from patients and families to prevent real or perceived conflicts of interest.

81. A — Discussing professional and legal implications including credential misrepresentation, evidence-based obligations, and organizational reputation impact addresses the behavior through education and professional accountability. Nurses using credentials in commercial settings must ensure their representations are accurate, evidence-based, and consistent with professional standards.

82. B — An ethics committee consultation provides structured facilitation for complex cases involving parental disagreement about a minor's care. Ethics committees bring expertise in navigating competing values, legal considerations, and patient best interests that individual clinicians and managers are not equipped to resolve independently.

83. D — Analyzing contributing behaviors, engaging staff in identifying specific concerns, implementing visible changes, and resurveying creates a meaningful response to the safety culture finding. The AHRQ survey measures perception, which changes only when staff observe concrete differences in how errors are addressed by leadership.

84. A — Assessing patient needs, exploring all options including task reassignment and float pool, adjusting assignments by acuity, and escalating through the chain of command demonstrates systematic problem-solving. Professional accountability during staffing crises requires the nurse manager to exhaust all options before accepting an unsafe assignment or making unilateral financial decisions.

85. B — Disclosing the personal relationship and committing to objectivity maintains transparency while allowing the manager to contribute professional expertise to the review. Complete recusal may deprive the committee of valuable operational perspective. Disclosure allows the committee to assess whether objectivity is maintained throughout the review.

86. C — Evaluating by considering development goals, potential indirect benefits, organizational policies, and career pathway alignment applies a balanced analytical framework. Professional development decisions should consider the broader context of the nurse's career trajectory rather than being limited to immediate unit applicability.

87. D — Falsified documentation is a serious professional, ethical, and legal violation requiring progressive discipline, policy-required reporting, patient care review, and safeguards. Documenting assessments that were not performed is fraudulent, creates direct patient safety risk, and may constitute a violation of the Nurse Practice Act.

88. D — Sharing only necessary information with the supervisor and HR while managing schedule modifications without staff disclosure protects the manager's medical privacy. Personal health information is the individual's to share at their discretion. Professional accountability requires informing the supervisor, not the entire staff.

89. B — Addressing as a serious ethical violation through progressive discipline, reinforcing the gift policy, and assessing whether other patients' care was compromised provides comprehensive accountability. Accepting gifts in exchange for preferential treatment exploits the nurse-patient relationship and potentially harms other patients who receive less attention.

90. C — Participating with transparency about the management relationship, contributing operational perspective, and supporting the committee's process balances disclosure with contribution. Ethics committees benefit from diverse perspectives, and the nurse manager's operational insight is relevant. Transparency about the relationship preserves the committee's integrity.

91. B — Immediately removing the nurse from patient care, ensuring patient safety, following organizational impairment policy, and documenting observations is the required first response to suspected impairment. Patient safety is the immediate priority. Organizational policies typically include specific procedures for testing, documentation, and reporting that must be followed.

92. D — Selectively providing less attentive care based on insurance status represents a direct violation of the ethical principle of justice and the ANA Code of Ethics provision requiring equitable care regardless of personal attributes. All other options describe behavioral or practice concerns, but discriminatory care delivery based on financial status is the most significant ethical violation.

93. A — Falsifying continuing education records is a professional integrity violation that cannot remain confidential. The nurse manager has an obligation to encourage self-reporting and follow organizational reporting requirements. Confidentiality does not extend to covering professional misconduct that could affect patient safety through unevaluated competency.

94. B — Meeting with the LPN to review scope of practice, clarifying the RN-LPN assessment distinction, implementing role delineation, and educating all staff provides a corrective approach that addresses the violation while building understanding. Scope of practice violations may stem from unclear role expectations rather than intentional misconduct.

95. C — A balanced, honest letter that accurately describes competencies, strengths, and areas for development fulfills the professional obligation to provide truthful references. Overstating qualifications is dishonest to the receiving program, while declining when you can provide an accurate assessment denies the nurse a professional courtesy.

96. A — Calculate: $5 \text{ RNs} \times 3 \text{ shifts} \times 7 \text{ days} = 105 \text{ shifts per week}$. Each FTE works 5 shifts per week, so $105 \div 5 = 21 \text{ shifts} \div 1.4 \text{ (converting to FTEs)} = 15 \text{ base FTEs}$. Apply the benefit replacement factor: $15 \times 1.14 = 17.1 \text{ FTEs}$. The replacement factor accounts for nonproductive hours including vacation, sick leave, education, and orientation.

97. B — A flexible budget variance adjusts the budget for actual volume before evaluating whether expenses were appropriate. Since actual patient days (810) exceeded budget (750), the budgeted salary should be proportionally adjusted upward before determining the true variance. Raw comparison without volume adjustment produces misleading variance conclusions.

98. C — A comprehensive financial pro forma including projected revenue, operating costs, ED boarding impact analysis, throughput improvement projections, and break-even timeline provides the quantitative justification decision-makers require. ROI demonstration must connect the investment to specific, measurable financial outcomes.

99. C — Investigating the cause by reviewing patient data, interviewing staff, and assessing appropriateness of use identifies whether the increase reflects appropriate clinical need or inappropriate utilization before implementing restrictions. Restricting access without understanding the cause may compromise patient care if the increase was clinically warranted.

100. B — Each individual item exceeds the five-thousand-dollar capital threshold: infusion pumps at eight thousand dollars each and the cardiac monitor at thirty-five thousand dollars. Capital budget thresholds apply to individual item costs, not aggregate purchases. All four items qualify as capital expenditures.

101. B — $\text{HPPD} = 7,200 \text{ hours} \div 800 \text{ patient days} = 9.0 \text{ HPPD}$. The target is 8.5, so the unit is 0.5 hours per patient day above target, representing an unfavorable variance. Higher-than-budgeted HPPD means the unit used more nursing hours per patient than planned, which increases labor costs unless justified by higher acuity.

102. D — A comprehensive financial pro forma with start-up costs, revenue by payer source, operating expenses, break-even analysis, and sensitivity analysis demonstrates long-term viability. Sensitivity analysis showing the impact of volume variations is particularly important for new ventures because patient volume projections carry significant uncertainty.

103. C — Total cost per nursing hour including wages, benefits, agency fees, orientation, and productivity adjustments provides the most useful comparison. Cost must be evaluated per hour actually worked, not per hour paid, because orientation hours and productivity differences affect the true cost of care delivery from each staffing source.

104. A — A multidisciplinary clinical pathway with standardized milestones, early mobilization, coordinated discharge planning from admission, and defined criteria creates the systematic approach needed to reduce length of stay safely. Length-of-stay reduction requires process redesign across the entire care episode rather than single-point interventions.

105. C — Analyzing by category, identifying high-variance items, evaluating utilization patterns, distinguishing appropriate from wasteful use, and implementing targeted strategies focuses cost reduction where it will have the greatest impact. Blanket reductions risk cutting necessary supplies alongside wasteful ones.

106. D — Agency utilization of 3.0 FTEs represents the most concerning finding because agency nurses typically cost 1.5 to 2 times more than permanent staff per hour. While the unit being over budget is noteworthy, identifying that 3.0 FTEs of the overage comes from the most expensive labor source pinpoints where the greatest cost reduction opportunity exists.

107. B — Presenting data on shortage frequency and impact, proposing specific delivery schedules and par levels, identifying mutual metrics, and establishing accountability creates a structured, evidence-based negotiation. Effective service-level agreements require mutual accountability with measurable standards that both departments have agreed to meet.

108. B — A balanced set spanning clinical quality, patient experience, staff competency, operational efficiency, financial performance, and staff satisfaction provides comprehensive visibility into a new unit's performance. New units require monitoring across all dimensions because problems in any area can undermine long-term viability.

109. C — A detailed comparison across patient acuity, case mix, staffing models, supply utilization, length of stay, payer mix, and processes identifies specific modifiable cost drivers. Cost differences between units have multiple potential causes, and only a systematic comparison can distinguish between modifiable operational factors and non-modifiable patient population differences.

110. A — Engaging staff in identifying waste, implementing Lean principles, evaluating supply utilization, optimizing staffing, and protecting quality investments achieves sustainable cost reduction by targeting inefficiency rather than arbitrarily cutting expenses. Across-the-board cuts are administratively simple but clinically dangerous because they reduce essential and non-essential spending equally.

111. C — Measurable reduction in ICU length of stay, ventilator days, and associated costs compared to pre-implementation data provides the strongest financial ROI evidence. These outcomes directly translate to quantifiable cost savings. The comparison must demonstrate that savings exceed program costs to constitute a positive financial return.

112. C — A detailed analysis of contributing factors, patient acuity correlation, volume changes, and actions taken with plans for ongoing management demonstrates financial stewardship. Budget variance presentations require the manager to show both understanding of the cause and a proactive approach to managing expenses going forward.

113. D — Reduced total compensation costs through eliminated duplicate benefits and orientation, improved scheduling consistency, and enhanced continuity of care provides the most compelling financial and operational argument. The conversion must demonstrate cost savings and operational improvement to justify the structural change.

114. C — Identifying critical roles, assessing bench strength, creating individualized development plans, cross-training for coverage, and documenting institutional knowledge addresses both planned and unexpected departures comprehensively. Succession planning must go beyond identifying candidates to actively developing their readiness and preserving organizational knowledge.

115. C — A comprehensive analysis including boarding reduction, throughput impact, staffing costs, revenue from improved capacity, quality projections, and ROI timeline provides the complete cost-benefit picture. The analysis must capture both the direct costs of the new program and the indirect benefits of improved patient flow throughout the system.