

PRACTICE EXAM 8: CSSM/CSSL SIMULATION (180 QUESTIONS)

This practice exam contains 180 multiple-choice questions. Allow 3 hours and 30 minutes. Select the single best answer for each question and answer every item. The current CCI credential is CSSL, formerly CSSM. The official passing standard is a scaled score of at least 620 on a 200-800 scale.

1. A surgeon and circulating nurse disagree publicly about turnover delays. What should the manager do first?
 - A. Move the discussion to a private setting and clarify the shared patient-care goal
 - B. Issue written discipline to both staff members immediately
 - C. Ask the entire team to vote on which person is correct
 - D. Postpone discussion until the next annual performance review

2. Which communication method best confirms that a critical verbal instruction was understood correctly?
 - A. A general email sent after the procedure ends
 - B. A posted memo that assumes staff will review it
 - C. Closed-loop communication with read-back and confirmation
 - D. An informal message passed through another employee

3. A stakeholder has high influence and high interest in a perioperative expansion. How should the manager engage this person?
 - A. Provide only an annual summary after decisions are final
 - B. Monitor the stakeholder without direct communication

- C. Limit contact because involvement may slow the project
- D. Collaborate closely and involve the stakeholder in key decisions

4. What is the best opening response when an employee reports feeling excluded by colleagues?

- A. Explain that workplace friendships cannot be required
- B. Listen without interruption and ask for specific examples and impact
- C. Tell the employee to confront the group immediately
- D. Promise disciplinary action before reviewing the facts

5. Which meeting practice most improves accountability after a multidisciplinary planning session?

- A. Record only the names of people who attended
- B. Allow each department to interpret next steps independently
- C. Document decisions, owners, deadlines, and follow-up dates
- D. Schedule another meeting without assigning responsibility

6. When communicating an unpopular schedule change, the manager should emphasize which approach?

- A. Release the schedule without explanation to prevent debate
- B. Explain the rationale, acknowledge impact, and provide a feedback channel
- C. Attribute the decision entirely to senior administration
- D. Discuss the change only with employees who support it

7. Which behavior best demonstrates active listening during a difficult coaching conversation?

- A. Paraphrasing the employee's concern and checking understanding
- B. Preparing a rebuttal while the employee is speaking
- C. Changing the topic when emotion becomes visible
- D. Repeating policy language without addressing the concern

8. A project update must reach executives, frontline staff, and physicians. What is the best strategy?

- A. Send the same technical report to every audience
- B. Give each audience a different explanation of the project's purpose
- C. Communicate only through department managers under the established management approach
- D. Tailor detail and format to each audience while keeping the core message consistent

9. During a quarterly performance review, a surgeon and circulating nurse disagree publicly about turnover delays. What should the manager do first?

- A. Issue written discipline to both staff members immediately
- B. Move the discussion to a private setting and clarify the shared patient-care goal
- C. Ask the entire team to vote on which person is correct
- D. Postpone discussion until the next annual performance review

10. During a quarterly performance review, which communication method best confirms that a critical verbal instruction was understood correctly?

- A. A general email sent after the procedure ends
- B. A posted memo that assumes staff will review it
- C. An informal message passed through another employee
- D. Closed-loop communication with read-back and confirmation

11. During a quarterly performance review, a stakeholder has high influence and high interest in a perioperative expansion. How should the manager engage this person?

- A. Provide only an annual summary after decisions are final
- B. Monitor the stakeholder without direct communication
- C. Collaborate closely and involve the stakeholder in key decisions
- D. Limit contact because involvement may slow the project

12. During a quarterly performance review, what is the best opening response when an employee reports feeling excluded by colleagues?

- A. Listen without interruption and ask for specific examples and impact
- B. Explain that workplace friendships cannot be required
- C. Tell the employee to confront the group immediately
- D. Promise disciplinary action before reviewing the facts

13. During a quarterly performance review, which meeting practice most improves accountability after a multidisciplinary planning session?

- A. Document decisions, owners, deadlines, and follow-up dates
- B. Record only the names of people who attended
- C. Allow each department to interpret next steps independently
- D. Schedule another meeting without assigning responsibility

14. During a quarterly performance review, when communicating an unpopular schedule change, the manager should emphasize which approach?

- A. Release the schedule without explanation to prevent debate
- B. Attribute the decision entirely to senior administration
- C. Discuss the change only with employees who support it
- D. Explain the rationale, acknowledge impact, and provide a feedback channel

15. During a quarterly performance review, which behavior best demonstrates active listening during a difficult coaching conversation?

- A. Preparing a rebuttal while the employee is speaking
- B. Changing the topic when emotion becomes visible
- C. Paraphrasing the employee's concern and checking understanding

D. Repeating policy language without addressing the concern

16. During a quarterly performance review, a project update must reach executives, frontline staff, and physicians. What is the best strategy?

- A. Send the same technical report to every audience
- B. Tailor detail and format to each audience while keeping the core message consistent
- C. Give each audience a different explanation of the project's purpose
- D. Communicate only through department managers within the department workflow

17. While implementing a department improvement plan, a surgeon and circulating nurse disagree publicly about turnover delays. What should the manager do first?

- A. Issue written discipline to both staff members immediately
- B. Ask the entire team to vote on which person is correct
- C. Postpone discussion until the next annual performance review
- D. Move the discussion to a private setting and clarify the shared patient-care goal

18. While implementing a department improvement plan, which communication method best confirms that a critical verbal instruction was understood correctly?

- A. A general email sent after the procedure ends
- B. A posted memo that assumes staff will review it
- C. Closed-loop communication with read-back and confirmation
- D. An informal message passed through another employee

19. While implementing a department improvement plan, a stakeholder has high influence and high interest in a perioperative expansion. How should the manager engage this person?

- A. Collaborate closely and involve the stakeholder in key decisions
- B. Provide only an annual summary after decisions are final

- C. Monitor the stakeholder without direct communication
- D. Limit contact because involvement may slow the project

20. While implementing a department improvement plan, what is the best opening response when an employee reports feeling excluded by colleagues?

- A. Explain that workplace friendships cannot be required
- B. Listen without interruption and ask for specific examples and impact
- C. Tell the employee to confront the group immediately
- D. Promise disciplinary action before reviewing the facts

21. While implementing a department improvement plan, which meeting practice most improves accountability after a multidisciplinary planning session?

- A. Record only the names of people who attended
- B. Allow each department to interpret next steps independently
- C. Schedule another meeting without assigning responsibility
- D. Document decisions, owners, deadlines, and follow-up dates

22. While implementing a department improvement plan, when communicating an unpopular schedule change, the manager should emphasize which approach?

- A. Explain the rationale, acknowledge impact, and provide a feedback channel
- B. Release the schedule without explanation to prevent debate
- C. Attribute the decision entirely to senior administration
- D. Discuss the change only with employees who support it

23. While implementing a department improvement plan, which behavior best demonstrates active listening during a difficult coaching conversation?

- A. Preparing a rebuttal while the employee is speaking

- B. Changing the topic when emotion becomes visible
- C. Paraphrasing the employee's concern and checking understanding
- D. Repeating policy language without addressing the concern

24. While implementing a department improvement plan, a project update must reach executives, frontline staff, and physicians. What is the best strategy?

- A. Send the same technical report to every audience
- B. Tailor detail and format to each audience while keeping the core message consistent
- C. Give each audience a different explanation of the project's purpose
- D. Communicate only through department managers within the department workflow

25. During a cross-functional leadership meeting, a surgeon and circulating nurse disagree publicly about turnover delays. What should the manager do first?

- A. Issue written discipline to both staff members immediately
- B. Ask the entire team to vote on which person is correct
- C. Postpone discussion until the next annual performance review
- D. Move the discussion to a private setting and clarify the shared patient-care goal

26. During a cross-functional leadership meeting, which communication method best confirms that a critical verbal instruction was understood correctly?

- A. Closed-loop communication with read-back and confirmation
- B. A general email sent after the procedure ends
- C. A posted memo that assumes staff will review it
- D. An informal message passed through another employee

27. During a cross-functional leadership meeting, a stakeholder has high influence and high interest in a perioperative expansion. How should the manager engage this person?

- A. Provide only an annual summary after decisions are final
- B. Collaborate closely and involve the stakeholder in key decisions
- C. Monitor the stakeholder without direct communication
- D. Limit contact because involvement may slow the project

28. During a cross-functional leadership meeting, what is the best opening response when an employee reports feeling excluded by colleagues?

- A. Explain that workplace friendships cannot be required
- B. Tell the employee to confront the group immediately
- C. Listen without interruption and ask for specific examples and impact
- D. Promise disciplinary action before reviewing the facts

29. During a cross-functional leadership meeting, which meeting practice most improves accountability after a multidisciplinary planning session?

- A. Document decisions, owners, deadlines, and follow-up dates
- B. Record only the names of people who attended
- C. Allow each department to interpret next steps independently
- D. Schedule another meeting without assigning responsibility

30. During a cross-functional leadership meeting, when communicating an unpopular schedule change, the manager should emphasize which approach?

- A. Release the schedule without explanation to prevent debate
- B. Explain the rationale, acknowledge impact, and provide a feedback channel
- C. Attribute the decision entirely to senior administration
- D. Discuss the change only with employees who support it

31. During a cross-functional leadership meeting, which behavior best demonstrates active listening during a difficult coaching conversation?

- A. Preparing a rebuttal while the employee is speaking
- B. Changing the topic when emotion becomes visible
- C. Repeating policy language without addressing the concern
- D. Paraphrasing the employee's concern and checking understanding

32. During a cross-functional leadership meeting, a project update must reach executives, frontline staff, and physicians. What is the best strategy?

- A. Send the same technical report to every audience
- B. Give each audience a different explanation of the project's purpose
- C. Tailor detail and format to each audience while keeping the core message consistent
- D. Communicate only through department managers within the department workflow

33. Which statement best describes a strategic objective?

- A. A list of routine tasks completed during each shift
- B. A broad aspiration with no timeframe or performance measure
- C. An individual preference unrelated to organizational priorities
- D. A measurable result that advances the organization's long-term direction

34. Before proposing a new robotic service line, what analysis should occur first?

- A. Purchase equipment before competitors can respond
- B. Assess demand, strategic fit, capacity, costs, risks, and alternatives
- C. Survey only surgeons who already support the proposal
- D. Assume volume will rise enough to cover all costs

35. In a SWOT analysis, an anticipated regional competitor opening a surgical center is classified as what?

- A. An external threat

- B. An internal strength
- C. An internal weakness
- D. An external opportunity

36. What is the primary purpose of an environmental scan?

- A. Replace all financial and quality performance reports
- B. Guarantee that a chosen strategy will succeed
- C. Identify external trends and internal conditions that may affect strategy
- D. Evaluate only events that occurred inside the operating room

37. A strategic initiative is behind schedule. What should the manager do before requesting more resources?

- A. Analyze the variance, root causes, dependencies, and remaining critical work
- B. Extend every deadline by the same amount
- C. Remove the performance measures from the project
- D. Report that the delay is unavoidable without further review

38. Which measure is a leading indicator for a strategy to improve staff retention?

- A. Annual turnover rate from the prior fiscal year
- B. Number of resignations already processed last quarter
- C. Total replacement costs recorded after vacancies occur
- D. Percentage of scheduled stay interviews completed with action plans

39. During a quarterly performance review, which statement best describes a strategic objective?

- A. A list of routine tasks completed during each shift
- B. A measurable result that advances the organization's long-term direction
- C. A broad aspiration with no timeframe or performance measure

D. An individual preference unrelated to organizational priorities

40. During a quarterly performance review, before proposing a new robotic service line, what analysis should occur first?

- A. Purchase equipment before competitors can respond
- B. Survey only surgeons who already support the proposal
- C. Assess demand, strategic fit, capacity, costs, risks, and alternatives
- D. Assume volume will rise enough to cover all costs

41. During a quarterly performance review, in a SWOT analysis, an anticipated regional competitor opening a surgical center is classified as what?

- A. An external threat
- B. An internal strength
- C. An internal weakness
- D. An external opportunity

42. During a quarterly performance review, what is the primary purpose of an environmental scan?

- A. Replace all financial and quality performance reports
- B. Identify external trends and internal conditions that may affect strategy
- C. Guarantee that a chosen strategy will succeed
- D. Evaluate only events that occurred inside the operating room

43. During a quarterly performance review, a strategic initiative is behind schedule. What should the manager do before requesting more resources?

- A. Extend every deadline by the same amount
- B. Remove the performance measures from the project
- C. Report that the delay is unavoidable without further review

D. Analyze the variance, root causes, dependencies, and remaining critical work

44. During a quarterly performance review, which measure is a leading indicator for a strategy to improve staff retention?

- A. Annual turnover rate from the prior fiscal year
- B. Number of resignations already processed last quarter
- C. Percentage of scheduled stay interviews completed with action plans
- D. Total replacement costs recorded after vacancies occur

45. While implementing a department improvement plan, which statement best describes a strategic objective?

- A. A list of routine tasks completed during each shift
- B. A broad aspiration with no timeframe or performance measure
- C. A measurable result that advances the organization's long-term direction
- D. An individual preference unrelated to organizational priorities

46. While implementing a department improvement plan, before proposing a new robotic service line, what analysis should occur first?

- A. Purchase equipment before competitors can respond
- B. Survey only surgeons who already support the proposal
- C. Assume volume will rise enough to cover all costs
- D. Assess demand, strategic fit, capacity, costs, risks, and alternatives

47. While implementing a department improvement plan, in a SWOT analysis, an anticipated regional competitor opening a surgical center is classified as what?

- A. An external threat
- B. An internal strength

- C. An internal weakness
- D. An external opportunity

48. While implementing a department improvement plan, what is the primary purpose of an environmental scan?

- A. Replace all financial and quality performance reports
- B. Identify external trends and internal conditions that may affect strategy
- C. Guarantee that a chosen strategy will succeed
- D. Evaluate only events that occurred inside the operating room

49. While implementing a department improvement plan, a strategic initiative is behind schedule. What should the manager do before requesting more resources?

- A. Extend every deadline by the same amount
- B. Analyze the variance, root causes, dependencies, and remaining critical work
- C. Remove the performance measures from the project
- D. Report that the delay is unavoidable without further review

50. While implementing a department improvement plan, which measure is a leading indicator for a strategy to improve staff retention?

- A. Percentage of scheduled stay interviews completed with action plans
- B. Annual turnover rate from the prior fiscal year
- C. Number of resignations already processed last quarter
- D. Total replacement costs recorded after vacancies occur

51. During a cross-functional leadership meeting, which statement best describes a strategic objective?

- A. A list of routine tasks completed during each shift
- B. A broad aspiration with no timeframe or performance measure

- C. A measurable result that advances the organization's long-term direction
- D. An individual preference unrelated to organizational priorities

52. During a cross-functional leadership meeting, before proposing a new robotic service line, what analysis should occur first?

- A. Purchase equipment before competitors can respond
- B. Survey only surgeons who already support the proposal
- C. Assume volume will rise enough to cover all costs
- D. Assess demand, strategic fit, capacity, costs, risks, and alternatives

53. During a cross-functional leadership meeting, in a SWOT analysis, an anticipated regional competitor opening a surgical center is classified as what?

- A. An internal strength
- B. An external threat
- C. An internal weakness
- D. An external opportunity

54. During a cross-functional leadership meeting, what is the primary purpose of an environmental scan?

- A. Identify external trends and internal conditions that may affect strategy
- B. Replace all financial and quality performance reports
- C. Guarantee that a chosen strategy will succeed
- D. Evaluate only events that occurred inside the operating room

55. Which cost is most likely variable with surgical case volume?

- A. Annual lease payment for the operating suite
- B. Monthly salary of the permanent director
- C. Straight-line depreciation on installed equipment

D. Disposable supplies consumed for each procedure

56. What does a favorable expense variance usually mean?

- A. Actual revenue was lower than expected revenue
- B. Budgeted expense was lower than actual expense
- C. Actual expense was lower than the budgeted expense
- D. Case volume exceeded capacity regardless of cost

57. Which financial tool compares the present value of expected cash inflows with an investment's cost?

- A. Net present value analysis
- B. Simple supply utilization count
- C. Employee engagement index
- D. Daily room turnover dashboard

58. A manager wants the full economic cost of a procedure. Which approach is most appropriate?

- A. Count only the highest-priced disposable item
- B. Use charges as if they were identical to costs
- C. Exclude labor because employees receive annual salaries
- D. Include direct costs plus an appropriate allocation of indirect costs

59. What is the best basis for prioritizing capital requests across several surgical specialties?

- A. Approve requests in the order physicians submit them
- B. Use consistent criteria for strategic fit, safety, demand, return, and risk
- C. Choose the item with the highest purchase price
- D. Divide funds equally without evaluating expected benefit

60. Which action best strengthens supply-cost control without compromising care?

- A. Select the cheapest product without clinician review
- B. Eliminate all backup supplies from procedure areas
- C. Standardize clinically acceptable products and monitor utilization variation
- D. Allow unlimited preference items without performance data

61. During a quarterly performance review, which cost is most likely variable with surgical case volume?

- A. Annual lease payment for the operating suite
- B. Disposable supplies consumed for each procedure
- C. Monthly salary of the permanent director
- D. Straight-line depreciation on installed equipment

62. During a quarterly performance review, what does a favorable expense variance usually mean?

- A. Actual revenue was lower than expected revenue
- B. Budgeted expense was lower than actual expense
- C. Case volume exceeded capacity regardless of cost
- D. Actual expense was lower than the budgeted expense

63. During a quarterly performance review, which financial tool compares the present value of expected cash inflows with an investment's cost?

- A. Net present value analysis
- B. Simple supply utilization count
- C. Employee engagement index
- D. Daily room turnover dashboard

64. During a quarterly performance review, a manager wants the full economic cost of a procedure. Which approach is most appropriate?

- A. Count only the highest-priced disposable item
- B. Use charges as if they were identical to costs
- C. Include direct costs plus an appropriate allocation of indirect costs
- D. Exclude labor because employees receive annual salaries

65. During a quarterly performance review, what is the best basis for prioritizing capital requests across several surgical specialties?

- A. Use consistent criteria for strategic fit, safety, demand, return, and risk
- B. Approve requests in the order physicians submit them
- C. Choose the item with the highest purchase price
- D. Divide funds equally without evaluating expected benefit

66. During a quarterly performance review, which action best strengthens supply-cost control without compromising care?

- A. Select the cheapest product without clinician review
- B. Eliminate all backup supplies from procedure areas
- C. Allow unlimited preference items without performance data
- D. Standardize clinically acceptable products and monitor utilization variation

67. While implementing a department improvement plan, which cost is most likely variable with surgical case volume?

- A. Annual lease payment for the operating suite
- B. Monthly salary of the permanent director
- C. Disposable supplies consumed for each procedure
- D. Straight-line depreciation on installed equipment

68. While implementing a department improvement plan, what does a favorable expense variance usually mean?

- A. Actual revenue was lower than expected revenue
- B. Actual expense was lower than the budgeted expense
- C. Budgeted expense was lower than actual expense
- D. Case volume exceeded capacity regardless of cost

69. While implementing a department improvement plan, which financial tool compares the present value of expected cash inflows with an investment's cost?

- A. Simple supply utilization count
- B. Employee engagement index
- C. Net present value analysis
- D. Daily room turnover dashboard

70. While implementing a department improvement plan, a manager wants the full economic cost of a procedure. Which approach is most appropriate?

- A. Count only the highest-priced disposable item
- B. Include direct costs plus an appropriate allocation of indirect costs
- C. Use charges as if they were identical to costs
- D. Exclude labor because employees receive annual salaries

71. While implementing a department improvement plan, what is the best basis for prioritizing capital requests across several surgical specialties?

- A. Use consistent criteria for strategic fit, safety, demand, return, and risk
- B. Approve requests in the order physicians submit them
- C. Choose the item with the highest purchase price
- D. Divide funds equally without evaluating expected benefit

72. While implementing a department improvement plan, which action best strengthens supply-cost control without compromising care?

- A. Select the cheapest product without clinician review
- B. Eliminate all backup supplies from procedure areas
- C. Allow unlimited preference items without performance data
- D. Standardize clinically acceptable products and monitor utilization variation

73. During a cross-functional leadership meeting, which cost is most likely variable with surgical case volume?

- A. Annual lease payment for the operating suite
- B. Monthly salary of the permanent director
- C. Disposable supplies consumed for each procedure
- D. Straight-line depreciation on installed equipment

74. During a cross-functional leadership meeting, what does a favorable expense variance usually mean?

- A. Actual revenue was lower than expected revenue
- B. Budgeted expense was lower than actual expense
- C. Case volume exceeded capacity regardless of cost
- D. Actual expense was lower than the budgeted expense

75. During a cross-functional leadership meeting, which financial tool compares the present value of expected cash inflows with an investment's cost?

- A. Simple supply utilization count
- B. Net present value analysis
- C. Employee engagement index
- D. Daily room turnover dashboard

76. During a cross-functional leadership meeting, a manager wants the full economic cost of a procedure. Which approach is most appropriate?

- A. Include direct costs plus an appropriate allocation of indirect costs
- B. Count only the highest-priced disposable item
- C. Use charges as if they were identical to costs
- D. Exclude labor because employees receive annual salaries

77. During a cross-functional leadership meeting, what is the best basis for prioritizing capital requests across several surgical specialties?

- A. Approve requests in the order physicians submit them
- B. Choose the item with the highest purchase price
- C. Divide funds equally without evaluating expected benefit
- D. Use consistent criteria for strategic fit, safety, demand, return, and risk

78. During a cross-functional leadership meeting, which action best strengthens supply-cost control without compromising care?

- A. Select the cheapest product without clinician review
- B. Eliminate all backup supplies from procedure areas
- C. Standardize clinically acceptable products and monitor utilization variation
- D. Allow unlimited preference items without performance data

79. During a quarterly performance review, which cost is most likely variable with surgical case volume?

- A. Annual lease payment for the operating suite
- B. Disposable supplies consumed for each procedure
- C. Monthly salary of the permanent director
- D. Straight-line depreciation on installed equipment

80. During a quarterly performance review, what does a favorable expense variance usually mean?

- A. Actual expense was lower than the budgeted expense
- B. Actual revenue was lower than expected revenue
- C. Budgeted expense was lower than actual expense
- D. Case volume exceeded capacity regardless of cost

81. During a quarterly performance review, which financial tool compares the present value of expected cash inflows with an investment's cost?

- A. Simple supply utilization count
- B. Net present value analysis
- C. Employee engagement index
- D. Daily room turnover dashboard

82. What is the best foundation for a fair performance appraisal?

- A. Documented expectations, observed behavior, results, and timely feedback
- B. The manager's most recent impression of the employee
- C. Comparisons based mainly on employee popularity
- D. Unverified comments collected shortly before the review

83. Which interview practice most improves consistency among job candidates?

- A. Use informal conversation and different questions for each person
- B. Focus on personal characteristics unrelated to essential duties
- C. Select the candidate who is most similar to the interviewer
- D. Ask each candidate the same job-related behavioral questions with a scoring rubric

84. An experienced nurse is learning a new specialty. Which staffing principle is most appropriate?

- A. Assume general experience proves specialty competence
- B. Assign the most complex case to accelerate learning
- C. Match assignment complexity with validated competency and available support
- D. Remove supervision once classroom instruction is complete

85. Which response best supports progressive discipline?

- A. Increase punishment based on the manager's frustration
- B. Apply policy consistently, document facts, and focus on correcting behavior
- C. Discuss the employee's case openly with coworkers
- D. Skip earlier steps without documenting the reason

86. What is the primary purpose of succession planning?

- A. Guarantee promotion to a selected employee
- B. Avoid discussing retirement or vacancy risks
- C. Develop internal talent for critical future roles and continuity
- D. Replace all external recruitment with internal selection

87. Which scheduling approach best supports both safety and fairness?

- A. Use transparent rules based on competency, workload, coverage, and equitable rotation
- B. Give preferred shifts only to the most senior employee
- C. Change assignments frequently without explanation under the established management approach
- D. Schedule solely by headcount without considering skill mix

88. During a quarterly performance review, what is the best foundation for a fair performance appraisal?

- A. The manager's most recent impression of the employee

- B. Comparisons based mainly on employee popularity
- C. Unverified comments collected shortly before the review
- D. Documented expectations, observed behavior, results, and timely feedback

89. During a quarterly performance review, which interview practice most improves consistency among job candidates?

- A. Ask each candidate the same job-related behavioral questions with a scoring rubric
- B. Use informal conversation and different questions for each person
- C. Focus on personal characteristics unrelated to essential duties
- D. Select the candidate who is most similar to the interviewer

90. During a quarterly performance review, an experienced nurse is learning a new specialty. Which staffing principle is most appropriate?

- A. Assume general experience proves specialty competence
- B. Match assignment complexity with validated competency and available support
- C. Assign the most complex case to accelerate learning
- D. Remove supervision once classroom instruction is complete

91. During a quarterly performance review, which response best supports progressive discipline?

- A. Increase punishment based on the manager's frustration
- B. Discuss the employee's case openly with coworkers
- C. Skip earlier steps without documenting the reason
- D. Apply policy consistently, document facts, and focus on correcting behavior

92. During a quarterly performance review, what is the primary purpose of succession planning?

- A. Guarantee promotion to a selected employee
- B. Avoid discussing retirement or vacancy risks

- C. Develop internal talent for critical future roles and continuity
- D. Replace all external recruitment with internal selection

93. During a quarterly performance review, which scheduling approach best supports both safety and fairness?

- A. Use transparent rules based on competency, workload, coverage, and equitable rotation
- B. Give preferred shifts only to the most senior employee
- C. Change assignments frequently without explanation under the established management approach
- D. Schedule solely by headcount without considering skill mix

94. While implementing a department improvement plan, what is the best foundation for a fair performance appraisal?

- A. The manager's most recent impression of the employee
- B. Comparisons based mainly on employee popularity
- C. Documented expectations, observed behavior, results, and timely feedback
- D. Unverified comments collected shortly before the review

95. While implementing a department improvement plan, which interview practice most improves consistency among job candidates?

- A. Use informal conversation and different questions for each person
- B. Focus on personal characteristics unrelated to essential duties
- C. Select the candidate who is most similar to the interviewer
- D. Ask each candidate the same job-related behavioral questions with a scoring rubric

96. While implementing a department improvement plan, an experienced nurse is learning a new specialty. Which staffing principle is most appropriate?

- A. Assume general experience proves specialty competence

- B. Match assignment complexity with validated competency and available support
- C. Assign the most complex case to accelerate learning
- D. Remove supervision once classroom instruction is complete

97. While implementing a department improvement plan, which response best supports progressive discipline?

- A. Increase punishment based on the manager's frustration
- B. Discuss the employee's case openly with coworkers
- C. Skip earlier steps without documenting the reason
- D. Apply policy consistently, document facts, and focus on correcting behavior

98. While implementing a department improvement plan, what is the primary purpose of succession planning?

- A. Develop internal talent for critical future roles and continuity
- B. Guarantee promotion to a selected employee
- C. Avoid discussing retirement or vacancy risks
- D. Replace all external recruitment with internal selection

99. While implementing a department improvement plan, which scheduling approach best supports both safety and fairness?

- A. Give preferred shifts only to the most senior employee
- B. Change assignments frequently without explanation for the current review process
- C. Use transparent rules based on competency, workload, coverage, and equitable rotation
- D. Schedule solely by headcount without considering skill mix

100. During a cross-functional leadership meeting, what is the best foundation for a fair performance appraisal?

- A. The manager's most recent impression of the employee
- B. Documented expectations, observed behavior, results, and timely feedback
- C. Comparisons based mainly on employee popularity
- D. Unverified comments collected shortly before the review

101. During a cross-functional leadership meeting, which interview practice most improves consistency among job candidates?

- A. Use informal conversation and different questions for each person
- B. Focus on personal characteristics unrelated to essential duties
- C. Ask each candidate the same job-related behavioral questions with a scoring rubric
- D. Select the candidate who is most similar to the interviewer

102. During a cross-functional leadership meeting, an experienced nurse is learning a new specialty. Which staffing principle is most appropriate?

- A. Assume general experience proves specialty competence
- B. Match assignment complexity with validated competency and available support
- C. Assign the most complex case to accelerate learning
- D. Remove supervision once classroom instruction is complete

103. During a cross-functional leadership meeting, which response best supports progressive discipline?

- A. Apply policy consistently, document facts, and focus on correcting behavior
- B. Increase punishment based on the manager's frustration
- C. Discuss the employee's case openly with coworkers
- D. Skip earlier steps without documenting the reason

104. Which measure best reflects operating-room utilization?

- A. Number of employees attending monthly meetings within the department workflow

- B. Total inventory value stored outside procedure rooms for the current review process
- C. Percentage of managers completing annual education under the established management approach
- D. Time rooms are used for cases compared with available staffed room time

105. Turnover time has increased. What should the manager do first?

- A. Set a lower target without examining workflow within the department workflow
- B. Discipline the slowest team based on one case
- C. Purchase new equipment before identifying constraints under the established management approach
- D. Validate the definition and data, then observe the process across representative cases

106. Which inventory practice best reduces expiration and obsolescence?

- A. Place newly received supplies in front of older stock
- B. Increase every par level after a single shortage
- C. Use first-expire, first-out rotation with routine par-level review
- D. Store specialty items in several untracked locations

107. A recurring first-case delay involves missing instruments. Which improvement action is strongest?

- A. Map the process from preference list through sterilization and case setup
- B. Remind staff to work faster without changing the process
- C. Exclude sterile processing from the investigation under the established management approach
- D. Measure only the time when the patient enters the room

108. What is the primary purpose of a daily perioperative huddle?

- A. Replace formal incident reporting and investigation within the department workflow
- B. Anticipate risks, constraints, staffing needs, and coordination issues for the day
- C. Conduct every employee's performance evaluation under the established management approach
- D. Approve the department's annual capital budget within the department workflow

109. Which response is most appropriate after identifying a near miss?

- A. Ignore it because no patient injury occurred
- B. Report it, protect involved people, analyze system contributors, and share learning
- C. Name the individual publicly to deter recurrence
- D. Change policy immediately without examining causes within the department workflow

110. How should a manager use a control chart in process improvement?

- A. Rank individual employees using a single data point
- B. Prove causation without examining the process
- C. Replace clinical judgment with the chart alone
- D. Distinguish common-cause variation from signals of special-cause change

111. Which action best supports emergency preparedness in surgical services?

- A. Rely on experienced staff to improvise during each event
- B. Store the plan where frontline teams cannot access it
- C. Define roles, maintain resources, conduct drills, and improve from after-action findings
- D. Conduct drills without documenting lessons or owners

112. During a quarterly performance review, which measure best reflects operating-room utilization?

- A. Time rooms are used for cases compared with available staffed room time
- B. Number of employees attending monthly meetings for the current review process
- C. Total inventory value stored outside procedure rooms under the established management approach
- D. Percentage of managers completing annual education within the department workflow

113. During a quarterly performance review, turnover time has increased. What should the manager do first?

- A. Validate the definition and data, then observe the process across representative cases
- B. Set a lower target without examining workflow for the current review process
- C. Discipline the slowest team based on one case
- D. Purchase new equipment before identifying constraints within the department workflow

114. During a quarterly performance review, which inventory practice best reduces expiration and obsolescence?

- A. Place newly received supplies in front of older stock
- B. Increase every par level after a single shortage
- C. Store specialty items in several untracked locations
- D. Use first-expire, first-out rotation with routine par-level review

115. During a quarterly performance review, a recurring first-case delay involves missing instruments. Which improvement action is strongest?

- A. Remind staff to work faster without changing the process
- B. Map the process from preference list through sterilization and case setup
- C. Exclude sterile processing from the investigation under the established management approach
- D. Measure only the time when the patient enters the room

116. During a quarterly performance review, what is the primary purpose of a daily perioperative huddle?

- A. Replace formal incident reporting and investigation within the department workflow
- B. Conduct every employee's performance evaluation for the current review process
- C. Anticipate risks, constraints, staffing needs, and coordination issues for the day
- D. Approve the department's annual capital budget within the department workflow

117. During a quarterly performance review, which response is most appropriate after identifying a near miss?

- A. Ignore it because no patient injury occurred
- B. Report it, protect involved people, analyze system contributors, and share learning
- C. Name the individual publicly to deter recurrence
- D. Change policy immediately without examining causes within the department workflow

118. During a quarterly performance review, how should a manager use a control chart in process improvement?

- A. Distinguish common-cause variation from signals of special-cause change
- B. Rank individual employees using a single data point
- C. Prove causation without examining the process
- D. Replace clinical judgment with the chart alone

119. During a quarterly performance review, which action best supports emergency preparedness in surgical services?

- A. Rely on experienced staff to improvise during each event
- B. Store the plan where frontline teams cannot access it
- C. Define roles, maintain resources, conduct drills, and improve from after-action findings
- D. Conduct drills without documenting lessons or owners

120. While implementing a department improvement plan, which measure best reflects operating-room utilization?

- A. Number of employees attending monthly meetings within the department workflow
- B. Total inventory value stored outside procedure rooms for the current review process
- C. Percentage of managers completing annual education under the established management approach
- D. Time rooms are used for cases compared with available staffed room time

121. While implementing a department improvement plan, turnover time has increased. What should the manager do first?

- A. Set a lower target without examining workflow within the department workflow
- B. Validate the definition and data, then observe the process across representative cases
- C. Discipline the slowest team based on one case
- D. Purchase new equipment before identifying constraints within the department workflow

122. While implementing a department improvement plan, which inventory practice best reduces expiration and obsolescence?

- A. Place newly received supplies in front of older stock
- B. Increase every par level after a single shortage
- C. Store specialty items in several untracked locations
- D. Use first-expire, first-out rotation with routine par-level review

123. While implementing a department improvement plan, a recurring first-case delay involves missing instruments. Which improvement action is strongest?

- A. Remind staff to work faster without changing the process
- B. Exclude sterile processing from the investigation for the current review process
- C. Map the process from preference list through sterilization and case setup
- D. Measure only the time when the patient enters the room

124. While implementing a department improvement plan, what is the primary purpose of a daily perioperative huddle?

- A. Anticipate risks, constraints, staffing needs, and coordination issues for the day
- B. Replace formal incident reporting and investigation for the current review process
- C. Conduct every employee's performance evaluation under the established management approach
- D. Approve the department's annual capital budget within the department workflow

125. While implementing a department improvement plan, which response is most appropriate after identifying a near miss?

- A. Ignore it because no patient injury occurred
- B. Report it, protect involved people, analyze system contributors, and share learning
- C. Name the individual publicly to deter recurrence
- D. Change policy immediately without examining causes within the department workflow

126. While implementing a department improvement plan, how should a manager use a control chart in process improvement?

- A. Rank individual employees using a single data point
- B. Prove causation without examining the process
- C. Replace clinical judgment with the chart alone
- D. Distinguish common-cause variation from signals of special-cause change

127. While implementing a department improvement plan, which action best supports emergency preparedness in surgical services?

- A. Define roles, maintain resources, conduct drills, and improve from after-action findings
- B. Rely on experienced staff to improvise during each event
- C. Store the plan where frontline teams cannot access it
- D. Conduct drills without documenting lessons or owners

128. During a cross-functional leadership meeting, which measure best reflects operating-room utilization?

- A. Number of employees attending monthly meetings within the department workflow
- B. Total inventory value stored outside procedure rooms for the current review process
- C. Time rooms are used for cases compared with available staffed room time
- D. Percentage of managers completing annual education within the department workflow

129. During a cross-functional leadership meeting, turnover time has increased. What should the manager do first?

- A. Set a lower target without examining workflow within the department workflow
- B. Validate the definition and data, then observe the process across representative cases
- C. Discipline the slowest team based on one case
- D. Purchase new equipment before identifying constraints within the department workflow

130. During a cross-functional leadership meeting, which inventory practice best reduces expiration and obsolescence?

- A. Place newly received supplies in front of older stock
- B. Increase every par level after a single shortage
- C. Use first-expire, first-out rotation with routine par-level review
- D. Store specialty items in several untracked locations

131. During a cross-functional leadership meeting, a recurring first-case delay involves missing instruments. Which improvement action is strongest?

- A. Remind staff to work faster without changing the process
- B. Exclude sterile processing from the investigation for the current review process
- C. Measure only the time when the patient enters the room
- D. Map the process from preference list through sterilization and case setup

132. During a cross-functional leadership meeting, what is the primary purpose of a daily perioperative huddle?

- A. Anticipate risks, constraints, staffing needs, and coordination issues for the day
- B. Replace formal incident reporting and investigation for the current review process
- C. Conduct every employee's performance evaluation under the established management approach
- D. Approve the department's annual capital budget within the department workflow

133. During a cross-functional leadership meeting, which response is most appropriate after identifying a near miss?

- A. Report it, protect involved people, analyze system contributors, and share learning
- B. Ignore it because no patient injury occurred
- C. Name the individual publicly to deter recurrence
- D. Change policy immediately without examining causes within the department workflow

134. During a cross-functional leadership meeting, how should a manager use a control chart in process improvement?

- A. Rank individual employees using a single data point
- B. Prove causation without examining the process
- C. Replace clinical judgment with the chart alone
- D. Distinguish common-cause variation from signals of special-cause change

135. During a cross-functional leadership meeting, which action best supports emergency preparedness in surgical services?

- A. Rely on experienced staff to improvise during each event
- B. Define roles, maintain resources, conduct drills, and improve from after-action findings
- C. Store the plan where frontline teams cannot access it
- D. Conduct drills without documenting lessons or owners

136. Which behavior best reflects transformational leadership?

- A. Controlling every decision and discouraging questions
- B. Rewarding only routine compliance with minimum standards
- C. Connecting a compelling vision with empowerment and development of others
- D. Avoiding change to preserve existing relationships

137. A competent employee is motivated but inexperienced with a task. Which leadership approach is best?

- A. Provide clear direction, coaching, practice, and gradually reduced support
- B. Delegate fully without checking readiness for the current review process
- C. Complete the task personally every time
- D. Use corrective discipline for normal learning errors

138. What is the strongest way for a leader to build psychological safety?

- A. Require agreement before employees speak in meetings
- B. Reward only suggestions that succeed immediately for the current review process
- C. Respond appreciatively to concerns and examine ideas without ridicule or retaliation
- D. Ask staff to raise concerns anonymously and nowhere else

139. Which delegation decision remains the manager's responsibility?

- A. Transferring accountability for the final outcome entirely
- B. Selecting an appropriate task and verifying the delegatee's competence and support
- C. Assuming acceptance proves the employee is qualified
- D. Avoiding follow-up so the employee feels trusted

140. A change initiative faces resistance. What should the leader do first?

- A. Label all resistance as poor attitude within the department workflow
- B. Increase urgency by withholding information for the current review process
- C. Remove dissenting employees from planning under the established management approach
- D. Seek to understand concerns, interests, workflow effects, and sources of loss

141. Which action best demonstrates ethical leadership?

- A. Adjust standards depending on personal relationships
- B. Conceal uncertainty to appear decisive for the current review process
- C. Apply stated values consistently, disclose conflicts, and explain difficult decisions
- D. Prioritize short-term metrics regardless of foreseeable harm

142. During a quarterly performance review, which behavior best reflects transformational leadership?

- A. Controlling every decision and discouraging questions
- B. Rewarding only routine compliance with minimum standards
- C. Avoiding change to preserve existing relationships
- D. Connecting a compelling vision with empowerment and development of others

143. During a quarterly performance review, a competent employee is motivated but inexperienced with a task. Which leadership approach is best?

- A. Delegate fully without checking readiness within the department workflow
- B. Provide clear direction, coaching, practice, and gradually reduced support
- C. Complete the task personally every time
- D. Use corrective discipline for normal learning errors

144. During a quarterly performance review, what is the strongest way for a leader to build psychological safety?

- A. Respond appreciatively to concerns and examine ideas without ridicule or retaliation
- B. Require agreement before employees speak in meetings
- C. Reward only suggestions that succeed immediately under the established management approach
- D. Ask staff to raise concerns anonymously and nowhere else

145. During a quarterly performance review, which delegation decision remains the manager's responsibility?

- A. Transferring accountability for the final outcome entirely
- B. Assuming acceptance proves the employee is qualified
- C. Avoiding follow-up so the employee feels trusted
- D. Selecting an appropriate task and verifying the delegatee's competence and support

146. During a quarterly performance review, a change initiative faces resistance. What should the leader do first?

- A. Label all resistance as poor attitude within the department workflow
- B. Seek to understand concerns, interests, workflow effects, and sources of loss
- C. Increase urgency by withholding information under the established management approach
- D. Remove dissenting employees from planning within the department workflow

147. During a quarterly performance review, which action best demonstrates ethical leadership?

- A. Adjust standards depending on personal relationships
- B. Conceal uncertainty to appear decisive for the current review process
- C. Apply stated values consistently, disclose conflicts, and explain difficult decisions
- D. Prioritize short-term metrics regardless of foreseeable harm

148. While implementing a department improvement plan, which behavior best reflects transformational leadership?

- A. Connecting a compelling vision with empowerment and development of others
- B. Controlling every decision and discouraging questions
- C. Rewarding only routine compliance with minimum standards
- D. Avoiding change to preserve existing relationships

149. While implementing a department improvement plan, a competent employee is motivated but inexperienced with a task. Which leadership approach is best?

- A. Provide clear direction, coaching, practice, and gradually reduced support
- B. Delegate fully without checking readiness for the current review process
- C. Complete the task personally every time
- D. Use corrective discipline for normal learning errors

150. While implementing a department improvement plan, what is the strongest way for a leader to build psychological safety?

- A. Require agreement before employees speak in meetings
- B. Reward only suggestions that succeed immediately for the current review process
- C. Respond appreciatively to concerns and examine ideas without ridicule or retaliation
- D. Ask staff to raise concerns anonymously and nowhere else

151. While implementing a department improvement plan, which delegation decision remains the manager's responsibility?

- A. Transferring accountability for the final outcome entirely
- B. Selecting an appropriate task and verifying the delegatee's competence and support
- C. Assuming acceptance proves the employee is qualified
- D. Avoiding follow-up so the employee feels trusted

152. While implementing a department improvement plan, a change initiative faces resistance. What should the leader do first?

- A. Label all resistance as poor attitude within the department workflow
- B. Increase urgency by withholding information for the current review process
- C. Remove dissenting employees from planning under the established management approach
- D. Seek to understand concerns, interests, workflow effects, and sources of loss

153. While implementing a department improvement plan, which action best demonstrates ethical leadership?

- A. Adjust standards depending on personal relationships
- B. Conceal uncertainty to appear decisive for the current review process
- C. Prioritize short-term metrics regardless of foreseeable harm
- D. Apply stated values consistently, disclose conflicts, and explain difficult decisions

154. During a cross-functional leadership meeting, which behavior best reflects transformational leadership?

- A. Connecting a compelling vision with empowerment and development of others
- B. Controlling every decision and discouraging questions
- C. Rewarding only routine compliance with minimum standards
- D. Avoiding change to preserve existing relationships

155. During a cross-functional leadership meeting, a competent employee is motivated but inexperienced with a task. Which leadership approach is best?

- A. Delegate fully without checking readiness within the department workflow
- B. Complete the task personally every time
- C. Provide clear direction, coaching, practice, and gradually reduced support
- D. Use corrective discipline for normal learning errors

156. During a cross-functional leadership meeting, what is the strongest way for a leader to build psychological safety?

- A. Require agreement before employees speak in meetings
- B. Respond appreciatively to concerns and examine ideas without ridicule or retaliation
- C. Reward only suggestions that succeed immediately under the established management approach
- D. Ask staff to raise concerns anonymously and nowhere else

157. During a cross-functional leadership meeting, which delegation decision remains the manager's responsibility?

- A. Selecting an appropriate task and verifying the delegatee's competence and support
- B. Transferring accountability for the final outcome entirely
- C. Assuming acceptance proves the employee is qualified
- D. Avoiding follow-up so the employee feels trusted

158. During a cross-functional leadership meeting, a change initiative faces resistance. What should the leader do first?

- A. Label all resistance as poor attitude within the department workflow
- B. Seek to understand concerns, interests, workflow effects, and sources of loss
- C. Increase urgency by withholding information under the established management approach
- D. Remove dissenting employees from planning within the department workflow

159. During a cross-functional leadership meeting, which action best demonstrates ethical leadership?

- A. Adjust standards depending on personal relationships
- B. Conceal uncertainty to appear decisive for the current review process
- C. Prioritize short-term metrics regardless of foreseeable harm
- D. Apply stated values consistently, disclose conflicts, and explain difficult decisions

160. During a quarterly performance review, which behavior best reflects transformational leadership?

- A. Controlling every decision and discouraging questions
- B. Rewarding only routine compliance with minimum standards
- C. Connecting a compelling vision with empowerment and development of others
- D. Avoiding change to preserve existing relationships

161. During a quarterly performance review, a competent employee is motivated but inexperienced with a task. Which leadership approach is best?

- A. Delegate fully without checking readiness within the department workflow
- B. Complete the task personally every time
- C. Use corrective discipline for normal learning errors
- D. Provide clear direction, coaching, practice, and gradually reduced support

162. During a quarterly performance review, what is the strongest way for a leader to build psychological safety?

- A. Respond appreciatively to concerns and examine ideas without ridicule or retaliation
- B. Require agreement before employees speak in meetings
- C. Reward only suggestions that succeed immediately under the established management approach
- D. Ask staff to raise concerns anonymously and nowhere else

163. A manager discovers a personal relationship with a vendor representative. What is the best action?

- A. Keep the relationship private if pricing appears competitive
- B. Allow the vendor to write the product evaluation criteria
- C. Disclose the potential conflict and follow organizational procurement safeguards
- D. Approve the contract alone to avoid involving others

164. Which action best protects confidentiality when discussing an employee matter?

- A. Discuss details with peers to obtain informal opinions within the department workflow
- B. Share information only with people who have a legitimate role and need to know
- C. Use names in an open staff meeting under the established management approach
- D. Post the issue in a broadly accessible shared folder

165. What is the manager's best response to a possible impairment concern involving a clinician?

- A. Wait for a patient injury before intervening within the department workflow
- B. Act promptly under policy to protect patients and obtain an objective assessment

- C. Diagnose the clinician's condition independently under the established management approach
- D. Ask coworkers to manage the concern informally within the department workflow

166. Which activity best demonstrates continued professional competence?

- A. Relying solely on experience gained early in the career
- B. Completing education without applying or evaluating it
- C. Using evidence, feedback, education, and outcomes to improve leadership practice
- D. Avoiding feedback to maintain confidence within the department workflow

167. A manager is asked to alter a quality report to make results appear better. What should the manager do?

- A. Refuse falsification, preserve accurate data, and escalate through appropriate channels
- B. Change the report because senior leaders requested it
- C. Delete unfavorable cases without documented criteria
- D. Delay reporting until performance improves within the department workflow

168. Which boundary is most appropriate when using social media as a perioperative leader?

- A. Assume privacy settings eliminate professional risk within the department workflow
- B. Discuss de-identified events when coworkers can infer the patient
- C. Post workplace disputes to obtain public support under the established management approach
- D. Protect confidential information and maintain professional conduct across personal and public accounts

169. During a quarterly performance review, a manager discovers a personal relationship with a vendor representative. What is the best action?

- A. Keep the relationship private if pricing appears competitive
- B. Allow the vendor to write the product evaluation criteria

- C. Approve the contract alone to avoid involving others
- D. Disclose the potential conflict and follow organizational procurement safeguards

170. During a quarterly performance review, which action best protects confidentiality when discussing an employee matter?

- A. Share information only with people who have a legitimate role and need to know
- B. Discuss details with peers to obtain informal opinions for the current review process
- C. Use names in an open staff meeting under the established management approach
- D. Post the issue in a broadly accessible shared folder

171. During a quarterly performance review, what is the manager's best response to a possible impairment concern involving a clinician?

- A. Wait for a patient injury before intervening within the department workflow
- B. Diagnose the clinician's condition independently for the current review process
- C. Act promptly under policy to protect patients and obtain an objective assessment
- D. Ask coworkers to manage the concern informally within the department workflow

172. During a quarterly performance review, which activity best demonstrates continued professional competence?

- A. Relying solely on experience gained early in the career
- B. Using evidence, feedback, education, and outcomes to improve leadership practice
- C. Completing education without applying or evaluating it
- D. Avoiding feedback to maintain confidence within the department workflow

173. During a quarterly performance review, a manager is asked to alter a quality report to make results appear better. What should the manager do?

- A. Change the report because senior leaders requested it

- B. Refuse falsification, preserve accurate data, and escalate through appropriate channels
- C. Delete unfavorable cases without documented criteria
- D. Delay reporting until performance improves within the department workflow

174. During a quarterly performance review, which boundary is most appropriate when using social media as a perioperative leader?

- A. Protect confidential information and maintain professional conduct across personal and public accounts
- B. Assume privacy settings eliminate professional risk for the current review process
- C. Discuss de-identified events when coworkers can infer the patient
- D. Post workplace disputes to obtain public support within the department workflow

175. While implementing a department improvement plan, a manager discovers a personal relationship with a vendor representative. What is the best action?

- A. Keep the relationship private if pricing appears competitive
- B. Allow the vendor to write the product evaluation criteria
- C. Approve the contract alone to avoid involving others
- D. Disclose the potential conflict and follow organizational procurement safeguards

176. While implementing a department improvement plan, which action best protects confidentiality when discussing an employee matter?

- A. Discuss details with peers to obtain informal opinions within the department workflow
- B. Use names in an open staff meeting for the current review process
- C. Share information only with people who have a legitimate role and need to know
- D. Post the issue in a broadly accessible shared folder

177. While implementing a department improvement plan, what is the manager's best response to a possible impairment concern involving a clinician?

- A. Wait for a patient injury before intervening within the department workflow
- B. Act promptly under policy to protect patients and obtain an objective assessment
- C. Diagnose the clinician's condition independently under the established management approach
- D. Ask coworkers to manage the concern informally within the department workflow

178. While implementing a department improvement plan, which activity best demonstrates continued professional competence?

- A. Relying solely on experience gained early in the career
- B. Completing education without applying or evaluating it
- C. Using evidence, feedback, education, and outcomes to improve leadership practice
- D. Avoiding feedback to maintain confidence within the department workflow

179. While implementing a department improvement plan, a manager is asked to alter a quality report to make results appear better. What should the manager do?

- A. Refuse falsification, preserve accurate data, and escalate through appropriate channels
- B. Change the report because senior leaders requested it
- C. Delete unfavorable cases without documented criteria
- D. Delay reporting until performance improves within the department workflow

180. While implementing a department improvement plan, which boundary is most appropriate when using social media as a perioperative leader?

- A. Assume privacy settings eliminate professional risk within the department workflow
- B. Discuss de-identified events when coworkers can infer the patient
- C. Post workplace disputes to obtain public support under the established management approach
- D. Protect confidential information and maintain professional conduct across personal and public accounts

Practice Exam 8: Answer Key and Explanations

1. **A** — Private, respectful dialogue lowers defensiveness and redirects attention to the common goal. The manager should gather facts, listen to both perspectives, and define the operational issue before choosing corrective action. Immediate punishment, team voting, or prolonged delay bypasses problem solving and can intensify conflict rather than restore collaboration. This supports consistent and accountable management practice.
2. **C** — Closed-loop communication requires the receiver to repeat the message and the sender to confirm accuracy. This approach exposes omissions or misunderstandings immediately, which is essential for time-sensitive clinical information. Delayed email, passive posting, and third-party relaying do not reliably verify that the intended recipient received and interpreted the instruction correctly.
3. **D** — A high-influence, high-interest stakeholder can strongly affect project success and is likely to expect meaningful participation. Close collaboration supports early identification of concerns, shared ownership, and timely decisions. Minimal updates or avoidance wastes useful expertise and increases the risk that unresolved objections will surface late and disrupt implementation. This supports consistent and accountable management practice.
4. **B** — The manager should first create psychological safety, listen carefully, and obtain concrete examples, timing, and effects. This establishes facts without dismissing the concern or prejudging others. Immediate confrontation or discipline may escalate the situation, while minimizing the report can discourage future speaking up and allow harmful team dynamics to continue.
5. **C** — A useful meeting record converts discussion into execution by stating what was decided, who owns each action, when it is due, and when progress will be reviewed. Attendance alone does not establish accountability. Unassigned or independently interpreted tasks create ambiguity, duplication, and missed dependencies across the perioperative team. This supports consistent and accountable management practice.
6. **B** — Transparent change communication explains the operational reason, recognizes how staff are affected, and offers a genuine way to raise questions or identify problems. Silence, blame shifting, and selective discussion undermine trust. Although every preference cannot be accommodated, respectful explanation and follow-through help employees understand the decision and participate in workable adjustments.
7. **A** — Paraphrasing shows attention, tests whether the manager understood correctly, and gives the employee an opportunity to clarify meaning. Active listening does not require agreement, but it does require curiosity and accurate reception. Rehearsing a rebuttal, avoiding emotion, or reciting policy can make the exchange feel dismissive and reduce honest communication.
8. **D** — Different audiences need different levels of detail, terminology, and opportunities for interaction, but the project's purpose, facts, and decisions must remain consistent. A single technical report may overwhelm some readers, while conflicting explanations damage credibility. Relying on one

communication channel also increases the chance that important groups remain uninformed. This supports consistent and accountable management practice.

9. B — Private, respectful dialogue lowers defensiveness and redirects attention to the common goal. The manager should gather facts, listen to both perspectives, and define the operational issue before choosing corrective action. Immediate punishment, team voting, or prolonged delay bypasses problem solving and can intensify conflict rather than restore collaboration. This supports consistent and accountable management practice.

10. D — Closed-loop communication requires the receiver to repeat the message and the sender to confirm accuracy. This approach exposes omissions or misunderstandings immediately, which is essential for time-sensitive clinical information. Delayed email, passive posting, and third-party relaying do not reliably verify that the intended recipient received and interpreted the instruction correctly.

11. C — A high-influence, high-interest stakeholder can strongly affect project success and is likely to expect meaningful participation. Close collaboration supports early identification of concerns, shared ownership, and timely decisions. Minimal updates or avoidance wastes useful expertise and increases the risk that unresolved objections will surface late and disrupt implementation. This supports consistent and accountable management practice.

12. A — The manager should first create psychological safety, listen carefully, and obtain concrete examples, timing, and effects. This establishes facts without dismissing the concern or prejudging others. Immediate confrontation or discipline may escalate the situation, while minimizing the report can discourage future speaking up and allow harmful team dynamics to continue.

13. A — A useful meeting record converts discussion into execution by stating what was decided, who owns each action, when it is due, and when progress will be reviewed. Attendance alone does not establish accountability. Unassigned or independently interpreted tasks create ambiguity, duplication, and missed dependencies across the perioperative team. This supports consistent and accountable management practice.

14. D — Transparent change communication explains the operational reason, recognizes how staff are affected, and offers a genuine way to raise questions or identify problems. Silence, blame shifting, and selective discussion undermine trust. Although every preference cannot be accommodated, respectful explanation and follow-through help employees understand the decision and participate in workable adjustments.

15. C — Paraphrasing shows attention, tests whether the manager understood correctly, and gives the employee an opportunity to clarify meaning. Active listening does not require agreement, but it does require curiosity and accurate reception. Rehearsing a rebuttal, avoiding emotion, or reciting policy can make the exchange feel dismissive and reduce honest communication.

16. B — Different audiences need different levels of detail, terminology, and opportunities for interaction, but the project's purpose, facts, and decisions must remain consistent. A single technical report may overwhelm some readers, while conflicting explanations damage credibility. Relying on one

communication channel also increases the chance that important groups remain uninformed. This supports consistent and accountable management practice.

17. D — Private, respectful dialogue lowers defensiveness and redirects attention to the common goal. The manager should gather facts, listen to both perspectives, and define the operational issue before choosing corrective action. Immediate punishment, team voting, or prolonged delay bypasses problem solving and can intensify conflict rather than restore collaboration. This supports consistent and accountable management practice.

18. C — Closed-loop communication requires the receiver to repeat the message and the sender to confirm accuracy. This approach exposes omissions or misunderstandings immediately, which is essential for time-sensitive clinical information. Delayed email, passive posting, and third-party relaying do not reliably verify that the intended recipient received and interpreted the instruction correctly.

19. A — A high-influence, high-interest stakeholder can strongly affect project success and is likely to expect meaningful participation. Close collaboration supports early identification of concerns, shared ownership, and timely decisions. Minimal updates or avoidance wastes useful expertise and increases the risk that unresolved objections will surface late and disrupt implementation. This supports consistent and accountable management practice.

20. B — The manager should first create psychological safety, listen carefully, and obtain concrete examples, timing, and effects. This establishes facts without dismissing the concern or prejudging others. Immediate confrontation or discipline may escalate the situation, while minimizing the report can discourage future speaking up and allow harmful team dynamics to continue.

21. D — A useful meeting record converts discussion into execution by stating what was decided, who owns each action, when it is due, and when progress will be reviewed. Attendance alone does not establish accountability. Unassigned or independently interpreted tasks create ambiguity, duplication, and missed dependencies across the perioperative team. This supports consistent and accountable management practice.

22. A — Transparent change communication explains the operational reason, recognizes how staff are affected, and offers a genuine way to raise questions or identify problems. Silence, blame shifting, and selective discussion undermine trust. Although every preference cannot be accommodated, respectful explanation and follow-through help employees understand the decision and participate in workable adjustments.

23. C — Paraphrasing shows attention, tests whether the manager understood correctly, and gives the employee an opportunity to clarify meaning. Active listening does not require agreement, but it does require curiosity and accurate reception. Rehearsing a rebuttal, avoiding emotion, or reciting policy can make the exchange feel dismissive and reduce honest communication.

24. B — Different audiences need different levels of detail, terminology, and opportunities for interaction, but the project's purpose, facts, and decisions must remain consistent. A single technical report may overwhelm some readers, while conflicting explanations damage credibility. Relying on one

communication channel also increases the chance that important groups remain uninformed. This supports consistent and accountable management practice.

25. D — Private, respectful dialogue lowers defensiveness and redirects attention to the common goal. The manager should gather facts, listen to both perspectives, and define the operational issue before choosing corrective action. Immediate punishment, team voting, or prolonged delay bypasses problem solving and can intensify conflict rather than restore collaboration. This supports consistent and accountable management practice.

26. A — Closed-loop communication requires the receiver to repeat the message and the sender to confirm accuracy. This approach exposes omissions or misunderstandings immediately, which is essential for time-sensitive clinical information. Delayed email, passive posting, and third-party relaying do not reliably verify that the intended recipient received and interpreted the instruction correctly.

27. B — A high-influence, high-interest stakeholder can strongly affect project success and is likely to expect meaningful participation. Close collaboration supports early identification of concerns, shared ownership, and timely decisions. Minimal updates or avoidance wastes useful expertise and increases the risk that unresolved objections will surface late and disrupt implementation. This supports consistent and accountable management practice.

28. C — The manager should first create psychological safety, listen carefully, and obtain concrete examples, timing, and effects. This establishes facts without dismissing the concern or prejudging others. Immediate confrontation or discipline may escalate the situation, while minimizing the report can discourage future speaking up and allow harmful team dynamics to continue.

29. A — A useful meeting record converts discussion into execution by stating what was decided, who owns each action, when it is due, and when progress will be reviewed. Attendance alone does not establish accountability. Unassigned or independently interpreted tasks create ambiguity, duplication, and missed dependencies across the perioperative team. This supports consistent and accountable management practice.

30. B — Transparent change communication explains the operational reason, recognizes how staff are affected, and offers a genuine way to raise questions or identify problems. Silence, blame shifting, and selective discussion undermine trust. Although every preference cannot be accommodated, respectful explanation and follow-through help employees understand the decision and participate in workable adjustments.

31. D — Paraphrasing shows attention, tests whether the manager understood correctly, and gives the employee an opportunity to clarify meaning. Active listening does not require agreement, but it does require curiosity and accurate reception. Rehearsing a rebuttal, avoiding emotion, or reciting policy can make the exchange feel dismissive and reduce honest communication.

32. C — Different audiences need different levels of detail, terminology, and opportunities for interaction, but the project's purpose, facts, and decisions must remain consistent. A single technical report may overwhelm some readers, while conflicting explanations damage credibility. Relying on one

communication channel also increases the chance that important groups remain uninformed. This supports consistent and accountable management practice.

33. D — A strategic objective translates mission and vision into a measurable, time-bound result that guides allocation of people and resources. Routine tasks support operations but are not necessarily strategic. An aspiration without a measure cannot be monitored, and an isolated personal preference does not align the perioperative service with organizational direction.

34. B — A service-line decision requires a balanced business case covering community demand, organizational strategy, clinical capacity, workforce, financial implications, risks, and reasonable alternatives. Buying first or consulting only supporters creates confirmation bias. Unsupported volume assumptions can conceal substantial fixed costs and lead to a program that is clinically or financially unsustainable.

35. A — SWOT separates internal conditions from external forces. A new competitor is outside the organization's direct control and may reduce referrals, staffing availability, or market share, so it is a threat. Strengths and weaknesses describe internal capabilities. An opportunity is an external condition the organization may exploit, not a likely competitive pressure.

36. C — An environmental scan gathers relevant internal and external information, including market, regulatory, demographic, technological, workforce, and performance trends. It informs strategic choices but does not replace detailed reports or guarantee results. Restricting the review to internal operating-room events would miss forces that can materially change demand, resources, and organizational priorities.

37. A — Before adding resources, the manager needs to understand why planned and actual performance differ. Reviewing root causes, dependencies, and critical-path work shows whether the constraint is staffing, scope, sequencing, decision delay, or another factor. Automatic extensions or removed measures hide the problem and may add cost without improving completion. This supports consistent and accountable management practice.

38. D — Leading indicators reflect actions or conditions expected to influence future results. Timely stay interviews with documented follow-up may reveal and address retention risks before resignation. Turnover, completed resignations, and replacement costs are lagging measures because they describe outcomes after employees have already left and the organization has absorbed the impact.

39. B — A strategic objective translates mission and vision into a measurable, time-bound result that guides allocation of people and resources. Routine tasks support operations but are not necessarily strategic. An aspiration without a measure cannot be monitored, and an isolated personal preference does not align the perioperative service with organizational direction.

40. C — A service-line decision requires a balanced business case covering community demand, organizational strategy, clinical capacity, workforce, financial implications, risks, and reasonable alternatives. Buying first or consulting only supporters creates confirmation bias. Unsupported volume

assumptions can conceal substantial fixed costs and lead to a program that is clinically or financially unsustainable.

41. A — SWOT separates internal conditions from external forces. A new competitor is outside the organization's direct control and may reduce referrals, staffing availability, or market share, so it is a threat. Strengths and weaknesses describe internal capabilities. An opportunity is an external condition the organization may exploit, not a likely competitive pressure.

42. B — An environmental scan gathers relevant internal and external information, including market, regulatory, demographic, technological, workforce, and performance trends. It informs strategic choices but does not replace detailed reports or guarantee results. Restricting the review to internal operating-room events would miss forces that can materially change demand, resources, and organizational priorities.

43. D — Before adding resources, the manager needs to understand why planned and actual performance differ. Reviewing root causes, dependencies, and critical-path work shows whether the constraint is staffing, scope, sequencing, decision delay, or another factor. Automatic extensions or removed measures hide the problem and may add cost without improving completion. This supports consistent and accountable management practice.

44. C — Leading indicators reflect actions or conditions expected to influence future results. Timely stay interviews with documented follow-up may reveal and address retention risks before resignation. Turnover, completed resignations, and replacement costs are lagging measures because they describe outcomes after employees have already left and the organization has absorbed the impact.

45. C — A strategic objective translates mission and vision into a measurable, time-bound result that guides allocation of people and resources. Routine tasks support operations but are not necessarily strategic. An aspiration without a measure cannot be monitored, and an isolated personal preference does not align the perioperative service with organizational direction.

46. D — A service-line decision requires a balanced business case covering community demand, organizational strategy, clinical capacity, workforce, financial implications, risks, and reasonable alternatives. Buying first or consulting only supporters creates confirmation bias. Unsupported volume assumptions can conceal substantial fixed costs and lead to a program that is clinically or financially unsustainable.

47. A — SWOT separates internal conditions from external forces. A new competitor is outside the organization's direct control and may reduce referrals, staffing availability, or market share, so it is a threat. Strengths and weaknesses describe internal capabilities. An opportunity is an external condition the organization may exploit, not a likely competitive pressure.

48. B — An environmental scan gathers relevant internal and external information, including market, regulatory, demographic, technological, workforce, and performance trends. It informs strategic choices but does not replace detailed reports or guarantee results. Restricting the review to internal operating-

room events would miss forces that can materially change demand, resources, and organizational priorities.

49. B — Before adding resources, the manager needs to understand why planned and actual performance differ. Reviewing root causes, dependencies, and critical-path work shows whether the constraint is staffing, scope, sequencing, decision delay, or another factor. Automatic extensions or removed measures hide the problem and may add cost without improving completion. This supports consistent and accountable management practice.

50. A — Leading indicators reflect actions or conditions expected to influence future results. Timely stay interviews with documented follow-up may reveal and address retention risks before resignation. Turnover, completed resignations, and replacement costs are lagging measures because they describe outcomes after employees have already left and the organization has absorbed the impact.

51. C — A strategic objective translates mission and vision into a measurable, time-bound result that guides allocation of people and resources. Routine tasks support operations but are not necessarily strategic. An aspiration without a measure cannot be monitored, and an isolated personal preference does not align the perioperative service with organizational direction.

52. D — A service-line decision requires a balanced business case covering community demand, organizational strategy, clinical capacity, workforce, financial implications, risks, and reasonable alternatives. Buying first or consulting only supporters creates confirmation bias. Unsupported volume assumptions can conceal substantial fixed costs and lead to a program that is clinically or financially unsustainable.

53. B — SWOT separates internal conditions from external forces. A new competitor is outside the organization's direct control and may reduce referrals, staffing availability, or market share, so it is a threat. Strengths and weaknesses describe internal capabilities. An opportunity is an external condition the organization may exploit, not a likely competitive pressure.

54. A — An environmental scan gathers relevant internal and external information, including market, regulatory, demographic, technological, workforce, and performance trends. It informs strategic choices but does not replace detailed reports or guarantee results. Restricting the review to internal operating-room events would miss forces that can materially change demand, resources, and organizational priorities.

55. D — Variable costs rise or fall with activity. Disposable items are consumed case by case, so total expense generally changes with procedure volume. Lease payments, a fixed management salary, and straight-line depreciation typically remain stable within the relevant operating range, although their cost per case changes when volume changes. This supports consistent and accountable management practice.

56. C — For an expense account, a favorable variance generally means the organization spent less than budgeted for the measured period. Interpretation still requires context because underspending may reflect efficiency, delayed purchases, vacancies, or reduced volume. Lower revenue, excess actual

expense, and capacity strain describe different conditions and do not by themselves establish favorable expense performance.

57. A — Net present value discounts expected future cash flows to today's value and subtracts the initial investment. A positive result indicates that projected returns exceed the required rate under stated assumptions. Supply counts, engagement scores, and operational dashboards provide useful management information, but they do not evaluate the time value of money for a capital decision.

58. D — Full cost includes resources directly traceable to the procedure and a reasonable share of indirect support costs. One supply item cannot represent the entire resource burden, and charges are not equivalent to cost. Salaried labor still has economic value and must be considered when estimating capacity use and service profitability.

59. B — Consistent criteria make capital decisions transparent and comparable. Strategic alignment, patient safety, demand, financial return, lifecycle cost, implementation readiness, and risk together show organizational value. Submission order, price alone, or equal division can direct scarce funds away from the equipment that best supports patient care and enterprise priorities. This supports consistent and accountable management practice.

60. C — Product standardization based on clinical evidence reduces unnecessary variation, improves purchasing leverage, and simplifies inventory while preserving care requirements. Utilization monitoring identifies outliers and education needs. Price-only selection may ignore performance, removing all contingency stock creates safety risk, and unmanaged preference variation increases waste and weakens negotiating power. This supports consistent and accountable management practice.

61. B — Variable costs rise or fall with activity. Disposable items are consumed case by case, so total expense generally changes with procedure volume. Lease payments, a fixed management salary, and straight-line depreciation typically remain stable within the relevant operating range, although their cost per case changes when volume changes. This supports consistent and accountable management practice.

62. D — For an expense account, a favorable variance generally means the organization spent less than budgeted for the measured period. Interpretation still requires context because underspending may reflect efficiency, delayed purchases, vacancies, or reduced volume. Lower revenue, excess actual expense, and capacity strain describe different conditions and do not by themselves establish favorable expense performance.

63. A — Net present value discounts expected future cash flows to today's value and subtracts the initial investment. A positive result indicates that projected returns exceed the required rate under stated assumptions. Supply counts, engagement scores, and operational dashboards provide useful management information, but they do not evaluate the time value of money for a capital decision.

64. C — Full cost includes resources directly traceable to the procedure and a reasonable share of indirect support costs. One supply item cannot represent the entire resource burden, and charges are not equivalent to cost. Salaried labor still has economic value and must be considered when estimating capacity use and service profitability.

65. A — Consistent criteria make capital decisions transparent and comparable. Strategic alignment, patient safety, demand, financial return, lifecycle cost, implementation readiness, and risk together show organizational value. Submission order, price alone, or equal division can direct scarce funds away from the equipment that best supports patient care and enterprise priorities. This supports consistent and accountable management practice.

66. D — Product standardization based on clinical evidence reduces unnecessary variation, improves purchasing leverage, and simplifies inventory while preserving care requirements. Utilization monitoring identifies outliers and education needs. Price-only selection may ignore performance, removing all contingency stock creates safety risk, and unmanaged preference variation increases waste and weakens negotiating power. This supports consistent and accountable management practice.

67. C — Variable costs rise or fall with activity. Disposable items are consumed case by case, so total expense generally changes with procedure volume. Lease payments, a fixed management salary, and straight-line depreciation typically remain stable within the relevant operating range, although their cost per case changes when volume changes. This supports consistent and accountable management practice.

68. B — For an expense account, a favorable variance generally means the organization spent less than budgeted for the measured period. Interpretation still requires context because underspending may reflect efficiency, delayed purchases, vacancies, or reduced volume. Lower revenue, excess actual expense, and capacity strain describe different conditions and do not by themselves establish favorable expense performance.

69. C — Net present value discounts expected future cash flows to today's value and subtracts the initial investment. A positive result indicates that projected returns exceed the required rate under stated assumptions. Supply counts, engagement scores, and operational dashboards provide useful management information, but they do not evaluate the time value of money for a capital decision.

70. B — Full cost includes resources directly traceable to the procedure and a reasonable share of indirect support costs. One supply item cannot represent the entire resource burden, and charges are not equivalent to cost. Salaried labor still has economic value and must be considered when estimating capacity use and service profitability.

71. A — Consistent criteria make capital decisions transparent and comparable. Strategic alignment, patient safety, demand, financial return, lifecycle cost, implementation readiness, and risk together show organizational value. Submission order, price alone, or equal division can direct scarce funds away from the equipment that best supports patient care and enterprise priorities. This supports consistent and accountable management practice.

72. D — Product standardization based on clinical evidence reduces unnecessary variation, improves purchasing leverage, and simplifies inventory while preserving care requirements. Utilization monitoring identifies outliers and education needs. Price-only selection may ignore performance, removing all contingency stock creates safety risk, and unmanaged preference variation increases waste and weakens negotiating power. This supports consistent and accountable management practice.

73. C — Variable costs rise or fall with activity. Disposable items are consumed case by case, so total expense generally changes with procedure volume. Lease payments, a fixed management salary, and straight-line depreciation typically remain stable within the relevant operating range, although their cost per case changes when volume changes. This supports consistent and accountable management practice.

74. D — For an expense account, a favorable variance generally means the organization spent less than budgeted for the measured period. Interpretation still requires context because underspending may reflect efficiency, delayed purchases, vacancies, or reduced volume. Lower revenue, excess actual expense, and capacity strain describe different conditions and do not by themselves establish favorable expense performance.

75. B — Net present value discounts expected future cash flows to today's value and subtracts the initial investment. A positive result indicates that projected returns exceed the required rate under stated assumptions. Supply counts, engagement scores, and operational dashboards provide useful management information, but they do not evaluate the time value of money for a capital decision.

76. A — Full cost includes resources directly traceable to the procedure and a reasonable share of indirect support costs. One supply item cannot represent the entire resource burden, and charges are not equivalent to cost. Salaried labor still has economic value and must be considered when estimating capacity use and service profitability.

77. D — Consistent criteria make capital decisions transparent and comparable. Strategic alignment, patient safety, demand, financial return, lifecycle cost, implementation readiness, and risk together show organizational value. Submission order, price alone, or equal division can direct scarce funds away from the equipment that best supports patient care and enterprise priorities. This supports consistent and accountable management practice.

78. C — Product standardization based on clinical evidence reduces unnecessary variation, improves purchasing leverage, and simplifies inventory while preserving care requirements. Utilization monitoring identifies outliers and education needs. Price-only selection may ignore performance, removing all contingency stock creates safety risk, and unmanaged preference variation increases waste and weakens negotiating power. This supports consistent and accountable management practice.

79. B — Variable costs rise or fall with activity. Disposable items are consumed case by case, so total expense generally changes with procedure volume. Lease payments, a fixed management salary, and straight-line depreciation typically remain stable within the relevant operating range, although their cost per case changes when volume changes. This supports consistent and accountable management practice.

80. A — For an expense account, a favorable variance generally means the organization spent less than budgeted for the measured period. Interpretation still requires context because underspending may reflect efficiency, delayed purchases, vacancies, or reduced volume. Lower revenue, excess actual expense, and capacity strain describe different conditions and do not by themselves establish favorable expense performance.

81. B — Net present value discounts expected future cash flows to today's value and subtracts the initial investment. A positive result indicates that projected returns exceed the required rate under stated assumptions. Supply counts, engagement scores, and operational dashboards provide useful management information, but they do not evaluate the time value of money for a capital decision.

82. A — A fair appraisal is anchored in previously communicated standards, representative observations, measurable results, and feedback provided throughout the period. Recency bias, popularity, and unverified comments distort evaluation. Documentation helps the manager explain ratings, recognize achievement, identify development needs, and apply expectations consistently across employees performing comparable work. This supports consistent and accountable management practice.

83. D — Structured interviews improve reliability by using the same job-related questions, anchored rating criteria, and trained interviewers. Behavioral examples provide evidence of how candidates handled relevant situations. Unstructured variation, irrelevant personal inquiries, and similarity bias make comparisons less fair and may introduce legal, ethical, and selection-quality concerns. This supports consistent and accountable management practice.

84. C — Safe assignment requires evidence that the nurse can perform the specialty tasks and access appropriate support while competence develops. General experience and classroom completion do not automatically establish proficiency in a new service. Assigning excessive complexity too early can endanger patients, overwhelm the learner, and undermine a structured orientation plan.

85. B — Progressive discipline should be timely, fact-based, confidential, and consistent with policy, while giving the employee clear expectations and an opportunity to improve when appropriate. Emotion-driven escalation and public discussion are unfair and damaging. Skipping steps may sometimes be warranted for serious conduct, but the rationale must be documented and defensible.

86. C — Succession planning identifies roles vital to continuity, evaluates potential talent, and creates development experiences so qualified people are prepared when vacancies occur. It does not promise promotion or eliminate competitive selection. Avoiding vacancy risks leaves the organization vulnerable, while prohibiting external recruitment may unnecessarily narrow the candidate pool. This supports consistent and accountable management practice.

87. A — A sound schedule matches required competencies and workload while using clear, consistently applied rules for rotation, requests, overtime, and unpopular assignments. Seniority may be one consideration but should not override safety or policy. Headcount alone ignores skill mix, and unexplained changes weaken trust and make perceived favoritism more likely. This supports consistent and accountable management practice.

88. D — A fair appraisal is anchored in previously communicated standards, representative observations, measurable results, and feedback provided throughout the period. Recency bias, popularity, and unverified comments distort evaluation. Documentation helps the manager explain ratings, recognize achievement, identify development needs, and apply expectations consistently across

employees performing comparable work. This supports consistent and accountable management practice.

89. A — Structured interviews improve reliability by using the same job-related questions, anchored rating criteria, and trained interviewers. Behavioral examples provide evidence of how candidates handled relevant situations. Unstructured variation, irrelevant personal inquiries, and similarity bias make comparisons less fair and may introduce legal, ethical, and selection-quality concerns. This supports consistent and accountable management practice.

90. B — Safe assignment requires evidence that the nurse can perform the specialty tasks and access appropriate support while competence develops. General experience and classroom completion do not automatically establish proficiency in a new service. Assigning excessive complexity too early can endanger patients, overwhelm the learner, and undermine a structured orientation plan.

91. D — Progressive discipline should be timely, fact-based, confidential, and consistent with policy, while giving the employee clear expectations and an opportunity to improve when appropriate. Emotion-driven escalation and public discussion are unfair and damaging. Skipping steps may sometimes be warranted for serious conduct, but the rationale must be documented and defensible.

92. C — Succession planning identifies roles vital to continuity, evaluates potential talent, and creates development experiences so qualified people are prepared when vacancies occur. It does not promise promotion or eliminate competitive selection. Avoiding vacancy risks leaves the organization vulnerable, while prohibiting external recruitment may unnecessarily narrow the candidate pool. This supports consistent and accountable management practice.

93. A — A sound schedule matches required competencies and workload while using clear, consistently applied rules for rotation, requests, overtime, and unpopular assignments. Seniority may be one consideration but should not override safety or policy. Headcount alone ignores skill mix, and unexplained changes weaken trust and make perceived favoritism more likely. This supports consistent and accountable management practice.

94. C — A fair appraisal is anchored in previously communicated standards, representative observations, measurable results, and feedback provided throughout the period. Recency bias, popularity, and unverified comments distort evaluation. Documentation helps the manager explain ratings, recognize achievement, identify development needs, and apply expectations consistently across employees performing comparable work. This supports consistent and accountable management practice.

95. D — Structured interviews improve reliability by using the same job-related questions, anchored rating criteria, and trained interviewers. Behavioral examples provide evidence of how candidates handled relevant situations. Unstructured variation, irrelevant personal inquiries, and similarity bias make comparisons less fair and may introduce legal, ethical, and selection-quality concerns. This supports consistent and accountable management practice.

96. B — Safe assignment requires evidence that the nurse can perform the specialty tasks and access appropriate support while competence develops. General experience and classroom completion do not automatically establish proficiency in a new service. Assigning excessive complexity too early can endanger patients, overwhelm the learner, and undermine a structured orientation plan.

97. D — Progressive discipline should be timely, fact-based, confidential, and consistent with policy, while giving the employee clear expectations and an opportunity to improve when appropriate. Emotion-driven escalation and public discussion are unfair and damaging. Skipping steps may sometimes be warranted for serious conduct, but the rationale must be documented and defensible.

98. A — Succession planning identifies roles vital to continuity, evaluates potential talent, and creates development experiences so qualified people are prepared when vacancies occur. It does not promise promotion or eliminate competitive selection. Avoiding vacancy risks leaves the organization vulnerable, while prohibiting external recruitment may unnecessarily narrow the candidate pool. This supports consistent and accountable management practice.

99. C — A sound schedule matches required competencies and workload while using clear, consistently applied rules for rotation, requests, overtime, and unpopular assignments. Seniority may be one consideration but should not override safety or policy. Headcount alone ignores skill mix, and unexplained changes weaken trust and make perceived favoritism more likely. This supports consistent and accountable management practice.

100. B — A fair appraisal is anchored in previously communicated standards, representative observations, measurable results, and feedback provided throughout the period. Recency bias, popularity, and unverified comments distort evaluation. Documentation helps the manager explain ratings, recognize achievement, identify development needs, and apply expectations consistently across employees performing comparable work. This supports consistent and accountable management practice.

101. C — Structured interviews improve reliability by using the same job-related questions, anchored rating criteria, and trained interviewers. Behavioral examples provide evidence of how candidates handled relevant situations. Unstructured variation, irrelevant personal inquiries, and similarity bias make comparisons less fair and may introduce legal, ethical, and selection-quality concerns. This supports consistent and accountable management practice.

102. B — Safe assignment requires evidence that the nurse can perform the specialty tasks and access appropriate support while competence develops. General experience and classroom completion do not automatically establish proficiency in a new service. Assigning excessive complexity too early can endanger patients, overwhelm the learner, and undermine a structured orientation plan.

103. A — Progressive discipline should be timely, fact-based, confidential, and consistent with policy, while giving the employee clear expectations and an opportunity to improve when appropriate. Emotion-driven escalation and public discussion are unfair and damaging. Skipping steps may sometimes be warranted for serious conduct, but the rationale must be documented and defensible.

104. D — Room utilization compares productive case use with available staffed capacity over a defined period. The calculation requires consistent definitions for available time, case time, turnovers, and exclusions. Meeting attendance, inventory value, and management education may matter operationally, but they do not directly show how effectively staffed operating-room capacity is being used.

105. D — The manager must first ensure the measure is defined consistently and the timestamps are reliable. Direct observation across representative cases can reveal waiting, sequencing, communication, supply, cleaning, or transport constraints. A new target, isolated discipline, or premature purchasing treats symptoms and risks spending resources without addressing the actual cause. This supports consistent and accountable management practice.

106. C — First-expire, first-out rotation moves items with the earliest expiration into use first. Reviewing par levels against demand, lead time, criticality, and variability limits excess stock. Front-loading new items, broadly raising inventory, or dispersing supplies without tracking increases hidden stock, expiration, duplication, and difficulty locating products during care. This supports consistent and accountable management practice.

107. A — Process mapping across departments reveals where information, instruments, inspection, sterilization, transport, and setup fail to connect. Missing instruments often reflect upstream defects rather than individual speed. Excluding sterile processing or measuring only patient entry hides dependencies, while a general reminder lacks a defined cause, intervention, owner, or measurable test. This supports consistent and accountable management practice.

108. B — A brief daily huddle creates shared situational awareness about workload, staffing, equipment, beds, special patient needs, and expected disruptions. It supports proactive coordination and escalation. It does not replace incident reporting, individual performance management, or annual budgeting, which require different information, participants, documentation, and decision processes. This supports consistent and accountable management practice.

109. B — Near misses reveal hazards before harm occurs and should enter the organization's reporting and learning process. A just approach supports involved people and examines human, technical, environmental, and workflow contributors. Ignoring the event loses prevention information; public blame discourages reporting; and an immediate policy change may not address the true failure mechanism.

110. D — A control chart displays performance over time with statistically derived limits, helping teams differentiate routine process variation from unusual signals that merit investigation. One observation is inadequate for ranking staff, and the chart does not prove causation. It supports, rather than replaces, clinical knowledge, process observation, and contextual analysis. This supports consistent and accountable management practice.

111. C — Preparedness depends on accessible plans, clear command and communication roles, necessary supplies, training, drills, and corrective follow-through. Experience helps but cannot substitute for coordinated systems. An inaccessible plan or drill without documented lessons creates an appearance

of readiness while leaving known gaps unresolved before an actual emergency. This supports consistent and accountable management practice.

112. A — Room utilization compares productive case use with available staffed capacity over a defined period. The calculation requires consistent definitions for available time, case time, turnovers, and exclusions. Meeting attendance, inventory value, and management education may matter operationally, but they do not directly show how effectively staffed operating-room capacity is being used.

113. A — The manager must first ensure the measure is defined consistently and the timestamps are reliable. Direct observation across representative cases can reveal waiting, sequencing, communication, supply, cleaning, or transport constraints. A new target, isolated discipline, or premature purchasing treats symptoms and risks spending resources without addressing the actual cause. This supports consistent and accountable management practice.

114. D — First-expire, first-out rotation moves items with the earliest expiration into use first. Reviewing par levels against demand, lead time, criticality, and variability limits excess stock. Front-loading new items, broadly raising inventory, or dispersing supplies without tracking increases hidden stock, expiration, duplication, and difficulty locating products during care. This supports consistent and accountable management practice.

115. B — Process mapping across departments reveals where information, instruments, inspection, sterilization, transport, and setup fail to connect. Missing instruments often reflect upstream defects rather than individual speed. Excluding sterile processing or measuring only patient entry hides dependencies, while a general reminder lacks a defined cause, intervention, owner, or measurable test. This supports consistent and accountable management practice.

116. C — A brief daily huddle creates shared situational awareness about workload, staffing, equipment, beds, special patient needs, and expected disruptions. It supports proactive coordination and escalation. It does not replace incident reporting, individual performance management, or annual budgeting, which require different information, participants, documentation, and decision processes. This supports consistent and accountable management practice.

117. B — Near misses reveal hazards before harm occurs and should enter the organization's reporting and learning process. A just approach supports involved people and examines human, technical, environmental, and workflow contributors. Ignoring the event loses prevention information; public blame discourages reporting; and an immediate policy change may not address the true failure mechanism.

118. A — A control chart displays performance over time with statistically derived limits, helping teams differentiate routine process variation from unusual signals that merit investigation. One observation is inadequate for ranking staff, and the chart does not prove causation. It supports, rather than replaces, clinical knowledge, process observation, and contextual analysis. This supports consistent and accountable management practice.

119. C — Preparedness depends on accessible plans, clear command and communication roles, necessary supplies, training, drills, and corrective follow-through. Experience helps but cannot substitute for coordinated systems. An inaccessible plan or drill without documented lessons creates an appearance of readiness while leaving known gaps unresolved before an actual emergency. This supports consistent and accountable management practice.

120. D — Room utilization compares productive case use with available staffed capacity over a defined period. The calculation requires consistent definitions for available time, case time, turnovers, and exclusions. Meeting attendance, inventory value, and management education may matter operationally, but they do not directly show how effectively staffed operating-room capacity is being used.

121. B — The manager must first ensure the measure is defined consistently and the timestamps are reliable. Direct observation across representative cases can reveal waiting, sequencing, communication, supply, cleaning, or transport constraints. A new target, isolated discipline, or premature purchasing treats symptoms and risks spending resources without addressing the actual cause. This supports consistent and accountable management practice.

122. D — First-expire, first-out rotation moves items with the earliest expiration into use first. Reviewing par levels against demand, lead time, criticality, and variability limits excess stock. Front-loading new items, broadly raising inventory, or dispersing supplies without tracking increases hidden stock, expiration, duplication, and difficulty locating products during care. This supports consistent and accountable management practice.

123. C — Process mapping across departments reveals where information, instruments, inspection, sterilization, transport, and setup fail to connect. Missing instruments often reflect upstream defects rather than individual speed. Excluding sterile processing or measuring only patient entry hides dependencies, while a general reminder lacks a defined cause, intervention, owner, or measurable test. This supports consistent and accountable management practice.

124. A — A brief daily huddle creates shared situational awareness about workload, staffing, equipment, beds, special patient needs, and expected disruptions. It supports proactive coordination and escalation. It does not replace incident reporting, individual performance management, or annual budgeting, which require different information, participants, documentation, and decision processes. This supports consistent and accountable management practice.

125. B — Near misses reveal hazards before harm occurs and should enter the organization's reporting and learning process. A just approach supports involved people and examines human, technical, environmental, and workflow contributors. Ignoring the event loses prevention information; public blame discourages reporting; and an immediate policy change may not address the true failure mechanism.

126. D — A control chart displays performance over time with statistically derived limits, helping teams differentiate routine process variation from unusual signals that merit investigation. One observation is inadequate for ranking staff, and the chart does not prove causation. It supports, rather than replaces,

clinical knowledge, process observation, and contextual analysis. This supports consistent and accountable management practice.

127. A — Preparedness depends on accessible plans, clear command and communication roles, necessary supplies, training, drills, and corrective follow-through. Experience helps but cannot substitute for coordinated systems. An inaccessible plan or drill without documented lessons creates an appearance of readiness while leaving known gaps unresolved before an actual emergency. This supports consistent and accountable management practice.

128. C — Room utilization compares productive case use with available staffed capacity over a defined period. The calculation requires consistent definitions for available time, case time, turnovers, and exclusions. Meeting attendance, inventory value, and management education may matter operationally, but they do not directly show how effectively staffed operating-room capacity is being used.

129. B — The manager must first ensure the measure is defined consistently and the timestamps are reliable. Direct observation across representative cases can reveal waiting, sequencing, communication, supply, cleaning, or transport constraints. A new target, isolated discipline, or premature purchasing treats symptoms and risks spending resources without addressing the actual cause. This supports consistent and accountable management practice.

130. C — First-expire, first-out rotation moves items with the earliest expiration into use first. Reviewing par levels against demand, lead time, criticality, and variability limits excess stock. Front-loading new items, broadly raising inventory, or dispersing supplies without tracking increases hidden stock, expiration, duplication, and difficulty locating products during care. This supports consistent and accountable management practice.

131. D — Process mapping across departments reveals where information, instruments, inspection, sterilization, transport, and setup fail to connect. Missing instruments often reflect upstream defects rather than individual speed. Excluding sterile processing or measuring only patient entry hides dependencies, while a general reminder lacks a defined cause, intervention, owner, or measurable test. This supports consistent and accountable management practice.

132. A — A brief daily huddle creates shared situational awareness about workload, staffing, equipment, beds, special patient needs, and expected disruptions. It supports proactive coordination and escalation. It does not replace incident reporting, individual performance management, or annual budgeting, which require different information, participants, documentation, and decision processes. This supports consistent and accountable management practice.

133. A — Near misses reveal hazards before harm occurs and should enter the organization's reporting and learning process. A just approach supports involved people and examines human, technical, environmental, and workflow contributors. Ignoring the event loses prevention information; public blame discourages reporting; and an immediate policy change may not address the true failure mechanism.

134. D — A control chart displays performance over time with statistically derived limits, helping teams differentiate routine process variation from unusual signals that merit investigation. One observation is inadequate for ranking staff, and the chart does not prove causation. It supports, rather than replaces, clinical knowledge, process observation, and contextual analysis. This supports consistent and accountable management practice.

135. B — Preparedness depends on accessible plans, clear command and communication roles, necessary supplies, training, drills, and corrective follow-through. Experience helps but cannot substitute for coordinated systems. An inaccessible plan or drill without documented lessons creates an appearance of readiness while leaving known gaps unresolved before an actual emergency. This supports consistent and accountable management practice.

136. C — Transformational leaders connect work to a meaningful vision, model desired values, encourage improvement, and develop others' ability to lead. Close control may suppress initiative, while purely transactional reward focuses on exchange rather than growth. Avoiding necessary change can protect comfort temporarily but does not build adaptive capacity or sustained performance.

137. A — An enthusiastic novice needs explicit expectations, instruction, feedback, and safe opportunities to practice. Support should decrease as demonstrated competence increases. Premature delegation creates avoidable risk, while the leader doing every task prevents development. Discipline is inappropriate for expected learning errors unless conduct is reckless or expectations are knowingly disregarded. This supports consistent and accountable management practice.

138. C — Psychological safety grows when leaders invite questions, respond respectfully, acknowledge uncertainty, and act on valid concerns. It does not mean lowering standards or avoiding accountability. Requiring agreement, rewarding only successful ideas, or restricting voice to anonymous channels teaches employees that candid participation is risky and suppresses early warning information. This supports consistent and accountable management practice.

139. B — Delegation transfers performance of an appropriate task, but the manager remains accountable for sound assignment, communication, supervision, and evaluation. Acceptance does not establish competence. Follow-up should match risk and experience; it demonstrates responsible oversight rather than distrust and allows the leader to address barriers before they affect patient care. This supports consistent and accountable management practice.

140. D — Resistance often contains useful information about workload, identity, safety, resources, trust, or prior failed changes. Listening helps the leader distinguish misinformation from legitimate design problems and tailor involvement or support. Labeling, secrecy, and exclusion deepen opposition and remove the people whose practical knowledge may improve implementation. This supports consistent and accountable management practice.

141. C — Ethical leadership aligns decisions with professional duties and organizational values, addresses conflicts transparently, and provides a reasoned account of choices. Favoritism erodes justice, concealed uncertainty can mislead stakeholders, and single-minded pursuit of short-term metrics may

shift unacceptable harm to patients, employees, or the organization. This supports consistent and accountable management practice.

142. D — Transformational leaders connect work to a meaningful vision, model desired values, encourage improvement, and develop others' ability to lead. Close control may suppress initiative, while purely transactional reward focuses on exchange rather than growth. Avoiding necessary change can protect comfort temporarily but does not build adaptive capacity or sustained performance.

143. B — An enthusiastic novice needs explicit expectations, instruction, feedback, and safe opportunities to practice. Support should decrease as demonstrated competence increases. Premature delegation creates avoidable risk, while the leader doing every task prevents development. Discipline is inappropriate for expected learning errors unless conduct is reckless or expectations are knowingly disregarded. This supports consistent and accountable management practice.

144. A — Psychological safety grows when leaders invite questions, respond respectfully, acknowledge uncertainty, and act on valid concerns. It does not mean lowering standards or avoiding accountability. Requiring agreement, rewarding only successful ideas, or restricting voice to anonymous channels teaches employees that candid participation is risky and suppresses early warning information. This supports consistent and accountable management practice.

145. D — Delegation transfers performance of an appropriate task, but the manager remains accountable for sound assignment, communication, supervision, and evaluation. Acceptance does not establish competence. Follow-up should match risk and experience; it demonstrates responsible oversight rather than distrust and allows the leader to address barriers before they affect patient care. This supports consistent and accountable management practice.

146. B — Resistance often contains useful information about workload, identity, safety, resources, trust, or prior failed changes. Listening helps the leader distinguish misinformation from legitimate design problems and tailor involvement or support. Labeling, secrecy, and exclusion deepen opposition and remove the people whose practical knowledge may improve implementation. This supports consistent and accountable management practice.

147. C — Ethical leadership aligns decisions with professional duties and organizational values, addresses conflicts transparently, and provides a reasoned account of choices. Favoritism erodes justice, concealed uncertainty can mislead stakeholders, and single-minded pursuit of short-term metrics may shift unacceptable harm to patients, employees, or the organization. This supports consistent and accountable management practice.

148. A — Transformational leaders connect work to a meaningful vision, model desired values, encourage improvement, and develop others' ability to lead. Close control may suppress initiative, while purely transactional reward focuses on exchange rather than growth. Avoiding necessary change can protect comfort temporarily but does not build adaptive capacity or sustained performance.

149. A — An enthusiastic novice needs explicit expectations, instruction, feedback, and safe opportunities to practice. Support should decrease as demonstrated competence increases. Premature

delegation creates avoidable risk, while the leader doing every task prevents development. Discipline is inappropriate for expected learning errors unless conduct is reckless or expectations are knowingly disregarded. This supports consistent and accountable management practice.

150. C — Psychological safety grows when leaders invite questions, respond respectfully, acknowledge uncertainty, and act on valid concerns. It does not mean lowering standards or avoiding accountability. Requiring agreement, rewarding only successful ideas, or restricting voice to anonymous channels teaches employees that candid participation is risky and suppresses early warning information. This supports consistent and accountable management practice.

151. B — Delegation transfers performance of an appropriate task, but the manager remains accountable for sound assignment, communication, supervision, and evaluation. Acceptance does not establish competence. Follow-up should match risk and experience; it demonstrates responsible oversight rather than distrust and allows the leader to address barriers before they affect patient care. This supports consistent and accountable management practice.

152. D — Resistance often contains useful information about workload, identity, safety, resources, trust, or prior failed changes. Listening helps the leader distinguish misinformation from legitimate design problems and tailor involvement or support. Labeling, secrecy, and exclusion deepen opposition and remove the people whose practical knowledge may improve implementation. This supports consistent and accountable management practice.

153. D — Ethical leadership aligns decisions with professional duties and organizational values, addresses conflicts transparently, and provides a reasoned account of choices. Favoritism erodes justice, concealed uncertainty can mislead stakeholders, and single-minded pursuit of short-term metrics may shift unacceptable harm to patients, employees, or the organization. This supports consistent and accountable management practice.

154. A — Transformational leaders connect work to a meaningful vision, model desired values, encourage improvement, and develop others' ability to lead. Close control may suppress initiative, while purely transactional reward focuses on exchange rather than growth. Avoiding necessary change can protect comfort temporarily but does not build adaptive capacity or sustained performance.

155. C — An enthusiastic novice needs explicit expectations, instruction, feedback, and safe opportunities to practice. Support should decrease as demonstrated competence increases. Premature delegation creates avoidable risk, while the leader doing every task prevents development. Discipline is inappropriate for expected learning errors unless conduct is reckless or expectations are knowingly disregarded. This supports consistent and accountable management practice.

156. B — Psychological safety grows when leaders invite questions, respond respectfully, acknowledge uncertainty, and act on valid concerns. It does not mean lowering standards or avoiding accountability. Requiring agreement, rewarding only successful ideas, or restricting voice to anonymous channels teaches employees that candid participation is risky and suppresses early warning information. This supports consistent and accountable management practice.

157. A — Delegation transfers performance of an appropriate task, but the manager remains accountable for sound assignment, communication, supervision, and evaluation. Acceptance does not establish competence. Follow-up should match risk and experience; it demonstrates responsible oversight rather than distrust and allows the leader to address barriers before they affect patient care. This supports consistent and accountable management practice.

158. B — Resistance often contains useful information about workload, identity, safety, resources, trust, or prior failed changes. Listening helps the leader distinguish misinformation from legitimate design problems and tailor involvement or support. Labeling, secrecy, and exclusion deepen opposition and remove the people whose practical knowledge may improve implementation. This supports consistent and accountable management practice.

159. D — Ethical leadership aligns decisions with professional duties and organizational values, addresses conflicts transparently, and provides a reasoned account of choices. Favoritism erodes justice, concealed uncertainty can mislead stakeholders, and single-minded pursuit of short-term metrics may shift unacceptable harm to patients, employees, or the organization. This supports consistent and accountable management practice.

160. C — Transformational leaders connect work to a meaningful vision, model desired values, encourage improvement, and develop others' ability to lead. Close control may suppress initiative, while purely transactional reward focuses on exchange rather than growth. Avoiding necessary change can protect comfort temporarily but does not build adaptive capacity or sustained performance.

161. D — An enthusiastic novice needs explicit expectations, instruction, feedback, and safe opportunities to practice. Support should decrease as demonstrated competence increases. Premature delegation creates avoidable risk, while the leader doing every task prevents development. Discipline is inappropriate for expected learning errors unless conduct is reckless or expectations are knowingly disregarded. This supports consistent and accountable management practice.

162. A — Psychological safety grows when leaders invite questions, respond respectfully, acknowledge uncertainty, and act on valid concerns. It does not mean lowering standards or avoiding accountability. Requiring agreement, rewarding only successful ideas, or restricting voice to anonymous channels teaches employees that candid participation is risky and suppresses early warning information. This supports consistent and accountable management practice.

163. C — A personal relationship can create actual or perceived bias even when the product is acceptable. Disclosure permits independent review, recusal when appropriate, and adherence to procurement controls. Concealment undermines trust, vendor-authored criteria may distort comparison, and unilateral approval removes safeguards designed to protect fair and defensible purchasing decisions. This supports consistent and accountable management practice.

164. B — Employment information should be limited to people who need it for supervision, human resources, legal review, safety, or another legitimate function. Casual peer discussion, open meetings, and broad file access expose private information, damage trust, and may violate policy. Necessary consultation should use secure channels and the minimum relevant detail.

165. B — Possible impairment requires timely, confidential action focused on immediate safety and established organizational procedures. The manager should document objective observations and engage the appropriate supervisory, occupational health, human resources, or medical staff pathway. Waiting risks harm, independent diagnosis exceeds the manager's role, and informal handling lacks consistent safeguards. This supports consistent and accountable management practice.

166. C — Competence is maintained through ongoing learning, reflective practice, evidence appraisal, feedback, and evaluation of results. Experience is valuable but can become outdated or reinforce ineffective habits. Attendance alone does not prove changed practice, and avoiding feedback removes information needed to recognize blind spots and strengthen professional judgment. This supports consistent and accountable management practice.

167. A — Professional integrity requires accurate reporting and resistance to manipulation. The manager should retain the source data, document the request, clarify legitimate analytic questions, and use compliance or leadership channels when necessary. Altering, selectively deleting, or delaying results misleads decision makers and prevents the organization from addressing real patient-care risks. This supports consistent and accountable management practice.

168. D — Professional duties continue online. Privacy settings can fail, context can identify patients or employees, and public disputes may damage trust and organizational relationships. Leaders should follow policy, avoid confidential or disparaging content, separate official communication from personal opinion when feasible, and remember that digital material can be copied and redistributed.

169. D — A personal relationship can create actual or perceived bias even when the product is acceptable. Disclosure permits independent review, recusal when appropriate, and adherence to procurement controls. Concealment undermines trust, vendor-authored criteria may distort comparison, and unilateral approval removes safeguards designed to protect fair and defensible purchasing decisions. This supports consistent and accountable management practice.

170. A — Employment information should be limited to people who need it for supervision, human resources, legal review, safety, or another legitimate function. Casual peer discussion, open meetings, and broad file access expose private information, damage trust, and may violate policy. Necessary consultation should use secure channels and the minimum relevant detail.

171. C — Possible impairment requires timely, confidential action focused on immediate safety and established organizational procedures. The manager should document objective observations and engage the appropriate supervisory, occupational health, human resources, or medical staff pathway. Waiting risks harm, independent diagnosis exceeds the manager's role, and informal handling lacks consistent safeguards. This supports consistent and accountable management practice.

172. B — Competence is maintained through ongoing learning, reflective practice, evidence appraisal, feedback, and evaluation of results. Experience is valuable but can become outdated or reinforce ineffective habits. Attendance alone does not prove changed practice, and avoiding feedback removes information needed to recognize blind spots and strengthen professional judgment. This supports consistent and accountable management practice.

173. B — Professional integrity requires accurate reporting and resistance to manipulation. The manager should retain the source data, document the request, clarify legitimate analytic questions, and use compliance or leadership channels when necessary. Altering, selectively deleting, or delaying results misleads decision makers and prevents the organization from addressing real patient-care risks. This supports consistent and accountable management practice.

174. A — Professional duties continue online. Privacy settings can fail, context can identify patients or employees, and public disputes may damage trust and organizational relationships. Leaders should follow policy, avoid confidential or disparaging content, separate official communication from personal opinion when feasible, and remember that digital material can be copied and redistributed.

175. D — A personal relationship can create actual or perceived bias even when the product is acceptable. Disclosure permits independent review, recusal when appropriate, and adherence to procurement controls. Concealment undermines trust, vendor-authored criteria may distort comparison, and unilateral approval removes safeguards designed to protect fair and defensible purchasing decisions. This supports consistent and accountable management practice.

176. C — Employment information should be limited to people who need it for supervision, human resources, legal review, safety, or another legitimate function. Casual peer discussion, open meetings, and broad file access expose private information, damage trust, and may violate policy. Necessary consultation should use secure channels and the minimum relevant detail.

177. B — Possible impairment requires timely, confidential action focused on immediate safety and established organizational procedures. The manager should document objective observations and engage the appropriate supervisory, occupational health, human resources, or medical staff pathway. Waiting risks harm, independent diagnosis exceeds the manager's role, and informal handling lacks consistent safeguards. This supports consistent and accountable management practice.

178. C — Competence is maintained through ongoing learning, reflective practice, evidence appraisal, feedback, and evaluation of results. Experience is valuable but can become outdated or reinforce ineffective habits. Attendance alone does not prove changed practice, and avoiding feedback removes information needed to recognize blind spots and strengthen professional judgment. This supports consistent and accountable management practice.

179. A — Professional integrity requires accurate reporting and resistance to manipulation. The manager should retain the source data, document the request, clarify legitimate analytic questions, and use compliance or leadership channels when necessary. Altering, selectively deleting, or delaying results misleads decision makers and prevents the organization from addressing real patient-care risks. This supports consistent and accountable management practice.

180. D — Professional duties continue online. Privacy settings can fail, context can identify patients or employees, and public disputes may damage trust and organizational relationships. Leaders should follow policy, avoid confidential or disparaging content, separate official communication from personal opinion when feasible, and remember that digital material can be copied and redistributed.