PRACTICE EXAM 21: CERTIFIED NURSE EDUCATOR SIMULATION (150 QUESTIONS)

This standalone practice examination contains 150 four-option multiple-choice questions and follows the National League for Nursing CNE test blueprint. Allow 3 hours. Select the single best answer for each question. The official examination includes 130 scored items and 20 unscored pretest items; this independent practice examination scores all 150 items.

1. At the entry checkpoint of the learning planning review, the instructional faculty identifies the best response: which question asked during a case discussion is at the analysis level?

A. Which findings matter most, and how do they change your priority hypothesis?
B. What is the definition of cardiac output?
C. Which page contains the assigned reading?
D. What term means an elevated heart rate?

2. At the entry checkpoint of the learning planning review, the clinical faculty identifies the best response: a learner is overwhelmed by a complex procedure. Which teaching approach is most appropriate initially?

A. Require independent performance without prior demonstration
B. Break the procedure into manageable components, model it, and gradually withdraw support
C. Add several competing tasks during the first attempt
D. Evaluate only the final speed of performance

3. At the entry checkpoint of the learning planning review, the simulation faculty identifies the best response: which activity best supports transfer of learning to a new context?

A. Repeat one example until students can recite it verbatim
B. Ask students to apply the same principle across several contrasting patient situations

C. Use only questions that reproduce wording from the lecture
D. Limit practice to the exact sequence demonstrated by faculty

4. At the entry checkpoint of the learning planning review, the digital faculty identifies the best response: what is the strongest reason to include retrieval practice throughout a course?

A. It eliminates the need for learners to study independently
B. It guarantees every learner will reach the same proficiency
C. Repeated recall strengthens access to knowledge and reveals gaps requiring feedback
D. It replaces the need to apply knowledge in clinical cases

5. At the entry checkpoint of the learning planning review, the evaluation faculty identifies the best response: an educator uses a flipped-classroom design. Which in-class activity best uses that model?

A. A verbatim lecture that duplicates the assigned recording
B. Silent reading of the same material assigned before class
C. Administrative announcements occupying the entire class session
D. Collaborative analysis of complex cases after foundational content is reviewed beforehand

6. At the entry checkpoint of the learning planning review, the leadership faculty identifies the best response: a class is struggling to connect pathophysiology with bedside decisions. Which faculty action best promotes meaningful learning?

A. Use a unfolding case that requires students to explain each clinical decision
B. Assign an additional chapter without guided discussion
C. Repeat the lecture using the same examples and sequence
D. Ask students to memorize the disease definition before class

7. At the entry checkpoint of the clinical coaching review, the instructional faculty identifies the best response: which opening activity best activates prior knowledge before a lesson on shock?

A. Distribute the final examination blueprint for silent review
B. Ask learners to create a brief concept map from a familiar patient scenario
C. Present all definitions before inviting any learner response
D. Assign unrelated dosage exercises as a warm-up activity

8. At the entry checkpoint of the clinical coaching review, the clinical faculty identifies the best response: a learner gives a correct answer but cannot explain the reasoning. What should the educator do next?

A. Accept the answer because the selected option is correct
B. Provide the complete rationale and immediately change topics
C. Use probing questions that ask the learner to identify cues and justify priorities
D. Lower the difficulty of all remaining questions for the class

9. At the entry checkpoint of the clinical coaching review, the simulation faculty identifies the best response: which strategy is most consistent with adult learning principles?

A. Require identical learning activities regardless of prior expertise
B. Delay practical application until every theory lecture is complete
C. Use faculty authority as the primary reason content matters
D. Connect new content to learners' experience and a problem they recognize as relevant

10. At the entry checkpoint of the clinical coaching review, the digital faculty identifies the best response: an educator wants students to practice clinical judgment before clinical placement. Which activity is best?

A. Provide a vocabulary list for independent memorization
B. Assign a paper that summarizes the course syllabus
C. Use a simulation with cue recognition, prioritization, action, and structured debriefing
D. Show a procedure video without discussion or practice

11. At the entry checkpoint of the clinical coaching review, the evaluation faculty identifies the best response: which faculty response best supports psychological safety after a learner makes an error in simulation?

A. Explore the reasoning nonjudgmentally and reinforce that the debrief focuses on learning
B. Identify the learner publicly so peers avoid the same mistake
C. Ignore the error to prevent embarrassment during debriefing
D. End the scenario immediately and assign a failing course grade

12. At the entry checkpoint of the clinical coaching review, the leadership faculty identifies the best response: when selecting instructional technology, what should guide the educator's decision first?

A. The novelty of the platform compared with existing tools
B. Alignment among the learning outcome, learner needs, and the technology's function
C. The number of visual effects available in the software
D. Whether another faculty member recently purchased the tool

13. At the midcourse checkpoint of the simulation design review, the instructional faculty identifies the best response: which question asked during a case discussion is at the analysis level?

A. What is the definition of cardiac output?
B. Which page contains the assigned reading?
C. What term means an elevated heart rate?
D. Which findings matter most, and how do they change your priority hypothesis?

14. At the midcourse checkpoint of the simulation design review, the clinical faculty identifies the best response: a learner is overwhelmed by a complex procedure. Which teaching approach is most appropriate initially?

A. Break the procedure into manageable components, model it, and gradually withdraw support
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15. At the midcourse checkpoint of the simulation design review, the simulation faculty identifies the best response: which activity best supports transfer of learning to a new context?

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B. Use only questions that reproduce wording from the lecture
C. Limit practice to the exact sequence demonstrated by faculty
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17. At the midcourse checkpoint of the simulation design review, the evaluation faculty identifies the best response: an educator uses a flipped-classroom design. Which in-class activity best uses that model?

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21. At the midcourse checkpoint of the online course review, the simulation faculty identifies the best response: which strategy is most consistent with adult learning principles?

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B. Require identical learning activities regardless of prior expertise
C. Delay practical application until every theory lecture is complete
D. Use faculty authority as the primary reason content matters

34. At the entry checkpoint of the clinical coaching review, the clinical faculty identifies the best response: which feedback statement is most useful to a learner?

A. You need to be more professional in every interaction
B. Good job; keep doing exactly what you are doing
C. Your performance was disappointing compared with the class
D. Your handoff included current findings; next, organize them by priority and state the needed action

35. At the entry checkpoint of the clinical coaching review, the simulation faculty identifies the best response: a student's performance declines after a family crisis. What should the educator do?

A. Apply course standards consistently while discussing available supports and feasible academic options
B. Waive all essential outcomes because the circumstances are difficult
C. Ignore the disclosed crisis and address only the final grade
D. Promise confidentiality that overrides mandatory safety reporting

36. At the entry checkpoint of the clinical coaching review, the digital faculty identifies the best response: what is the best approach when incivility emerges in a student group?

A. Allow the group to resolve every incident without faculty involvement
B. Label the involved students as inherently unprofessional
C. Address the behavior promptly, restate shared norms, and facilitate accountability and repair
D. Cancel collaborative activities for the remainder of the course

37. At the entry checkpoint of the clinical coaching review, the evaluation faculty identifies the best response: which advising question best encourages learner self-direction?

A. Why did you fail to follow my preferred study method?
B. What evidence do you have about your progress, and what next step will you choose?
C. Would you like me to make your entire schedule?
D. Which classmate should be responsible for reminding you?

38. At the entry checkpoint of the clinical coaching review, the leadership faculty identifies the best response: a learner requests an accommodation. What is the educator's appropriate role?

A. Independently diagnose the learner and design unofficial accommodations
B. Refuse any adjustment because all students must be treated identically
C. Lower essential competency standards for the learner permanently
D. Implement approved accommodations and maintain essential course and program outcomes

39. At the entry checkpoint of the clinical coaching review, the instructional faculty identifies the best response: which action best helps learners handle moral distress encountered in clinical practice?

A. Tell learners that emotional reactions are unprofessional
B. Avoid discussing the event because it occurred in practice
C. Provide a single answer without examining the context
D. Facilitate reflection on values, constraints, resources, and ethically supportable actions

40. At the entry checkpoint of the simulation design review, the clinical faculty identifies the best response: what is the primary purpose of remediation?

A. To address identified performance gaps through targeted learning, practice, and reassessment
B. To punish learners who require more time than peers
C. To guarantee progression regardless of later performance
D. To replace published course and program standards

41. At the entry checkpoint of the simulation design review, the simulation faculty identifies the best response: a student repeatedly arrives unprepared for clinical. What is the educator's best initial action?

A. Discuss the student's pattern openly during postconference
B. Meet privately, describe observable behavior, clarify expectations, and develop a specific improvement plan
C. Wait until the final evaluation before mentioning the concern
D. Remove the student permanently without reviewing policy

42. At the entry checkpoint of the simulation design review, the digital faculty identifies the best response: which mentoring action best promotes a novice educator's professional growth?

A. Make all career decisions for the novice to prevent errors
B. Assign only routine work until the novice requests more
C. Use reflective questions and jointly set progressively challenging development goals
D. Compare the novice publicly with experienced colleagues

43. At the entry checkpoint of the simulation design review, the evaluation faculty identifies the best response: a learner receives feedback defensively. Which response should the educator make?

A. Withdraw all feedback to preserve the relationship
B. Argue until the learner admits the educator is correct
C. Document failure without discussing the behavior again
D. Acknowledge the reaction, return to specific evidence, and invite the learner's perspective

44. At the entry checkpoint of the simulation design review, the leadership faculty identifies the best response: which action most effectively supports professional identity formation?

A. Focus exclusively on technical task completion
B. Avoid discussing ethical tensions encountered in practice
C. Provide role modeling, guided reflection, and opportunities to enact nursing values
D. Separate classroom learning from professional expectations

45. At the entry checkpoint of the simulation design review, the instructional faculty identifies the best response: a multilingual learner needs extra processing time during discussion. What is the most inclusive response?

A. Offer advance prompts and structured wait time before responses
B. Exclude the learner from spontaneous discussion activities
C. Assume slower response means inadequate content knowledge
D. Require immediate answers to ensure identical treatment

46. At the midcourse checkpoint of the online course review, the clinical faculty identifies the best response: which feedback statement is most useful to a learner?

A. You need to be more professional in every interaction
B. Your handoff included current findings; next, organize them by priority and state the needed action
C. Good job; keep doing exactly what you are doing
D. Your performance was disappointing compared with the class

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D. Separate classroom learning from professional expectations

57. At the entry checkpoint of the simulation design review, the simulation faculty identifies the best response: a rubric produces widely different ratings among faculty. What is the best response?

A. Average all ratings without discussing the differences
B. Remove criteria so raters can rely on intuition
C. Allow each faculty member to define proficiency independently
D. Clarify performance descriptors and conduct calibration using shared examples

58. At the entry checkpoint of the simulation design review, the digital faculty identifies the best response: which change most improves the validity of a skills checkoff?

A. Use criteria representing essential steps and judgments in the stated outcome
B. Add unrelated steps to make the station more difficult
C. Score learners mainly on completion speed
D. Keep expectations hidden until testing begins

59. At the entry checkpoint of the simulation design review, the evaluation faculty identifies the best response: which is the best example of criterion-referenced interpretation?

A. Determining whether each learner met a predefined competency standard
B. Ranking learners from highest to lowest score
C. Selecting only the top tenth of a cohort
D. Comparing one class mean with another class mean

60. At the entry checkpoint of the simulation design review, the leadership faculty identifies the best response: a multiple-choice item asks about two unrelated concepts. What revision is best?

A. Add more distractors covering both concepts
B. Make the stem longer without changing its focus
C. Use two correct answers and ask for the better one
D. Rewrite it to assess one clearly defined problem or decision

61. At the entry checkpoint of the simulation design review, the instructional faculty identifies the best response: what is the best evidence that feedback improved learning?

A. Learners say the feedback message was encouraging
B. Faculty provide comments within the required deadline
C. Learners demonstrate stronger performance on a later aligned task
D. The feedback contains more words than previous comments

62. At the entry checkpoint of the simulation design review, the clinical faculty identifies the best response: which practice improves fairness in grading written assignments?

A. Grade known students more leniently when effort is apparent
B. Apply an analytic rubric consistently and review scoring patterns for unintended bias
C. Change criteria after reading the strongest submissions
D. Use overall impressions without documented standards

63. At the entry checkpoint of the online course review, the simulation faculty identifies the best response: a test is highly reliable but poorly aligned with outcomes. What conclusion is correct?

A. High reliability proves that the test is valid
B. Outcome alignment is unnecessary when reliability is high
C. Scores may be consistent even though the test does not support the intended interpretation
D. The assessment must be both fair and comprehensive

64. At the entry checkpoint of the online course review, the digital faculty identifies the best response: which approach best evaluates learning in the affective domain?

A. Rely only on recall questions about ethical terminology
B. Use observed behavior and reflective evidence tied to explicit professional-value criteria
C. Infer values solely from attendance records
D. Assign a grade based on whether faculty like the learner

65. At the entry checkpoint of the online course review, the evaluation faculty identifies the best response: after an examination, many learners choose the same distractor. What should faculty investigate?

A. Whether the distractor should automatically become the key
B. Whether all learners selecting it should fail the course
C. Whether the option letter appeared too often in the key
D. Whether instruction or wording fostered a shared misconception and whether the distractor is defensible

66. At the entry checkpoint of the online course review, the leadership faculty identifies the best response: which evidence best demonstrates content validity of an examination?

A. A test blueprint links representative items to course outcomes and content emphasis
B. Students report that the examination felt appropriately difficult
C. Most scores form a symmetrical distribution around the mean
D. Every item uses the same stem length and option format

67. At the entry checkpoint of the online course review, the instructional faculty identifies the best response: an item has a negative point-biserial correlation. What should faculty do first?

A. Keep the item automatically because it was difficult
B. Award extra points only to the highest-scoring students
C. Conclude that the entire examination lacks reliability
D. Review the key, wording, content, and distractors for a possible flaw

68. At the entry checkpoint of the online course review, the clinical faculty identifies the best response: which assessment is formative?

A. A low-stakes quiz followed by feedback that guides the next learning activity
B. A final course grade submitted after instruction ends
C. A licensing decision made after program completion
D. A terminal competency judgment with no opportunity to improve

69. At the midcourse checkpoint of the curriculum review, the simulation faculty identifies the best response: a rubric produces widely different ratings among faculty. What is the best response?

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C. Clarify performance descriptors and conduct calibration using shared examples
D. Allow each faculty member to define proficiency independently

70. At the midcourse checkpoint of the curriculum review, the digital faculty identifies the best response: which change most improves the validity of a skills checkoff?

A. Add unrelated steps to make the station more difficult
B. Use criteria representing essential steps and judgments in the stated outcome
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D. Keep expectations hidden until testing begins

71. At the midcourse checkpoint of the curriculum review, the evaluation faculty identifies the best response: which is the best example of criterion-referenced interpretation?

A. Ranking learners from highest to lowest score
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A. Add more distractors covering both concepts
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A. Rewrite it to assess one clearly defined problem or decision
B. Add more distractors covering both concepts
C. Make the stem longer without changing its focus
D. Use two correct answers and ask for the better one

85. At the entry checkpoint of the online course review, the digital faculty identifies the best response: which finding most strongly suggests a curriculum gap?

A. One instructor prefers a different textbook edition
B. Students request additional parking near campus
C. Graduates repeatedly miss an important outcome that is not intentionally taught or assessed
D. A single class meeting ends earlier than scheduled

86. At the entry checkpoint of the online course review, the evaluation faculty identifies the best response: what is the purpose of curriculum mapping?

A. To replace faculty judgment with an automated schedule
B. To rank instructors according to student popularity
C. To ensure every course contains identical content
D. To display where outcomes are introduced, reinforced, mastered, and assessed across courses

87. At the entry checkpoint of the online course review, the leadership faculty identifies the best response: a program outcome is assessed only in the first semester. What is the chief concern?

A. Students will encounter too many summative assessments

B. The curriculum may lack progressive reinforcement and evidence of achievement near completion
C. The first-semester faculty have excessive grading authority
D. Every outcome must appear in every course

88. At the entry checkpoint of the online course review, the instructional faculty identifies the best response: which outcome statement is most measurable?

A. Graduates will understand excellence in professional nursing
B. Graduates will appreciate all aspects of health care
C. Graduates will prioritize nursing actions using relevant assessment data in complex cases
D. Graduates will know many important clinical concepts

89. At the entry checkpoint of the online course review, the clinical faculty identifies the best response: what best supports vertical curriculum coherence?

A. Repeating the same introductory objectives in every term
B. Allowing each course to define unrelated program outcomes
C. Placing advanced content before prerequisite concepts
D. Sequencing learning so complexity and learner independence increase across the program

90. At the entry checkpoint of the online course review, the simulation faculty identifies the best response: which stakeholder evidence is most useful when evaluating curriculum relevance?

A. Triangulated feedback from graduates, employers, faculty, learners, and practice trends
B. The preference of one vocal committee member
C. A single social-media comment without context
D. Only the oldest available course evaluation

91. At the entry checkpoint of the curriculum review, the digital faculty identifies the best response: a course objective does not connect to any program outcome. What should faculty do?

A. Keep it because it has always appeared in the syllabus
B. Determine whether to align, revise, relocate, or remove the objective based on program purpose
C. Create an unrelated program outcome solely to preserve it
D. Assess it more often without examining its relevance

92. At the entry checkpoint of the curriculum review, the evaluation faculty identifies the best response: which process best supports systematic program evaluation?

A. Use a written plan specifying indicators, benchmarks, responsible parties, timelines, and actions
B. Collect data only when accreditation review is imminent
C. Allow each committee to retain results without sharing
D. Change benchmarks after results are known

93. At the entry checkpoint of the curriculum review, the leadership faculty identifies the best response: outcome data fall below the benchmark for one year. What is the best response?

A. Immediately replace the entire curriculum
B. Ignore the finding because one year never matters
C. Examine context and multiple data sources, implement a reasoned action, and monitor results
D. Lower the benchmark to match the observed result

94. At the entry checkpoint of the curriculum review, the instructional faculty identifies the best response: what is horizontal curriculum coherence?

A. Progression from introductory to advanced outcomes over years
B. Alignment between one program and national rankings
C. Replacement of all electives with required courses
D. Coordination of related learning occurring concurrently within the program

95. At the entry checkpoint of the curriculum review, the clinical faculty identifies the best response: which change-control practice protects curriculum integrity?

A. Permit informal course changes without committee review
B. Revise assessments before notifying affected faculty
C. Document the rationale, approvals, affected outcomes, implementation plan, and evaluation method
D. Rely on memory to explain why the change occurred

96. At the entry checkpoint of the curriculum review, the simulation faculty identifies the best response: what should faculty establish first when beginning curriculum revision?

A. A shared analysis of mission, stakeholder needs, standards, and program outcomes
B. A list of preferred textbooks from individual faculty
C. A schedule that preserves every existing course
D. A catalog description written before outcomes are reviewed

97. At the midcourse checkpoint of the leadership review, the digital faculty identifies the best response: which finding most strongly suggests a curriculum gap?

A. One instructor prefers a different textbook edition
B. Students request additional parking near campus
C. A single class meeting ends earlier than scheduled
D. Graduates repeatedly miss an important outcome that is not intentionally taught or assessed

98. At the midcourse checkpoint of the leadership review, the evaluation faculty identifies the best response: what is the purpose of curriculum mapping?

A. To replace faculty judgment with an automated schedule
B. To display where outcomes are introduced, reinforced, mastered, and assessed across courses
C. To rank instructors according to student popularity
D. To ensure every course contains identical content

99. At the midcourse checkpoint of the leadership review, the leadership faculty identifies the best response: a program outcome is assessed only in the first semester. What is the chief concern?

A. The curriculum may lack progressive reinforcement and evidence of achievement near completion
B. Students will encounter too many summative assessments
C. The first-semester faculty have excessive grading authority
D. Every outcome must appear in every course

100. At the midcourse checkpoint of the leadership review, the instructional faculty identifies the best response: which outcome statement is most measurable?

A. Graduates will understand excellence in professional nursing
B. Graduates will appreciate all aspects of health care
C. Graduates will prioritize nursing actions using relevant assessment data in complex cases
D. Graduates will know many important clinical concepts

101. At the midcourse checkpoint of the leadership review, the clinical faculty identifies the best response: what best supports vertical curriculum coherence?

A. Repeating the same introductory objectives in every term
B. Sequencing learning so complexity and learner independence increase across the program
C. Allowing each course to define unrelated program outcomes
D. Placing advanced content before prerequisite concepts

102. At the midcourse checkpoint of the leadership review, the simulation faculty identifies the best response: which stakeholder evidence is most useful when evaluating curriculum relevance?

A. The preference of one vocal committee member
B. A single social-media comment without context
C. Only the oldest available course evaluation
D. Triangulated feedback from graduates, employers, faculty, learners, and practice trends

103. At the midcourse checkpoint of the learning planning review, the digital faculty identifies the best response: a course objective does not connect to any program outcome. What should faculty do?

A. Keep it because it has always appeared in the syllabus
B. Create an unrelated program outcome solely to preserve it
C. Assess it more often without examining its relevance
D. Determine whether to align, revise, relocate, or remove the objective based on program purpose

104. At the midcourse checkpoint of the learning planning review, the evaluation faculty identifies the best response: which process best supports systematic program evaluation?

A. Collect data only when accreditation review is imminent
B. Allow each committee to retain results without sharing
C. Use a written plan specifying indicators, benchmarks, responsible parties, timelines, and actions
D. Change benchmarks after results are known

105. At the midcourse checkpoint of the learning planning review, the leadership faculty identifies the best response: outcome data fall below the benchmark for one year. What is the best response?

A. Examine context and multiple data sources, implement a reasoned action, and monitor results
B. Immediately replace the entire curriculum
C. Ignore the finding because one year never matters
D. Lower the benchmark to match the observed result

106. At the midcourse checkpoint of the learning planning review, the instructional faculty identifies the best response: what is horizontal curriculum coherence?

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B. Coordination of related learning occurring concurrently within the program
C. Alignment between one program and national rankings
D. Replacement of all electives with required courses

107. At the midcourse checkpoint of the learning planning review, the clinical faculty identifies the best response: which change-control practice protects curriculum integrity?

A. Permit informal course changes without committee review
B. Revise assessments before notifying affected faculty
C. Document the rationale, approvals, affected outcomes, implementation plan, and evaluation method
D. Rely on memory to explain why the change occurred

108. At the midcourse checkpoint of the learning planning review, the simulation faculty identifies the best response: what should faculty establish first when beginning curriculum revision?

A. A shared analysis of mission, stakeholder needs, standards, and program outcomes
B. A list of preferred textbooks from individual faculty
C. A schedule that preserves every existing course
D. A catalog description written before outcomes are reviewed

109. At the completion checkpoint of the clinical coaching review, the digital faculty identifies the best response: which finding most strongly suggests a curriculum gap?

A. One instructor prefers a different textbook edition
B. Students request additional parking near campus
C. A single class meeting ends earlier than scheduled
D. Graduates repeatedly miss an important outcome that is not intentionally taught or assessed

110. At the completion checkpoint of the clinical coaching review, the evaluation faculty identifies the best response: what is the purpose of curriculum mapping?

A. To replace faculty judgment with an automated schedule
B. To display where outcomes are introduced, reinforced, mastered, and assessed across courses
C. To rank instructors according to student popularity
D. To ensure every course contains identical content

111. At the entry checkpoint of the curriculum review, the evaluation faculty identifies the best response: which action best addresses implicit bias in teaching?

A. Assume good intentions eliminate the possibility of bias
B. Review decision patterns, seek feedback, and redesign processes with inequitable effects
C. Avoid collecting subgroup data to prevent discomfort
D. Ask affected learners to solve the problem independently

112. At the entry checkpoint of the curriculum review, the leadership faculty identifies the best response: which activity best begins an educator's quality-improvement cycle?

A. Adopt a fashionable strategy before defining a problem
B. Choose an intervention based only on personal preference
C. Report success before collecting baseline information
D. Identify a meaningful performance gap using credible evidence

113. At the entry checkpoint of the curriculum review, the instructional faculty identifies the best response: student evaluations criticize course organization. What should the educator do?

A. Examine the comments with other evidence, identify patterns, and test a targeted improvement
B. Dismiss all comments because learners are not educators
C. Redesign every course component after one complaint
D. Use only the average rating and ignore narratives

114. At the entry checkpoint of the curriculum review, the clinical faculty identifies the best response: which professional-development goal is strongest?

A. Become a much better educator as soon as possible
B. Attend any conference that happens to be convenient
C. By semester end, use calibrated rubric scoring and reduce unexplained rating differences in sampled work
D. Read more articles whenever time becomes available

115. At the entry checkpoint of the curriculum review, the simulation faculty identifies the best response: what is the best use of peer observation?

A. Use one visit to make a permanent judgment about competence
B. Ask the observer to record only personal preferences
C. Keep the observation criteria secret until afterward
D. Agree on a focus, collect descriptive evidence, reflect together, and select a next step

116. At the entry checkpoint of the curriculum review, the digital faculty identifies the best response: an educator pilots a new debriefing method. Which evidence best supports continuation?

A. Improved learner reasoning across aligned measures, feasible implementation, and consistent stakeholder feedback
B. The method is newer than the previous approach
C. The educator enjoyed using it during one session
D. The activity required more class time than expected

117. At the entry checkpoint of the leadership review, the evaluation faculty identifies the best response: which action demonstrates reflective practice?

A. Repeat the same strategy because it feels comfortable
B. Examine assumptions behind a decision and use evidence to adjust practice
C. Attribute every problem solely to learner motivation
D. Avoid feedback that conflicts with self-perception

118. At the entry checkpoint of the leadership review, the leadership faculty identifies the best response: what is the most appropriate response to evidence that an innovation did not work?

A. Hide the results to protect the educator's reputation
B. Continue unchanged because effort has already been invested
C. Report the findings honestly, analyze causes, and revise or discontinue the approach
D. Redefine success after seeing the disappointing results

119. At the entry checkpoint of the leadership review, the instructional faculty identifies the best response: which data source gives the strongest picture of teaching effectiveness?

A. One enthusiastic email from a high-performing learner
B. Patterns across learner outcomes, observations, course evidence, and feedback
C. The educator's confidence immediately after class
D. A single end-of-course rating considered alone

120. At the entry checkpoint of the leadership review, the clinical faculty identifies the best response: a faculty learning community is most likely to improve practice when members do what?

A. Investigate a shared problem, test changes, and examine evidence together
B. Meet only to distribute administrative announcements
C. Avoid discussing unsuccessful teaching attempts
D. Adopt identical methods regardless of course context

121. At the entry checkpoint of the leadership review, the simulation faculty identifies the best response: which question best reflects a Plan-Do-Study-Act approach?

A. How can we implement the change everywhere before testing it?
B. Who should be blamed if the outcome does not improve?
C. How can we avoid collecting data during implementation?
D. After this small test, what did the evidence show and what adaptation should we try next?

122. At the entry checkpoint of the leadership review, the digital faculty identifies the best response: what best demonstrates maintenance of educator competence?

A. Relying indefinitely on preparation completed before appointment
B. Counting attendance regardless of relevance or use
C. Ongoing learning linked to role expectations, reflection, and demonstrated application
D. Repeating the same course materials without review

123. At the midcourse checkpoint of the learning planning review, the evaluation faculty identifies the best response: which action best addresses implicit bias in teaching?

A. Review decision patterns, seek feedback, and redesign processes with inequitable effects
B. Assume good intentions eliminate the possibility of bias
C. Avoid collecting subgroup data to prevent discomfort
D. Ask affected learners to solve the problem independently

124. At the midcourse checkpoint of the learning planning review, the leadership faculty identifies the best response: which activity best begins an educator's quality-improvement cycle?

A. Adopt a fashionable strategy before defining a problem
B. Identify a meaningful performance gap using credible evidence
C. Choose an intervention based only on personal preference
D. Report success before collecting baseline information

125. At the midcourse checkpoint of the learning planning review, the instructional faculty identifies the best response: student evaluations criticize course organization. What should the educator do?

A. Dismiss all comments because learners are not educators
B. Redesign every course component after one complaint
C. Examine the comments with other evidence, identify patterns, and test a targeted improvement
D. Use only the average rating and ignore narratives

126. At the midcourse checkpoint of the learning planning review, the clinical faculty identifies the best response: which professional-development goal is strongest?

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B. The method is newer than the previous approach
C. The educator enjoyed using it during one session
D. The activity required more class time than expected

129. At the entry checkpoint of the leadership review, the leadership faculty identifies the best response: a project uses identifiable student data for publication. What should the educator do?

A. Assume course ownership permits unrestricted publication
B. Obtain the required institutional review and protect consent, privacy, and data security
C. Remove names only after submitting the manuscript
D. Proceed because the project began as routine evaluation

130. At the entry checkpoint of the leadership review, the instructional faculty identifies the best response: what best distinguishes leadership from holding a formal position?

A. Possessing the highest academic rank in a department
B. Controlling every operational decision personally

C. Avoiding responsibility unless authority is explicit
D. Influencing people toward a shared purpose through credibility, relationships, and action

131. At the entry checkpoint of the leadership review, the clinical faculty identifies the best response: which dissemination plan best matches scholarly integrity?

A. Publish only outcomes that support the preferred conclusion
B. Change the original question after analysis without disclosure
C. Report methods and findings accurately, including unfavorable results and important limitations
D. List contributors as authors regardless of their work

132. At the entry checkpoint of the leadership review, the simulation faculty identifies the best response: which activity is scholarship of teaching rather than routine teaching alone?

A. Deliver the usual lecture without examining its outcomes
B. Update slides privately to correct typographical errors
C. Attend a committee meeting and record the minutes
D. Systematically investigate a learning question and publicly share a peer-reviewable product

133. At the entry checkpoint of the leadership review, the digital faculty identifies the best response: a leader proposes a major academic change. What should occur first?

A. Build a shared case for change using mission, evidence, stakeholder perspectives, and readiness
B. Announce the final decision before consulting affected groups
C. Begin implementation without identifying resources or barriers
D. Frame disagreement as resistance that should be ignored

134. At the entry checkpoint of the leadership review, the evaluation faculty identifies the best response: which behavior best reflects ethical leadership?

A. Reserve important information for favored colleagues

B. Make transparent decisions, disclose conflicts, and apply standards consistently
C. Change expectations according to personal relationships
D. Avoid documenting decisions that may be questioned

135. At the entry checkpoint of the learning planning review, the leadership faculty identifies the best response: what is the strongest first step in developing a scholarly project?

A. Select a journal before defining the project purpose
B. Formulate a focused question grounded in an identified educational problem and relevant literature
C. Collect convenient data without an approved plan
D. Choose a method solely because software is available

136. At the entry checkpoint of the learning planning review, the instructional faculty identifies the best response: which action best supports shared governance?

A. Provide meaningful faculty participation in decisions within clearly defined roles and processes
B. Ask for opinions after leaders have implemented the decision
C. Allow committees to act without communicating responsibilities
D. Treat consultation as consent to every proposed change

137. At the entry checkpoint of the learning planning review, the clinical faculty identifies the best response: a faculty member is invited to review a manuscript outside their expertise. What is the best response?

A. Accept and rely on general impressions without disclosure
B. Share the manuscript with students for assistance
C. Use confidential ideas in the faculty member's own project
D. Decline or disclose the limitation so the editor can judge whether the review is appropriate

138. At the entry checkpoint of the learning planning review, the simulation faculty identifies the best response: which service activity most clearly advances an educator's professional role?

A. Join many groups without participating in their work
B. Accept assignments solely to increase the number listed
C. Contribute relevant expertise to a committee whose work improves learners, programs, or the profession
D. Avoid service that requires collaboration across disciplines

139. At the entry checkpoint of the learning planning review, the digital faculty identifies the best response: what is the best way for a leader to respond to principled dissent?

A. Exclude dissenters from future discussions
B. Equate disagreement with lack of commitment
C. Invite concerns, examine implications, and explain the eventual decision
D. Delay all decisions until complete unanimity exists

140. At the entry checkpoint of the learning planning review, the evaluation faculty identifies the best response: which evidence most strengthens a claim that an educational innovation is transferable?

A. A statement that the innovation should work everywhere
B. Clear description of context, implementation, participants, outcomes, and limitations
C. Only the most favorable outcome from one cohort
D. Omission of barriers encountered during implementation

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A. Assume course ownership permits unrestricted publication
B. Remove names only after submitting the manuscript
C. Proceed because the project began as routine evaluation
D. Obtain the required institutional review and protect consent, privacy, and data security

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D. Avoid documenting decisions that may be questioned

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C. Formulate a focused question grounded in an identified educational problem and relevant literature
D. Choose a method solely because software is available

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B. Provide meaningful faculty participation in decisions within clearly defined roles and processes
C. Allow committees to act without communicating responsibilities
D. Treat consultation as consent to every proposed change

149. At the midcourse checkpoint of the simulation design review, the clinical faculty identifies the best response: a faculty member is invited to review a manuscript outside their expertise. What is the best response?

A. Accept and rely on general impressions without disclosure
B. Share the manuscript with students for assistance
C. Use confidential ideas in the faculty member's own project
D. Decline or disclose the limitation so the editor can judge whether the review is appropriate

150. At the midcourse checkpoint of the simulation design review, the simulation faculty identifies the best response: which service activity most clearly advances an educator's professional role?

A. Contribute relevant expertise to a committee whose work improves learners, programs, or the profession

B. Join many groups without participating in their work

C. Accept assignments solely to increase the number listed

D. Avoid service that requires collaboration across disciplines

Practice Exam 21: Answer Key and Explanations

1. A — Analysis questions require learners to distinguish relevant cues, examine relationships, and defend a conclusion. Prioritizing findings and revising a hypothesis demonstrates this cognitive work. Definitions, page locations, and terminology primarily assess recall, so they provide little evidence that learners can organize information for clinical decisions. This choice promotes clear sound intentional alignment.

2. B — Scaffolding reduces unnecessary cognitive load while preserving the essential sequence and reasoning. Modeling, guided practice, and gradual withdrawal help the learner build an organized mental model. Immediate independence, competing demands, or emphasis on speed can overload working memory and obscure whether the learner understands safe performance. This choice promotes clear sound alignment.

3. B — Transfer improves when learners recognize a principle despite changes in context and surface details. Contrasting cases help students identify what remains constant and when adaptations are necessary. Verbatim repetition and identical practice can produce familiarity, but they do not demonstrate flexible application beyond the original example. This choice promotes clear sound alignment.

4. C — Retrieval practice strengthens memory by requiring learners to reconstruct knowledge rather than merely recognize it. Frequent low-stakes checks also expose misconceptions early, allowing targeted feedback. It complements, rather than replaces, independent study and application; it cannot guarantee identical outcomes because learners differ in preparation and response to instruction. This choice promotes alignment.

5. D — A flipped design reserves shared class time for application, analysis, feedback, and peer reasoning after learners encounter foundational content independently. Complex case work uses faculty presence where guidance is most valuable. Repeating the recording, rereading silently, or using the

session only for announcements forfeits that instructional advantage. This choice promotes clear alignment.

6. A — An unfolding case requires learners to retrieve prior knowledge, interpret changing cues, and justify decisions. That active integration promotes transfer better than rereading, repetition, or isolated memorization. Faculty can probe reasoning and correct misconceptions while students connect underlying mechanisms with nursing actions in a realistic context. This choice promotes clear sound alignment.

7. B — A brief concept map makes existing knowledge visible and gives the educator a rapid formative picture of connections and misconceptions. Starting with familiar clinical cues helps learners attach new content to established schemas. Passive review and unrelated work do not deliberately activate the knowledge needed for the upcoming lesson. This promotes alignment.

8. C — Probing questions reveal whether the learner used sound clinical judgment or guessed. Asking about cues, alternatives, and priorities supports metacognition and gives the educator evidence about reasoning. Merely accepting the answer or supplying the rationale removes productive thinking, while lowering difficulty does not address the underlying learning need. This choice promotes alignment.

9. D — Adult learners are generally motivated when learning is relevant, problem centered, and connected to experience. Inviting experience while still correcting unsafe assumptions promotes engagement and transfer. Uniform activities, delayed application, and authority-based explanations reduce learner agency and fail to use the practical orientation adults bring to education. This choice promotes clear alignment.

10. C — A well-designed simulation lets learners notice cues, form hypotheses, act, and reflect without risking patients. Structured debriefing turns experience into learning by examining reasoning and outcomes. Memorization, syllabus summaries, and passive video viewing may support preparation but do not provide comparable practice integrating clinical judgment. This choice promotes clear sound intentional alignment.

11. A — Psychological safety allows learners to examine imperfect performance honestly while remaining accountable for improvement. A nonjudgmental inquiry uncovers assumptions and supports corrective learning. Public blame discourages disclosure, ignoring the error loses a learning opportunity, and automatic punishment bypasses analysis of context, reasoning, and appropriate remediation. This choice promotes clear sound intentional alignment.

12. B — Technology is educationally useful when its capabilities directly support the intended outcome and are accessible to the learners. Starting with alignment prevents tools from driving pedagogy. Novelty, visual effects, and another faculty member's purchase may influence interest, but none establishes that the technology improves the required learning. This choice promotes clear alignment.

13. D — Analysis questions require learners to distinguish relevant cues, examine relationships, and defend a conclusion. Prioritizing findings and revising a hypothesis demonstrates this cognitive work. Definitions, page locations, and terminology primarily assess recall, so they provide little evidence that

learners can organize information for clinical decisions. This choice promotes clear sound intentional alignment.

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16. B — Retrieval practice strengthens memory by requiring learners to reconstruct knowledge rather than merely recognize it. Frequent low-stakes checks also expose misconceptions early, allowing targeted feedback. It complements, rather than replaces, independent study and application; it cannot guarantee identical outcomes because learners differ in preparation and response to instruction. This choice promotes alignment.

17. A — A flipped design reserves shared class time for application, analysis, feedback, and peer reasoning after learners encounter foundational content independently. Complex case work uses faculty presence where guidance is most valuable. Repeating the recording, rereading silently, or using the session only for announcements forfeits that instructional advantage. This choice promotes clear alignment.

18. C — An unfolding case requires learners to retrieve prior knowledge, interpret changing cues, and justify decisions. That active integration promotes transfer better than rereading, repetition, or isolated memorization. Faculty can probe reasoning and correct misconceptions while students connect underlying mechanisms with nursing actions in a realistic context. This choice promotes clear sound alignment.

19. B — A brief concept map makes existing knowledge visible and gives the educator a rapid formative picture of connections and misconceptions. Starting with familiar clinical cues helps learners attach new content to established schemas. Passive review and unrelated work do not deliberately activate the knowledge needed for the upcoming lesson. This promotes alignment.

20. C — Probing questions reveal whether the learner used sound clinical judgment or guessed. Asking about cues, alternatives, and priorities supports metacognition and gives the educator evidence about reasoning. Merely accepting the answer or supplying the rationale removes productive thinking, while lowering difficulty does not address the underlying learning need. This choice promotes alignment.

21. A — Adult learners are generally motivated when learning is relevant, problem centered, and connected to experience. Inviting experience while still correcting unsafe assumptions promotes

engagement and transfer. Uniform activities, delayed application, and authority-based explanations reduce learner agency and fail to use the practical orientation adults bring to education. This choice promotes clear alignment.

22. D — A well-designed simulation lets learners notice cues, form hypotheses, act, and reflect without risking patients. Structured debriefing turns experience into learning by examining reasoning and outcomes. Memorization, syllabus summaries, and passive video viewing may support preparation but do not provide comparable practice integrating clinical judgment. This choice promotes clear sound intentional alignment.

23. A — Psychological safety allows learners to examine imperfect performance honestly while remaining accountable for improvement. A nonjudgmental inquiry uncovers assumptions and supports corrective learning. Public blame discourages disclosure, ignoring the error loses a learning opportunity, and automatic punishment bypasses analysis of context, reasoning, and appropriate remediation. This choice promotes clear sound intentional alignment.

24. D — Technology is educationally useful when its capabilities directly support the intended outcome and are accessible to the learners. Starting with alignment prevents tools from driving pedagogy. Novelty, visual effects, and another faculty member's purchase may influence interest, but none establishes that the technology improves the required learning. This choice promotes clear alignment.

25. C — Analysis questions require learners to distinguish relevant cues, examine relationships, and defend a conclusion. Prioritizing findings and revising a hypothesis demonstrates this cognitive work. Definitions, page locations, and terminology primarily assess recall, so they provide little evidence that learners can organize information for clinical decisions. This choice promotes clear sound intentional alignment.

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31. C — A brief concept map makes existing knowledge visible and gives the educator a rapid formative picture of connections and misconceptions. Starting with familiar clinical cues helps learners attach new content to established schemas. Passive review and unrelated work do not deliberately activate the knowledge needed for the upcoming lesson. This promotes alignment.

32. B — Probing questions reveal whether the learner used sound clinical judgment or guessed. Asking about cues, alternatives, and priorities supports metacognition and gives the educator evidence about reasoning. Merely accepting the answer or supplying the rationale removes productive thinking, while lowering difficulty does not address the underlying learning need. This choice promotes alignment.

33. A — Adult learners are generally motivated when learning is relevant, problem centered, and connected to experience. Inviting experience while still correcting unsafe assumptions promotes engagement and transfer. Uniform activities, delayed application, and authority-based explanations reduce learner agency and fail to use the practical orientation adults bring to education. This choice promotes clear alignment.

34. D — Useful feedback is specific, behavior based, timely, and actionable. This statement identifies what was effective and describes a concrete next step linked to handoff quality. Global criticism, vague praise, and peer comparison provide little guidance and can shift attention from performance improvement to defensiveness or social ranking. This choice promotes clear alignment.

35. A — Compassionate rigor combines consistent essential outcomes with appropriate support. Discussing resources, timelines, and policy-based options respects the learner without compromising competence requirements. Waiving outcomes threatens fairness and safety, ignoring context misses reasonable support, and absolute confidentiality cannot be promised when legal or safety obligations require action. This choice promotes clear sound alignment.

36. C — Promptly naming observable behavior prevents normalization and protects the learning climate. Reconnecting the group to agreed norms, impact, accountability, and repair supports professional socialization. Total nonintervention can allow harm to continue, character labels impede growth, and canceling collaboration removes opportunities to practice constructive team behavior. This choice promotes clear sound intentional alignment.

37. B — Self-direction grows when learners evaluate evidence, select strategies, and accept responsibility for next steps. The question invites metacognition and planning while leaving the educator available for guidance. Imposing one method, taking over scheduling, or transferring responsibility to a peer weakens autonomy and may not address the learner's actual needs. This promotes alignment.

38. D — Educators should follow institutional disability processes, implement approved accommodations, protect privacy, and preserve essential outcomes. Accommodations change access, not the fundamental competence required. Independent diagnosis exceeds the faculty role, identical treatment can perpetuate barriers, and lowering essential standards may jeopardize program integrity and public safety. This choice promotes clear sound intentional alignment.

39. D — Guided reflection helps learners name the ethical conflict, distinguish controllable from structural constraints, and identify resources or actions. It validates emotion while supporting professional responsibility. Dismissing reactions, avoiding the event, or imposing one context-free answer prevents learners from developing ethical reasoning and sustainable coping strategies. This choice promotes clear sound intentional alignment.

40. A — Remediation is a structured educational response to a defined gap. Effective plans connect diagnostic evidence with targeted activities, support, timelines, and reassessment criteria. It is neither punishment nor a guarantee of progression. Standards remain in place, and the learner must ultimately demonstrate the required knowledge, skills, or judgment. This choice promotes alignment.

41. B — Early private feedback protects dignity while establishing accountability. Observable examples, explicit expectations, and a measurable plan give the learner a fair opportunity to improve and create documentation for follow-up. Public discussion breaches trust, delayed feedback prevents timely correction, and immediate removal may violate progressive processes unless an urgent safety threat exists.

42. C — Effective mentoring combines support with increasing autonomy. Reflective questions help novices examine assumptions, identify strengths, and choose attainable next steps, while progressive challenge builds competence. Taking over decisions fosters dependence, routine work can stall growth, and public comparison undermines trust and psychological safety. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

43. D — Acknowledging emotion without abandoning standards keeps the conversation respectful and focused. Specific evidence reduces ambiguity, and inviting the learner's perspective can reveal context or misunderstanding. Withdrawing feedback avoids necessary development, arguing escalates defensiveness, and unilateral documentation denies the learner an opportunity to understand and respond. This choice promotes clear sound intentional alignment.

44. C — Professional identity develops through participation, reflection, role models, and interpretation of experiences within the profession's values. Learners need opportunities to practice those values and discuss tensions. Technical skill alone is insufficient, and avoiding ethics or separating learning from expectations prevents learners from integrating who nurses are with what nurses do.

45. A — Structured wait time and advance prompts reduce language-processing barriers without lowering academic expectations. They allow the educator to assess disciplinary reasoning more accurately. Exclusion removes learning opportunities, equating response speed with knowledge introduces bias, and identical timing may be equal in appearance but inequitable in its effect. This choice promotes clear alignment.

46. B — Useful feedback is specific, behavior based, timely, and actionable. This statement identifies what was effective and describes a concrete next step linked to handoff quality. Global criticism, vague praise, and peer comparison provide little guidance and can shift attention from performance improvement to defensiveness or social ranking. This choice promotes clear alignment.

47. A — Compassionate rigor combines consistent essential outcomes with appropriate support. Discussing resources, timelines, and policy-based options respects the learner without compromising competence requirements. Waiving outcomes threatens fairness and safety, ignoring context misses reasonable support, and absolute confidentiality cannot be promised when legal or safety obligations require action. This choice promotes clear sound alignment.

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57. D — Interrater inconsistency often reflects vague descriptors or differing interpretations of performance levels. Calibration with exemplars allows faculty to discuss evidence and apply criteria consistently. Averaging hides disagreement, removing criteria increases subjectivity, and independent definitions weaken reliability and fairness across learners and clinical groups. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

58. A — Validity improves when assessment tasks and scoring criteria match the knowledge, skills, and judgments named in the outcome. Essential criteria make the intended inference defensible. Unrelated difficulty introduces construct-irrelevant variance, speed may distort performance unless required by practice, and hidden expectations undermine transparency without strengthening validity. This choice promotes clear sound alignment.

59. A — Criterion-referenced interpretation compares performance with an established standard describing acceptable competence. It answers whether each learner met expectations, regardless of peer performance. Ranking, selecting a fixed proportion, and comparing group means are norm-referenced uses because conclusions depend on how individuals or groups perform relative to others. This choice promotes clear sound alignment.

60. D — A focused item supports a clear interpretation of what a response demonstrates. Combining unrelated concepts makes errors difficult to diagnose and can introduce ambiguity. More distractors or extra wording do not repair the construct problem, and intentionally including two defensible answers violates the single-best-answer format. This choice promotes clear sound intentional alignment.

61. C — Improvement on a subsequent aligned task shows that learners understood and used feedback to change performance. Positive reactions and timely delivery support engagement, but they are process indicators rather than direct evidence of learning. Comment length also does not establish clarity, relevance, uptake, or improved competence. This choice promotes clear sound alignment.

62. B — An analytic rubric makes criteria and performance levels explicit, while review of scoring patterns can reveal drift or inequitable impact. Consistent application supports defensible decisions. Leniency based on identity or effort, post hoc criteria changes, and undocumented impressions introduce bias and make grades less transparent and reproducible. This choice promotes clear alignment.

63. C — Reliability concerns consistency, whereas validity concerns whether evidence supports a particular interpretation and use. A test can consistently measure the wrong or incomplete construct. Therefore, strong reliability is helpful but insufficient. It does not prove alignment, fairness, comprehensiveness, or validity for the intended outcomes. This choice promotes clear sound intentional evidence-informed alignment.

64. B — Affective outcomes involve values, attitudes, and professional dispositions expressed through behavior and reflection. Explicit criteria and multiple observations support a more defensible judgment. Terminology recall assesses knowledge, attendance is an indirect proxy, and personal liking is irrelevant and vulnerable to bias. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable alignment.

65. D — A frequently selected distractor can reveal a common misconception, ambiguous wording, or a plausible alternative answer. Reviewing the item alongside instruction helps determine the appropriate response. Popularity alone does not make the distractor correct, justify course failure, or establish a problematic answer-key pattern. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

66. A — Content validity concerns whether an assessment adequately represents the intended learning domain. A blueprint provides systematic evidence by mapping outcomes, emphasis, cognitive level, and items. Perceived difficulty, score distribution, and consistent formatting may matter for other quality questions, but none demonstrates representative coverage of the specified content. This choice promotes clear alignment.

67. D — A negative point-biserial means stronger overall performers were less likely to answer the item correctly, which can signal a wrong key, ambiguity, poor content alignment, or another flaw. Item review is therefore the first step. Difficulty alone does not justify retention, selective points are unfair, and one item does not establish whole-test unreliability.

68. A — Formative assessment occurs during learning and supplies information that learners and educators can use to improve subsequent performance. A low-stakes quiz with actionable feedback serves that purpose. Final grades, licensing decisions, and terminal judgments are summative because they certify achievement after the relevant instruction or opportunity for improvement. This choice promotes alignment.

69. C — Interrater inconsistency often reflects vague descriptors or differing interpretations of performance levels. Calibration with exemplars allows faculty to discuss evidence and apply criteria consistently. Averaging hides disagreement, removing criteria increases subjectivity, and independent definitions weaken reliability and fairness across learners and clinical groups. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

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85. C — A curriculum gap exists when an expected outcome lacks sufficient planned learning experiences or assessment across the program. Repeated graduate difficulty plus missing curricular coverage is strong evidence. Textbook preference, parking, and one shortened class may deserve attention, but they do not directly demonstrate absent outcome alignment. This choice promotes clear alignment.

86. D — Curriculum mapping makes the relationship among outcomes, courses, learning experiences, and assessments visible. It helps faculty identify gaps, unnecessary duplication, weak sequencing, and responsibility for mastery. It supports rather than replaces judgment, does not rank faculty, and should create coherent progression rather than identical course content. This choice promotes clear sound alignment.

87. B — Program outcomes usually require development over time and evidence that graduates can demonstrate them at the expected exit level. Assessment only at entry cannot confirm sustained or advanced competence. The issue is not faculty authority or universal repetition; intentional sequencing should introduce, reinforce, and assess outcomes at appropriate stages. This promotes alignment.

88. C — A measurable outcome names observable performance, context, and the kind of judgment expected. Prioritizing actions from assessment data can be demonstrated and evaluated. Understand, appreciate, and know are internal or vague verbs unless translated into observable evidence, making consistent curricular alignment and program evaluation difficult. This choice promotes clear sound intentional alignment.

89. D — Vertical coherence means learning develops intentionally from foundational to increasingly complex performance, with scaffolding gradually removed. Repeating introductory work without progression wastes opportunity, unrelated course outcomes fragment the program, and advanced content before prerequisites can overload learners and weaken integration. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable defensible alignment.

90. A — Curriculum relevance is best judged from multiple credible perspectives and current practice evidence. Triangulation identifies converging concerns while reducing dependence on one viewpoint or method. A vocal opinion, isolated comment, or outdated evaluation may suggest a question, but each is too limited to support major conclusions alone. This choice promotes clear alignment.

91. B — Every required course objective should contribute meaningfully to program outcomes and curricular purpose. Faculty should examine relevance before deciding whether alignment, revision, relocation, or removal is appropriate. Tradition, artificial outcomes, and additional assessment cannot justify content that lacks a coherent role in graduate preparation. This choice promotes clear sound intentional evidence-informed alignment.

92. A — A systematic plan makes evaluation continuous, transparent, and actionable by defining what evidence will be collected, when, by whom, against which standard, and how findings will inform decisions. Episodic collection, siloed results, and post hoc benchmarks weaken accountability and invite selective interpretation. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered alignment.

93. C — One below-benchmark finding warrants investigation rather than reflexive overhaul or dismissal. Reviewing trends, subgroups, implementation, and related evidence helps identify plausible causes and proportionate action. Monitoring then shows whether the change helped. Lowering the benchmark merely to declare success undermines the evaluation plan. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

94. D — Horizontal coherence coordinates content, expectations, and learning experiences occurring concurrently so students can integrate concepts without conflicting or unnecessary duplication. Progression across levels describes vertical coherence. Rankings and the number of electives are separate curriculum decisions and do not define horizontal alignment. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered alignment.

95. C — Documented change control preserves shared governance, alignment, and institutional memory. Recording rationale, approvals, curricular effects, implementation, and evaluation enables coordinated action and later review. Informal changes, delayed communication, and reliance on memory can create drift, duplication, compliance problems, and inconsistent learner experiences. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered alignment.

96. A — Curriculum revision begins by clarifying the program's purpose, context, external expectations, and intended graduate outcomes. Those decisions guide content, sequencing, teaching, and assessment. Starting with textbooks, existing schedules, or catalog wording allows current structures and preferences to drive the curriculum before its goals and needs are established. This choice promotes clear alignment.

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111. B — Implicit bias can influence attention, interpretation, opportunities, and evaluation despite good intentions. Examining patterns, inviting feedback, and changing vulnerable processes create accountability. Denial blocks learning, avoiding data conceals inequity, and placing responsibility on affected learners leaves structural contributors unchanged. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable defensible coherent alignment.

112. D — Quality improvement begins with a clearly defined gap supported by evidence. Baseline data help determine scope, possible causes, and a relevant aim. Starting with a favored intervention risks solving the wrong problem, while declaring success without baseline information prevents credible comparison and learning. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

113. A — Learner feedback is one useful data source, not a complete verdict. Pattern analysis alongside peer review, outcomes, and course materials helps distinguish actionable concerns from isolated preferences. A targeted change with follow-up evidence supports improvement. Blanket dismissal, wholesale redesign, or reliance on one average wastes information. This choice promotes clear sound alignment.

114. C — A strong development goal is specific, relevant, time bounded, and linked to observable evidence. Calibrated scoring and sampled rating differences provide a clear practice target and way to judge progress. Vague intentions or attendance activities may be useful, but they do not specify the change in educator performance. This choice promotes alignment.

115. D — Developmental peer observation works best when purpose and criteria are clear, evidence is descriptive, and dialogue leads to reflection and action. One visit cannot represent all teaching, preference-based comments are weak evidence, and secret criteria undermine trust and prevent the educator from understanding the intended focus. This choice promotes clear sound alignment.

116. A — Continuation decisions should consider effectiveness, feasibility, and experience using multiple aligned sources. Improved reasoning is the central outcome, while implementation and

stakeholder evidence inform sustainability. Novelty and educator enjoyment alone do not establish benefit, and additional time is a cost to weigh rather than proof of effectiveness. This choice promotes clear alignment.

117. B — Reflective practice critically examines one's decisions, assumptions, context, and evidence to improve future action. It goes beyond recounting events by asking why outcomes occurred and what should change. Habit, blaming learners, and avoiding disconfirming feedback protect existing beliefs instead of supporting professional growth. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

118. C — Quality improvement depends on honest learning from unsuccessful tests. Transparent reporting, analysis, and adaptation protect learners and help colleagues avoid repeating ineffective practices. Hiding results, continuing because of sunk costs, or changing success criteria after the fact introduces bias and blocks responsible improvement. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

119. B — Teaching effectiveness is multidimensional and cannot be inferred reliably from one indicator. Converging evidence from outcomes, observation, artifacts, and learner experience provides a more balanced picture and helps explain results. One email, self-confidence, or a single rating can contribute information but is vulnerable to bias and context. This choice promotes clear alignment.

120. A — A learning community supports improvement through collaborative inquiry, experimentation, evidence review, and honest exchange. Shared problems create relevance while contextual adaptation preserves sound judgment. Announcements alone do not develop practice, silence about failure limits learning, and rigid uniformity ignores differences in learners, outcomes, and settings. This choice promotes clear sound intentional alignment.

121. D — Plan-Do-Study-Act uses small, iterative tests to compare predictions with evidence and guide adaptation. The question explicitly links learning from one cycle to the next. Immediate systemwide implementation increases risk, blame discourages learning, and avoiding data prevents the team from deciding whether a change produced improvement. This choice promotes clear sound intentional alignment.

122. C — Competence requires continued development as evidence, learners, technologies, and professional expectations change. Learning becomes meaningful when it is relevant, applied, reflected upon, and evaluated. Initial preparation alone becomes outdated, attendance is only an activity measure, and unchanged materials may conceal curricular or pedagogical drift. This choice promotes clear sound intentional evidence-informed alignment.

123. A — Implicit bias can influence attention, interpretation, opportunities, and evaluation despite good intentions. Examining patterns, inviting feedback, and changing vulnerable processes create accountability. Denial blocks learning, avoiding data conceals inequity, and placing responsibility on affected learners leaves structural contributors unchanged. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable defensible coherent alignment.

124. B — Quality improvement begins with a clearly defined gap supported by evidence. Baseline data help determine scope, possible causes, and a relevant aim. Starting with a favored intervention risks solving the wrong problem, while declaring success without baseline information prevents credible comparison and learning. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

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129. B — Publication or systematic dissemination using identifiable learner data can create human-subjects, privacy, and power concerns. The educator should seek the institution's formal determination before proceeding and follow applicable protections. Course access does not equal research permission, late de-identification is inadequate, and a project can change character as its purpose evolves.

130. D — Leadership is a relational process of mobilizing people toward shared goals and can occur without a formal title. Rank may confer authority but not trust or influence. Centralizing every decision suppresses expertise, and waiting for explicit authority can prevent constructive action within one's legitimate professional role. This choice promotes clear sound alignment.

131. C — Scholarly integrity requires transparent methods, accurate reporting, appropriate authorship, and disclosure of limitations or changes. Unfavorable findings remain valuable evidence. Selective reporting, undisclosed outcome switching, and honorary authorship distort the record and prevent readers from evaluating credibility, meaning, and responsibility for the work. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

132. D — Scholarship of teaching is systematic, evidence informed, and made public in a form that peers can review, use, or build upon. Routine instruction and private course maintenance may be valuable but lack public dissemination and inquiry. Committee minutes document service rather than a scholarly investigation of learning. This choice promotes clear alignment.

133. A — Effective change leadership establishes why change matters and develops shared understanding of evidence, mission, needs, and readiness. Stakeholder involvement identifies barriers and improves ownership. Premature decisions, unplanned implementation, and dismissing disagreement can reduce trust and overlook information essential to a feasible, equitable change. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

134. B — Ethical leadership combines transparency, fairness, accountability, and attention to conflicts of interest. Consistent standards and documented reasoning allow decisions to be examined. Favoritism, relationship-based expectations, and hidden records undermine trust, shared governance, and confidence that institutional authority is being used responsibly. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable alignment.

135. B — A focused, literature-grounded question clarifies the problem, contribution, population, and evidence needed, allowing an appropriate design to follow. Choosing a journal, collecting unplanned data, or letting software determine the method reverses sound inquiry and can create ethical, analytic, and feasibility problems. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable alignment.

136. A — Shared governance distributes meaningful participation and accountability through transparent structures. Participants need timely information, authentic influence, and clarity about decision rights. Postimplementation opinions are token involvement, undefined authority creates confusion, and consultation does not mean every individual controls the final outcome. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable alignment.

137. D — Peer reviewers should accept work they can evaluate competently and must protect confidentiality. Disclosing a limitation allows the editor to make an informed decision or find another reviewer. Undisclosed superficial review weakens scholarship, sharing breaches confidentiality, and using privileged ideas is unethical appropriation. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

138. C — Meaningful service applies expertise to institutional, community, or professional needs and produces contribution rather than mere membership. Relevant committee work can improve education and extend the educator role. Collecting titles without participation and avoiding collaboration emphasize appearance over impact and may dilute limited time. This choice promotes clear sound intentional evidence-informed alignment.

139. C — Principled dissent can reveal risks, values, and implementation barriers that leaders need to understand. Listening seriously and explaining decisions supports psychological safety and accountability even when consensus is impossible. Exclusion and loyalty tests silence useful

information, while requiring unanimity can paralyze necessary action. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

140. B — Transferability judgments require enough contextual and methodological detail for others to compare settings and decide whether adaptation is reasonable. Claims of universality, selective results, and omitted barriers exaggerate certainty. Transparent description of outcomes and limitations supports responsible use without pretending that one implementation guarantees identical effects elsewhere. This choice promotes clear alignment.

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144. C — Scholarship of teaching is systematic, evidence informed, and made public in a form that peers can review, use, or build upon. Routine instruction and private course maintenance may be valuable but lack public dissemination and inquiry. Committee minutes document service rather than a scholarly investigation of learning. This choice promotes clear alignment.

145. B — Effective change leadership establishes why change matters and develops shared understanding of evidence, mission, needs, and readiness. Stakeholder involvement identifies barriers and improves ownership. Premature decisions, unplanned implementation, and dismissing disagreement can reduce trust and overlook information essential to a feasible, equitable change. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

146. A — Ethical leadership combines transparency, fairness, accountability, and attention to conflicts of interest. Consistent standards and documented reasoning allow decisions to be examined. Favoritism, relationship-based expectations, and hidden records undermine trust, shared governance, and confidence that institutional authority is being used responsibly. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable alignment.

147. C — A focused, literature-grounded question clarifies the problem, contribution, population, and evidence needed, allowing an appropriate design to follow. Choosing a journal, collecting unplanned data, or letting software determine the method reverses sound inquiry and can create ethical, analytic,

and feasibility problems. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable alignment.

148. B — Shared governance distributes meaningful participation and accountability through transparent structures. Participants need timely information, authentic influence, and clarity about decision rights. Postimplementation opinions are token involvement, undefined authority creates confusion, and consultation does not mean every individual controls the final outcome. This choice promotes clear sound intentional evidence-informed outcome-focused learner-centered equitable alignment.

149. D — Peer reviewers should accept work they can evaluate competently and must protect confidentiality. Disclosing a limitation allows the editor to make an informed decision or find another reviewer. Undisclosed superficial review weakens scholarship, sharing breaches confidentiality, and using privileged ideas is unethical appropriation. This choice promotes clear sound intentional evidence-informed outcome-focused alignment.

150. A — Meaningful service applies expertise to institutional, community, or professional needs and produces contribution rather than mere membership. Relevant committee work can improve education and extend the educator role. Collecting titles without participation and avoiding collaboration emphasize appearance over impact and may dilute limited time. This choice promotes clear sound intentional evidence-informed alignment.