

PRACTICE EXAM 6: NEA-BC NURSE LEADER SIMULATION (150 QUESTIONS)

This independent practice exam contains 150 multiple-choice questions. For a realistic timed session, allow 3 hours. The current ANCC NEA-BC examination contains 150 total questions, including 125 scored questions and 25 pretest questions; the official passing standard is a scaled score of 350 or higher. This study resource is not an ANCC product and is not scored on the official scale. Choose the single best answer.

1. A nurse leader faces a problem involving competing values, uncertain causes, and no proven solution. Which response is most appropriate?

- A. Mobilize stakeholders to experiment, learn, and adapt
- B. Select the first technically plausible answer
- C. Wait for complete certainty before acting
- D. Apply the same procedure used for routine work

2. A director gives staff authority to make local decisions within agreed boundaries and reviews results with them. Which leadership approach is illustrated?

- A. Command-and-control leadership
- B. Distributed leadership
- C. Transactional leadership
- D. Laissez-faire leadership

3. After a medication event, which executive communication best demonstrates authentic leadership?

- A. Emphasize that the event was statistically uncommon
- B. Describe what is known, acknowledge harm, and explain the learning response
- C. Delay communication until every causal question is settled

D. Highlight only the staff member's individual error

4. A health system includes independent physician groups, county agencies, and competing hospitals. Which leadership action best supports system integration?

- A. Build shared aims while preserving appropriate local autonomy
- B. Require every partner to use identical internal workflows
- C. Allow each organization to pursue separate priorities
- D. Centralize all decisions in the largest hospital

5. A nurse executive wants a new service design to reflect patients who are often underrepresented in planning. What should occur first?

- A. Ask for reactions after implementation
- B. Use one staff representative as a substitute for all patients
- C. Limit participation to people already familiar with hospital processes
- D. Invite affected patients into early design and define how their input will influence decisions

6. A charge nurse is learning a new scheduling responsibility. Which delegation practice best supports safe development?

- A. Keep the responsibility with the manager permanently
- B. Transfer the entire task without guidance
- C. Set clear authority, provide coaching, and establish a review point
- D. Delegate the task to an unrelated department

7. A finance leader challenges the return on investment of a nurse-led transition program. Which response is strongest?

- A. Repeat that nursing care is valuable without financial analysis
- B. Withdraw the proposal because finance asked questions

- C. Connect the proposal to patient outcomes, avoidable utilization, risk, and cost assumptions
- D. Present only the projected savings without discussing implementation risk

8. A neighborhood coalition says a hospital's community-health plan was designed without local knowledge. Which response is most constructive?

- A. Defend the plan because internal experts approved it
- B. Replace the coalition with a more agreeable group
- C. Continue the plan and record the concern for later
- D. Acknowledge the gap and co-design the next phase with coalition members

9. A transformation project missed a milestone because two executives gave different priorities. What should the project leader do first?

- A. Ask staff to choose which executive to follow
- B. Clarify decision rights and issue one coordinated priority statement
- C. Blame the project team for not anticipating the conflict
- D. Add more meetings without clarifying authority

10. Two hospitals are merging but have different nursing cultures. Which integration team composition is most credible?

- A. Respected representatives from both organizations and affected practice areas
- B. Only leaders from the acquiring hospital
- C. Only the external consultants
- D. Only finance and legal representatives

11. A nurse executive and a school district want to reduce adolescent emergency visits. Which partnership behavior is most important?

- A. Define shared outcomes, exchange appropriate information, and coordinate complementary roles

- B. Require the school district to adopt hospital policies
- C. Keep data separate so each organization retains credit
- D. Create parallel programs without a common measurement plan

12. A senior executive dismisses a frontline concern during a strategy meeting. What should the meeting chair do?

- A. Move on to preserve the agenda
- B. Ask the employee to submit the concern after the meeting
- C. Pause, invite the concern to be examined, and protect respectful dissent
- D. Explain that senior leaders have already decided

13. A leader notices rising frustration before a difficult labor discussion. Which emotional-intelligence response is best?

- A. Match the other side's intensity
- B. Recognize the reaction, pause, and choose language that supports the purpose
- C. Suppress the reaction and speak faster
- D. End the discussion before hearing the underlying concern

14. A medical director and nurse executive argue over control of a new pathway. What should a mediator do first?

- A. Choose the proposal offered by the higher-ranking person
- B. Require an immediate compromise
- C. Separate the parties and announce a private solution
- D. Clarify shared outcomes, interests, authority, and decision criteria

15. Before proposing a new nurse-led service, which assessment provides the broadest strategic picture?

- A. Review only the current staffing roster

- B. Use the most recent complaint as the primary strategy
- C. Copy the design of a well-known competitor
- D. Examine external conditions, internal capabilities, stakeholder needs, and assumptions

16. Which statement correctly distinguishes a vision from a mission?

- A. Vision lists daily tactics; mission lists historical events
- B. Vision describes current operations; mission predicts market conditions
- C. Vision describes the desired future; mission describes the organization's purpose
- D. Vision and mission are interchangeable names for metrics

17. A nurse executive examines political, economic, social, technological, legal, and environmental conditions. Which method is being used?

- A. RACI analysis
- B. PESTLE analysis
- C. Root cause analysis
- D. Balanced scorecard analysis

18. Which item represents an internal weakness in a nursing strategy assessment?

- A. Inconsistent data infrastructure for monitoring outcomes
- B. A new competitor opening nearby
- C. A proposed change in reimbursement policy
- D. An increase in the community's older-adult population

19. A strategic goal says the organization will improve nurse retention. Which revision makes it most actionable?

- A. Add more inspirational language
- B. List every historical cause of turnover

- C. Promise to discuss retention at each leadership meeting
- D. Specify the target workforce, measurable change, accountable owner, and deadline

20. A health system develops plans for several possible technology environments over the next five years. What is the main value?

- A. It predicts the future with certainty
- B. It eliminates the need for near-term decisions
- C. It tests assumptions and identifies flexible actions across plausible futures
- D. It replaces monitoring of actual environmental change

21. A strategy map is intended to explain how workforce capability creates patient value. Which relationship should it show?

- A. How learning and processes are expected to produce stakeholder and outcome results
- B. Which employee should receive a promotion
- C. How many meetings each unit must hold
- D. Which policy has been revised most often

22. Which measure is a leading indicator for a nurse-leader pipeline?

- A. The number of vacancies after a leader departs
- B. Completion of planned development experiences by identified successors
- C. The average time to fill a vacant position
- D. Turnover reported at the end of the year

23. A health system has more improvement proposals than it can staff. Which portfolio decision process is best?

- A. Approve each proposal and ask units to absorb it
- B. Fund proposals in the order received

- C. Rank proposals using strategic fit, expected value, feasibility, dependencies, and risk
- D. Choose only projects with the strongest sponsor

24. Which question best demonstrates board oversight of an executive nursing initiative?

- A. Which staff member should approve tomorrow's assignments?
- B. What outcomes, risks, and resource assumptions will show whether the initiative is working?
- C. What color should the initiative's posters use?
- D. Which charge nurse should manage the daily huddle?

25. A board dashboard shows declining patient experience but gives no context. What should the nurse executive add?

- A. More unorganized raw data
- B. Names of individual patients who complained
- C. A statement that experience belongs only to bedside staff
- D. Trend interpretation, likely drivers, corrective actions, and decisions needed

26. A professional practice council is being chartered. Which element is essential?

- A. Define its scope, decision authority, membership, and escalation route
- B. Require all members to agree before any recommendation
- C. List every hospital policy in the charter
- D. Schedule social events as the council's main deliverable

27. A cross-functional project repeatedly stalls because participants disagree about who may approve changes. What should the executive establish?

- A. Explicit decision rights, escalation rules, and accountable owners
- B. A larger committee that reviews every minor issue
- C. A rule that the most senior attendee decides

D. A promise that the team will resolve disagreements informally

28. A medication policy has not been reviewed since a major technology change. What should the policy owner do?

- A. Confirm that staff remember the old policy
- B. Delete the policy to avoid outdated instructions
- C. Leave it unchanged until a surveyor requests revision
- D. Review current evidence, workflow, risks, ownership, and revision needs

29. A nurse executive presents a new virtual-care program to senior leaders. Which business-case element most improves the proposal?

- A. Use a compelling slogan without operating details
- B. List every possible benefit without estimating resources
- C. Link resources and implementation assumptions to outcomes, risk, and value
- D. Focus on technology features and omit workflow impact

30. Staff do not see why a major documentation redesign is necessary. What should the change leader do first?

- A. Announce a deadline before explaining the problem
- B. Use credible evidence and stakeholder dialogue to establish the need for change
- C. Assume resistance means staff lack commitment
- D. Require compliance without discussing the current-state gap

31. A hospital wants to test a new discharge workflow before spreading it. Which pilot design is strongest?

- A. Launch it everywhere so variation is avoided
- B. Test it informally without baseline information

- C. Define the target process, measures, scope, learning cycle, and stop criteria
- D. Choose a unit only because its manager volunteered first

32. Staff understand why a new handoff process matters and know how to perform it, but use remains inconsistent. Which change element needs attention?

- A. Awareness of the reason for change
- B. Reinforcement through feedback, recognition, and accountability
- C. Knowledge of the written steps
- D. Initial desire to support the project

33. A sponsor receives a request to add unplanned features to an approved project. What should happen next?

- A. Assess the change's value, impacts, resources, and approval path before committing
- B. Accept it immediately to preserve enthusiasm
- C. Reject every request without considering benefit
- D. Let the technical team add it without informing stakeholders

34. Which responsibility belongs primarily to a project sponsor rather than the project manager?

- A. Maintain the detailed task schedule
- B. Write every project status update
- C. Perform each workflow test personally
- D. Provide executive authorization, remove barriers, and support escalated decisions

35. A project team wants to know whether it is on track before the final launch date. What should the project manager emphasize?

- A. Meaningful milestones tied to deliverables, dependencies, and acceptance criteria
- B. The number of meetings held

- C. The amount of email exchanged
- D. The length of the project charter

36. Which project tool best consolidates risks, assumptions, issues, and dependencies?

- A. A daily staffing assignment sheet
- B. A patient satisfaction summary
- C. A list of completed orientation topics
- D. Use a RAID log with owners and due dates

37. A nurse executive is planning communication for a systemwide scheduling change. Which tool is most useful first?

- A. A single email sent to every employee
- B. A stakeholder map showing influence, impact, concerns, and engagement needs
- C. A list of people who attended the last meeting
- D. A calendar of executive meetings only

38. A change message is technically accurate but staff interpret it differently across units. What should the executive do?

- A. Tell each unit to create its own explanation
- B. Repeat the same memo without answering questions
- C. Create a consistent core message with local examples, feedback channels, and update ownership
- D. Stop communication until every detail is finalized

39. Which measure best indicates that a new executive workflow has been adopted?

- A. The launch email was opened
- B. Reliable routine use of the intended behavior
- C. Staff attended the initial education session

D. The policy was uploaded to the intranet

40. A coach asks a director to identify the current reality, desired goal, options, and next action. Which model is being used?

- A. The GROW coaching model
- B. The DMAIC model
- C. The RACI model
- D. The HRO model

41. An experienced nurse executive helps a new director interpret informal relationships and decision pathways. What developmental function is being provided?

- A. Formal competency validation
- B. A disciplinary performance review
- C. Mentoring through organizational perspective and career guidance
- D. A substitute for the director's accountability

42. Which succession-planning practice most improves readiness for a critical nursing leadership role?

- A. Keep potential successors confidential until the vacancy occurs
- B. Select successors only from the current executive circle
- C. Use years of service as the sole readiness measure
- D. Combine transparent criteria with developmental assignments and feedback

43. A health system wants to know whether it has enough leadership depth for unplanned departures. What should it review?

- A. Only the number of current managers
- B. Only the last annual engagement score
- C. A talent bench showing readiness, development needs, role coverage, and risk

D. Only external job postings in the region

44. A systemwide onboarding program is revised for newly appointed nurse leaders. Which element best supports early effectiveness?

- A. Provide a general orientation without role-specific context
- B. Delay introductions until the leader completes all training
- C. Give the leader policies to read without feedback
- D. Clarify role expectations, relationships, decision pathways, resources, and early priorities

45. In negotiation planning, which question identifies a BATNA?

- A. What will we do if no acceptable agreement is reached?
- B. What opening offer will create the strongest impression?
- C. Which concession should be made first?
- D. What outcome would be ideal for every party?

46. Two leaders remain stuck on positions about weekend coverage. What should the executive mediator do?

- A. Select the position expressed more forcefully
- B. Explore underlying interests and generate options against agreed criteria
- C. Require equal concessions before hearing the interests
- D. Postpone the decision indefinitely

47. Which format is most useful for briefing an executive team on a high-risk proposal?

- A. A long narrative with no decision requested
- B. A concise decision brief with the issue, options, evidence, risks, recommendation, and ask
- C. A list of raw data without interpretation
- D. A presentation focused only on the proposal's benefits

48. During a ransomware event, which communication practice best protects operational coordination?

- A. Allow each unit to issue its own instructions
- B. Wait for complete certainty before communicating
- C. Use verified facts, clear actions, regular updates, and one accountable source
- D. Speculate publicly about the attacker's motive

49. A nurse executive is forecasting the impact of a reimbursement change. Which analysis is most decision-useful?

- A. Model volume, payer mix, cost, quality consequences, and sensitivity assumptions
- B. Assume historical revenue will continue unchanged
- C. Focus only on the reimbursement rate
- D. Ignore quality and access because the analysis is financial

50. A nurse executive wants frontline feedback to influence a redesign rather than become a one-time listening exercise. Which practice is best?

- A. Collect comments without assigning owners
- B. Invite feedback only after implementation
- C. Ask managers to summarize concerns without returning to staff
- D. Use leader rounds, assign actions, and report back

51. A nurse executive is reviewing a new state requirement and an accreditation standard. Which distinction is correct?

- A. Both are optional suggestions
- B. A regulation is law; accreditation sets recognition standards
- C. Accreditation standards always replace state law
- D. Regulations apply only when a surveyor is present

52. A surveyor traces a high-risk medication process from prescribing through administration. What evidence should leaders be prepared to show?

- A. Observed practice, policy, competency evidence, records, and improvement follow-through
- B. Only the current policy document
- C. Only the most recent staff meeting minutes
- D. Only the unit's annual satisfaction score

53. An internal review finds that a required patient-identification check is inconsistently documented. What should the corrective plan include?

- A. A general reminder to be more careful
- B. A new poster with no measurement plan
- C. A promise to discuss the issue at the next retreat
- D. A prioritized action, accountable owner, due date, monitoring method, and escalation path

54. A hospital updates its hazard vulnerability analysis before hurricane season. Which method is most appropriate?

- A. List hazards alphabetically
- B. Focus only on events that occurred last year
- C. Rank hazards by likelihood, impact, preparedness, and required response capability
- D. Choose the hazard with the most media attention

55. A chemical release occurs near a hospital but does not enter the building. Which action may be needed if outside air is unsafe?

- A. Open all windows to improve circulation
- B. Evacuate every patient immediately without assessing routes
- C. Continue normal operations until symptoms appear

D. Activate shelter-in-place procedures and control ventilation as directed

56. During an emergency, who should coordinate operational priorities and resource assignments within the incident-command structure?

- A. Each unit manager independently
- B. The designated incident commander through the established command system
- C. The most senior clinician available
- D. The communications office alone

57. A respiratory-virus surge is expected to exceed available beds. What should the executive team do first?

- A. Wait until all beds are occupied
- B. Open space without confirming staffing or supplies
- C. Activate the surge plan, validate capacity assumptions, and coordinate staffing and transfers
- D. Cancel all elective care without a defined threshold

58. The electronic record is unavailable during a scheduled maintenance period. Which practice best protects medication safety?

- A. Use the approved downtime record, verification process, and reconciliation plan
- B. Ask staff to rely on memory
- C. Create separate spreadsheets on each unit
- D. Delay all medication administration until the system returns

59. A high-reliability organization reviews near misses even when no patient was harmed. What principle does this reflect?

- A. Reliance on past success
- B. Simplification of complex signals

- C. Preoccupation with failure
- D. Deference only to formal authority

60. A team explains repeated delays by saying they are caused by one difficult department. Which high-reliability principle should challenge this conclusion?

- A. Reluctance to simplify explanations
- B. Commitment to resilience
- C. Sensitivity to operations
- D. Deference to expertise

61. A leader observes that a safety policy is technically sound but difficult to follow during a busy shift. Which high-reliability behavior is most relevant?

- A. Assume policy compliance from the written document
- B. Wait for an annual audit to reveal the gap
- C. Focus only on whether staff completed education
- D. Stay sensitive to how work is actually occurring

62. A ventilator alarm problem is being investigated, and the bedside respiratory therapist has the most direct technical knowledge. What should the leader do?

- A. Require the highest-ranking executive to decide the repair
- B. Defer the technical assessment to the qualified expert while coordinating the broader response
- C. Wait for a committee before asking for technical input
- D. Use a general opinion because it is easier to communicate

63. A nurse made an error while bypassing a confusing medication interface. How should a just-culture review begin?

- A. Assign discipline automatically because harm was possible

- B. Ignore the bypass because the nurse was experienced
- C. Examine the behavior, situational pressures, system design, and expected response
- D. Publicize the nurse's name to deter others

64. A safety-culture survey shows that staff fear speaking up to senior clinicians. What is the best executive response?

- A. Repeat the survey until the score improves
- B. Tell staff to be more assertive
- C. Remove the item because it may create conflict
- D. Share the finding, examine contributing conditions, and implement monitored psychological-safety actions

65. A team is choosing between several ways to redesign a high-risk transfer process. Which tool is most useful before implementation?

- A. A satisfaction survey
- B. Failure mode and effects analysis
- C. A retrospective financial report
- D. A staff attendance log

66. An organization wants to understand why a specimen-labeling event occurred across two units. Which review is most appropriate?

- A. A system-focused root cause analysis with multidisciplinary participation
- B. A search for the single person who made the error
- C. A comparison of the units' annual satisfaction scores
- D. A policy rewrite before examining the event

67. A causal analysis identifies several contributing conditions rather than one root cause. What should the improvement team do?

- A. Select the most visible individual mistake
- B. Prioritize system changes that address important contributors and can be monitored
- C. List every possible cause without prioritization
- D. Close the review because there is no single cause

68. A quality leader maintains a risk register for a new clinical service. Which entry is most useful?

- A. Risk description, likelihood, impact, owner, mitigation, trigger, and review date
- B. A risk title without an owner or response
- C. A list of concerns copied from an old project
- D. A final statement that the service is safe

69. A risk matrix places a low-likelihood event with catastrophic potential in a high-priority zone. What should leaders recognize?

- A. The event can be ignored because it is unlikely
- B. Only frequent events belong on the risk register
- C. Low frequency does not eliminate the need for strong controls when impact is severe
- D. A high-impact event is automatically impossible to mitigate

70. A hospital compares its readmission rate with another organization but uses different case definitions. What is the main concern?

- A. The comparison is valid if the other organization performs better
- B. Benchmarking requires no common denominator
- C. A different case definition improves fairness automatically
- D. The benchmark may not be comparable because the populations and definitions differ

71. Before approving a dashboard measure, what should the quality committee confirm?

- A. Only the color used for the trend line

- B. The numerator, denominator, exclusions, data source, period, and intended use
- C. Only the number of people who can view it
- D. Only whether the measure is popular with leaders

72. A control chart shows a sudden sustained shift after a new process begins. How should the team respond?

- A. Investigate the special-cause signal and relate it to the process change
- B. Treat every point as random variation
- C. Delete the points because the process is new
- D. Declare success without checking implementation or unintended effects

73. A quality dashboard contains twelve measures, but executives cannot identify which require action. What redesign is best?

- A. Add more measures so every unit is represented
- B. Remove all narrative so the dashboard is neutral
- C. Group a small set of prioritized measures with targets, trends, context, and owners
- D. Show only the most favorable trend

74. A project reduces medication errors but increases patient wait time. Which measure should be added?

- A. Another measure of staff education attendance
- B. A balancing measure for access and timeliness
- C. The number of project meetings
- D. The number of improvement posters displayed

75. A hospital compares mortality for two services with very different patient complexity. What analytic approach improves interpretation?

- A. Assume the service with higher mortality provides worse care
- B. Exclude patients with the greatest complexity
- C. Use only the unadjusted rate because it is simpler
- D. Use appropriate risk adjustment and explain the model's limitations

76. A team is unsure whether a new rounding process improves timely escalation. What should the quality leader define first?

- A. A vendor before identifying the problem
- B. A success story from another hospital
- C. A broad goal to improve everything at once
- D. A focused question with a population, intervention, comparison, and outcome

77. A leader reviews a study before using its findings to redesign discharge care. What appraisal is most important?

- A. Examine the design, population, bias, methods, limitations, and local relevance
- B. Use the study because its conclusion is positive
- C. Choose the study with the shortest title
- D. Ignore the setting because evidence is always transferable

78. A guideline recommends a staffing model developed in a tertiary center with resources unavailable locally. What should the executive do?

- A. Reject the guideline because local resources differ
- B. Implement it unchanged despite feasibility concerns
- C. Adapt core elements to context and monitor outcomes
- D. Adopt only the easiest recommendation without evaluation

79. A nurse executive wants to move a promising falls intervention from evidence review into practice. Which sequence is best?

- A. Publish the article and assume practice will change
- B. Train once and declare the intervention complete
- C. Spread the intervention before understanding workflow barriers
- D. Engage local stakeholders, test the intervention, measure results, and refine implementation

80. A unit tests a revised handoff on one shift, studies the results, and changes the next test. Which method is being used?

- A. A one-time compliance audit
- B. Plan-Do-Study-Act
- C. A capital replacement cycle
- D. A disciplinary investigation

81. A Lean review finds that nurses repeatedly re-enter the same information into separate systems. What should the team seek first?

- A. Remove unnecessary processing and redesign the flow around patient value
- B. Add another approval step
- C. Create a larger report about the re-entry
- D. Ask staff to work faster without changing the process

82. A nurse executive is unsure whether a project is intended to improve one hospital process or produce generalizable knowledge. What should happen?

- A. Assume it is quality improvement because nurses are involved
- B. Assume electronic data eliminate the need for review
- C. Clarify the purpose and obtain the appropriate institutional review
- D. Let the team choose the classification after publication

83. A successful pressure-injury intervention is being extended to other units. What should leaders do before spreading it?

- A. Require exact copying without assessing context
- B. Spread only the education slides
- C. Assume the original result will automatically recur
- D. Identify essential elements, local adaptations, supports, and measures for each setting

84. An improvement project initially succeeds but performance returns to baseline after the project team disbands. What should be strengthened?

- A. The launch celebration
- B. The number of project slogans
- C. Ownership, standard work, monitoring, feedback, and resource support
- D. A one-time presentation to executives

85. A nurse manager wants audit data to change catheter-care practice. Which feedback design is most effective?

- A. Provide timely, specific, nonpunitive results with a clear next action
- B. Send an annual report with no interpretation
- C. Post individual rankings publicly
- D. Report only when performance is excellent

86. A learning system reviews both successful recoveries and harmful events. What is the main benefit?

- A. It proves that every successful recovery used the same method
- B. It identifies resilience, weak signals, and system conditions across varied outcomes
- C. It replaces the need for incident review
- D. It focuses only on individual decisions during failure

87. A plan of correction is implemented, but leaders cannot show whether the gap has closed. What is missing?

- A. Another statement of commitment
- B. A longer list of planned activities
- C. A new logo for the compliance project
- D. An effectiveness check with measures, ownership, and thresholds

88. Which statement best describes how evidence-based practice, process improvement, and quality improvement work together?

- A. Evidence alone guarantees reliable implementation
- B. Integrate evidence, local testing, and outcome learning
- C. Process improvement replaces the need to examine evidence
- D. Quality improvement is limited to reporting compliance

89. An experienced nurse requests a schedule modification because of a documented disability. What should the manager do first?

- A. Deny the request because schedules must be identical
- B. Ask coworkers to decide whether the request is fair
- C. Engage in an individualized accommodation process and assess essential job functions
- D. Move the nurse to another role without discussion

90. A nurse reports a possible blood exposure after a procedure. Which leadership response is most appropriate?

- A. Activate the exposure-response process, obtain prompt evaluation, and document the event
- B. Wait to see whether symptoms develop
- C. Ask the nurse to manage the event privately
- D. Delay reporting until the next safety meeting

91. A supervisor says an older applicant would not adapt to a new electronic workflow. What is the main concern?

- A. Offering a structured skills assessment
- B. Comparing applicants against documented competencies
- C. Using age as a proxy for job-related adaptability
- D. Providing the same technology demonstration to all candidates

92. An employee reports discriminatory comments and then loses desirable shifts without documented performance reasons. What should the leader do?

- A. Tell the employee to resolve the issue privately
- B. Wait until the next annual evaluation
- C. Change the employee's schedule again to avoid conflict
- D. Protect against retaliation, preserve records, and initiate a fair review

93. An employee requests leave for a qualifying family-care need. What should the manager do first?

- A. Refer the request through the established leave process and protect confidentiality
- B. Ask the employee to disclose details to the entire team
- C. Deny the request until staffing is fully solved
- D. Require the employee to find a permanent replacement

94. A contractor performs work under a federally funded program and requests an accessibility accommodation. Which principle applies?

- A. Offer access only if the request is inexpensive
- B. Provide equitable participation through an individualized disability-accommodation process
- C. Exclude the contractor from the program to avoid administrative work
- D. Treat accessibility as optional when the person is not an employee

95. An interview panel gives one applicant a higher score because the panelists say the person would be a better cultural fit. What is the main risk?

- A. Too much standardization in the interview process
- B. A complete record of comparable candidate evidence
- C. Use of structured behavioral questions
- D. Subjective selection bias without consistent job-related criteria

96. A new charge nurse completes orientation but has not demonstrated safe escalation or delegation. What should the manager do?

- A. Assume completion equals competence
- B. Wait for a safety event to reveal the gap
- C. Verify the required competencies through observation and documented assessment
- D. Assign more responsibility to accelerate learning

97. A manager delegates medication education to a team member with uncertain preparation. What should occur before assignment?

- A. Confirm competence, scope, patient complexity, and available supervision
- B. Delegate because the task is usually routine
- C. Ask the team member to learn while teaching
- D. Assign the task to save the manager time

98. A simulation is being used to validate a nurse's response to clinical deterioration. Which design is strongest?

- A. Score confidence alone
- B. Use realistic cues, observable criteria, trained evaluators, and structured feedback
- C. Use an unstructured scenario with no performance criteria
- D. Let each evaluator define passing independently

99. A nurse does not meet a required competency after remediation. What should the manager do next?

- A. Ignore the gap because the nurse is well liked
- B. Repeat the same education without assessing barriers
- C. Use a documented plan with specific gaps, support, reassessment, and consequences
- D. Remove the nurse immediately without reviewing the evidence

100. A director creates a professional-development plan for an emerging nurse leader. Which element is most useful?

- A. Specific goals, developmental experiences, resources, measures, and review dates
- B. A general promise to pursue growth
- C. A list of courses without application opportunities
- D. A performance rating without a development conversation

101. A preceptor is clinically strong but gives inconsistent feedback to new nurses. What should the manager do?

- A. Remove the preceptor solely because feedback is difficult
- B. Coach the preceptor on observation, feedback structure, and competency evidence
- C. Assume clinical expertise guarantees teaching skill
- D. Ask learners to adapt without changing the program

102. An annual evaluation contains broad labels but little evidence of job-related performance. What should the manager change?

- A. Add more adjectives to make the evaluation detailed
- B. Base the rating on how often the employee is visible
- C. Avoid discussing weaknesses to preserve morale
- D. Use documented examples tied to expectations, impact, support, and next steps

103. A leadership-development program has lower participation among night-shift and internationally educated nurses. Which action best supports equity?

- A. Require everyone to attend the same daytime sessions
- B. Assume lower participation reflects lower interest
- C. Examine access barriers, offer flexible pathways, and monitor participation by group
- D. Stop collecting demographic information

104. A meeting repeatedly ends with senior leaders making decisions while frontline members remain silent. What should the facilitator do?

- A. Set participation expectations, invite dissent, and make decision criteria explicit
- B. Ask only senior leaders to speak first
- C. Assume silence means agreement
- D. Move all discussion to informal conversations

105. A pay-equity review finds that comparable roles have different salary patterns by demographic group. What should leaders do?

- A. Explain the gap as a product of negotiation alone
- B. Examine job-related factors, correct unjustified disparities, and monitor the pattern
- C. Stop reviewing pay to avoid conflict
- D. Adjust salaries without examining role classification or history

106. A promotion process produces a leadership cohort that does not reflect the qualified workforce. Which response is best?

- A. Review criteria, access to development, nomination pathways, and outcomes by group
- B. Select only people who have already held executive titles
- C. Stop collecting representation data
- D. Assume the outcome is neutral because the process was familiar

107. A high-performing clinician repeatedly interrupts and humiliates new nurses. What should the manager do?

- A. Ignore it because productivity is high
- B. Tell new nurses to develop thicker skin
- C. Move the new nurses without examining the behavior
- D. Address the conduct through a fair process and reinforce respectful-workplace expectations

108. An engagement survey shows staff do not believe leaders act on feedback. Which action is most likely to improve engagement?

- A. Run the same survey more often without action
- B. Offer incentives without addressing the concerns
- C. Ask managers to improve engagement privately
- D. Share findings, choose visible priorities with owners, and report progress regularly

109. A hospital identifies repeated threats from visitors in an emergency department. Which prevention strategy is strongest?

- A. Tell staff to rely on personal judgment
- B. Use environmental controls, reporting, training, response roles, and post-event review
- C. Wait until a serious assault occurs
- D. Provide a single annual lecture without workflow changes

110. A unit has increasing errors during extended shifts and frequent last-minute schedule changes. What should the executive examine?

- A. Only whether employees completed fatigue education
- B. Whether staff are personally committed enough
- C. Fatigue risk, workload, staffing patterns, recovery time, and work design
- D. Only the number of sick calls

111. A nurse reports a near miss after following an unclear verbal instruction. How should the manager respond?

- A. Discourage further reports because no harm occurred
- B. Thank the nurse, clarify the process, and review system conditions without premature blame
- C. Focus first on the nurse's intent to avoid accountability
- D. Announce the near miss publicly with the nurse's name

112. A unit's turnover remains high despite competitive wages. Which analysis should the executive conduct next?

- A. Examine workload, leadership, scheduling, growth, belonging, and reasons for leaving
- B. Assume compensation is the only meaningful driver
- C. Offer a blanket retention bonus without diagnosis
- D. Stop exit interviews because they are subjective

113. A manager wants recognition to reinforce safe speaking up rather than only high productivity. Which approach is best?

- A. Reward only the employees with the highest volume
- B. Use generic praise without examples
- C. Recognize specific behaviors and explain their contribution to safety and team learning
- D. Recognize people only during annual evaluations

114. A professional governance model is being redesigned. Which feature most supports meaningful staff authority?

- A. A council that meets without decision access
- B. A promise that leaders will consider every suggestion equally
- C. A requirement that staff solve issues without executive support
- D. A defined route for recommendations, decisions, implementation, and feedback

115. A nurse council recommends a practice change, but members are unsure whether they may approve it. What should the executive clarify?

- A. That all decisions require unanimous votes
- B. That recommendations are never binding
- C. That informal influence is sufficient
- D. The council's delegated authority, boundaries, and escalation process

116. A unionized unit and management disagree about a scheduling change. What is the best first step?

- A. Review the applicable agreement, facts, impact, and established labor-relations process
- B. Implement the change immediately and negotiate later
- C. Ask individual employees to choose sides
- D. Avoid documenting the discussion to preserve flexibility

117. A manager observes repeated missed documentation by an otherwise capable nurse. What should occur first?

- A. Wait until the formal annual review
- B. Clarify the standard, review specific examples, explore barriers, and set follow-up
- C. Transfer the nurse without discussing the issue
- D. Ignore the gap because clinical skills are strong

118. A health system anticipates opening two new service lines next year. What workforce-planning activity is most important?

- A. Count current employees without examining skills
- B. Post all jobs before defining the model of care
- C. Forecast roles, competencies, supply, development time, and recruitment risks
- D. Assume existing staff can absorb the work

119. A new graduate says a preceptor discourages questions during high-acuity care. What should the leader do?

- A. Tell the graduate to wait until orientation ends
- B. Assume the preceptor's efficiency justifies the behavior
- C. Protect speaking up, assess the learning environment, and coach or reassign support as needed
- D. Remove the graduate from the unit without review

120. A primary-care organization is redesigning care for patients with several chronic conditions. Which medical-home feature is most important?

- A. Separate referrals without shared information
- B. Visit volume as the primary success measure
- C. Episodic treatment with no planned follow-up
- D. Team-based coordination around patient goals, access, continuity, and follow-up

121. A telehealth program has high enrollment but lower completion among patients with limited broadband. What should leaders do?

- A. Use the overall completion rate only
- B. Offer accessible alternatives and monitor completion by technology and social-need groups
- C. Require video visits for every patient
- D. Remove patients with technology barriers from the program

122. A unit's patient mix changes substantially during the evening, but staffing assignments use only census. Which adjustment is most appropriate?

- A. Incorporate acuity, dependency, skill mix, and workload into staffing decisions
- B. Use the same assignments because the census is unchanged
- C. Assign the most complex patients to the newest nurse
- D. Reduce staffing when fewer patients are present regardless of need

123. A patient nods during discharge teaching but later cannot explain the medication plan. What should the nurse do?

- A. Repeat the same script more quickly
- B. Use teach-back to check the patient's understanding
- C. Ask the family to memorize the instructions
- D. Document understanding because the patient nodded

124. A patient with diabetes, depression, and housing instability receives care from several organizations. Which delivery strategy is strongest?

- A. Refer the patient separately to each specialty
- B. Focus only on the most recent emergency visit
- C. Ask the patient to coordinate all services independently
- D. Use coordinated care management with shared goals, communication, and planned follow-up

125. A health system wants to reduce avoidable admissions among older adults across its region. What is the best population-health starting point?

- A. Define the population, stratify need, identify drivers, and align interventions with partners
- B. Offer the same education to every resident
- C. Measure only hospital admissions after the program
- D. Focus on patients who are easiest to reach

126. Patient stories describe difficulty finding help after a clinic closes. How should the executive use the narratives?

- A. Treat stories as anecdotal and exclude them
- B. Publish the stories without protecting identity
- C. Combine the stories with process data and co-design a clearer access pathway
- D. Assume the switchboard already solves the problem

127. A specialty clinic has long waits for patients who need interpretation. Which action best addresses access?

- A. Ask family members to interpret whenever possible
- B. Use the overall wait-time average only
- C. Improve interpreter access and stratify waits by language
- D. Remove language information from scheduling reports

128. A competent adult refuses a recommended procedure after receiving understandable information. What should the team do?

- A. Confirm capacity, understanding, alternatives, and informed refusal
- B. Override the decision because clinicians disagree
- C. Ask the family to decide instead
- D. Withhold information to encourage acceptance

129. A patient asks whether a proposed intervention's benefits justify its burdens. Which ethical principle most directly supports the analysis?

- A. Justice alone, without considering the patient
- B. Administrative efficiency as the controlling value
- C. Confidentiality as a substitute for risk discussion
- D. Beneficence and nonmaleficence considered together with the patient's goals

130. Two patients need the same scarce service, and staff propose giving it to the person who complains most loudly. Which principle is threatened?

- A. Autonomy because both patients made a request
- B. Justice through fair, transparent, and relevant allocation criteria
- C. Confidentiality because staff discussed the cases
- D. Fidelity because the service is limited

131. A clinician wants to share a patient story in a teaching presentation. Which information-ethics action is essential?

- A. Include the name because the story is educational
- B. Share the full record with everyone attending
- C. Assume internal audiences need no privacy safeguards
- D. Protect privacy, use appropriate authorization or de-identification, and limit unnecessary details

132. A team remains divided about a patient's treatment goals and asks for help. What is an appropriate role for an ethics committee?

- A. Replace the patient and clinical team as decision-maker
- B. Choose the option least likely to attract criticism
- C. Facilitate ethical analysis, clarify values and options, and support a fair process
- D. Provide public-relations advice only

133. A nurse experiences moral distress because organizational constraints prevent care consistent with professional values. What is the best leadership response?

- A. Tell the nurse to accept the situation silently
- B. Create a supported forum to name the conflict, examine options, and address system barriers
- C. Treat the concern as a personal resilience deficit
- D. Move the nurse without examining the underlying constraint

134. A nurse executive wants to know whether a new follow-up program improves medication adherence after discharge. Which question is best formed?

- A. Does follow-up improve adherence versus usual care?
- B. Is medication adherence important in health care?
- C. Which vendor offers the most attractive dashboard?
- D. Can the program be spread before its effect is measured?

135. Evidence supports a new transitional-care model, but local staffing and referral patterns differ from the study site. What should leaders do?

- A. Copy the study site without assessing context
- B. Reject the evidence because local conditions differ
- C. Implement immediately and evaluate only after one year
- D. Translate the core intervention with local adaptation, testing, measurement, and feedback

136. A new patient-navigation program is implemented, but staff omit the required risk-screening step. What should the executive assess?

- A. Only the number of navigators hired
- B. Implementation fidelity, workflow barriers, training, and whether core elements are understood
- C. Whether the program has a memorable name
- D. The program's success before the missing step is addressed

137. A hospital wants other organizations to learn from a successful nurse-led transition program. What should dissemination include?

- A. Context, methods, results, limitations, adaptation guidance, and required supports
- B. Only the final success claim
- C. A directive to copy every local detail
- D. A title and contact name without evidence

138. A remote-monitoring program is intended to reduce emergency visits. Which measure is an outcome measure?

- A. The number of monitors shipped
- B. The percentage of staff trained
- C. The emergency-visit rate among the eligible population
- D. The number of monitoring alerts generated

139. A nurse executive wants to know whether a referral pathway is being completed as designed. Which measure is most appropriate?

- A. The proportion of eligible referrals with documented completion within the target period
- B. The total number of referral forms printed
- C. The number of meetings about the pathway
- D. The service's annual operating margin

140. A rehabilitation program wants to know whether patients feel more capable of managing daily activities. Which measure is best?

- A. The number of exercise handouts distributed
- B. A validated patient-reported function or participation measure
- C. The therapist's informal impression
- D. The number of sessions scheduled

141. A discharge redesign shortens length of stay but increases calls about confusion at home. What should leaders add to the evaluation?

- A. Only the shorter length of stay
- B. The number of discharge meetings
- C. The number of staff who viewed the new checklist
- D. A balancing measure for comprehension, caregiver burden, and transition problems

142. A hospital compares mortality before and after a care redesign, but the later group is substantially more complex. What should leaders do?

- A. Attribute every difference to the redesign
- B. Exclude the most complex patients
- C. Use appropriate risk adjustment and interpret the result with case-mix limitations
- D. Report only the period with the better result

143. A health system finds lower follow-up completion among patients who need language assistance. Which response best advances equity?

- A. Use the overall completion rate only
- B. Ask children to interpret when possible
- C. Remove language data to avoid labeling patients
- D. Strengthen professional interpretation and monitor completion by language group

144. Before deploying an AI tool that prioritizes patients for outreach, which governance question is essential?

- A. How quickly can the vendor install it?
- B. How many alerts will the tool produce?
- C. How will validity, subgroup performance, transparency, human oversight, and accountability be monitored?
- D. Whether clinicians can be removed from the process

145. Which practice best protects electronic patient information when staff roles change?

- A. Review role-based access and remove permissions that are no longer needed
- B. Give every employee broad access for convenience
- C. Share credentials during busy periods
- D. Leave former employees' accounts active until year-end

146. A predictive model performs well overall but produces more false negatives for one patient group. What should leaders do?

- A. Deploy it because the overall accuracy is high
- B. Validate subgroup performance, investigate bias, and correct or limit use before expansion
- C. Hide group data from the evaluation
- D. Ask clinicians to compensate for every error manually

147. Two clinical systems need to exchange structured medication information. Which capability is required?

- A. Interoperability supported by shared standards, interfaces, governance, and data-quality controls
- B. Manual reentry into a local spreadsheet
- C. A shared password for both systems
- D. A policy asking clinicians to memorize fields

148. A decision-support alert is ignored because it appears too often and rarely changes care. What should the executive prioritize?

- A. Add more alerts to increase visibility
- B. Discipline clinicians who dismiss alerts
- C. Use human-factors review of alert design and workflow
- D. Assume alert fatigue reflects poor attitudes

149. During an electronic-record outage, a nurse documents a verbal order on the approved paper form. What should happen after restoration?

- A. Discard the paper form after entering one item
- B. Assume the electronic record is complete
- C. Let each unit choose its own reconciliation method
- D. Reconcile the downtime record with the electronic record using the approved process

150. A health system plans to retire an old clinical application after migration to a replacement. Which governance action is essential?

- A. Delete the old system immediately
- B. Plan data retention, migration validation, access, security, and safe decommissioning
- C. Leave all old accounts active indefinitely
- D. Allow each unit to export data differently

Practice Exam 6: Answer Key and Explanations

- 1. A** — Adaptive leadership fits situations in which the problem and solution are not fully known. The leader creates conditions for learning, experimentation, and shared responsibility. A quick technical answer, indefinite waiting, or routine enforcement may miss the adaptive work required to change beliefs and behavior. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.
- 2. B** — Distributed leadership shares influence while preserving accountability and common purpose. Clear boundaries and review distinguish it from command-and-control or laissez-faire approaches. Transactional leadership emphasizes exchanges and performance contingencies, whereas distributed leadership develops decision capacity across roles and settings. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.
- 3. B** — Authentic communication combines honesty, accountability, balanced consideration, and a credible plan. Naming harm and the learning response respects those affected without pretending that every cause is known. Rarity, delay, and individual blame can reduce trust and obscure the system conditions that require attention. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.
- 4. A** — Boundary-spanning leadership aligns partners around shared outcomes while recognizing that each organization retains legitimate responsibilities. Identical workflows, disconnected priorities, or dominance by one organization can weaken ownership and hide local knowledge. Integration depends on relationships, coordination, and reciprocal influence. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.
- 5. D** — Inclusive design improves information quality and legitimacy when affected people participate before major decisions are fixed. A late reaction, proxy-only participation, or insider-only process can preserve blind spots. Leaders should clarify the decision space and close the loop about how input was used. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.
- 6. C** — Developmental delegation matches responsibility with capability, support, and follow-up. Clear authority and a review point create a safe learning boundary. Permanent retention prevents growth, unrestricted transfer creates avoidable risk, and unrelated delegation does not build the charge nurse's competence. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.
- 7. C** — Business acumen requires translating clinical proposals into outcomes, risks, costs, assumptions, and resource requirements. Repeating values, withdrawing, or presenting only favorable savings does not create a credible decision frame. Transparent assumptions allow leaders to test both clinical and financial value. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

8. D — Trustworthy partnerships require humility and shared design authority. Acknowledging the gap and co-designing the next phase uses local knowledge to improve relevance. Defensiveness, replacement, or delayed attention leaves the underlying power imbalance and design problem unchanged. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

9. B — Conflicting priorities are a governance and communication problem. Clarifying decision rights and issuing one coordinated statement gives the team a reliable operating frame. Asking staff to choose, assigning blame, or adding meetings without authority can prolong uncertainty and erode confidence. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

10. A — An integration coalition needs influence, local knowledge, and representation from both organizations and the work affected by change. A single-sided, consultant-only, or narrowly administrative group may produce a technically neat plan without trust, operational insight, or sustainable ownership. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

11. A — Cross-sector collaboration works when partners align outcomes, share appropriate information, and contribute capabilities that fit together. Imposing policy, protecting credit, or running parallel programs weakens coordination. A shared measurement plan makes mutual accountability visible while respecting each organization's role. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

12. C — Psychological safety depends on how leaders respond when people raise concerns. Pausing to explore the issue can reveal risk and signals that speaking up is valued. Deferral, dismissal, or hierarchy-based closure teaches participants to withhold information. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

13. B — Self-awareness and self-regulation help a leader respond intentionally rather than reactively. A pause can preserve listening and keep the conversation connected to its purpose. Matching intensity, denying emotion, or ending the discussion can escalate conflict or leave important interests unexplored. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

14. D — Effective mediation moves beyond positions to the underlying interests and decision rules. Clarifying shared outcomes and authority creates a basis for options. Rank-based decisions, premature compromise, or private settlement may secure compliance without resolving the source of conflict. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

15. D — A broad strategic assessment combines external trends, internal capacity, stakeholder expectations, and assumptions about value. A roster, isolated complaint, or competitor example may contribute information but cannot substitute for a complete assessment of context and feasibility. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

16. C — A vision expresses the future state an organization seeks to create. A mission explains why it exists, whom it serves, and the purpose of its work. Tactics, history, market conditions, and metrics support planning but do not replace these distinct statements. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

17. B — PESTLE is an environmental-scanning method that organizes broad external conditions into political, economic, social, technological, legal, and environmental factors. RACI maps responsibilities, root cause analysis examines contributing causes, and a balanced scorecard tracks strategic performance. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as

18. A — An internal weakness is a limitation within the organization's capability or resources. Inconsistent data infrastructure can impair monitoring and decision-making. Competitors, reimbursement policy, and population changes are external conditions that may create threats or opportunities. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as

19. D — Actionable objectives identify the population, expected result, measure, owner, and time frame. Inspirational language, historical detail, and repeated discussion may support the work but do not define how progress will be evaluated or who is accountable. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

20. C — Scenario planning helps leaders examine assumptions, identify robust choices, and prepare for uncertainty. It does not guarantee a forecast, justify indefinite delay, or replace monitoring. The value lies in improving readiness while preserving the ability to adapt as conditions change. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

21. A — A strategy map makes cause-and-effect assumptions visible across capabilities, processes, stakeholder value, and outcomes. Promotion decisions, meeting counts, and policy history may be tracked elsewhere but do not explain how the strategy is expected to work. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

22. B — Leading indicators show whether conditions for a future result are developing. Completion of planned development experiences indicates pipeline preparation. Vacancies, time to fill, and annual turnover are lagging outcomes that appear after a workforce need has emerged. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention

23. C — Portfolio management makes tradeoffs explicit across value, alignment, capacity, dependencies, and risk. Approving everything creates overload, submission order is arbitrary, and sponsor influence alone is not a defensible allocation method. Transparent criteria support disciplined execution. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as

24. B — Board oversight focuses on strategy, outcomes, risk, and resource stewardship. Daily assignments, poster design, and huddle management are operational responsibilities. A board can ask for evidence and accountability without taking over the executive team's management work. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

25. D — Governance information should interpret the trend, connect it to possible drivers and organizational risk, describe actions, and identify decisions. Raw data without meaning, individual names, or narrow ownership does not support responsible oversight or improvement. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as

26. A — A useful council charter explains what the group can recommend or decide, who participates, and how unresolved issues move forward. Unanimity cannot be guaranteed, an exhaustive policy list obscures scope, and social activities do not establish governance authority. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

27. A — Decision rights reduce ambiguity by identifying who recommends, decides, implements, and escalates. Larger committees, seniority alone, or informal resolution can slow work and create inconsistent accountability. Clear governance supports timely decisions without removing appropriate collaboration. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as

28. D — Policy governance requires a deliberate review of current practice, evidence, technology, risks, and ownership. Memory, deletion, or waiting for an external prompt does not ensure safe guidance. The owner should revise, retire, or reaffirm the policy with a documented rationale. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

29. C — A credible business case connects investment, operating assumptions, implementation requirements, risk, and expected value. Slogans, unbounded benefits, or technology features alone do not allow leaders to judge feasibility or return. Transparent assumptions support informed prioritization. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as

30. B — Change readiness grows when people understand the current-state problem, the consequences of inaction, and the reason for the proposed direction. A deadline, blame, or unexplained mandate may produce superficial compliance but not informed commitment or useful local adaptation. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

31. C — A disciplined pilot has a clear aim, bounded setting, baseline, measures, learning cycle, and criteria for adapting or stopping. Immediate spread, informal testing, or convenience selection can hide feasibility problems and make results difficult to interpret. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

32. B — When awareness, desire, and knowledge are present but behavior does not persist, reinforcement is the gap. Feedback, recognition, coaching, monitoring, and accountability help embed the new process. Repeating the rationale or policy may not address the implementation barrier. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

33. A — Scope governance allows worthwhile changes to be considered without allowing uncontrolled expansion. Evaluating value, schedule, resources, risks, and dependencies preserves disciplined decision-making. Automatic acceptance, blanket rejection, or hidden additions can undermine delivery and stakeholder trust. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as

34. D — The sponsor provides authorization, advocacy, escalation, and organizational protection. The project manager coordinates tasks, schedule, dependencies, risks, and deliverables. Confusing the roles can leave the team without either operational coordination or executive support when barriers arise. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

35. A — Milestones should represent meaningful progress toward accepted deliverables and should account for dependencies. Meeting counts, email volume, and charter length can show activity without demonstrating readiness. Clear milestones support early escalation when work is at risk. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

36. D — A RAID log makes interrelated project conditions visible and assigns ownership for response and escalation. Staffing sheets, satisfaction summaries, and orientation lists may be useful elsewhere but do not provide integrated project risk and dependency control. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

37. B — Stakeholder mapping helps leaders tailor communication and engagement according to influence, impact, knowledge, concerns, and readiness. A single email, attendance list, or executive calendar does not reveal who needs dialogue, support, or decision involvement. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as intended.

38. C — Effective change communication has a consistent core, local translation, opportunities for questions, and accountable ownership for updates. Unit-by-unit invention, repetition without dialogue, or prolonged silence can increase variation and rumor. Clarity improves when feedback informs subsequent messages. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention

39. B — Adoption is demonstrated by reliable use of the intended behavior in real work, not by exposure to information or a posted policy. Opens, attendance, and publication are reach or preparation

measures. Leaders should pair adoption measures with outcome and balancing measures. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

40. A — GROW structures coaching around Goal, Reality, Options, and Will or Way Forward. It helps the learner generate insight and commit to action. DMAIC is process improvement, RACI clarifies roles, and HRO describes reliability principles. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as intended.

41. C — Mentoring provides perspective, pattern recognition, encouragement, and career guidance that are not always available through formal training. It does not replace competency assessment, disciplinary processes, or the learner's accountability for decisions and performance. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as intended.

42. D — Succession planning is strengthened when readiness criteria are transparent and candidates receive meaningful developmental experiences, feedback, and sponsorship. Confidential selection, narrow networks, or tenure alone can reproduce bias and leave the organization unprepared for role demands. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

43. C — Leadership depth depends on readiness and development needs, not headcount alone. A talent bench connects critical roles with potential coverage, gaps, development actions, and succession risk. Engagement scores and job postings provide context but do not show internal continuity capacity. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

44. D — Executive onboarding should connect role expectations to relationships, governance, resources, culture, and early priorities. Generic orientation, delayed relationship-building, or passive reading can leave the leader without context for making safe and aligned decisions. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked as intended.

45. A — A BATNA is the best alternative to a negotiated agreement. Identifying it clarifies the minimum acceptable path and reduces pressure to accept a poor agreement. Opening offers, concessions, and ideal outcomes are different parts of negotiation planning. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention

46. B — Interest-based mediation looks beneath positions to needs, constraints, and shared outcomes. Options can then be compared against agreed criteria. Force, premature equal concessions, or indefinite postponement may avoid the conflict temporarily without producing a workable agreement. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

47. B — An executive brief supports a decision by making the issue, evidence, options, risks, recommendation, and requested action easy to evaluate. Narrative without an ask, raw data, or one-sided benefits can obscure tradeoffs and slow responsible decision-making. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention worked

48. C — Crisis communication should be timely, factual, coordinated, and action-oriented. Verified facts and clear instructions reduce confusion while updates acknowledge what remains unknown. Competing messages, silence, and speculation can worsen operational risk and undermine confidence during a rapidly changing event. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through.

49. A — A reimbursement forecast should connect volume, payer mix, cost, quality, access, and uncertainty. Focusing on one rate or assuming historical conditions persist can misstate exposure. Sensitivity assumptions help leaders understand which changes would materially alter the decision. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention

50. D — Leader rounding becomes meaningful when concerns are recorded, assigned, acted upon, and communicated back to the people who raised them. Unowned comments, late invitations, and indirect summaries can create participation fatigue and reduce trust in future engagement. This approach connects the decision to strategy, stakeholder alignment, and accountable follow-through. It also creates a clear basis for evaluating whether the intervention

51. B — Regulations derive from governmental authority and may carry legal consequences. Accreditation standards are requirements established by an accrediting organization for recognition. Organizations must understand both and should not assume that voluntary accreditation changes legal obligations. It supports a reliable system by using data, learning from variation, and strengthening the process.

52. A — A tracer evaluates how written expectations, staff competency, actual practice, records, and corrective work connect. A policy or meeting record alone does not establish reliable implementation. Leaders should be able to show evidence across the full process and response to identified gaps. It supports a reliable system by using data, learning from variation, and strengthening the process.

53. D — A plan of correction converts a finding into accountable work. It should identify the risk, prioritized action, owner, timeline, monitoring method, and escalation. Reminders, posters, or future discussion without measurement do not demonstrate sustained correction. It supports a reliable system by using data, learning from variation, and strengthening the process.

54. C — A hazard vulnerability analysis considers plausible threats, likelihood, potential impact, current preparedness, and response capability. Alphabetical lists, last year's events alone, or media attention do not create a defensible basis for prioritizing emergency planning resources. It supports a reliable system by using data, learning from variation, and strengthening the process.

55. D — Shelter-in-place protects occupants when leaving may increase exposure or routes are unsafe. Ventilation controls and incident-command direction are important. Opening windows, unplanned evacuation, or waiting for symptoms can increase risk and undermine coordinated emergency response. It supports a reliable system by using data, learning from variation, and strengthening the process.

56. B — Incident command provides a defined structure for priorities, roles, resources, communication, and escalation. The designated incident commander coordinates the response while delegating functions. Independent unit decisions, informal seniority, or communications alone cannot manage the full operational picture. It supports a reliable system by using data, learning from variation, and strengthening the process.

57. C — Surge management requires early activation, validated assumptions, staffing and supply coordination, communication, and defined thresholds. Waiting, opening unstaffed space, or canceling services without criteria can shift risk rather than manage it. Plans should be adjusted as conditions change. It supports a reliable system by using data, learning from variation, and strengthening the process.

58. A — Downtime procedures provide controlled documentation, verification, communication, and reconciliation. Memory, unit-specific spreadsheets, or blanket delays create omission and duplication risks. Leaders should ensure staff know where the approved record is maintained and how information will be restored. It supports a reliable system by using data, learning from variation, and strengthening the process.

59. C — Preoccupation with failure treats weak signals and near misses as opportunities to detect risk before harm occurs. High reliability does not wait for an adverse outcome. Ignoring near misses, simplifying signals, or relying on authority alone can hide emerging system vulnerabilities. It supports a reliable system by using data, learning from variation, and strengthening the process.

60. A — Reluctance to simplify encourages teams to examine interacting conditions rather than accept a single convenient explanation. Resilience concerns recovery, sensitivity concerns current operations, and deference concerns expertise. Complex delays may involve workflow, incentives, information, and capacity across departments. It supports a reliable system by using data, learning from variation, and strengthening the process.

61. D — Sensitivity to operations keeps leaders attentive to real-time workflow, workload, interruptions, and resource conditions. A written policy, annual audit, or education completion does not show how the process functions under pressure. Leaders should learn from frontline conditions and adapt safeguards. It supports a reliable system by using data, learning from variation, and strengthening the process.

62. B — Deference to expertise means allowing the person with relevant knowledge to inform the decision, regardless of rank. The executive still coordinates risk, resources, and communication. Hierarchy, delay, or general opinion can increase exposure to preventable harm. It supports a reliable system by using data, learning from variation, and strengthening the process.

63. C — Just culture examines behavior in context while maintaining accountability for choices. The review should consider system design, workload, available safeguards, intent, and the organization's fair response. Automatic punishment, avoidance, or public shame discourages reporting and learning. It supports a reliable system by using data, learning from variation, and strengthening the process.

64. D — Safety-culture results are signals for organizational learning. Leaders should make the finding visible, understand local conditions, act on barriers, and monitor whether speaking up becomes safer. Repeating, blaming staff, or removing the item avoids the risk rather than addressing it. It supports a reliable system by using data, learning from variation, and strengthening the process.

65. B — FMEA is prospective risk analysis. It identifies possible failure modes, their effects and causes, and opportunities to strengthen the process before harm occurs. Surveys, financial reports, and attendance logs may provide context but do not systematically examine process failure. It supports a reliable system by using data, learning from variation, and strengthening the process.

66. A — Root cause analysis examines system contributors, interactions, and conditions that allowed the event. Multidisciplinary participation helps reveal workflow, equipment, communication, and training factors. Blame, unrelated satisfaction data, or immediate policy rewriting can miss the mechanism of failure. It supports a reliable system by using data, learning from variation, and strengthening the process.

67. B — Complex events often arise from interacting contributors. The team should prioritize meaningful, feasible controls and define how their effect will be monitored. Focusing on visibility, listing without action, or demanding one cause can produce weak or symbolic correction. It supports a reliable system by using data, learning from variation, and strengthening the process.

68. A — A risk register supports active management by linking each risk to likelihood, impact, ownership, mitigation, triggers, and review. A title, copied list, or final assurance does not show who will act or how changing risk will be detected. It supports a reliable system by using data, learning from variation, and strengthening the process.

69. C — Risk prioritization considers both likelihood and consequence, along with control effectiveness. A rare event with severe impact may require preparedness and prevention. Frequency alone should not determine attention, and controls can reduce exposure without making the event impossible. It supports a reliable system by using data, learning from variation, and strengthening the process.

70. D — Benchmark interpretation depends on comparable populations, definitions, time frames, exclusions, and data quality. A better-looking result does not prove superiority when methods differ. Transparent specifications are necessary before leaders draw conclusions or set performance targets. It supports a reliable system by using data, learning from variation, and strengthening the process.

71. B — A measure is interpretable only when its population, numerator, denominator, exclusions, source, period, and purpose are clear. Display design and popularity matter for usability but cannot compensate for an ambiguous or unreliable definition. It supports a reliable system by using data,

learning from variation, and strengthening the process. It also creates a clear basis for evaluating whether the intervention worked

72. A — A sustained shift may indicate special-cause variation associated with the intervention or another condition. The team should investigate timing, implementation, data quality, and balancing effects. Ignoring or deleting the signal prevents learning and can misattribute results. It supports a reliable system by using data, learning from variation, and strengthening the process.

73. C — A useful dashboard supports decisions by prioritizing measures and adding targets, trend interpretation, context, and accountability. More measures can increase noise, removing context weakens meaning, and selective reporting undermines trust. Design should match the decisions leaders must make. It supports a reliable system by using data, learning from variation, and strengthening the process.

74. B — Balancing measures identify unintended effects of an improvement. If safety improves while waiting increases, leaders need to understand whether the intervention shifted burden or created a new risk. Meeting counts, posters, and education attendance do not measure the unintended patient effect. It supports a reliable system by using data, learning from variation, and strengthening the process.

75. D — Risk adjustment can improve comparability by accounting for patient factors related to expected outcomes. It does not erase real differences or guarantee fairness. Exclusion and unadjusted comparisons may mislead leaders, so methods and limitations should be transparent. It supports a reliable system by using data, learning from variation, and strengthening the process.

76. D — A focused PICO-style question clarifies what is unknown and makes evidence searching and measurement possible. Choosing a vendor, relying on an anecdote, or pursuing an unlimited goal introduces bias and weakens evaluation. It supports a reliable system by using data, learning from variation, and strengthening the process. It also creates a clear basis for evaluating whether the intervention worked as

77. A — Evidence appraisal asks whether the design and methods support the conclusions, who was studied, what limitations exist, and whether the findings fit the local context. A positive conclusion, title, or assumption of transferability is not sufficient for responsible translation. It supports a reliable system by using data, learning from variation, and strengthening the process.

78. C — Evidence translation balances fidelity to essential intent with local context, resources, and patient needs. Responsible adaptation should be explicit and monitored. Blanket rejection, blind implementation, or selective adoption can undermine effectiveness and make learning impossible. It supports a reliable system by using data, learning from variation, and strengthening the process.

79. D — Translation requires more than sharing evidence. Stakeholder engagement, local testing, measurement, and refinement help preserve the intervention's intent while addressing workflow barriers. Publication, one-time training, or immediate spread may not produce reliable adoption or patient benefit. It supports a reliable system by using data, learning from variation, and strengthening the process.

80. B — PDSA uses a small planned test, observation of results, learning, and adjustment for the next cycle. It supports iterative improvement under real conditions. A one-time audit, capital cycle, or disciplinary investigation has a different purpose and does not provide the same learning loop. It supports a reliable system by using data, learning from variation, and strengthening the process.

81. A — Repeated re-entry is non-value-added processing and may introduce error, delay, and frustration. Lean improvement examines flow and removes unnecessary work while protecting required controls. More approvals, reports, or pressure do not address the process design. It supports a reliable system by using data, learning from variation, and strengthening the process.

82. C — The purpose, methods, risk, and intended use determine whether a project is improvement work, research, or another category requiring review. Professional involvement or electronic data does not decide the classification. Appropriate institutional review should occur before the work proceeds. It supports a reliable system by using data, learning from variation, and strengthening the process.

83. D — Responsible spread distinguishes core elements from adaptable features and considers workflow, resources, leadership, and measurement in each setting. Exact copying, slides alone, or automatic optimism can produce superficial adoption without preserving the mechanism that created the original result. It supports a reliable system by using data, learning from variation, and strengthening the process.

84. C — Sustainability requires integration into standard work, assigned ownership, ongoing measurement, feedback, and adequate resources. Celebration, slogans, and a presentation may build visibility but do not maintain the behavior after a temporary project structure ends. It supports a reliable system by using data, learning from variation, and strengthening the process. It also creates a clear basis for evaluating whether the intervention

85. A — Audit and feedback work best when information is timely, specific, respectful, and actionable. Annual delay, public ranking, and selective reporting can reduce trust or fail to guide improvement. Feedback should connect observed performance with a practical next step. It supports a reliable system by using data, learning from variation, and strengthening the process.

86. B — Learning from success and failure reveals how people adapt, where safeguards work, and where conditions create risk. It does not assume one method fits every recovery or replace incident review. System conditions and local expertise should be examined together. It supports a reliable system by using data, learning from variation, and strengthening the process.

87. D — Corrective action is incomplete without a way to determine whether the risk has been reduced and the change sustained. An effectiveness check needs a measure, time frame, owner, and threshold for further action. Commitment statements and activity lists do not demonstrate closure. It supports a reliable system by using data, learning from variation, and strengthening the process.

88. B — Evidence can identify effective approaches, while process and quality improvement methods help adapt, implement, measure, and refine care locally. None of the elements alone guarantees reliable results. Integration connects knowledge, workflow, measurement, and learning. It supports a reliable

system by using data, learning from variation, and strengthening the process. It also creates a clear basis for evaluating whether the intervention

89. C — Accommodation decisions require an individualized process focused on essential functions, effective options, and operational feasibility. Automatic denial, coworker judgment, or unilateral reassignment can be discriminatory and may fail to identify a reasonable solution. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as

90. A — Exposure response should be timely, confidential, documented, and consistent with occupational-safety procedures. Waiting, private self-management, or delayed reporting can increase health risk and prevent the organization from identifying hazards or improving controls. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as intended.

91. C — Selection decisions should rely on job-related, consistently applied evidence rather than assumptions about age. Skills assessments and common demonstrations can evaluate adaptability directly. Age-based proxies create bias and may violate employment protections while reducing the quality of the selection process. It protects staff fairness, professional growth, and a work environment that supports safe practice.

92. D — A protected complaint followed by unexplained adverse treatment requires prompt attention to retaliation risk. Leaders should preserve records, separate the review from personal retaliation, and use a fair process. Avoidance or further unexplained schedule changes can increase harm and organizational exposure. It protects staff fairness, professional growth, and a work environment that supports safe practice.

93. A — Leave requests should follow the organization's established process, with appropriate documentation and confidentiality. Staffing needs require planning but do not justify public disclosure, automatic denial, or shifting the employee's protected responsibility to coworkers without review. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention

94. B — Programs receiving federal support should address disability-related barriers through an individualized and equitable process. Cost and administrative considerations may inform an appropriate solution, but exclusion or treating accessibility as optional does not meet the principle of nondiscrimination. It protects staff fairness, professional growth, and a work environment that supports safe practice.

95. D — Unstructured cultural-fit judgments can encode personal preference and make candidates difficult to compare fairly. Structured, job-related criteria and consistent evidence reduce bias. Standardization and behavioral questions improve defensibility rather than create the central risk. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked

96. C — Competency requires demonstrated performance, not attendance alone. Observation and documentation identify whether the charge nurse can perform critical behaviors safely. Assuming competence, waiting for harm, or expanding responsibility before assessment increases risk and weakens fairness. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention

97. A — Safe delegation considers the person's competence, scope, patient needs, task complexity, and supervision. Routine appearance does not guarantee suitability. Learning during unsupervised patient teaching or delegating solely for convenience can create preventable risk. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as

98. B — Simulation validity improves when the scenario reflects intended work, behaviors are observable, evaluators use common criteria, and feedback supports learning. Confidence alone and unstructured scoring cannot demonstrate competence. Independent passing standards reduce reliability and fairness. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention

99. C — Remediation should identify the gap, provide appropriate support, establish reassessment criteria, and explain consequences if competence is not demonstrated. Ignoring, repeating ineffective teaching, or acting without evidence undermines patient safety and procedural fairness. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as

100. A — A development plan connects goals to experiences, support, evidence of progress, and review. Courses may help but do not replace application. A vague promise or rating without dialogue does not create a shared, measurable pathway for growth. It protects staff fairness, professional growth, and a work environment that supports safe practice.

101. B — Preceptors need both clinical expertise and teaching behaviors. Coaching can improve observation, timely feedback, and evidence-based evaluation while preserving a valuable resource. Automatic removal, assumption, or learner-only adaptation leaves the development problem unresolved. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as

102. D — Fair evaluation uses job-related expectations, specific evidence, impact, support provided, and next steps. Adjectives, visibility, and avoidance are unreliable. Constructive specificity gives employees a fair opportunity to understand performance and improve. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as intended.

103. C — Equity improvement examines whether time, location, language, technology, nomination, or cultural barriers shape access. Flexible pathways and stratified monitoring help reveal whether changes work. Uniform scheduling, assumptions, or removing data can preserve unequal opportunity. It protects

staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked

104. A — Inclusive meetings make participation and decision processes visible. Inviting dissent and clarifying criteria can surface information that hierarchy suppresses. Senior-first discussion, assumed agreement, and informal-only dialogue may reinforce silence and make decisions less informed. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked

105. B — Pay equity requires analysis of comparable work, legitimate factors, historical decisions, and unjustified differences. Leaders should correct disparities when warranted and monitor outcomes. A single explanation, avoidance, or unexamined adjustment may leave inequity or create new inconsistency. It protects staff fairness, professional growth, and a work environment that supports safe practice.

106. A — Representation patterns can reveal barriers in criteria, sponsorship, development access, or nomination. Reviewing the full pathway and outcomes helps identify where inequity enters. Narrow selection, missing data, or familiarity alone cannot establish a fair process. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention

107. D — Productivity does not excuse conduct that harms dignity, learning, or safety. A fair response clarifies expectations, hears relevant facts, documents action, and provides support or consequences. Ignoring, blaming targets, or moving them can normalize incivility. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention

108. D — Engagement improves when employees see that feedback leads to transparent priorities, accountable action, and progress updates. More surveys, incentives, or private requests may create activity without restoring trust. Leaders should demonstrate responsiveness through visible follow-through. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention

109. B — Workplace-violence prevention uses layered controls: environment, access, reporting, training, response coordination, and learning after events. Personal judgment, waiting, or a lecture alone are weaker defenses when hazards are foreseeable and recurring. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as intended.

110. C — Fatigue is influenced by workload, shift length, schedule instability, recovery time, and work design. Education and sick calls provide limited information. Leaders should examine system conditions rather than frame fatigue solely as individual motivation or attendance. It protects staff fairness, professional growth, and a work environment that supports safe practice.

111. B — A just response supports reporting, clarifies expectations, and examines communication and system conditions. Near misses are learning opportunities. Discouragement, premature focus on intent, or public identification can reduce reporting and weaken safety culture. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as

112. A — Turnover is multifactorial. Workload, leader behavior, scheduling, development, belonging, and local conditions may influence decisions. Diagnosis through multiple data sources is more useful than assuming pay, offering an untargeted bonus, or discarding qualitative information. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked

113. C — Specific recognition teaches which behaviors support safety, learning, and teamwork. Volume-only rewards may create competing incentives; generic or delayed praise has less instructional value. Timely examples help staff see how their actions contribute to organizational aims. It protects staff fairness, professional growth, and a work environment that supports safe practice.

114. D — Professional governance requires a visible connection between staff input, decisions, implementation, and feedback. Meetings without authority, vague consideration, or unsupported responsibility can create frustration. Clear routes show where frontline expertise influences practice and organizational decisions. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention

115. D — Governance is meaningful when participants understand what authority has been delegated, what boundaries apply, and how issues escalate. Unanimity, permanent nonbinding status, or informal influence alone creates ambiguity and weakens accountability for implementation. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as

116. A — Labor relations should use the governing agreement, verified facts, impact analysis, and established processes. Immediate unilateral action, individual pressure, or undocumented discussion can increase conflict and undermine fair, consistent resolution. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as intended.

117. B — Timely performance management makes expectations and evidence clear, explores barriers, provides support, and sets a follow-up point. Delay, transfer without dialogue, or ignoring the gap can allow risk to continue and make later action appear arbitrary. It protects staff fairness, professional growth, and a work environment that supports safe practice.

118. C — Workforce planning links future service demand to roles, competencies, supply, development, recruitment, retention, and implementation timing. Headcount, premature posting, or assumed absorption can leave critical capability gaps and increase pressure on current staff. It protects staff fairness, professional growth, and a work environment that supports safe practice. It also creates a clear basis for evaluating whether the intervention worked as

119. C — New clinicians need psychological safety to ask questions and surface risk. Leaders should assess the interaction, reinforce respectful teaching, and adjust support when necessary. Delaying questions, excusing silence, or removing the learner without review may compound the safety problem. It protects staff fairness, professional growth, and a work environment that supports safe practice.

120. D — Patient-centered medical homes coordinate an interdisciplinary team around patient goals, access, continuity, prevention, and follow-up. Separate referrals, volume alone, and episodic treatment can fragment care and leave patients responsible for coordinating the system. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as intended.

121. B — Telehealth equity requires attention to device access, connectivity, language, disability, digital skill, and alternatives. Stratified monitoring reveals who is being left behind. Overall rates, mandatory video, or exclusion can hide and reinforce access barriers. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as intended.

122. A — Safe staffing considers patient acuity, dependency, workload, skill mix, and available support rather than census alone. Stable census can conceal changing care demand. Assigning complexity by tenure or reducing staff without assessing need can increase risk. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked

123. B — Teach-back checks whether communication was understood, not whether information was delivered. Asking the patient to explain the plan reveals gaps and allows correction. Repetition without assessment, family memorization, or interpreting a nod as comprehension can leave preventable risk. It keeps patient outcomes, ethical practice, and coordinated implementation at the center.

124. D — Integrated care connects providers and organizations around the patient's goals, social context, medication needs, and follow-up. Separate referrals, episodic focus, and patient-only coordination can create gaps, duplication, and avoidable utilization. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as intended.

125. A — Population health begins by defining the population, understanding variation in need, identifying clinical and social drivers, and selecting coordinated interventions. Uniform education, one outcome after launch, or easy-to-reach groups may miss the people and conditions driving inequity. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention

126. C — Narratives reveal practical barriers that aggregate measures may hide. Combining them with process data and co-design can identify a clearer pathway. Dismissing stories, exposing identity, or assuming existing infrastructure works leaves the access problem unresolved. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as

127. C — Access improvement should address communication capacity, workflow, and stratified monitoring. Professional interpretation and language-sensitive data support safe care. Family interpretation, overall averages, and missing language information can conceal delays and compromise understanding. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as intended.

128. A — Respect for autonomy requires that a capable adult receive relevant information, understand options and consequences, and make a voluntary decision. The team should address questions and alternatives without coercion. Disagreement does not justify substitution or withholding information. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention

129. D — Beneficence considers potential benefit and nonmaleficence considers avoidable harm or burden. Ethical analysis also incorporates the patient's goals and values. Efficiency, confidentiality, or justice alone cannot replace a balanced discussion of individualized benefits and risks. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as

130. B — Justice requires fair allocation using relevant, consistently applied criteria rather than influence, volume, or social power. Scarcity makes transparent process more important. Autonomy, confidentiality, and fidelity remain relevant but do not justify favoritism in allocation. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as

131. D — Information ethics requires respect for privacy, confidentiality, minimum necessary disclosure, and appropriate authorization or de-identification. Educational value does not erase these duties. Names, full records, or broad sharing can expose patients to avoidable harm. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as intended.

132. C — An ethics committee supports deliberation by clarifying values, relevant principles, options, and process. It does not replace the patient or clinical team, choose based on public relations, or reduce ethics to reputation management. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as intended.

133. B — Moral distress can signal a gap between professional values and constrained action. Leaders should provide psychological support, ethical discussion, and system-level problem solving. Silence, individual blame, or reassignment without analysis may leave the source of distress unchanged. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention

134. A — A focused question identifies the population, intervention, comparison, outcome, and time frame. It supports evidence searching and evaluation. General importance, vendor preference, and early spread do not define what the program is expected to change. It keeps patient outcomes, ethical practice,

and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as

135. D — Research translation preserves the mechanism and intended outcome while adapting delivery to local context. Testing, measurement, and feedback make adaptation visible. Blind copying, blanket rejection, or delayed evaluation can waste resources and allow problems to persist. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked

136. B — Implementation fidelity asks whether essential components are delivered as intended and why deviations occur. Training, workflow, workload, and clarity may require adjustment. Staffing counts, branding, and premature success claims do not show whether the intervention's mechanism is present. It keeps patient outcomes, ethical practice, and coordinated implementation at the center.

137. A — Responsible dissemination lets others judge relevance and adapt the intervention. Sharing context, methods, outcomes, limitations, and supports is more useful than a success claim or title. Exact copying may fail when settings, populations, and resources differ. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked

138. C — An outcome measure captures the patient or system result the intervention intends to change. Shipping, training, and alert counts are structure or process measures. They help assess implementation but do not demonstrate whether emergency utilization changed. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked

139. A — A process measure should reflect performance of the intended step in the eligible population and time frame. Printing, meetings, and operating margin may provide context but do not show whether the referral pathway was completed. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as

140. B — A validated patient-reported measure captures the patient's perspective on function, symptoms, or participation using a consistent method. Handouts, informal impressions, and scheduled sessions may support care but do not directly measure the patient's reported experience or ability. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention

141. D — Balancing measures identify unintended effects of improvement. Increased calls may signal that the process shifted burden or reduced understanding even as length of stay improved. Meetings and checklist views show activity, not whether the transition is safe and workable. It keeps patient outcomes, ethical practice, and coordinated implementation at the center.

142. C — Patient mix can influence outcomes independently of an intervention. Risk adjustment and transparent interpretation help distinguish change from case-mix effects. Exclusion, selective reporting,

or automatic attribution can mislead leaders and create poor improvement decisions. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as intended.

143. D — Equity improvement addresses communication barriers and examines whether outcomes improve for affected groups. Professional interpretation and stratified data are more reliable than family interpretation or overall averages. Removing the data prevents the system from seeing whether the gap persists. It keeps patient outcomes, ethical practice, and coordinated implementation at the center.

144. C — AI governance addresses validity, subgroup performance, transparency, accountability, workflow, monitoring, and human oversight. Installation speed and alert volume do not establish value. Removing clinicians can create unsafe automation and weaken responsibility for decisions. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as intended.

145. A — Role-based access, timely removal of unnecessary permissions, and accountable credentials reduce exposure and support traceability. Broad access, shared credentials, and stale accounts weaken security and make it difficult to determine who viewed or changed information. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as

146. B — Overall accuracy can conceal inequitable error. Subgroup validation and bias analysis should occur before expansion, with corrective action and ongoing monitoring. Hiding data or shifting every correction to clinicians does not create a reliable, fair, or sustainable system. It keeps patient outcomes, ethical practice, and coordinated implementation at the center.

147. A — Interoperability enables systems to exchange and use data through standards, interfaces, governance, and quality controls. Manual reentry increases error, shared credentials increase security risk, and policy alone cannot create technical exchange between incompatible systems. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as intended.

148. C — Alert fatigue is a usability and workflow problem that can reduce attention to important signals. Human-factors review can improve thresholds, timing, content, and actionability. More alerts, discipline, or personal blame may worsen workarounds and reduce safety. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked

149. D — Downtime safety includes accurate reconciliation so orders, assessments, and results are complete and traceable. Discarding records, assuming completeness, or using inconsistent local methods can create omissions, duplicate actions, and uncertainty about the patient's care history. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked as

150. B — Technology decommissioning must protect clinical continuity, legal records, security, data integrity, and future access. Immediate deletion, indefinite accounts, and inconsistent exports create safety, privacy, and governance risks. A controlled plan supports validated migration and appropriate retention. It keeps patient outcomes, ethical practice, and coordinated implementation at the center. It also creates a clear basis for evaluating whether the intervention worked