PRACTICE EXAM 7 — FULLLENGTH SIMULATION (115 QUESTIONS)

1. A nurse manager is preparing to have a conversation with a staff nurse who has been the subject of three patient complaints in the past month. All three complaints describe the nurse as clinically competent but emotionally cold and impersonal. The nurse has twenty years of experience and has never previously received patient complaints. Which approach is MOST appropriate?

A. Begin by acknowledging the nurse's long track record of complaintfree service, express curiosity about what may have changed, share the specific patient feedback, explore whether personal or professional stressors may be contributing, and collaboratively develop strategies

B. Present all three complaints simultaneously and require the nurse to develop a written action plan for improving patient interactions within thirty days

C. Refer the nurse to the employee assistance program since the sudden change in patient perception may indicate a personal crisis requiring professional intervention

D. Assign the nurse to a patient population that requires less interpersonal engagement until the underlying cause of the complaints can be identified and resolved

2. A nurse manager is responsible for managing communication during a mass casualty incident in which the unit has been activated as a secondary surge area. Families are arriving at the unit seeking information about their loved ones who were brought to the hospital. Staff nurses report feeling overwhelmed by simultaneous clinical and family communication demands. Which action is MOST appropriate?

A. Direct all families to the hospital's main information center and prohibit family access to the unit until the surge is controlled

B. Designate a specific staff member or volunteer as a family liaison, establish a family communication center near but separate from the clinical area, and create a structured process for providing updates at regular intervals

C. Allow families unrestricted access to the unit so they can see their loved ones and receive information directly from the care team

D. Ask the hospital chaplaincy service to manage all family communication during the mass casualty event so nursing staff can focus on clinical care

3. A nurse manager is addressing the "second victim" phenomenon on the unit after a nurse was involved in a serious medication error that resulted in patient harm. The nurse has returned to work but appears anxious, withdrawn, and is making uncharacteristic clinical errors. Colleagues are unsure how to interact with her. Which response is MOST comprehensive?

A. Reassign the nurse to nonclinical duties until she demonstrates emotional readiness to return to direct patient care responsibilities

B. Refer the nurse to the employee assistance program and monitor her clinical performance for an additional thirty days before taking further action

C. Implement a peer support program for clinicians involved in adverse events, provide individual support to the affected nurse through trained peer supporters, educate the team on the second victim phenomenon, and create a structured reintegration plan

D. Meet privately with the nurse and recommend she take a leave of absence to recover from the emotional trauma before returning to clinical practice

4. A nurse manager is facilitating a multidisciplinary meeting to discuss a complex patient whose care involves disagreements between the primary care physician, the consulting specialist, and the nursing team. The primary physician wants to continue aggressive treatment, the specialist recommends palliative transition, and the nursing team believes the patient's wishes for comfort care are being ignored. Which facilitation approach is MOST effective?

A. Refocus the discussion on the patient's documented wishes and values, facilitate structured dialogue among all parties using the patient's goals as the decisionmaking framework, and recommend an ethics or palliative care consultation if consensus cannot be reached

B. Support the primary physician's decision since the primary attending has ultimate authority over the patient's treatment plan

C. Support the specialist's recommendation since the specialist has the most relevant clinical expertise for the patient's condition

D. Advocate exclusively for the nursing team's position since nurses have the closest relationship with the patient and the most direct knowledge of the patient's preferences

5. A nurse manager is implementing implicit bias training on the unit after data reveals disparities in pain management between white patients and patients of color. White patients receive opioid analgesics within an average of eighteen minutes of reporting pain, while patients of color wait an average of thirtyone minutes. Which approach is MOST likely to reduce the disparity?

A. Present the disparity data to staff and allow them to selfreflect on their own potential biases without additional intervention

B. Implement implicit bias awareness education, standardize pain assessment and treatment protocols that remove subjective judgment from the process, establish equitable response time targets, and monitor outcomes by patient demographics

C. Require all staff to complete an online Implicit Association Test and discuss their individual results during a private meeting with the nurse manager

D. Assign patient pain management responsibilities based on cultural matching so that patients of color are cared for by nurses who share their racial or ethnic background

6. A nurse manager receives a report from the bed management office that the unit's bed turnaround time — the interval from patient discharge to the next patient's arrival in the bed — averages four hours and twelve minutes. The organizational target is two hours. The nurse manager has already optimized the nursing discharge process. Which action is MOST appropriate?

A. Conduct a crossfunctional analysis involving nursing, environmental services, bed management, transport, and admitting to identify the specific segments of the turnaround process where delays occur and implement coordinated improvements

B. Request additional environmental services staff dedicated to the unit to reduce the cleaning interval between patient discharges and new admissions

C. Implement a policy requiring nurses to call environmental services within five minutes of patient discharge to accelerate the cleaning process

D. Accept the current turnaround time since the nursing discharge process has already been optimized and the remaining delays are outside nursing's control

7. A nurse manager is working with a nurse who recently returned from military deployment and is exhibiting signs of posttraumatic stress including hypervigilance, exaggerated startle response to clinical alarms, and difficulty concentrating during patient assessments. The nurse has not disclosed a PTSD diagnosis but colleagues have expressed concern about patient safety. Which approach is MOST appropriate?

A. Document the observed behaviors and place the nurse on administrative leave pending a fitnessforduty evaluation

B. Ask the nurse directly whether she has been diagnosed with PTSD and require documentation of treatment before allowing continued patient care

C. Express concern for the nurse's wellbeing privately, describe the specific behaviors observed without diagnosing, offer support resources including the EAP and veteranspecific programs, and discuss how to ensure patient safety collaboratively

D. Reassign the nurse to a nonclinical role immediately and inform her that she cannot return to direct patient care until she provides medical clearance

8. A nurse manager is implementing a "nomeeting day" policy where one day per week is protected from all scheduled meetings to allow staff and leadership focused time for clinical work and project completion. Several department directors object, stating that the policy will delay interdepartmental collaboration. Which response is MOST effective?

A. Abandon the nomeeting day policy since interdepartmental collaboration takes precedence over individual unit scheduling preferences

B. Implement the policy for the nursing unit only and allow other departments to schedule meetings on the protected day if they do not require nursing participation

C. Present evidence supporting protected time for focused work, negotiate a mutually acceptable implementation that minimizes impact on crossdepartmental collaboration, and evaluate the policy's effect on productivity and satisfaction after a trial period

D. Escalate the objections to senior leadership and request an organizational directive establishing nomeeting days across all departments simultaneously

9. A nurse manager is coaching a staff nurse who consistently uses clinical jargon when communicating with patients and families. The nurse recently explained a patient's condition using terms like "hemodynamically stable" and "bilateral infiltrates" without translating them into plain language. The patient later reported feeling confused and anxious about their condition. Which coaching approach is MOST effective?

A. Provide the nurse with a medical terminology translation guide that converts common clinical terms into plain language equivalents

B. Assign the nurse to shadow the patient education specialist for two shifts to observe effective plain language communication techniques

C. Require all nursing documentation to be written at a sixthgrade reading level so that patients who access their records can understand clinical notes

D. Review the specific interaction, demonstrate how to convey the same clinical information using patientfriendly language, practice translating medical concepts in realtime coaching sessions, and provide feedback during subsequent patient interactions

10. A nurse manager is developing a communication strategy for a unit that will transition from paperbased patient whiteboards to digital patient communication boards. The digital boards will display patient information including the care team, daily goals, pain management plan, and anticipated discharge date. Staff express concern that the digital boards will be difficult to learn and reduce facetoface communication with patients. Which implementation approach is MOST effective?

A. Demonstrate how the digital boards enhance rather than replace facetoface communication, provide handson training, pilot the boards in a section of the unit with willing staff, gather feedback, and refine before full rollout

B. Implement the digital boards simultaneously across the entire unit with a firm golive date and mandatory training to prevent any staff from continuing to use paper boards

C. Allow staff to choose between digital and paper boards indefinitely and evaluate adoption rates after six months to determine whether mandatory conversion is needed

D. Delay implementation until the vendor can demonstrate that the digital boards improve patient satisfaction scores at other hospitals that have already adopted the technology

11. A nurse manager is responsible for communicating a change in the organization's employee health benefits that will increase the employee contribution for health insurance premiums. Many staff members are upset and several have expressed they feel the organization does not value its employees. Which communication strategy is MOST effective?

A. Acknowledge the financial impact on staff, explain the organizational factors that necessitated the change, provide comparative data showing the premiums remain competitive, share information about available resources such as flex spending accounts, and create a forum for staff to voice concerns and ask questions

B. Distribute a written summary of the benefits changes from the human resources department and direct all questions to the HR benefits helpline

C. Minimize discussion of the benefits change and redirect staff attention toward positive organizational developments such as recent quality achievements

D. Express personal disagreement with the benefits change to demonstrate solidarity with staff and validate their frustration about the organizational decision

12. A nurse manager is addressing a communication breakdown between the respiratory therapy and nursing departments. Respiratory therapists report that nurses do not communicate patient status changes that affect ventilator management, while nurses report that respiratory therapists make ventilator changes without notifying the bedside nurse. Both departments believe the other is at fault. Which intervention is MOST effective?

A. Establish a policy requiring all ventilator changes to be communicated in writing through the electronic health record to create an auditable communication trail

B. Assign a nurserespiratory therapy liaison from each department to serve as the single point of contact for all crossdepartmental communication

C. Convene a joint problemsolving session with representatives from both departments, map the current communication workflow, identify specific failure points, codevelop a bidirectional communication protocol, and establish mutual accountability measures

D. Request that the chief nursing officer and the director of respiratory therapy meet to resolve the interdepartmental conflict at the leadership level

13. A nurse manager is preparing the unit for a visit from a state health department surveyor. The manager discovers that several required policy documents have not been updated within the required review cycle, and some clinical competency records are incomplete. The survey is scheduled for next week. Which action is MOST appropriate?

A. Update all policy documents and backdate the review dates to appear compliant with the required review cycle before the survey

B. Request a postponement of the survey to allow time to bring all documentation into compliance before the surveyors arrive on the unit

C. Focus the staff's attention on clinical practice compliance and hope the surveyors do not request the specific policy documents that are out of date

D. Prioritize updating the most critical policy documents and competency records, document a corrective action plan for remaining items, and be transparent with the surveyor about the status and remediation timeline if asked

14. A nurse manager notices that patient satisfaction scores are significantly lower for patients admitted on weekends compared to patients admitted on weekdays. The same nursing staff rotate through both weekday and weekend shifts. Which investigation approach is MOST likely to identify the root cause?

A. Compare the entire weekend admission experience against weekday admissions including ancillary service availability, physician rounding patterns, discharge planning access, and family visitation patterns to identify which factors differ between weekdays and weekends

B. Review nurse staffing levels and skill mix on weekends versus weekdays to determine whether staffing differences account for the satisfaction gap

C. Survey the nursing staff about whether they perceive any differences in the quality of care they provide on weekends compared to weekdays

D. Implement targeted patient experience interventions specifically for weekend admissions and evaluate whether scores improve in the next quarter

15. A nurse manager is facilitating a crucial conversation with a physician who has been verbally abusive toward nursing staff. Three formal complaints have been filed, and two nurses have requested transfers to avoid working with this physician. Hospital administration has been slow to address the behavior. Which approach is MOST appropriate?

A. Advise the affected nurses to document every instance of verbal abuse and file formal grievances through the human resources department

B. Avoid direct confrontation with the physician and instead ask the chief nursing officer to address the behavior through medical staff channels

C. Meet with the physician and inform him that further instances of verbal abuse will result in the nursing staff refusing to work with him

D. Address the behavior directly with the physician using specific documented examples, clearly state the impact on staff and patient care, outline behavioral expectations, and escalate through both nursing and medical staff leadership channels simultaneously

16. A nurse manager discovers that two nurses on opposite shifts have been communicating patient care concerns about each other to patients and families rather than addressing their concerns professionally. A family member has reported feeling caught in the middle of a "nursing conflict" that has made them lose confidence in the care being provided. Which action should the nurse manager take FIRST?

A. Meet individually with each nurse immediately to stop the behavior, then meet with the family to apologize and restore confidence in the care team, and follow up with formal documentation and expectations for both nurses

B. Transfer one nurse to a different shift so the two nurses no longer share patients and the family is not exposed to further conflict

C. Convene a joint meeting with both nurses and the family to address the conflict openly and demonstrate the unit's commitment to transparent communication

D. Issue written warnings to both nurses and place them on a performance improvement plan for unprofessional conduct and patient communication violations

17. A nurse manager is implementing a structured mentoring program and is deciding between a formal assigned mentoring model and a facilitated selfselection model where mentees choose their own mentors from a volunteer pool. Which approach has the STRONGEST evidence base for producing successful mentoring outcomes?

A. A hybrid approach that provides a curated list of compatible mentor matches based on developmental goals and interpersonal fit while allowing the mentee to make the final selection from the curated options

B. A formal assigned model where the nurse manager matches mentors and mentees based on complementary strengths and schedule alignment

C. A facilitated selfselection model where mentees review mentor profiles and select their preferred mentor from the volunteer pool

D. A peer mentoring model where nurses at similar experience levels are paired together to support each other's development reciprocally

18. A nurse manager is working with an interdisciplinary team to implement a new rapid response team activation protocol. The current protocol requires nursing to contact the charge nurse before activating the rapid response team. Data shows that this intermediate step delays activation by an average of seven minutes. The medical director wants to eliminate the charge nurse step, while the charge nurses argue they need to be informed before rapid response activation. Which resolution is MOST appropriate?

A. Support the medical director's position and eliminate the charge nurse notification requirement since reducing response time should take priority

B. Maintain the current protocol since the charge nurse provides a valuable clinical filter that prevents unnecessary rapid response activations

C. Implement a protocol allowing any nurse to activate the rapid response team directly while simultaneously notifying the charge nurse through a parallel communication pathway that does not delay the activation

D. Conduct a trial period alternating between both protocols and compare outcomes to determine which approach produces better patient results

19. A nurse manager is leading a team where a recently hired nurse from a competing hospital has been sharing proprietary information about the competitor's clinical protocols, staffing models, and strategic plans. While the information is interesting, the nurse manager is concerned about the ethical implications. Which response is MOST appropriate?

A. Use the information strategically since competitive intelligence is a normal part of business operations and the nurse voluntarily shared the information

B. Inform the nurse that sharing proprietary information from a previous employer is a professional ethics concern, establish expectations that confidential business information should not be disclosed, and refrain from using any proprietary information that was shared

C. Report the nurse to human resources for potential violation of a noncompete or confidentiality agreement with her previous employer

D. Accept the information but instruct the nurse to stop sharing it going forward since the ethical violation has already occurred

20. A nurse manager is addressing a situation where a veteran nurse consistently undermines a younger nurse practitioner's clinical authority by questioning orders in front of patients, making comments about the NP's experience level, and routing requests through the collaborating physician instead of working directly with the NP. Which action is MOST appropriate?

A. Allow the dynamics to develop naturally since nurseNP relationships take time to establish and the veteran nurse will likely adjust as the NP demonstrates clinical competence

B. Reassign the veteran nurse to shifts when the NP is not scheduled to eliminate the interpersonal conflict and protect the NP's authority

C. Ask the collaborating physician to address the nurse's behavior since the physician has authority over both the NP's practice and the nursing staff

D. Meet with the veteran nurse to address the specific behaviors, explain the NP's scope of practice and clinical authority, establish expectations for professional collaboration, and monitor the interactions

21. A nurse manager is developing a communication plan for the gradual implementation of artificial intelligenceassisted clinical documentation on the unit. The AI tool will generate draft nursing notes from recorded verbal assessments that nurses then review and approve. Staff express anxiety about AI replacing their professional judgment. Which communication strategy is MOST effective?

A. Emphasize that the AI tool assists rather than replaces clinical judgment, demonstrate the technology transparently, address specific concerns about accuracy and liability, provide extensive training, and involve staff in evaluation and refinement during a structured pilot

B. Delay the implementation until staff demonstrate readiness and enthusiasm for AIassisted documentation through a voluntary interest survey

C. Implement the tool immediately with a mandatory training module and evaluate staff satisfaction after ninety days of use

D. Present published research on AI documentation tools from other hospitals and require staff to read the literature before the implementation begins

22. A nurse manager is responsible for a unit where a patient's family has been videorecording nursing care activities without staff consent. Nurses report feeling uncomfortable and believe the recording is interfering with their ability to focus on patient care. The organization does not have a specific policy on patient or family video recording. Which action is MOST appropriate?

A. Ask the family to stop recording and explain that video recording is not permitted in patient care areas due to staff privacy and patient confidentiality concerns

B. Allow the recording to continue since patients and families have a right to document their care experience and no organizational policy prohibits the practice

C. Address the family's concerns that may be driving the recording behavior, discuss the staff's comfort level, collaborate on a solution that respects both perspectives, and advocate for the organization to develop a formal recording policy

D. Instruct staff to ignore the recording and continue providing care normally since acknowledging the recording may escalate the situation

23. A nurse manager is coaching a charge nurse who makes excellent clinical decisions but communicates them poorly, frequently issuing directives without explanation. Staff report feeling micromanaged and resentful. Which coaching technique is MOST effective?

A. Instruct the charge nurse to explain the rationale behind every clinical decision before issuing directives to the nursing staff

B. Teach the charge nurse to frame directives as collaborative decisions by explaining the clinical reasoning, inviting input where appropriate, and communicating in a way that respects staff autonomy while maintaining clarity

C. Assign the charge nurse to a leadership communication course and evaluate whether her communication style improves after completion

D. Accept the charge nurse's directive communication style as a reflection of her decisive leadership and focus coaching on other developmental areas

24. A nurse manager is working with a nurse who has filed multiple workers' compensation claims for minor injuries over the past eighteen months. An analysis of the claims reveals no pattern of fraudulent behavior, but the frequency is unusually high. The nurse's coworkers are beginning to express frustration about covering her workload during absences. Which approach is MOST appropriate?

A. Review the injury circumstances with the nurse and the safety team to identify whether workplace hazards or ergonomic factors are contributing, evaluate the nurse's work practices for injury prevention, provide targeted education, and ensure accommodations support safe return to full duty

B. Refer the matter to human resources for investigation of potential workers' compensation fraud based on the unusual frequency of claims

C. Counsel the nurse that the frequency of claims is affecting team morale and suggest she consider whether the role is physically appropriate for her

D. Assign the nurse to lighterduty tasks permanently to prevent future injuries and reduce the impact on coworkers who cover during absences

25. A nurse manager is managing a situation where a staff nurse has disclosed that she is undocumented and fears deportation. She asks the nurse manager to keep this information confidential. Her work authorization documents on file with human resources appear valid. Which response is MOST appropriate?

A. Report the nurse's disclosure to human resources immediately since the organization has a legal obligation to employ only individuals with valid work authorization

B. Contact immigration authorities since employers are required to report known undocumented workers to federal agencies

C. Investigate the nurse's work authorization documents independently to determine whether they are fraudulent before taking any action

D. Maintain confidentiality of the disclosure, refrain from investigating the nurse's immigration status independently, and avoid taking any employment action based solely on the nurse's voluntary disclosure since I9 verification is the organization's legal process for employment authorization

26. A nurse manager is developing a strategy for managing chronic absenteeism on the unit. Data shows that five nurses account for sixty percent of all unscheduled absences. The unit average is four unscheduled absences per year, while the five nurses average twelve per year. The organizational attendance policy allows up to ten unscheduled absences before progressive discipline begins. Which approach is MOST appropriate?

A. Implement progressive discipline immediately for the five nurses since their absenteeism rate is three times the unit average

B. Reduce the organizational absence threshold from ten to six unscheduled absences to capture the highfrequency abusers within the discipline process

C. Accept the current pattern since the five nurses are operating within the organizational attendance policy and cannot be disciplined for absences below the threshold

D. Meet individually with each of the five nurses to understand the underlying causes of absenteeism, explore whether personal, health, or workplace factors are contributing, offer support resources, and address pattern attendance issues within the existing policy framework

27. A nurse manager is preparing for an external accreditation survey by The Joint Commission. A staff nurse asks what the difference is between The Joint Commission and DNV GL Healthcare accreditation. Which explanation is MOST accurate?

A. The Joint Commission and DNV GL are identical in their standards and survey process, differing only in the geographic regions they serve

B. Both are CMSapproved accreditation organizations whose surveys confer deemed status for Medicare participation, but they differ in their survey methodologies — TJC uses triennial surveys while DNV GL uses annual surveys incorporating ISO 9001 quality management principles

C. DNV GL is a statelevel accreditation body while The Joint Commission provides national accreditation that is recognized by all state regulatory agencies

D. The Joint Commission accredits hospitals and ambulatory facilities while DNV GL accredits only longterm care and rehabilitation facilities

28. A nurse manager is implementing a 360degree feedback process for the charge nurse team. The feedback will be collected from peers, direct reports, physicians, and the nurse manager. Several charge nurses express anxiety about receiving feedback from staff they supervise. Which implementation approach is MOST appropriate?

A. Provide education on the purpose and benefits of 360degree feedback, ensure anonymity of respondents, use the feedback for developmental rather than evaluative purposes initially, coach charge nurses on receiving feedback constructively, and debrief the results individually

B. Make the 360degree feedback mandatory and tie the results directly to annual performance evaluations and compensation decisions

C. Allow charge nurses to opt out of the 360degree feedback process if they feel the process would be too stressful or counterproductive

D. Collect feedback only from physicians and the nurse manager and exclude direct reports to reduce the charge nurses' anxiety about subordinate evaluation

29. A nurse manager is communicating with a staff nurse who has submitted a formal complaint alleging that a coworker has been stalking her outside of work. The nurse reports feeling unsafe and has obtained a restraining order against the coworker. Both employees work the same shift. Which action should the nurse manager take FIRST?

A. Advise the complaining nurse to contact law enforcement since stalking is a criminal matter outside the nurse manager's scope of workplace management

B. Immediately separate the two employees' work schedules to ensure they do not work the same shift, notify human resources and security, review the restraining order to understand workplace implications, and develop a safety plan

C. Investigate the stalking allegations independently before taking any scheduling action to verify the complaint's credibility

D. Schedule a mediation session between both employees to address the interpersonal conflict and develop mutual expectations for workplace behavior

30. A nurse manager receives a call from another hospital requesting the transfer of a critically ill patient to the nurse manager's unit. The unit has one available bed but is already operating above its target nursetopatient ratio. The sending hospital states the patient requires specialized care that they cannot provide. Which response is MOST appropriate?

A. Refuse the transfer citing unsafe staffing levels and document the refusal in accordance with organizational policy

B. Accept the transfer unconditionally since EMTALA obligations require accepting patients who need specialized care that the sending facility cannot provide

C. Assess the clinical appropriateness of the transfer, evaluate the unit's capacity to safely absorb the patient given current staffing and acuity, communicate the staffing concerns to the nursing supervisor, and follow the organization's transfer acceptance protocol

D. Accept the patient but require the sending hospital to provide a nurse to accompany the patient for the first twentyfour hours to supplement the receiving unit's staffing

31. A nurse manager is reviewing the unit's OSHA 300 Log and notices that the most frequently reported workplace injuries are needlestick exposures. The unit implemented safetyengineered sharps devices two years ago, but the injury rate has not decreased. Which action is MOST appropriate?

A. Investigate the circumstances of each needlestick exposure to determine whether the safety devices are being activated properly, assess compliance with safety device use, evaluate whether the current devices are appropriate for all clinical procedures performed on the unit, and implement targeted retraining

B. Request that the occupational health department conduct a comprehensive sharps safety audit across all hospital units to determine if the problem is organizationwide

C. Replace the current safetyengineered devices with a different vendor's products that may be more effective at preventing needlestick injuries

D. Increase the frequency of mandatory bloodborne pathogen training from annual to quarterly for all unit nursing staff

32. A nurse manager is evaluating the unit's performance on a new CMS quality measure tracking the percentage of patients screened for clinical depression during acute care hospitalization. Current compliance is thirtyeight percent. Which barrier is MOST likely contributing to the low compliance rate?

A. Staff resistance to screening for conditions outside their primary clinical specialty area

B. Lack of integration of the depression screening tool into the admission workflow and electronic health record, creating a separate process that competes with existing clinical priorities for nursing time and attention

C. Insufficient evidence supporting the effectiveness of depression screening in acute care settings

D. The depression screening tool selected by the organization has poor sensitivity and specificity for the inpatient population

33. A nurse manager is informed that a patient's family has requested a copy of the patient's complete medical record including all nursing notes. The patient is a competent adult who has not authorized the release. The family claims they have power of attorney. Which action is MOST appropriate?

A. Release the medical record to the family since power of attorney documents typically include authority to access medical information

B. Refer the family to the health information management department to verify the power of attorney documentation, confirm the scope of the POA authority, and process the records request through the organizational releaseofinformation procedure

C. Release a summary of the patient's nursing care to the family while withholding the complete medical record until the POA is verified

D. Deny the request entirely and instruct the family that only the patient can authorize release of medical records regardless of any power of attorney

34. A nurse manager is developing a competency assessment program for highrisk, lowvolume procedures performed on the unit. These procedures are performed infrequently enough that nurses may not maintain proficiency through routine practice alone. Which approach MOST effectively ensures ongoing competency?

A. Implement a competency maintenance plan that includes periodic simulation exercises, justintime training resources accessible at the point of care, annual demonstrated competency validation, and a system that identifies which nurses are currently competent for each procedure

B. Assign highrisk, lowvolume procedures exclusively to a small group of designated nurses who perform them frequently enough to maintain competency through volume alone

C. Require annual written examinations covering the theoretical knowledge required for each highrisk, lowvolume procedure to verify cognitive competency

D. Maintain a procedure manual at each bedside workstation and instruct nurses to review the relevant procedure before performing it on each occasion

35. A nurse manager is reviewing the unit's compliance with the CMS TwoMidnight Rule for inpatient admissions. Several cases have been reclassified from inpatient to observation status after admission, resulting in delayed discharge planning and patient dissatisfaction. Which action is MOST appropriate at the unit level?

A. Send a unitwide email explaining the TwoMidnight Rule and its implications for patient status classification and discharge planning

B. Request that the utilization management department notify nursing immediately when a patient's status changes from inpatient to observation

C. Implement a policy requiring physicians to designate patient status as inpatient or observation at the time of admission to prevent retrospective reclassification

D. Collaborate with utilization management and the medical staff to develop a proactive patient status review process, educate nursing staff on how status classification affects care planning and patient communication, and establish a notification workflow for status changes

36. A nurse manager is implementing a new OSHArequired workplace violence prevention plan. The plan must include a risk assessment, hazard controls, training, recordkeeping, and program evaluation. Which component is MOST critical to implement FIRST?

A. Comprehensive training for all staff on deescalation techniques, selfdefense, and emergency response procedures

B. Installation of physical security measures including panic buttons, controlled access, and surveillance cameras throughout the unit

C. Development of a recordkeeping system for tracking all workplace violence incidents and nearmiss events on the unit

D. A thorough risk assessment identifying the unit's specific workplace violence hazards, highrisk situations, patient populations, environmental vulnerabilities, and historical incident patterns

37. A nurse manager reviews the following patient safety event data for the past year:

| Event Type | Count | Severity |

|---|---|---|

| Medication errors | 42 | 38 nearmiss, 4 minor harm |

| Falls | 18 | 12 no injury, 6 minor injury |

| Wrongpatient events | 8 | 7 nearmiss, 1 minor harm |

| Pressure injuries | 14 | 10 Stage 1, 4 Stage 2 |

Based on this data, which quality improvement initiative should receive the HIGHEST priority?

A. Pressure injuries, because all fourteen events resulted in actual patient harm ranging from Stage 1 to Stage 2

B. Wrongpatient events, because despite the lowest count, these events carry the highest potential for catastrophic harm and the nearmiss ratio suggests active system vulnerabilities

C. Medication errors, because they represent the highest absolute number of safety events on the unit

D. Falls, because six events resulted in patient injury, representing the highest injurytoevent ratio of all categories

38. A nurse manager is participating in the hospital's Patient Safety Organization reporting process. The PSO provides legal privilege and confidentiality protections for patient safety work product submitted for analysis. Which understanding of PSO protections is MOST accurate?

A. Information reported to a PSO through the Patient Safety Evaluation System is privileged and confidential, protected from discovery in legal proceedings, and may not be used to impose disciplinary action, allowing candid analysis of safety events without legal exposure

B. PSO protections apply only to information about events that resulted in actual patient harm and do not extend to nearmiss events or hazard reports

C. PSO protections override state mandatory reporting requirements and allow hospitals to report events exclusively through the PSO rather than to state agencies

D. PSO protections apply only during the investigation phase and expire once the hospital implements corrective actions based on the PSO analysis findings

39. A nurse manager is evaluating the unit's use of clinical decision support systems embedded in the electronic health record. Data shows that nurses override fortytwo percent of all clinical decision support alerts. Which interpretation is MOST appropriate?

A. The fortytwo percent override rate indicates that nearly half of the clinical decision support alerts are being inappropriately ignored by nursing staff

B. Override rates are a normal part of clinical decision support and do not require investigation unless adverse events are linked to specific overrides

C. The nurse manager should implement a zerooverride policy requiring nurses to follow every clinical decision support alert without exception

D. The high override rate likely reflects a combination of alert fatigue from excessive lowvalue alerts and potentially appropriate clinical overrides, requiring analysis of which alerts are being overridden, the clinical rationale for overrides, and whether highrisk overrides are contributing to adverse events

40. A nurse manager is informed that a physician has written a Do Not Resuscitate order for a patient without having a documented goalsofcare conversation with the patient or family. The nurse caring for the patient discovered the order during a routine chart review. Which action is MOST appropriate?

A. Remove the DNR order from the chart and inform the physician that a new order must be written after a documented conversation with the patient or family

B. Notify the charge nurse and the nursing supervisor of the concern but do not take independent action regarding the physician's order

C. Contact the attending physician to clarify whether a goalsofcare conversation occurred and was not documented, or whether the conversation has not yet taken place, and advocate for the patient's right to participate in resuscitation decisions

D. Follow the DNR order as written since physicians have the clinical authority to make resuscitation decisions based on medical futility without requiring patient or family consent

41. A nurse manager is reviewing the results of a root cause analysis for a patient who developed severe sepsis that was not identified until the patient required emergent ICU transfer. The RCA reveals that the nurse documented vital signs that met SIRS criteria twelve hours before the ICU transfer, but did not notify the physician or activate the sepsis protocol. Which systemlevel intervention is MOST effective?

A. Implement automated clinical surveillance that scans vital sign documentation in real time for SIRS criteria and generates an alert requiring nursing acknowledgment, physician notification, and protocol activation when criteria are met

B. Require the charge nurse to review all vital signs documentation every four hours and identify patients who meet SIRS criteria for physician notification

C. Implement mandatory sepsis education for all nurses and assess competency quarterly through written examinations and clinical simulations

D. Assign a dedicated sepsis nurse on each shift who reviews all patient vital signs and identifies patients meeting SIRS criteria for protocol activation

42. A nurse manager is responsible for ensuring the unit complies with the Patient SelfDetermination Act requirements. A new nurse asks what the PSDA requires. Which explanation is MOST accurate?

A. The PSDA requires hospitals to provide patients with information about advance directive rights upon admission, document whether the patient has an advance directive, and ensure organizational policies comply with state law regarding advance directives

B. Provide patients with a standardized advance directive document upon admission and require them to complete it before receiving medical treatment

C. The PSDA requires hospitals to encourage all patients to complete advance directives and provides legal protection for healthcare providers who follow advance directive instructions

D. Assign a social worker to discuss advance directives with every admitted patient within twentyfour hours of admission and document the conversation

43. A nurse manager is developing a plan to address alarm management on the unit in response to a Joint Commission National Patient Safety Goal on clinical alarm safety. The unit averages over four hundred clinical alarms per patient per day, and staff report significant alarm fatigue. Which action should the nurse manager take FIRST?

A. Request that biomedical engineering reduce all alarm volume levels on the unit by twenty percent to decrease the auditory burden

B. Conduct a comprehensive alarm inventory to identify which alarms are active, their default settings, the frequency of each alarm type, the clinical relevance of each alarm, and the rate of nuisance versus actionable alarms

C. Implement a buddy system where two nurses share responsibility for alarm response so that neither nurse becomes individually overwhelmed

D. Purchase new monitoring equipment with advanced alarm management features that automatically filter nuisance alarms

44. A nurse manager is developing a falls prevention strategy based on the unit's falls data. Analysis reveals that sixty percent of patient falls occur during the evening shift between the hours of six and ten o'clock in the evening. The most common contributing factors are toileting needs, medication effects, and unfamiliarity with the environment. Which intervention strategy is MOST targeted?

A. Implement a universal hourly rounding protocol for all patients on all shifts to address toileting needs and environmental orientation consistently

B. Increase staffing levels during the evening shift by adding a dedicated fall prevention assistant position to the schedule

C. Restrict all patients identified as fall risks to bedrest during the evening hours between six and ten o'clock to eliminate the risk of ambulationrelated falls

D. Implement focused interventions during the identified peak period including proactive toileting rounds, medication timing review, environmental orientation at the beginning of the evening shift, and targeted bed alarm use

45. A nurse manager is evaluating the unit's infection prevention practices and discovers that cohorting of patients with the same multidrugresistant organism has been inconsistent. Infected patients have been placed in rooms with uninfected patients without appropriate isolation precautions. Which action is MOST appropriate?

A. Issue a written warning to the charge nurses responsible for patient placement decisions during the periods of noncompliance

B. Investigate the root cause of inconsistent cohorting, implement a realtime bed management system that flags patients requiring isolation, educate staff on cohorting guidelines, establish an admission screening protocol, and monitor compliance

C. Transfer all patients with multidrugresistant organisms to the infectious disease unit since managing isolation on a general medicalsurgical unit is beyond the unit's capability

D. Assign a dedicated infection prevention nurse to the unit who manages all patient placement decisions for patients with known or suspected multidrugresistant organisms

46. A nurse manager is participating in the development of a hospitalwide sepsis performance improvement initiative. The initiative requires the unit to achieve a ninety percent compliance rate with the threehour sepsis bundle. Current compliance is sixtyfive percent. Which element of the bundle is MOST commonly the source of noncompliance in acute care settings?

A. Blood culture collection before antibiotic administration, because the requirement to collect cultures before antibiotics creates a perceived delay in treatment initiation

B. Serum lactate measurement within three hours, because ordering and processing lactate levels requires coordination between nursing, laboratory, and physician ordering

C. Administration of broadspectrum antibiotics within three hours, because antibiotic selection and pharmacy dispensing create delays

D. All three elements of the bundle are interdependent, and the most common source of noncompliance varies based on the specific workflow barriers present in each unit's clinical environment, requiring individual unitlevel analysis rather than assumption

47. A nurse manager is reviewing data on hospitalacquired Clostridioides difficile infections. The unit's rate has increased following a change in the hospital's antibiotic formulary that expanded the availability of fluoroquinolones. Which action is MOST appropriate?

A. Request that the pharmacy and therapeutics committee reverse the formulary change since the increased C. difficile rate provides evidence that the formulary expansion has had a negative unintended consequence

B. Present the C. difficile rate data alongside the formulary change timeline to the antimicrobial stewardship committee, collaborate on an analysis of the association, and advocate for stewardship interventions targeting fluoroquinolone prescribing practices on the unit

C. Implement enhanced environmental cleaning for all patient rooms on the unit to reduce the environmental C. difficile burden regardless of the antibiotic prescribing patterns

D. Restrict fluoroquinolone use on the unit unilaterally and require physicians to use alternative antibiotics for all patients admitted to the nursing unit

48. A nurse manager is developing a unitspecific emergency preparedness plan for an active shooter scenario. Which element is MOST critical for nursing staff safety?

A. A clear, rehearsed plan that includes immediate notification procedures, lockdown protocols, patient shelteringinplace procedures, staff escape routes when safe, and regular drills that build familiarity and reduce response time

B. Installation of bulletresistant glass in all patient room doors and nursing station windows to provide physical protection

C. Training all nursing staff in physical selfdefense techniques appropriate for active shooter confrontation scenarios

D. A designated safe room on the unit with reinforced doors where all staff can congregate during an active shooter event

49. A nurse manager reviews the unit's central lineassociated bloodstream infection data:

| Quarter | CLABSIs | Central Line Days | Rate/1,000 CLD |

|||||

| Q1 | 2 | 1,200 | 1.67 |

| Q2 | 1 | 1,100 | 0.91 |

| Q3 | 0 | 1,050 | 0.00 |

| Q4 | 3 | 980 | 3.06 |

Which interpretation of the Q4 data is MOST appropriate?

A. The Q4 spike is statistically expected given the small numbers involved and does not necessarily represent a true increase in infection risk

B. The Q4 spike confirms that the improvements seen in Q2 and Q3 were unsustainable and the unit's CLABSI prevention program is ineffective

C. The declining central line days from Q1 to Q4 suggest that the unit has been appropriately reducing unnecessary central line use over time

D. The Q4 spike warrants immediate investigation of each case for common contributing factors such as insertion practices, maintenance bundle compliance, dwell time, and whether a cluster or outbreak may be occurring

50. A nurse manager is reviewing the unit's compliance with the requirement for independent doubleverification of highalert medications. An audit reveals that nurses frequently ask the verifying nurse to confirm dosages without the second nurse independently reviewing the original order, medication label, and pump settings. This practice is known as "checksigning." Which action is MOST appropriate?

A. Accept the current practice since the doublecheck is being performed even though the methodology does not meet the strict definition of independent verification

B. Implement a technology solution that requires both nurses to scan their badges at the bedside to confirm independent verification

C. Reeducate staff on the purpose and methodology of truly independent doubleverification and redesign the process to support genuine independence

D. Increase the frequency of medication administration audits to identify specific nurses who are checksigning and address their behavior individually

51. A nurse manager is applying the concept of "adaptive leadership" as described by Heifetz and Linsky. The unit is facing a complex challenge where the current staffing model is producing acceptable clinical outcomes but unsustainable workload levels. Staff expect the nurse manager to solve the problem, but there is no clear technical solution — any staffing model change will require tradeoffs that affect different staff groups differently. Which approach BEST demonstrates adaptive leadership?

A. Develop a comprehensive staffing solution independently and present it to the staff as the best available option given the constraints

B. Acknowledge that the challenge requires the team to develop new approaches together, create a safe environment for honest dialogue about tradeoffs, resist pressure to provide a premature solution, and guide the team through the difficult process of choosing among imperfect options

C. Delegate the staffing model redesign to a staff committee and accept whatever solution the committee produces

D. Maintain the current staffing model while advocating to senior leadership for additional FTEs to resolve the workload issue without requiring internal tradeoffs

52. A nurse manager is using a Management by Objectives approach for the upcoming performance evaluation cycle. Which set of objectives BEST exemplifies the MBO methodology?

A. Increase patient satisfaction scores, reduce medication errors, and improve staff retention — stated as general departmental goals

B. Provide excellent patient care, maintain a safe work environment, and support staff professional development — stated as ongoing expectations

C. Collaboratively developed, specific, measurable, timebound objectives such as "achieve ninetyfive percent hand hygiene compliance by December, complete charge nurse leadership training for three identified staff members by September, and reduce CAUTI rate to below benchmark by yearend"

D. A list of competencies each nurse must demonstrate during the evaluation period rated on a scale from one to five

53. A nurse manager is evaluating the effectiveness of a Behavioral Event Interview technique used for selecting charge nurse candidates. The technique asks candidates to describe specific past situations where they demonstrated leadership behaviors. Which advantage does this technique offer over traditional interview methods?

A. Behavioral Event Interviews are shorter and more efficient than traditional interview methods, allowing more candidates to be interviewed

B. Behavioral Event Interviews eliminate the need for reference checks since the candidate's selfreported behaviors provide sufficient evidence of competency

C. Past behavioral responses are the strongest predictor of future performance, providing more valid assessment data than hypothetical questions about how a candidate might handle a situation

D. Behavioral Event Interviews standardize the interview process by using identical questions for all candidates, which traditional interviews do not allow

54. A nurse manager is applying the concept of "cultural intelligence" to lead an increasingly diverse nursing team. Cultural intelligence goes beyond cultural competence by including the ability to adapt behavior effectively across cultural contexts. Which behavior MOST demonstrates cultural intelligence?

A. Recognizing when a culturally diverse team member's behavior is influenced by cultural norms, adapting leadership approach to the individual's cultural context without stereotyping, and creating an inclusive environment where diverse perspectives are leveraged as team strengths

B. Treating all team members identically regardless of cultural background to ensure fairness and prevent any appearance of preferential treatment

C. Learning specific cultural customs and traditions for each culture represented on the team and applying that knowledge when interacting with team members

D. Assigning team members to work with patients who share their cultural background to leverage cultural familiarity in patient care delivery

55. A nurse manager is developing a performance improvement plan for a nurse whose clinical skills are adequate but whose interpersonal interactions with colleagues create consistent conflict. Five different coworkers have reported feeling disrespected during interactions with this nurse over the past six months. The nurse believes the complaints are exaggerated. Which approach is MOST effective?

A. Terminate the nurse since five separate complaints from different coworkers in six months demonstrates a pattern of behavior that is unlikely to change

B. Present the specific behavioral examples documented in the complaints, describe the expected professional conduct standards, develop a measurable improvement plan with clear behavioral targets and a defined timeline, provide access to coaching resources, and schedule regular checkins to assess progress

C. Allow the nurse to respond in writing to each complaint and evaluate whether her perspective provides context that mitigates the reported behaviors

D. Transfer the nurse to a different unit where she can start fresh with new colleagues who do not have preexisting negative perceptions

56. A nurse manager is implementing the concept of "psychological ownership" to increase staff engagement. Psychological ownership occurs when staff feel the unit's outcomes are personally theirs. Which strategy MOST effectively builds psychological ownership?

A. Give staff meaningful control over aspects of their work environment, involve them in decisions that affect their practice, make outcomes visible and attributable to team effort, and create opportunities for staff to invest their unique knowledge and skills into unit improvements

B. Display individual nurse performance metrics publicly so each nurse can see how their personal contribution compares to their colleagues

C. Assign each nurse permanent responsibility for a specific patient room that they must maintain and personalize throughout the year

D. Implement a profitsharing program where unitlevel financial savings are distributed equally among all nursing staff

57. A nurse manager is addressing a pattern where the unit's quality improvement initiatives consistently fail to sustain beyond the initial implementation period. Projects show improvement during the first three months but regress to baseline performance by month six. Which analysis is MOST likely to identify the root cause?

A. Evaluate whether the improvement initiatives address symptoms rather than root causes, assess whether changes are hardwired into daily workflows or dependent on individual compliance, examine whether ongoing monitoring and accountability structures exist, and determine whether leadership attention shifts to new priorities prematurely

B. Survey the staff to determine whether they believe quality improvement is a worthwhile use of their time and energy

C. Evaluate the training provided during each initiative's implementation to determine whether staff received adequate initial education

D. Assess whether the quality improvement methodology being used is appropriate for the types of problems being addressed

58. A nurse manager is applying the Kirkpatrick Model to evaluate the effectiveness of a leadership development program for charge nurses. The model has four levels: Reaction, Learning, Behavior, and Results. Which evaluation at Level 3 (Behavior) would provide the MOST meaningful data?

A. Posttraining surveys measuring charge nurse satisfaction with the leadership development curriculum content and delivery

B. Observation of charge nurses applying leadership skills in their daily practice including decisionmaking quality, conflict resolution effectiveness, and communication behaviors, compared to pretraining baseline observations

C. Written examinations assessing charge nurses' knowledge of leadership theories and management principles covered in the curriculum

D. Unitlevel outcomes such as staff retention, patient satisfaction, and quality metrics before and after the leadership development program

59. A nurse manager is leading a unit where the average nurse tenure is eighteen years. While the experienced team produces strong clinical outcomes, the long tenure has created an insular culture that is resistant to new ideas, skeptical of evidence that challenges established practices, and unwelcoming to new hires. Which leadership strategy is MOST effective for introducing fresh thinking without alienating the experienced team?

A. Hire several new graduates simultaneously to create a critical mass of fresh perspectives that can challenge the established culture

B. Leverage the experienced nurses' clinical expertise by involving them in evaluating new evidence, position changes as enhancements to their established practices rather than replacements, and create structured opportunities for experienced and newer nurses to learn from each other

C. Implement all evidencebased practice changes through mandatory directives to prevent the experienced team from blocking improvements through cultural resistance

D. Wait for natural attrition to gradually change the unit's culture as longtenured nurses retire and are replaced by newer staff

60. A nurse manager is developing a plan to integrate a clinical pharmacist into the unit's daily workflow. Currently, pharmacist interactions are limited to medication order verification and occasional consultations. Which integration model MOST effectively leverages the pharmacist's expertise?

A. Assign the pharmacist to attend morning interdisciplinary rounds and conduct medication reconciliation reviews for highrisk patients only

B. Station the pharmacist in the pharmacy and maintain the current consultationbased interaction model supplemented by a daily email with medication safety tips

C. Embed the pharmacist in the unit's daily operations including participation in interdisciplinary rounds, proactive medication reviews, realtime clinical decision support for nurses, discharge medication counseling, and collaborative identification of medicationrelated quality improvement opportunities

D. Assign the pharmacist to conduct weekly medication use evaluations and present findings at the unit's monthly quality meeting

61. A nurse manager is applying the AACN Standards for Establishing and Sustaining Healthy Work Environments. The unit's most significant deficiency is in the standard of "meaningful recognition." Staff report that recognition on the unit is infrequent, impersonal, and does not reflect the specific contributions individuals make. Which approach MOST effectively addresses this deficiency?

A. Implement a monthly employeeofthemonth award program with a plaque displayed at the unit entrance

B. Provide all staff with a holiday bonus and a personalized thankyou card from the nurse manager once per year

C. Develop a multifaceted recognition program that includes timely, specific, and personalized acknowledgment of individual contributions, peertopeer recognition systems, public celebration of team achievements, and integration of recognition into daily leadership practices

D. Increase base pay for all nursing staff since financial compensation is the most meaningful form of recognition

62. A nurse manager is assessing the unit's readiness for a significant practice change using the ADKAR model of change management. ADKAR stands for Awareness, Desire, Knowledge, Ability, and Reinforcement. Assessment reveals that staff are aware of the need for change and have the knowledge required, but lack the desire to change and have not had the opportunity to practice the new skills. Which intervention should the nurse manager prioritize?

A. Provide additional education on the evidence supporting the change since staff who understand the rationale more deeply will develop greater desire

B. Implement the change and use early wins to build desire retroactively through demonstrated positive outcomes

C. Focus immediately on reinforcement strategies to sustain the change once it is implemented

D. Address the desire gap by helping staff understand the personal benefits of the change, involving them in the design of implementation, and address their specific objections, while simultaneously creating practice opportunities to build ability

63. A nurse manager is responsible for developing the unit's annual strategic objectives. Which approach BEST ensures that objectives are both ambitious and achievable?

A. Set objectives using the SMART framework — specific, measurable, achievable, relevant, and timebound — aligned with organizational strategy, informed by current performance data and benchmarks, and developed with input from frontline staff who understand operational realities

B. Adopt the organizational strategic plan objectives verbatim as the unit's objectives to ensure perfect alignment with institutional priorities

C. Set objectives slightly above the previous year's actual performance levels to create achievable incremental improvement targets

D. Benchmark against the bestperforming units nationally and set objectives at their performance levels to drive aspirational improvement

64. A nurse manager is evaluating whether to implement a Magnetaligned shared governance model or a unitbased council model. Which factor MOST distinguishes authentic shared governance from a unitbased council approach?

A. Shared governance requires nursing staff to hold master's degrees while unitbased councils are open to nurses at all educational levels

B. In authentic shared governance, councils have defined decisionmaking authority within their scope and decisions do not require management approval, while unitbased councils are typically advisory with final decision authority retained by management

C. Shared governance models are required for Magnet designation while unitbased councils are not recognized by the Magnet Recognition Program

D. Shared governance councils meet monthly while unitbased councils meet weekly to address more frequent operational issues

65. A nurse manager is implementing a rapid cycle improvement methodology to address a spike in patient falls. The manager wants to test a change within one week and evaluate results within two weeks. Which improvement tool is MOST appropriate for this timeline?

A. A comprehensive Six Sigma DMAIC project that follows all five phases systematically before implementing any changes

B. A formal Lean value stream mapping event that requires participation from all stakeholders across the care continuum

C. A focused PDSA cycle testing a single targeted intervention with a small sample, measuring the result quickly, and adjusting based on findings before scaling

D. A full root cause analysis of every fall that occurred in the past quarter to identify the common contributing factors

66. A nurse manager is conducting a postimplementation review of a quality initiative that successfully reduced hospitalacquired pressure injuries by forty percent. The review reveals that the initiative was led entirely by the nurse manager with minimal staff involvement. Staff view the improvement as "the manager's project" rather than a team achievement. Which finding is MOST concerning for longterm sustainability?

A. The initiative consumed significant manager time that could have been allocated to other leadership priorities

B. Staff satisfaction surveys show that nurses were not consulted about the initiative design and felt excluded from the process

C. Without staff ownership of the improvement, the gains are dependent on the nurse manager's continued attention and are vulnerable to regression when leadership focus shifts or the manager leaves the unit

D. The forty percent improvement may have been achievable with a less resourceintensive approach if staff had been involved in the design

67. A nurse manager is implementing a tiered huddle system on the unit. Tier 1 is a bedside nursetonurse safety check, Tier 2 is a shiftlevel charge nurse huddle, and Tier 3 is a unitlevel leadership huddle. Which sequencing MOST effectively escalates safety information from the bedside to the leadership level?

A. All three tiers should occur simultaneously at the beginning of each shift to maximize efficiency and minimize disruption

B. Tier 1 occurs first and identifies bedside concerns, Tier 2 aggregates and prioritizes the Tier 1 findings, and Tier 3 addresses the prioritized issues requiring leadership action, with each tier building on the information from the previous level

C. Tier 3 occurs first so leadership can set priorities, Tier 2 communicates those priorities to the charge nurses, and Tier 1 translates them to bedside practice

D. Only Tier 2 is essential; Tier 1 and Tier 3 can be eliminated to reduce meeting burden without sacrificing meaningful safety communication

68. A nurse manager reviews employee engagement data showing that the unit's overall engagement score is at the sixtyfifth percentile nationally. However, further analysis reveals that engagement among nurses with less than two years of tenure is at the twentyeighth percentile while engagement among nurses with more than five years of tenure is at the eightyfifth percentile. Which interpretation is MOST actionable?

A. The overall score is adequate and no intervention is needed since the experienced nurses' high engagement compensates for the newer nurses' lower scores

B. The newer nurses are likely still adjusting to the unit culture and their engagement will naturally increase as they gain tenure and experience

C. The experienced nurses' engagement may be inflated by institutional loyalty and survivorship bias rather than genuine satisfaction with the work environment

D. The significant engagement gap between new and experienced nurses suggests that the unit's onboarding, integration, and earlycareer support processes are not meeting newer nurses' needs, requiring targeted investigation and intervention

69. A nurse manager is developing a competencybased orientation framework that uses Patricia Benner's theory to guide the progression of new nurses from novice toward competent practice. Which milestone MOST accurately indicates that a new nurse has transitioned from the advanced beginner to the competent stage?

A. The nurse can recite all unit policies and procedures from memory and consistently follows standardized protocols without deviation

B. The nurse demonstrates the ability to prioritize competing clinical demands, develop conscious plans for patient care based on deliberate analysis, and manage routine clinical situations with increasing efficiency and decreasing reliance on preceptor guidance

C. The nurse performs all clinical skills independently without requiring supervision or assistance from a preceptor

D. The nurse passes all clinical competency validations and receives positive evaluations from the preceptor at the end of orientation

70. A nurse manager is applying the concept of "relational coordination" to improve care quality on the unit. Relational coordination theory focuses on the quality of communication and relationships among interdisciplinary team members as a driver of care quality. Which intervention MOST directly strengthens relational coordination?

A. Implement a teambuilding retreat to improve interpersonal relationships among unit staff

B. Increase the frequency of interdisciplinary meetings from weekly to daily to provide more opportunities for communication

C. Standardize all communication using scripted templates to eliminate variation in how information is exchanged between disciplines

D. Create structures that promote shared goals, shared knowledge, and mutual respect among all disciplines on the unit, including joint rounds, crossdisciplinary education, and collaborative problemsolving practices

71. A nurse manager is responsible for developing a comprehensive onboarding plan for a newly hired nurse who will be the first male nurse on the unit. Several female staff members have made comments expressing surprise and skepticism. Which action is MOST appropriate?

A. Ignore the comments since they will likely stop once the new nurse proves his competence through clinical performance

B. Address the comments privately with the individual staff members and remind them that genderbased assumptions violate professional conduct standards

C. Address gender bias proactively through unit education, establish expectations for an inclusive environment, provide the new nurse with a supportive mentor, monitor the integration process, and address any discriminatory behavior directly

D. Inform the new nurse about the comments so he can prepare for the initial adjustment period and develop strategies for managing the gender dynamics

72. A nurse manager is evaluating the unit's approach to performance appraisals. Currently, annual evaluations are the sole mechanism for performance feedback. The manager wants to transition to a continuous performance management model. Which element is MOST essential for the transition?

A. Replacing the annual evaluation form with a more comprehensive document that includes additional competency domains and rating scales

B. Training the nurse manager in giving more detailed written feedback and allocating additional time for each annual evaluation session

C. Eliminating the annual evaluation entirely and relying exclusively on informal verbal feedback delivered during routine leadership rounding

D. Implementing regular oneonone coaching conversations, realtime feedback practices, goalsetting checkins, and developmental discussions throughout the year, with the annual evaluation serving as a summary of ongoing dialogue rather than the primary feedback event

73. A nurse manager is developing a strategy to reduce the unit's agency nurse utilization, which has increased by sixty percent over the past year. The primary driver is a fifteen percent RN vacancy rate. Recruitment efforts have been unsuccessful. Which analysis should the nurse manager conduct FIRST?

A. Compare the unit's compensation package to regional competitors to determine whether belowmarket pay is driving the recruitment difficulty

B. Survey current agency nurses working on the unit to determine whether any would be interested in converting to permanent positions

C. Analyze the specific factors contributing to both the vacancy rate and recruitment difficulty, including compensation competitiveness, work environment satisfaction, unit reputation, recruitment process efficiency, and whether departing nurses are joining competitors or leaving nursing entirely

D. Request authorization to offer signon bonuses for all new hires to improve the competitive positioning of the unit's open positions

74. A nurse manager is applying the concept of "humble inquiry" as described by Edgar Schein to improve leadership effectiveness. Which behavior BEST demonstrates humble inquiry?

A. Asking detailed technical questions about clinical procedures to verify that staff members are following evidencebased protocols correctly

B. Asking genuine, curious questions that the leader does not already know the answer to, listening without judgment, building relationships based on mutual trust, and creating space for staff to share their perspectives openly

C. Asking staff for their opinions on leadership decisions before implementing them to demonstrate respect for their professional judgment

D. Asking staff to evaluate the nurse manager's leadership effectiveness through anonymous feedback surveys distributed quarterly

75. A nurse manager is implementing a patient flow improvement strategy using the "pull" system concept from Lean methodology. Which application of the pull system is MOST appropriate for improving patient throughput?

A. Require the emergency department to push patients to the unit as soon as a bed is available regardless of the unit's readiness to receive the patient

B. Require the admitting physician to push the admission order before nursing begins the bed preparation and admission process

C. Design a system where the unit pulls patients from the ED only when a bed is cleaned, assigned, and the receiving nurse is prepared, coordinating discharge, cleaning, and admission as a linked process

D. Implement a firstcomefirstserved admission system where patients are placed in beds in the order their admission orders are received

76. A nurse manager is developing a plan to address nursing staff burnout specifically related to electronic health record documentation burden. Time studies show that nurses spend fortythree percent of their shift on EHR documentation and only thirtyone percent on direct patient care. Which intervention strategy is MOST comprehensive?

A. Request additional clerical support staff to assist with nonclinical documentation tasks

B. Advocate for a completely new EHR system that is designed with a nursingcentric workflow and minimal documentation requirements

C. Collaborate with informatics to optimize documentation workflows, reduce redundant data entry, implement voiceassisted documentation, automate data capture from monitoring devices, and advocate for organizational standards that prioritize documentation efficiency

D. Reduce documentation requirements by eliminating nonessential assessment fields from the nursing documentation templates

77. A nurse manager is responsible for creating a unit culture that supports interprofessional education. Currently, nursing, medical, pharmacy, and therapy students all rotate through the unit but rarely interact with each other during their clinical experiences. Which strategy MOST effectively promotes interprofessional learning?

A. Create structured interprofessional learning activities such as joint patient rounds, collaborative care planning exercises, simulation scenarios with mixeddiscipline teams, and reflective debriefings that bring students from all disciplines together

B. Assign students from different disciplines to care for the same patients and allow them to coordinate care independently

C. Provide all students with a written orientation packet that describes the roles and responsibilities of each discipline on the unit

D. Schedule a quarterly interprofessional education day where students from all disciplines attend a lecture on teamwork and collaboration

78. A nurse manager is evaluating the unit's approach to managing patients who exhibit challenging behaviors that are not related to a psychiatric diagnosis — including demanding, manipulative, or noncompliant behaviors. Staff report feeling frustrated and emotionally drained. Which approach is MOST effective?

A. Implement a patient behavior contract system that outlines expected behaviors and consequences for noncompliance

B. Assign the most experienced nurses to care for challenging patients since they have developed better coping skills over time

C. Transfer patients who exhibit challenging behaviors to the behavioral health unit since their care needs exceed the capacity of a medicalsurgical team

D. Implement a structured approach including consistent limitsetting, therapeutic communication training for staff, individualized behavioral care plans, teambased problemsolving, and emotional support resources for nurses managing difficult interactions

79. A nurse manager is evaluating the impact of implementing bedside shift report eighteen months ago. Data shows that patient satisfaction with "nurse communication" has improved from the fortyfifth to the seventysecond percentile. However, nursing overtime has increased by twelve percent, attributed to longer handoff times. Which analysis is MOST appropriate?

A. Discontinue bedside shift report since the overtime cost increase offsets the patient satisfaction improvement

B. Maintain bedside shift report without modification since the patient satisfaction improvement validates the initiative

C. Analyze whether the twelve percent overtime increase is entirely attributable to bedside report or reflects other concurrent factors

D. Analyze whether the overtime increase can be reduced by streamlining the bedside report process without sacrificing the patient engagement elements that drove the satisfaction improvement, and quantify whether the satisfaction gains produce financial value through VBP that offsets the overtime cost

80. A nurse manager is informed that a staff nurse has been providing injectable cosmetic treatments (such as Botox) in a private practice outside of work hours. The nurse is certified to perform these procedures and holds the required state licensure. Several staff members have asked the nurse to provide treatments to them, and some treatments have been performed in the hospital parking lot after shifts. Which action is MOST appropriate?

A. Inform the nurse that her outside practice is a personal matter and the nurse manager has no authority to regulate offduty professional activities

B. Address the parking lot treatments as a concern because they occur on hospital property, discuss the professional risks of treating coworkers including dual relationships, review organizational policies on secondary employment and use of hospital property, and establish clear boundaries

C. Report the nurse to the state board of nursing for operating a medical practice without a facility license

D. Prohibit the nurse from discussing her outside practice with any colleagues during work hours to prevent the perception of a conflict of interest

81. A nurse manager is developing a professional development plan for a nurse who aspires to become a nurse manager. The nurse has strong clinical and interpersonal skills but lacks experience in budgeting, human resources management, and strategic planning. Which development approach is MOST effective?

A. Create a structured development plan that includes education in financial management and HR principles, progressive exposure to budgeting and scheduling processes, mentoring by an experienced nurse manager, participation in organizational committees that develop strategic thinking skills, and regular selfassessment against AONL nurse manager competencies

B. Recommend the nurse pursue a graduate degree in healthcare administration since formal academic preparation is the most reliable pathway to management competency

C. Assign the nurse to serve as acting nurse manager during the manager's vacations to gain handson experience in all management functions simultaneously

D. Provide the nurse with access to online leadership courses and allow selfdirected professional development at her own pace

82. A nurse manager is navigating a complex situation where a nurse has disclosed that she witnessed a colleague divert controlled substances from the automated dispensing cabinet. The reporting nurse fears retaliation and requests anonymity. Which response is MOST appropriate?

A. Promise the reporting nurse absolute anonymity and guarantee that her identity will never be revealed during the investigation

B. Reassure the nurse that retaliation will not be tolerated, report the diversion allegation immediately to the pharmacy, nursing leadership, and human resources, protect the reporter's identity to the extent possible while explaining that complete anonymity cannot be guaranteed, and follow organizational and legal reporting requirements

C. Acknowledge the report and explain that you must investigate the allegation, then observe the accused nurse's dispensing patterns for two weeks to gather independent evidence before reporting

D. Advise the reporting nurse to submit her concerns through the anonymous compliance hotline so her identity is formally protected by the compliance reporting structure

83. A nurse manager is evaluating the unit's compliance with the organization's policy requiring nursing staff to verify patient identification before all medication administrations, blood product transfusions, and specimen collections. An audit reveals ninetyseven percent compliance for medications but only seventyeight percent for specimen collections. Which interpretation is MOST appropriate?

A. The ninetyseven percent medication compliance demonstrates that staff understand the identification requirement, and the lower specimen compliance likely reflects a workflow or process barrier specific to specimen collection rather than a knowledge deficit

B. The discrepancy indicates that staff prioritize medication safety over specimen safety and need reeducation on the equal importance of identification for all clinical activities

C. The seventyeight percent specimen compliance rate is acceptable since specimen mislabeling errors are less harmful than medication administration errors

D. Both compliance rates need improvement and should be addressed with the same intervention since the root cause is likely the same for both activities

84. A nurse manager is responsible for a unit where a nurse has been reported to the state board of nursing by a patient's family. The board has opened an investigation into the nurse's practice. The nurse is anxious and requesting guidance from the nurse manager. Which response is MOST appropriate?

A. Provide the nurse with emotional support and refer her to the employee assistance program but avoid giving specific advice about the board investigation to prevent creating liability for the organization

B. Review the nurse's clinical documentation for the case in question and help her prepare a defense for the board investigation

C. Place the nurse on administrative leave until the board investigation is resolved to protect patients and the organization from liability

D. Advise the nurse to retain personal legal counsel for the board investigation, provide emotional support, refer to EAP, ensure the nurse understands that the organization's legal counsel represents the organization rather than the individual nurse, and continue managing the nurse's employment based on clinical performance

85. A nurse manager is addressing a situation where nursing staff have been using workarounds to bypass a clinical decision support alert in the EHR. The alert requires documentation of fall risk reassessment before discontinuing a patient's fall prevention interventions. Nurses report the alert is disruptive to workflow and adds unnecessary documentation burden. Which response is MOST appropriate?

A. Investigate whether the alert serves a genuine patient safety purpose, evaluate the specific workflow disruption, collaborate with informatics to modify the alert design to reduce burden while maintaining the safety intent, and address the workaround behavior as a patient safety concern

B. Disable the alert since nursing staff have identified it as a barrier to efficient clinical workflow and forced compliance creates alert fatigue

C. Implement a punitive accountability system for nurses who bypass the clinical decision support alert going forward

D. Accept the workaround as evidence that the alert does not add clinical value and request that informatics remove it from the system

86. A nurse manager is evaluating a situation where a staff nurse has been providing nursing care recommendations through a telemedicine platform operated by a company in a state where the nurse does not hold licensure. The nurse performs these activities from home during offduty hours. Which concern is MOST significant?

A. The nurse may be violating the organizational secondary employment policy by working for a competing healthcare provider

B. The nurse's offduty activities may create fatigue that affects her onduty clinical performance and patient safety

C. The telemedicine company may not carry adequate malpractice insurance coverage for the nursing care being provided

D. The nurse may be practicing nursing without a valid license in the state where the telemedicine patients are located, which constitutes a violation of the Nurse Practice Act in that jurisdiction

87. A nurse manager is evaluating the unit's approach to managing the transition from an outgoing nurse manager to the incoming replacement. The current manager will retire in ninety days. Which element of the transition plan is MOST critical for ensuring continuity?

A. A comprehensive written summary of all pending projects, staff development plans, budgetary issues, and quality improvement initiatives

B. Joint overlap period where both the outgoing and incoming managers work together, with the outgoing manager introducing the incoming manager to key stakeholders, transferring institutional knowledge, and gradually transitioning responsibilities

C. A thorough orientation of the incoming manager by the director of nursing covering all organizational policies and expectations

D. A structured transition plan that includes all elements: written documentation, joint overlap period, stakeholder introductions, institutional knowledge transfer, identification of immediate priorities, and posttransition checkin schedule

88. A nurse manager discovers that a charge nurse has been sharing staff performance evaluation results with other staff members during casual conversations. Two nurses have reported that their evaluation scores were discussed by the charge nurse in the break room. Which action is MOST appropriate?

A. Counsel the charge nurse about confidentiality expectations for performance evaluation information and document the conversation

B. Address the breach immediately with the charge nurse as a serious confidentiality violation, explain the legal and ethical implications, initiate progressive discipline per organizational policy, apologize to the affected nurses, and restrict the charge nurse's access to performance evaluation data

C. Require the charge nurse to apologize to the affected nurses and complete a confidentiality refresher training

D. Remove the charge nurse from the charge role since the breach of confidentiality demonstrates a lack of trustworthiness required for leadership

89. A nurse manager is navigating a situation where a nurse has expressed concern that a physician's treatment plan for a terminally ill patient constitutes medical futility. The nurse feels ethically conflicted

about continuing to administer aggressive treatments that she believes are causing suffering without benefit. Which response is MOST appropriate?

A. Instruct the nurse to continue following the physician's orders since treatment decisions are within the physician's scope of medical practice

B. Support the nurse's request to refuse the patient assignment and assign a different nurse who does not share the same ethical concerns

C. Validate the nurse's ethical concern, facilitate communication between the nurse and the physician about the treatment plan, recommend an ethics committee consultation if the conflict persists, and provide emotional support through the process

D. Report the physician to the medical ethics committee for continuing futile treatment over the nursing staff's objections

90. A nurse manager is reviewing the unit's compliance with the organization's policy on reporting errors and nearmiss events. Staff report that they believe reporting is used punitively by leadership despite organizational statements about a just culture. Which action is MOST effective for changing this perception?

A. Distribute a written statement from senior leadership affirming the organization's commitment to a nonpunitive reporting culture

B. Implement an anonymous reporting option so staff can report events without fear of identification

C. Demonstrate nonpunitive responses consistently over time by sharing deidentified reports with staff showing how reported events led to system improvements rather than individual discipline, and publicly recognizing staff who report events as contributors to patient safety

D. Eliminate all disciplinary actions related to clinical errors for a twelvemonth period to demonstrate organizational commitment to a just culture

91. A nurse manager is responsible for a nurse who has requested a religious accommodation to wear a head covering that partially obscures her hospital identification badge. Infection prevention policy requires visible identification at all times. Which approach is MOST appropriate?

A. Work with the nurse and human resources to identify a reasonable accommodation that respects the religious practice while meeting the infection prevention and identification requirements, such as an alternative badge placement or a modified head covering design

B. Deny the accommodation since infection prevention policy applies equally to all staff and religious practices cannot override patient safety requirements

C. Approve the accommodation without modification since religious expression is constitutionally protected and takes precedence over hospital policy

D. Defer the decision to the infection prevention committee to determine whether the head covering presents a genuine infection risk

92. A nurse manager is evaluating the unit's approach to managing nurses who are approaching retirement. Several experienced nurses have indicated they plan to retire within the next two to three years but have not set specific dates. Which strategy is MOST proactive?

A. Ask the nurses to commit to specific retirement dates so the manager can plan recruitment timelines accurately

B. Implement mandatory succession planning for all nurses over the age of sixty to prepare for their eventual departure

C. Engage retiring nurses in knowledge transfer activities, explore flexible transition options such as phased retirement or per diem roles, develop succession plans for their specialized functions, and create opportunities for them to mentor less experienced nurses

D. Begin recruiting replacement candidates immediately to ensure overlap between departing and arriving nurses

93. A nurse manager receives notification that a staff nurse's registered nurse license has lapsed. The nurse continued working for two shifts after the license expired. Which action should the nurse manager take FIRST?

A. Document the situation and wait for the nurse to renew the license before taking any further action

B. Allow the nurse to continue working under the direct supervision of a currently licensed RN until the license is reinstated

C. Remove the nurse from all patient care activities immediately, report the situation to the appropriate organizational leaders, and follow organizational and legal requirements for practicing without a valid license

D. Contact the state board of nursing to determine whether the lapse was administrative or disciplinary before deciding on the appropriate response

94. A nurse manager is addressing a situation where several nurses have expressed concern about caring for a patient who is incarcerated and accompanied by armed correctional officers. The nurses report feeling uncomfortable with the presence of weapons in the clinical environment and uncertain about their obligations regarding the patient's care. Which response is MOST appropriate?

A. Educate staff on the ethical and legal obligation to provide equitable care to incarcerated patients, address safety concerns by coordinating weapon storage procedures with the correctional facility, establish protocols for managing the correctional officers' presence during care delivery, and provide emotional support

B. Request that the correctional officers remove their weapons before entering the clinical area since hospital policy prohibits firearms on the premises

C. Transfer the incarcerated patient to a facility with a dedicated correctional health unit since the presence of armed officers is disruptive to the care environment

D. Assign only male nursing staff to the incarcerated patient since they may be more comfortable with the correctional officer presence

95. A nurse manager is developing a policy for managing staff who refuse to participate in procedures based on moral or ethical objections other than religious beliefs. A nurse has refused to assist with an elective termination of pregnancy based on personal moral beliefs that are not religiously based. Which approach is MOST appropriate?

A. Require the nurse to participate since only religious objections are legally protected under conscience clause legislation

B. Evaluate the objection's legitimacy and available coverage, arrange alternative assignment without penalizing the nurse if another qualified nurse can assume the care, and develop a unit policy that balances conscience objections with patient access to care

C. Accommodate the objection automatically since all moral and ethical objections should be treated the same as religious objections

D. Allow the nurse to refuse this one time but establish that future refusals will not be accommodated since repeated objections create scheduling hardship

96. A nurse manager is analyzing the unit's financial performance and discovers the following:

Budgeted revenue per patient day: $2,800

Actual revenue per patient day: $2,650

Budgeted expense per patient day: $2,400

Actual expense per patient day: $2,350

What is the unit's actual operating margin per patient day, and how does it compare to the budgeted margin?

A. Actual margin is $300/day and budgeted margin is $400/day, representing a $100/day unfavorable variance primarily driven by lowerthanexpected revenue

B. Actual margin is $400/day and budgeted margin is $300/day, representing a $100/day favorable variance

C. Actual margin is $2,650/day and the variance is favorable because expenses were below budget

D. Actual margin is $300/day and budgeted margin is $400/day, representing a favorable variance because expenses decreased more than revenue

97. A nurse manager reviews the following staffing data:

Category	Budget	Actual
RN FTEs	22.0	20.5
LPN FTEs	3.0	2.0
UAP FTEs	5.0	4.0
Agency RN FTEs	0.0	3.5
Total	30.0	30.0

Which finding is MOST significant from a financial and quality perspective?

A. The total FTEs match the budget at 30.0, but the substitution of 3.5 agency FTEs for permanent positions represents a significant cost premium and potential quality concern since agency nurses are typically more expensive and may not be as familiar with unitspecific practices

B. The LPN reduction from 3.0 to 2.0 represents the most significant variance because it changes the unit's skill mix ratio

C. The unit is fully staffed and no further action is needed since total FTEs are at budget

D. The UAP reduction from 5.0 to 4.0 is most concerning because it shifts nonlicensed tasks to licensed personnel

98. A nurse manager is developing a business case for converting the unit from a traditional staffing model to a selfscheduling model supported by scheduling software. The software license costs twentyfive thousand dollars annually. Which financial argument is MOST compelling?

A. Selfscheduling software eliminates the need for the nurse manager to spend time on scheduling, freeing leadership hours for strategic priorities

B. Selfscheduling is associated with improved nurse satisfaction and reduced turnover, and the projected savings from reduced recruitment, orientation, and agency costs from improved retention are expected to exceed the software investment

C. The software will eliminate all scheduling conflicts and reduce grievances related to schedule equity

D. Other hospitals in the region have adopted selfscheduling technology and the organization must remain competitive in the labor market

99. A nurse manager is evaluating the unit's performance on the CMS HospitalAcquired Condition Reduction Program. The unit's HAC score places the organization in the penalty zone, resulting in a one percent reduction in Medicare payments. Which financial impact is MOST significant?

A. The one percent reduction applies only to the unit's Medicare revenue and can be offset by improvements in commercial payer reimbursement

B. The one percent penalty is minimal and represents an acceptable cost of operating a highacuity unit with complex patient populations

C. The one percent reduction affects only the DRG payment for patients who experienced hospitalacquired conditions during their stay

D. The one percent reduction applies to ALL Medicare inpatient payments for the entire hospital for the fiscal year, not just payments for patients with HACs, making the financial impact potentially millions of dollars across the organization

100. A nurse manager is preparing a financial analysis of the unit's nursing skill mix. The current mix is sixtyfive percent RN and thirtyfive percent nonRN (LPN and UAP combined). The nurse manager wants to propose increasing the RN mix to seventyfive percent. Which data is MOST essential to support the proposal?

A. Published research showing a general association between higher RN staffing and better patient outcomes across multiple hospital settings

B. A comparison of the unit's skill mix to the skill mix at peer institutions with similar patient populations and acuity levels

C. Staff satisfaction survey data showing that nurses prefer working with more RN colleagues rather than nonRN staff

D. Unitspecific analysis correlating the current skill mix with nursesensitive quality outcomes, modeling the projected quality improvement from the proposed skill mix change, and calculating the cost differential alongside the estimated financial value of prevented adverse events

101. A nurse manager is responsible for managing the unit's supply chain costs. A new group purchasing organization contract has reduced the unit cost of several frequently used supplies by fifteen percent. However, overall supply spending has increased by eight percent during the same period. Which investigation is MOST appropriate?

A. Audit the supply room inventory to determine whether staff are hoarding supplies in anticipation of future shortages

B. Accept the spending increase as a reflection of higher patient volume that naturally increases supply consumption

C. Analyze whether the lower unit costs have led to increased utilization volume, whether new highcost supplies have been added to the formulary, whether supply waste has increased, or whether patient acuity changes have driven higher perpatient supply consumption

D. Contact the GPO to verify that the contracted pricing is being applied correctly at the point of purchase

102. A nurse manager is evaluating the financial impact of implementing a nurse practitionerdriven admission process that would allow the NP to perform initial evaluations and begin treatment plans before the attending physician arrives. Currently, patients wait an average of ninety minutes for the physician to initiate orders. Which financial metric is MOST important to evaluate?

A. The nurse practitioner's salary and benefits compared to the cost of physician coverage during the same time period

B. The projected improvement in patient throughput from earlier treatment initiation and its impact on bed availability and revenue

C. The reduction in nursing overtime that would result from more efficient admission processing during each shift

D. Patient satisfaction scores for the admission experience compared to current scores under the physicianonly model

103. A nurse manager is developing a proposal to implement a nurse led chronic pain management program. The program would require hiring a certified pain management nurse at an annual cost of eighty-five thousand dollars. Which outcome would provide the STRONGEST financial justification?

A. A reduction in the number of physician pain management consultations ordered for patients on the unit

B. Measurable reduction in opioid utilization, decreased length of stay for chronic pain patients, fewer pain related readmissions, and improved patient satisfaction scores that produce total cost savings exceeding the position's annual compensation

C. Improvement in staff satisfaction related to improved pain management resources available on the unit

D. Reduction in the number of patient complaints related to pain management during hospitalization

104. A nurse manager is analyzing the unit's bed utilization data:

Average daily census: 32

Licensed beds: 40

Budgeted beds: 36

What is the unit's occupancy rate based on budgeted beds, and what does it indicate?

A. 80% occupancy (32/40), indicating the unit has significant unused capacity

B. 84% occupancy (32/38), indicating the unit is operating near optimal capacity

C. 89% occupancy (32/36), indicating the unit is approaching the threshold where patient flow and throughput begin to be affected

D. 100% occupancy, because the unit is operating above the budgeted census target

105. A nurse manager is developing a financial projection for a proposed telemetry monitoring upgrade. The current system requires dedicated monitor technicians at a cost of three hundred thousand dollars annually. The proposed system uses AIenhanced monitoring that would eliminate the need for technicians but costs two hundred thousand dollars annually for the technology license. Which analysis is MOST comprehensive?

A. The technology saves one hundred thousand dollars annually and should be approved based on the direct cost comparison alone

B. Evaluate the total cost comparison including technology costs, required nursing workflow changes, potential quality impact from eliminating human monitoring, transition costs, and the risk of technology failure, alongside the financial savings

C. Evaluate staff satisfaction with the proposed change since technology acceptance determines implementation success

D. Compare the proposed AI system's false alarm rate to the current technicianmonitored system's alarm response accuracy

106. A nurse manager is preparing the unit's annual operating budget. Historical data shows the following seasonal volume patterns:

| Quarter | Patient Days |

|||

| Q1 (JanMar) | 2,800 |

| Q2 (AprJun) | 2,400 |

| Q3 (JulSep) | 2,200 |

| Q4 (OctDec) | 2,600 |

Total annual patient days: 10,000. If the unit's annual salary budget is $3,000,000, and the manager wants to align staffing costs with seasonal volume, which quarterly salary allocation is MOST appropriate?

A. $750,000 per quarter distributed equally regardless of seasonal volume variations

B. Q1: $780,000, Q2: $720,000, Q3: $660,000, Q4: $720,000 — adjusted proportionally but not exactly matching volume ratios due to fixed staffing minimums

C. Q1: $840,000, Q2: $720,000, Q3: $660,000, Q4: $780,000 — exactly proportional to the patient day ratios

D. Allocate the budget based on seasonal volume patterns using a flexible staffing model that adjusts variable labor costs proportionally to volume while maintaining fixed costs for minimum staffing requirements and leadership positions

107. A nurse manager is evaluating the return on investment of the unit's preceptor development program. The program costs twelve thousand dollars annually for training materials and backfill coverage. Which outcome data provides the STRONGEST evidence of ROI?

A. Comparison of new nurse firstyear retention rates, time to independent practice, and competency assessment scores before and after the preceptor program implementation, translated into the financial value of improved retention and reduced orientation length

B. Preceptor satisfaction with the training program and their selfreported confidence in mentoring new nurses

C. The number of preceptors who completed the training program and the percentage of orientees who received a trained preceptor

D. Comparison of the unit's orientation length to the organizational average across all nursing units

108. A nurse manager is developing a financial justification for implementing a dedicated rapid response nurse position. Data shows that the unit averages eight rapid response activations per month, and thirty percent of activations result in ICU transfer. Which calculation is MOST relevant to the financial justification?

A. The cost of the dedicated rapid response nurse position compared to the current cost of staff nurses who respond to rapid response calls

B. The projected number of ICU transfers prevented by earlier intervention multiplied by the average cost differential between ICU and floorlevel care, compared to the rapid response nurse position cost

C. The projected improvement in patient satisfaction scores related to patients' perception of safety and responsiveness

D. The projected reduction in code blue events and their associated costs including resuscitation supplies, pharmacy, and documentation

109. A nurse manager is reviewing the unit's overtime data and discovers that the highest overtime expenditure consistently occurs during the first week of each month. Further analysis reveals that this pattern coincides with the largest number of scheduled patient admissions from physician offices. Which action is MOST appropriate?

A. Implement a policy prohibiting all overtime during the first week of each month to control costs

B. Notify the admitting physicians that admissions during the first week must be reduced to prevent overtime

C. Add a float pool position during the first week of each month to provide additional coverage

D. Analyze whether the admission scheduling pattern can be modified, adjust staffing levels to match the predictable volume pattern, and explore whether the float pool or per diem staff can be proactively scheduled during the first week to prevent overtime

110. A nurse manager is evaluating whether to recommend converting three twelvehour weekend positions to six eighthour positions. The twelvehour nurses receive a weekend premium of twenty percent. The eighthour positions would not receive the premium. Which factor is MOST important to evaluate?

A. Staff preference between twelvehour and eighthour weekend shifts based on survey results

B. The number of applicants available for eighthour weekend positions compared to twelvehour positions

C. Published research on shift length and patient safety outcomes for weekend staffing models

D. Total cost comparison including premium differentials, benefit costs, orientation expenses, and the impact on recruitment, retention, and continuity of care for both models

111. A nurse manager is developing a proposal for a new patient education technology system that delivers personalized multimedia education through bedside tablets. The system costs sixty thousand dollars annually. Which metric would provide the STRONGEST evidence of value?

A. The number of patients who access the multimedia education content compared to the number who receive traditional printed education materials

B. Measurable improvement in patient comprehension scores, reduction in educationrelated readmissions, and improvement in HCAHPS "discharge information" domain scores, translated into financial value through VBP reimbursement and readmission penalty avoidance

C. Staff time savings from reduced nursedelivered education sessions compared to the current bedside education model

D. Patient satisfaction with the technology experience and their preference for multimedia versus printed education

112. A nurse manager is preparing for a contract negotiation with a dietary services vendor. Patient meal satisfaction scores have declined since the vendor assumed operations two years ago. Which negotiation strategy is MOST effective?

A. Threaten to terminate the contract unless meal satisfaction scores improve to the prevendor baseline within ninety days

B. Renegotiate the contract price downward to reflect the declining service quality and redirect the savings to patient experience improvements

C. Present specific performance data including satisfaction trends, patient complaint logs, and dietary order accuracy metrics, establish measurable performance standards with accountability mechanisms, and negotiate contractual remedies for continued underperformance

D. Accept the lower satisfaction scores since dietary services are a vendormanaged function outside the nurse manager's direct control

113. A nurse manager is developing a financial model for a proposed nurseled transition of care clinic that would provide postdischarge followup for highrisk patients. The clinic would operate three days per week. Which revenue model is MOST sustainable?

A. Operate the clinic as a cost center funded entirely by the hospital's operating budget with no direct revenue generation

B. Bill for transitional care management services under CMS billing codes, supplement with care coordination fees from managed care contracts, and demonstrate value through readmission reduction that protects against CMS penalties

C. Operate the clinic with revenue from a onetime foundation grant and transition to selffunding once the program demonstrates value

D. Fund the clinic through the unit's existing operating budget by reallocating funds from the education and professional development budget

114. A nurse manager is calculating the breakeven point for a new wound care clinic. Fixed costs are one hundred fifty thousand dollars annually, the average reimbursement per visit is one hundred twentyfive dollars, and the variable cost per visit is seventyfive dollars. How many patient visits are needed annually to break even?

A. 3,000 visits (Fixed costs ÷ contribution margin per visit: $150,000 ÷ $50 = 3,000)

B. 2,000 visits (Fixed costs ÷ average reimbursement per visit: $150,000 ÷ $75 = 2,000)

C. 1,200 visits (Fixed costs ÷ average reimbursement per visit: $150,000 ÷ $125 = 1,200)

D. 1,500 visits (Fixed costs ÷ variable cost per visit: $150,000 ÷ $100 = 1,500)

115. A nurse manager is evaluating whether to outsource the unit's patient transport function to a contracted transport service. The inhouse transport team costs three hundred twenty thousand dollars annually. The contracted service proposes two hundred eighty thousand dollars annually. Which factor is MOST important to evaluate beyond the cost comparison?

A. Whether the contracted transport staff will wear the same uniforms as hospital employees to maintain a consistent patient experience

B. The contracted service's references and reputation at other hospitals where they currently provide transport services

C. Whether the contracted service's insurance coverage meets the hospital's minimum liability requirements

D. The impact on patient transport response times, quality of care during transport, patient satisfaction, integration with unit workflows, and the organizational risk of depending on a single vendor for a function that directly affects patient throughput and safety

Answer Key – Exam 7 (with Full Answer Explanations)

1. A — Acknowledging a twenty-year complaint-free record, expressing curiosity about what changed, sharing specific feedback, exploring contributing factors, and collaborating on strategies respects the nurse's history while addressing the current concern. A sudden behavioral change in a long-tenured nurse often signals personal or professional stressors that require exploration rather than punitive response.

2. B — Designating a family liaison, establishing a communication center near the clinical area, and creating structured update intervals separates the family communication function from direct clinical care during a surge. Mass casualty events require role delineation that protects clinical staff from being overwhelmed by simultaneous demands.

3. C — A peer support program, individual trained peer support for the affected nurse, team education on the second victim phenomenon, and a structured reintegration plan addresses all dimensions. The second victim phenomenon describes the lasting emotional harm clinicians experience after involvement in adverse events and requires organizational support systems, not just individual referrals.

4. A — Refocusing on documented patient wishes, facilitating structured dialogue using the patient's goals as the framework, and recommending ethics or palliative consultation if needed centers the decision on the patient rather than professional hierarchy. When care team members disagree, the patient's documented values and wishes provide the most appropriate decision-making anchor.

5. B — Implicit bias education, standardized protocols removing subjective judgment, equitable response targets, and demographic-stratified monitoring addresses the disparity through both awareness and system-level safeguards. Research consistently shows that standardized protocols reduce disparities more effectively than awareness training alone because they remove the decision points where unconscious bias operates.

6. A — Cross-functional analysis involving all departments in the bed turnaround process identifies which specific segments cause delays. Bed turnaround involves multiple handoffs across nursing, EVS, transport, bed management, and admitting. Optimizing one segment cannot fix delays in another department's workflow.

7. C — Expressing concern privately, describing specific observed behaviors without diagnosing, offering support resources, and discussing patient safety collaboratively respects the nurse's dignity while addressing the safety concern. Asking about a diagnosis directly or mandating fitness-for-duty evaluation before a supportive conversation may violate ADA protections and damage trust.

8. C — Presenting evidence, negotiating mutually acceptable implementation, and evaluating after a trial period addresses the objections collaboratively. Protected time for focused work reduces meeting fatigue and improves productivity, but successful implementation requires buy-in from interdepartmental partners who share the scheduling calendar.

9. D — Reviewing the specific interaction, demonstrating plain language translation, practicing in real-time coaching sessions, and providing feedback during subsequent interactions develops the communication skill through experiential learning. Jargon use is a deeply embedded habit that requires repeated practice with feedback rather than reference guides or observation alone.

10. A — Demonstrating how digital boards enhance face-to-face communication, providing hands-on training, piloting with willing staff, and refining before full rollout addresses the two concerns: learning difficulty and reduced interpersonal communication. Technology adoption succeeds when staff see it augmenting rather than replacing valued practices.

11. A — Acknowledging financial impact, explaining organizational factors, providing competitive comparisons, sharing resource information, and creating a forum for concerns demonstrates transparent, empathetic communication about a difficult change. Benefits changes affect staff personally and require the same communication care as clinical policy changes.

12. C — A joint problem-solving session mapping the current workflow, identifying failure points, co-developing a bidirectional protocol, and establishing mutual accountability addresses the communication breakdown at its source. Both departments have legitimate concerns, and the solution requires collaborative redesign rather than unilateral policy changes.

13. D — Prioritizing the most critical documents, documenting a corrective action plan for remaining items, and being transparent with surveyors demonstrates accountability and integrity. Backdating documents is fraudulent and would result in severe consequences if discovered. Surveyors respect organizations that acknowledge gaps and demonstrate corrective action.

14. A — Comparing the entire weekend admission experience against weekday admissions including ancillary services, physician rounding, discharge planning, and family visitation identifies which environmental factors differ. Since the same nurses work both weekdays and weekends, the satisfaction gap likely reflects system-level differences in weekend service availability rather than nursing care quality.

15. D — Addressing the physician directly with documented examples, stating the impact on staff and patient care, outlining behavioral expectations, and escalating through both nursing and medical channels simultaneously creates comprehensive accountability. Physician behavioral issues require action through both the nursing and medical staff governance structures.

16. A — Meeting individually with each nurse immediately to stop the behavior, then restoring family confidence, and following with formal documentation addresses all three affected parties: the patient/family, each nurse, and the unit's professional reputation. Communicating patient care concerns through patients and families is a serious professional conduct violation requiring immediate intervention.

17. A — A hybrid approach providing a curated list of compatible matches while allowing the mentee to make the final selection combines the evidence base for compatibility-based matching with the motivational benefits of self-selection. Research shows that mentoring relationships are most successful when both compatibility and individual choice are incorporated.

18. C — Allowing any nurse to activate the rapid response team directly while simultaneously notifying the charge nurse through a parallel pathway eliminates the seven-minute delay without removing the charge nurse from the communication loop. Patient safety requires that activation barriers be minimized while maintaining appropriate situational awareness.

19. B — Informing the nurse that sharing proprietary information is an ethics concern, establishing expectations against disclosure, and refraining from using shared information demonstrates professional integrity. Competitive intelligence gained through employee disclosure of proprietary information creates ethical and potentially legal liability.

20. D — Meeting with the veteran nurse to address specific behaviors, explaining the NP's scope and authority, establishing collaboration expectations, and monitoring addresses the undermining directly. Nurse practitioners have independent clinical authority within their scope, and nursing staff must work collaboratively within that framework.

21. A — Emphasizing AI as assistant not replacement, transparent demonstration, addressing accuracy and liability concerns, extensive training, and staff involvement in evaluation builds trust through transparency and participation. AI adoption in clinical settings requires explicit reassurance about professional judgment preservation.

22. C — Addressing the family's concerns driving the recording, discussing staff comfort, collaborating on a solution, and advocating for organizational policy development addresses all stakeholders' interests. Recording situations require balancing patient/family rights with staff privacy and clinical focus, ideally guided by clear organizational policy.

23. B — Teaching the charge nurse to frame directives as collaborative decisions by explaining reasoning, inviting input where appropriate, and communicating respectfully develops the specific skill gap. The charge nurse makes good decisions but communicates them in a way that alienates staff. The coaching target is communication style, not decision quality.

24. A — Reviewing injury circumstances with the safety team, evaluating work practices, providing targeted education, and ensuring accommodations for safe return addresses the root cause. High-frequency injuries in a single employee often reflect ergonomic factors, technique issues, or environmental hazards rather than fraud.

25. D — Maintaining confidentiality, refraining from independent immigration investigation, and avoiding employment action based solely on voluntary disclosure follows legal guidance. Employers are required to complete I-9 verification through the organizational process but are not obligated to investigate immigration status based on employee disclosures. Independent investigation could create discrimination liability.

26. D — Meeting individually to understand underlying causes, exploring contributing factors, offering support, and addressing patterns within the existing policy framework takes a constructive approach. Many chronic absenteeism patterns have identifiable causes such as health conditions, childcare challenges, or workplace dissatisfaction that can be addressed supportively.

27. B — Both TJC and DNV GL are CMS-approved accreditation organizations conferring deemed status, but they differ in methodology — TJC uses triennial surveys while DNV GL uses annual surveys incorporating ISO 9001 quality management principles. Understanding accreditation options helps nurse managers prepare appropriately for whichever survey methodology their organization faces.

28. A — Education on purpose, anonymity assurance, developmental rather than evaluative use initially, coaching on receiving feedback, and individual debriefing supports successful 360-degree feedback introduction. New feedback mechanisms create anxiety that must be addressed through education and psychologically safe implementation.

29. B — Immediately separating schedules, notifying HR and security, reviewing the restraining order, and developing a safety plan addresses the immediate safety risk. Workplace implications of restraining orders require rapid action to protect the employee and comply with legal requirements. Investigation of the allegations is not the nurse manager's role.

30. C — Assessing clinical appropriateness, evaluating capacity given staffing and acuity, communicating concerns to the supervisor, and following the transfer acceptance protocol balances the obligation to accept appropriate transfers with the responsibility to maintain safe care. Transfer decisions require clinical and operational assessment rather than automatic acceptance or refusal.

31. A — Investigating whether safety devices are being activated properly, assessing compliance, evaluating device appropriateness for all procedures, and implementing targeted retraining identifies the specific reasons safety-engineered devices have not reduced injuries. Persistent needlestick rates despite safety devices usually reflect improper activation technique or device mismatch for specific procedures.

32. B — Lack of integration into the admission workflow and EHR is the most common barrier to screening compliance for new quality measures. When screening tools exist as separate processes competing with established clinical priorities, they are consistently deprioritized. Workflow integration makes screening a natural part of existing routines.

33. B — Referring the family to health information management for POA verification, scope confirmation, and proper release processing follows the legal and organizational process for medical records requests. Nurses should never independently verify legal documents or release records. HIM has the expertise and authority to process these requests properly.

34. A — Periodic simulation, just-in-time training resources at the point of care, annual competency validation, and a system tracking current competency addresses the unique challenge of maintaining proficiency in procedures performed too infrequently for practice-based competency maintenance.

35. D — Collaborating with utilization management and medical staff on a proactive status review process, educating nursing on status classification impacts, and establishing a notification workflow addresses the Two-Midnight Rule compliance through systemic process improvement rather than reactive responses to individual reclassifications.

36. D — A thorough risk assessment identifying the unit's specific hazards, high-risk situations, patient populations, environmental vulnerabilities, and historical patterns must come first because all other plan

components are built upon its findings. OSHA requires that workplace violence prevention programs begin with a comprehensive risk assessment.

37. B — Wrong-patient events carry the highest potential for catastrophic harm despite their low count. Seven near-miss events suggest active system vulnerabilities that could result in a sentinel event. Patient safety prioritization weighs potential severity of harm alongside frequency, and wrong-patient events can be fatal.

38. A — PSO-reported patient safety work product is privileged and confidential, protected from legal discovery, and cannot be used for disciplinary action. This protection encourages candid safety analysis that would not occur if the information could be used in litigation or employment actions. PSO protections do not override state mandatory reporting requirements.

39. D — A forty-two percent override rate likely reflects both alert fatigue from excessive low-value alerts and appropriate clinical overrides. Analysis must determine which alerts are overridden, whether the rationale is clinically sound, and whether high-risk overrides contribute to adverse events. Blanket interpretation as either appropriate or inappropriate is insufficient.

40. C — Contacting the physician to clarify whether a conversation occurred but was not documented, or whether it has not taken place, and advocating for patient participation follows the chain of command while protecting patient rights. DNR orders without documented goals-of-care conversations may reflect a documentation gap or a process gap, and the distinction matters.

41. A — Automated clinical surveillance scanning vitals in real time for SIRS criteria with mandatory acknowledgment and protocol activation creates a system-level safeguard that catches deterioration regardless of individual nurse vigilance. The RCA showed that the nurse documented the abnormal vitals but did not recognize their significance — technology can bridge this recognition gap.

42. B — The PSDA requires hospitals to provide information about advance directive rights upon admission, document whether the patient has an advance directive, and ensure policies comply with state law. The PSDA does not require patients to complete advance directives — only that they receive information about their right to do so.

43. B — A comprehensive alarm inventory identifying active alarms, default settings, frequency, clinical relevance, and nuisance versus actionable rates must come first. The Joint Commission's NPSG

on clinical alarm safety requires organizations to understand their alarm landscape before implementing management strategies. You cannot optimize what you have not measured.

44. C — Focused interventions during the peak period including proactive toileting, medication timing review, environmental orientation at evening shift start, and targeted alarm use directly addresses the identified contributing factors during the identified high-risk window. Targeted interventions during peak-risk periods produce more impact per resource invested than universal interventions.

45. B — Investigating the root cause, implementing a real-time bed management system with isolation flags, educating staff, establishing admission screening, and monitoring compliance addresses the cohorting failure systematically. Inconsistent cohorting is a process failure requiring system-level solutions including technology, education, and monitoring.

46. D — All three bundle elements are interdependent, and the most common compliance barrier varies by unit based on specific workflow conditions. Assuming a single universal bottleneck leads to misallocated improvement resources. Unit-level analysis is required to identify which element(s) are driving non-compliance in the specific clinical environment.

47. B — Presenting C. difficile data alongside the formulary change timeline to the stewardship committee and collaborating on an analysis demonstrates the appropriate clinical governance approach. Antibiotic prescribing changes require stewardship committee involvement rather than unilateral unit-level formulary restrictions.

48. A — A clear, rehearsed plan including notification, lockdown, sheltering-in-place, escape routes, and regular drills provides the operational foundation for staff safety. Active shooter preparedness research consistently shows that rehearsed response protocols significantly improve survival outcomes. Physical modifications without rehearsed procedures are insufficient.

49. D — Three CLABSIs in a quarter with declining central line days warrants immediate case-level investigation for common factors. Small-number infection rates can spike due to a single contaminated line insertion, a maintenance bundle compliance lapse, or a cluster. Each case must be individually analyzed before interpreting the rate as a trend or random variation.

50. D — Re-educating on the purpose and methodology of truly independent double-verification and redesigning the process to support genuine independence addresses the root cause: check-signing defeats

the safety purpose of independent verification. The second nurse must independently review the original order, label, and pump settings rather than simply confirming what the first nurse states.

51. B — Adaptive leadership theory distinguishes between technical problems (clear solutions that experts can implement) and adaptive challenges (problems requiring people to change their values, beliefs, or behaviors). The staffing dilemma has no clear technical solution — it requires the team to navigate trade-offs together. The leader's role is to create conditions for productive dialogue rather than providing answers.

52. C — MBO requires collaboratively developed, specific, measurable, time-bound objectives. The distinguishing feature is that objectives are developed jointly between manager and employee, are quantifiable, and have defined completion dates. General goals, ongoing expectations, and competency checklists do not meet the MBO methodology standard.

53. C — Behavioral Event Interviews ask candidates to describe specific past situations demonstrating leadership behaviors because past behavioral performance is the strongest predictor of future behavior. Hypothetical questions reveal what candidates think they would do, while behavioral questions reveal what they actually did.

54. A — Cultural intelligence involves recognizing cultural influences on behavior, adapting leadership approach without stereotyping, and leveraging diversity as a team strength. Cultural intelligence goes beyond cultural competence (knowing about cultures) to include the ability to adapt behavior effectively in real-time cross-cultural interactions.

55. B — Presenting specific documented behavioral examples, describing expected standards, developing a measurable improvement plan with clear targets and timeline, providing coaching resources, and scheduling check-ins follows the evidence-based performance improvement framework. Five separate complaints from different coworkers establish a clear pattern that requires formal intervention.

56. A — Meaningful control over work, involvement in practice decisions, visible and attributable outcomes, and opportunities to invest unique knowledge build psychological ownership. Research shows that people feel ownership when they have control, intimate knowledge, and personal investment in something. These conditions must be actively created by leadership.

57. A — Evaluating whether initiatives address root causes versus symptoms, whether changes are hardwired versus compliance-dependent, whether monitoring structures exist, and whether leadership attention shifts prematurely addresses the four most common reasons quality improvements regress. Sustainability requires hardwiring changes into systems rather than relying on continued project-level attention.

58. B — Kirkpatrick Level 3 (Behavior) measures whether learners apply what they learned in their actual work practice. Observation of charge nurses applying leadership skills in daily practice compared to pre-training baseline provides the most meaningful Level 3 data. Level 1 is Reaction (satisfaction), Level 2 is Learning (knowledge), Level 4 is Results (organizational outcomes).

59. B — Leveraging experienced nurses' expertise by involving them in evidence evaluation, positioning changes as enhancements rather than replacements, and creating structured cross-experience learning opportunities respects the team's knowledge while introducing new thinking. Experienced teams resist change when it invalidates their expertise. Framing innovation as building on their foundation reduces resistance.

60. C — Embedding the pharmacist in daily operations including rounds, proactive reviews, real-time decision support, discharge counseling, and collaborative QI maximizes the pharmacist's value. Integration-based models produce better medication safety outcomes than consultation-based models because the pharmacist is proactively involved rather than reactively available.

61. C — A multifaceted program with timely, specific, personalized acknowledgment, peer-to-peer recognition, public celebration, and daily leadership integration addresses the AACN meaningful recognition standard comprehensively. Meaningful recognition must be frequent, specific to the individual's contribution, and delivered through multiple channels to be perceived as genuine.

62. D — In the ADKAR model, the desire gap must be addressed by helping staff understand personal benefits and involving them in design, while the ability gap requires practice opportunities. These two gaps are addressed simultaneously since desire motivates practice and successful practice builds both ability and desire.

63. A — SMART objectives aligned with organizational strategy, informed by performance data and benchmarks, and developed with frontline input create objectives that are both ambitious and grounded in operational reality. Frontline input ensures that objectives account for the constraints that make ambitious targets either achievable or unrealistic.

64. B — In authentic shared governance, councils have defined decision-making authority and decisions do not require management approval within their scope. This distinguishes governance from advisory structures where final authority remains with management. The distinction determines whether staff have genuine power or merely an advisory voice.

65. C — A focused PDSA cycle testing a single intervention with a small sample, measuring quickly, and adjusting before scaling matches the rapid cycle timeline requirement. Six Sigma DMAIC and full root cause analyses require weeks to months. PDSA is specifically designed for rapid, iterative testing of small changes.

66. C — Without staff ownership, improvements depend on the manager's continued attention and are vulnerable to regression during leadership transitions or priority shifts. This finding is the most concerning because it means the forty percent improvement is structurally fragile despite being clinically successful.

67. B — Tier 1 identifies bedside concerns, Tier 2 aggregates and prioritizes them, and Tier 3 addresses issues requiring leadership action. This bottom-up sequencing ensures that frontline safety intelligence flows upward through progressive levels of analysis and decision-making authority. Top-down sequencing pushes priorities rather than pulling intelligence.

68. D — The significant engagement gap between tenure groups suggests that onboarding, integration, and early-career support processes are failing newer nurses. The experienced nurses' high engagement may mask a systemic failure to integrate and retain newer staff, creating a long-term workforce vulnerability as experienced nurses retire.

69. B — Benner's competent stage is characterized by the ability to prioritize, develop deliberate care plans based on conscious analysis, and manage routine situations with increasing efficiency and decreasing preceptor reliance. The transition from advanced beginner (following guidelines) to competent (developing independent plans) marks a critical developmental milestone.

70. D — Relational coordination theory identifies shared goals, shared knowledge, and mutual respect as the relationship dimensions that drive care quality, supported by structures such as joint rounds, cross-disciplinary education, and collaborative problem-solving. Relational coordination goes beyond team building to create systematic interdependence across disciplines.

71. C — Proactively addressing gender bias through education, establishing inclusion expectations, providing mentoring, monitoring integration, and addressing discriminatory behavior directly creates a supportive environment. Ignoring comments allows bias to embed, while informing the new nurse places the burden of managing bias on the target rather than the organization.

72. A — Regular coaching conversations, real-time feedback, goal-setting check-ins, and developmental discussions throughout the year with the annual evaluation as a summary transforms performance management from an event to a relationship. Continuous performance management aligns with evidence showing that ongoing feedback produces better development outcomes than periodic evaluations.

73. C — Analyzing the specific factors contributing to both the vacancy rate and recruitment difficulty across compensation, work environment, reputation, process efficiency, and departure destinations provides the diagnostic foundation for a targeted recruitment and retention strategy. Solutions must match the specific causes rather than assuming a single driver.

74. B — Humble inquiry as defined by Schein involves asking genuine questions the leader does not already know the answer to, listening without judgment, and creating space for open sharing. The power of humble inquiry lies in the leader's genuine curiosity and willingness to learn from others rather than seeking to confirm pre-existing conclusions.

75. C — The pull system in Lean methodology means the downstream process (the unit) pulls work from the upstream process (the ED) only when it is ready to receive it. This ensures that bed preparation, cleaning, and nurse readiness are coordinated before the patient arrives, eliminating the waste and confusion of push-based admissions.

76. C — Collaborating with informatics on workflow optimization, reducing redundancy, implementing voice-assisted documentation, automating data capture, and advocating for organizational standards provides the most comprehensive approach. Documentation burden is a system-level problem requiring system-level solutions involving technology, workflow redesign, and organizational standards.

77. A — Structured interprofessional activities including joint rounds, collaborative care planning, mixed-discipline simulation, and reflective debriefing creates genuine interprofessional learning. The WHO Framework for Action on Interprofessional Education identifies collaborative practice experiences as essential for developing the teamwork skills needed in healthcare.

78. D — A structured approach with consistent limits, therapeutic communication training, individualized behavioral care plans, team-based problem-solving, and emotional support addresses challenging behaviors through both system-level consistency and individual skill development. Challenging patient behaviors require team-based management strategies rather than individual nurse coping.

79. D — Analyzing whether overtime can be reduced by streamlining the process, quantifying satisfaction gains' financial value through VBP, and comparing these against overtime costs provides the comprehensive analysis needed. The decision requires understanding both whether the overtime is truly caused by bedside report and whether the satisfaction improvement generates financial return.

80. B — Addressing parking lot treatments as a hospital-property concern, discussing dual relationship risks, reviewing organizational policies, and establishing boundaries addresses the professional issues within the manager's scope. Off-duty practice on hospital property and treatment of coworkers both create organizational concerns regardless of the nurse's independent licensure.

81. A — A structured plan including financial and HR education, progressive exposure, experienced manager mentoring, committee participation, and competency self-assessment against AONL standards provides comprehensive preparation. Nurse manager development requires both theoretical knowledge and progressive experiential learning in all competency domains.

82. C — Reassuring against retaliation, reporting immediately to pharmacy, nursing leadership, and HR, protecting the reporter's identity to the extent possible while explaining anonymity limitations, and following reporting requirements balances reporter protection with organizational and legal obligations. Complete anonymity cannot be guaranteed in diversion investigations.

83. B — The discrepancy between high medication compliance and low specimen compliance with the same identification policy suggests a workflow or process barrier specific to specimen collection rather than a knowledge gap. Different clinical activities may create different compliance barriers even when the same policy applies.

84. D — Advising personal legal counsel, providing emotional support, referring to EAP, explaining that organizational counsel represents the organization, and managing employment based on performance addresses the nurse's immediate needs. Board investigations are individual legal matters requiring personal legal representation separate from organizational interests.

85. A — Investigating whether the alert serves a safety purpose, evaluating the workflow disruption, collaborating with informatics on redesign, and addressing the workaround as a safety concern balances workflow efficiency with patient safety. Workarounds signal either legitimate workflow barriers or inappropriate risk-taking, both of which require investigation.

86. D — Practicing nursing in a state where the nurse does not hold licensure constitutes unlicensed practice regardless of the nurse's home state licensure. Telehealth nursing is subject to the licensing requirements of the state where the patient is located, not where the nurse is physically situated. This represents a Nurse Practice Act violation.

87. D — A comprehensive transition plan including written documentation, joint overlap period, stakeholder introductions, knowledge transfer, priority identification, and post-transition check-ins addresses all dimensions of leadership continuity. Each element alone is insufficient — effective transitions require the full complement of written, relational, and structural handoff components.

88. B — Addressing the breach immediately as a serious violation, explaining legal and ethical implications, initiating progressive discipline, apologizing to affected nurses, and restricting evaluation data access treats the confidentiality violation with the seriousness it warrants. Performance evaluation data is confidential personnel information whose disclosure can create legal liability.

89. C — Validating the ethical concern, facilitating nurse-physician communication, recommending ethics consultation if conflict persists, and providing emotional support follows the professional framework for addressing moral distress around potential medical futility. Nurses have an ethical obligation to advocate for patients and a professional channel for raising futility concerns.

90. C — Demonstrating non-punitive responses consistently over time through de-identified reports showing system improvements and recognizing reporters as safety contributors changes perception through evidence of actual practice. Perception of punitive culture changes only when staff observe that reporting leads to system improvement rather than individual discipline.

91. A — Working with the nurse and HR to identify a reasonable accommodation respecting both religious practice and identification requirements follows the ADA and Title VII interactive accommodation process. Religious accommodations require creative problem-solving that satisfies both the religious obligation and the legitimate safety requirement.

92. C — Engaging retiring nurses in knowledge transfer, exploring flexible transition options, developing succession plans, and creating mentoring opportunities captures institutional knowledge while honoring the contributions of transitioning employees. Retirement transitions represent both a knowledge risk and a mentoring opportunity that proactive planning can leverage.

93. C — Removing from patient care immediately, reporting to organizational leaders, and following requirements for practicing without a valid license is the required first response. A nurse practicing with a lapsed license is practicing unlicensed, which creates both patient safety risk and organizational liability regardless of the reason for the lapse.

94. A — Educating on equitable care obligations, coordinating weapon storage with the correctional facility, establishing protocols for officer presence, and providing emotional support addresses the ethical, safety, and emotional dimensions. Incarcerated patients have the same right to equitable care as all patients, and nursing staff concerns about armed officers in clinical areas are legitimate and addressable.

95. D — Evaluating the objection, arranging alternative assignment if coverage allows, and developing a policy balancing conscience with access follows the emerging professional framework for non-religious moral objections. While legal protections for non-religious moral objections are less established than religious ones, professional practice increasingly recognizes conscience-based objections when patient care is not compromised.

96. D — Actual margin = $2,650 - $2,350 = $300/day. Budgeted margin = $2,800 - $2,400 = $400/day. The $100/day unfavorable variance is driven primarily by revenue being $150 below budget while expenses were only $50 below budget. The expense improvement partially offset but did not fully compensate for the revenue shortfall.

97. A — While total FTEs match at 30.0, substituting 3.5 agency FTEs for permanent positions represents significant financial and quality concerns. Agency nurses cost 1.5-2x more per hour than permanent staff and may be less familiar with unit-specific practices. The vacancy pattern driving agency utilization requires root cause analysis.

98. B — Self-scheduling's strongest financial case is improved retention and its associated cost avoidance. Each prevented turnover saves an estimated forty to sixty thousand dollars in recruitment, orientation, and productivity loss. If improved satisfaction prevents even one or two departures annually, the twenty-five-thousand-dollar software investment is recovered.

99. D — The one percent HAC Reduction Program penalty applies to ALL Medicare inpatient payments for the entire hospital for the fiscal year, not just payments for patients who experienced HACs. For a hospital with one hundred million dollars in Medicare inpatient revenue, the penalty is one million dollars — making it a significant organizational financial impact.

100. D — Unit-specific analysis correlating the current skill mix with nurse-sensitive outcomes, modeling projected quality improvement, and calculating the cost differential against the financial value of prevented adverse events provides the most compelling, data-driven proposal. Published research alone is insufficient; the case must demonstrate unit-specific impact.

101. C — Analyzing whether lower unit costs led to increased utilization, whether new high-cost items were added, whether waste increased, or whether acuity changes drove higher consumption identifies the specific cause. Reduced unit costs can paradoxically increase total spending through volume expansion, product substitution, or behavioral changes.

102. C — The projected improvement in patient throughput from earlier treatment and its impact on bed availability and revenue captures the NP admission program's primary financial value. Faster admission processing translates to earlier treatment initiation, shorter ED boarding, and improved bed turnover — all of which generate measurable revenue impact.

103. B — Measurable reduction in opioid utilization, decreased length of stay, fewer pain-related readmissions, and improved satisfaction translates the clinical benefits into quantifiable financial return. Position justifications must demonstrate that the total value of prevented costs and improved outcomes exceeds the position's compensation.

104. C — Occupancy = ADC ÷ budgeted beds = 32 ÷ 36 = 88.9%, approximately 89%. Research indicates that hospital throughput begins to deteriorate when occupancy exceeds 85%, creating delays in admissions, discharges, and transfers. At 89%, the unit is operating in the zone where flow problems become clinically significant.

105. B — Evaluating total cost including technology, workflow changes, quality impact from eliminating human monitoring, transition costs, and technology failure risk alongside savings provides the comprehensive analysis needed. Direct cost comparison alone misses the quality and operational implications of removing human clinical judgment from the monitoring process.

106. D — A flexible staffing model that adjusts variable labor proportionally to volume while maintaining fixed costs for minimum staffing and leadership provides the most accurate alignment

between costs and demand. Equal quarterly allocation ignores known volume variations, while purely proportional allocation may create unsafe staffing during low-volume periods.

107. A — Comparing retention rates, time to independent practice, and competency scores before and after the program, translated into financial value, provides the strongest ROI evidence. Each percentage point improvement in first-year retention represents significant cost avoidance that can be directly attributed to the preceptor program's investment.

108. B — Projected prevented ICU transfers multiplied by the average cost differential between ICU and floor care, compared to the position cost, provides the most direct financial justification. Each prevented ICU transfer saves thousands of dollars per day in care costs, and the rapid response nurse's primary financial value is in preventing avoidable escalations.

109. D — Analyzing whether admission patterns can be modified, adjusting staffing to match predictable volume, and scheduling float or per diem staff proactively addresses the root cause. Predictable volume spikes should be managed through proactive scheduling rather than reactive overtime. When volume patterns are known, staffing plans should reflect them.

110. D — Total cost comparison including premium differentials, benefits, orientation, and impact on recruitment, retention, and continuity provides the comprehensive evaluation. Shift model changes affect multiple financial dimensions, and the twenty percent premium elimination may be offset by higher turnover, recruitment difficulty, or reduced continuity of care.

111. B — Measurable improvement in comprehension scores, reduction in education-related readmissions, and HCAHPS discharge information domain improvement translated into VBP reimbursement and readmission penalty avoidance provides the strongest value evidence. Patient education technology must demonstrate measurable clinical and financial outcomes beyond engagement metrics.

112. C — Presenting specific performance data, establishing measurable standards with accountability, and negotiating remedies for continued underperformance provides an evidence-based negotiation approach. Vendor performance issues require data-driven accountability mechanisms built into the contract rather than threats or passive acceptance.

113. C — Billing for transitional care management under CMS codes, supplementing with managed care coordination fees, and demonstrating value through readmission reduction creates a sustainable multi-

source revenue model. Grant-funded or budget-reallocated clinics are inherently unsustainable because they depend on one-time or redirected funding.

114. A — Break-even = Fixed costs ÷ Contribution margin per visit. Contribution margin = Revenue per visit − Variable cost per visit = $125 − $75 = $50. Break-even = $150,000 ÷ $50 = 3,000 visits. Break-even analysis is a fundamental financial skill for nurse managers evaluating new service line proposals.

115. D — Transport response times, care quality during transport, patient satisfaction, workflow integration, and vendor dependency risk must all be evaluated beyond the forty-thousand-dollar cost savings. Outsourcing decisions for functions that directly affect patient throughput and safety require comprehensive analysis of quality and operational risk alongside financial comparison

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