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Question: 1

Which of the following is an example of a reviewable sentinel event as defined by the Joint Commission's Sentinel Event Policy?

- A. Patient death, following a discharge "against medical advice."
- B. Unsuccessful suicide attempt without major loss of permanent function.
- C. Employee death, following blood-borne pathogen exposure.
- D. Patient fall, resulting in permanent loss of function.

Answer: D

Explanation:

The Joint Commission Sentinel Event Policy defines both reviewable and non-reviewable sentinel events. Reviewable sentinel events are events that have resulted in unanticipated death or permanent loss of function to patients or residents. Reviewable sentinel events are subject to review by the Joint Commission. Non-reviewable sentinel events include "near miss" incidents, events that have not affected a recipient of care, and deaths or loss of function following an "against medical advice" discharge. For more information on the Joint Commission and the Sentinel Event Policy.

Question: 2

As part of the Joint Commission's National Patient Safety Goal, a list of "do not use" abbreviations, acronyms, and symbols were developed for accredited hospitals to assist in attaining the safety goal. Which of the following is a "do not use" value symbol in medication orders?

- A. 1.0 mg.
- B. 1 mg.
- C. 0.1 mg.
- D. 1 mL

Answer: A

Explanation:

The Joint Commission's official "Do Not Use" List identifies the documentation of trailing zeros (1.0) or lack of a leading zero (.1 mg) to be a potential problem. A missed decimal point may lead to an incorrect interpretation. For example, 1.0 mg may appear as 10 mg if the decimal point was not identified in a physician's order. Similarly, .1 mg may appear as 1 mg since it is lacking a leading zero. There is an exception for trailing zeros when reporting necessary increased levels of precision. Laboratory values, imaging studies, and lesion measurements may require trailing zeros

for increased precision reporting. Trailing zeros may not be used in medication orders.

Question: 3

For a nurse to be held liable for malpractice, all of the following elements must be proven EXCEPT that:

- A. a nurse-patient relationship existed.
- B. standards of care were breached by the nurse.
- C. injury or damage was suffered by the patient.
- D. there was a direct cause between the nurse's actions and the patient's injury.

Answer: D

Explanation:

The Joint Commission defines malpractice as improper or unethical conduct or unreasonable lack of skill by a holder of a professional or official position and defines negligence as the failure to use such care as a reasonably prudent and careful person would use under similar circumstances. Several elements must be proven to hold a nurse liable for malpractice. Proof of a causal relationship must be established between the patient's injury and the nurse's failure to adhere to standards of care. However, the relationship must only demonstrate substantial cause, rather than a direct cause.

Question: 4

The Health Insurance Portability and Accountability Act (HIPAA) privacy rule allows the disclosure of protected health information for clinical research under all of the following circumstances EXCEPT:

- A. the subject has signed valid Privacy Rule Authorization.
- B. a waiver was granted by an Institutional Review Board or Privacy Board.
- C. protected health information has been de-identified.
- D. the subject has signed an informed consent.

Answer: D

Explanation:

The Privacy Rule was issued in 2003 by the U.S. Department of Health and Human Services (DHHS) following the Health Insurance Portability and Accountability Act of 1996. The privacy rule has several effects on clinical research. Personal Health Information (PHI) must be protected during the disclosure of research. A Privacy Rule Authorization must adhere to section 164.508 as outlined in the privacy rule. Core elements of the Privacy Rule Authorization include a description of the protected health information (PHI) to be disclosed, the purpose of the disclosure, an expiration date or notice of no expiration, and a dated signature. In contrast, a signed informed consent is not used for the authorization for the disclosure of PHI. An informed consent is required by the DHHS and the Food and Drug Administration Protection of Human Subjects Regulations to consent to

participate in the research. De-identification of PHI and waivers through an Institutional Review Board or Privacy Board are other possible methods of disclosing certain PHI.

Question: 5

Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, protected health information may be disclosed following de-identification. Which of the following descriptive elements of an individual would not require removal during the de-identifying process?

- A. Date of birth.
- B. State.
- C. Social security number.
- D. Electronic mail addresses.

Answer: B

Explanation:

The de-identifying of information is one method that allows the disclosure of protected health information (PHI) under the Health Insurance Portability and Accountability Act privacy rule for research purposes. There are 18 descriptive elements that must be removed before disclosure to prevent the identification of an individual. Names, geographic subdivisions smaller than a state, element of dates, and any unique identifying numbers, including an electronic mail address and internet protocol address number are a few of the 18 elements that must be removed during the de-identification of PHI.

Question: 6

The five-stage model called Tuckman's stages, regarding group dynamics, is often used in decision-making groups. In which of the following stages would a leader clarify roles and rules for working collaboratively and team members begin to build a commitment to the team goal?

- A. Norming.
- B. Storming.
- C. Performing.
- D. Forming.

Answer: A

Explanation:

To assist team leaders in accomplishing goals, it is important to understand group dynamics in organizational development. Tuckman's stages initially comprised a four-stage model and later expanded to include a final adjourning stage. In the first stage, called the forming stage, the group forms and initial communication begins. The group leader focuses on communicating the goals of the group. During the second stage, storming, team members may challenge authority and compete

for roles. The group leader should facilitate open professional communication, support all members and continue to communicate goals. In the norming stage, hierarchy has been established, and the team begins to focus on the goals. The group leader promotes a cohesive team atmosphere. In the performing stage, members are working collaboratively toward goals. The final adjourning stage concludes a decision-making group.

Question: 7

In which of the following types of leadership power do followers comply, not for rewards or the possibility of negative consequences, but because the leader is perceived to have the authority to direct others?

- A. Referent power.
- B. Legitimate power.
- C. Expert power.
- D. Coercive power.

Answer: B

Explanation:

Legitimate power is based upon the leader's position of authority in the organization.

Referent power is created when the follower identifies positively with characteristics and qualities of the leader. Expert power is created when followers believe the leader has expert knowledge and competence. Coercive power is based on threat of punishment. Both expert and referent types of power indicate positive attitudes of followers toward their leaders, which enhances respect and commitment rather than simple compliance.

Question: 8

A newly licensed nurse accepted a position on a medical unit. As part of the orientation process, he was assigned a preceptor for 4 weeks. Over time, the nurse noticed that his preceptor consistently provided only partial answers to many important questions, often in a condescending tone, and frequently stated "You do not need to know that right now." This type of behavior is known as:

- A. clinical violence.
- B. verbal abuse.
- C. intimidation.
- D. lateral violence.

Answer: D

Explanation:

Lateral violence or horizontal violence between nurses is not uncommon and is often directed toward new nurses. Forms of lateral violence include sabotage, withholding information (as noted in the scenario described in the question), and nonverbal gestures, such as face-making.

Managing lateral violence in the health care setting is challenging as this type of violence is frequently covert and met with denial during confrontation. Proactive education and policies regarding zero-tolerance to violence in the workplace can reduce unprofessional behavior. The Joint Commission issued a Sentinel Event Alert in 2008 on behaviors that undermine a culture of safety. The alert includes recommendations for reducing intimidating and disruptive behavior.

Question: 9

A standard Centers for Disease Control case form must be completed for which of the following notifiable infectious diseases?

- A. Campylobacteriosis.
- B. Listeriosis.
- C. Histoplasmosis.
- D. Leptospirosis.

Answer: B

Explanation:

State and local laws require health care providers and laboratories to report specific infectious diseases to the state or public health authority. The state health department then compiles the data and reports nationally notifiable infectious diseases to the Centers for Disease Control (CDC) through the National Notifiable Diseases Surveillance System (NNDSS). The list of nationally notifiable infectious diseases is revised as necessary and is available for review on the CDC website. Morbidity and mortality weekly reports are generated from the data. Listeriosis is an infection caused by the bacteria *Listeria monocytogenes* and has been nationally reportable since 2000. In addition to national reporting, all persons with listeriosis should be interviewed by a health care provider, using the standard CDC *Listeria* case form. Although relatively rare, cases of listeriosis have risen since 2002. There are several methods of transmission, the most common of which is through ingestion of contaminated food, such as undercooked meat or contaminated vegetables, seafood, and dairy products. Direct contact may cause skin lesions. Flu-like symptoms, such as fever and muscle aches, are common with listeriosis infections. However, *Listeria* can infect the brain or spinal cord and may be transferred to a fetus in utero or during birth.

Question: 10

The Department of Health and Human Services division responsible for investigating Medicare fraud is the office of:

- A. Medicare Hearings and Appeals.
- B. Global Health Affairs.
- C. Inspector General.
- D. Intergovernmental Affairs.

Answer: C

Explanation:

The mission of the Office of Inspector General (OIG) as mandated by public law includes protecting programs of the Department of Health and Human Services. The OIG, the Federal Bureau of Investigation, and the Department of Justice are federal agencies that collaborate with state agencies to detect and prevent fraud. Medicare and Medicaid fraud may be reported directly to the OIG for investigation. Examples of Medicare fraud include submitting false claims, door-to-door solicitation of beneficiaries, payment for referrals by Medicare providers, and misrepresentation of Medicare private plans.

Question: 11

The American Nurses Association Principles for Nurse Staffing questions the usefulness of which of the following factors when determining staffing plans?

- A. Nursing hours per patient day.
- B. Number of patients.
- C. Available technology.
- D. Staff experience and skill level.

Answer: A

Explanation:

In 1998, the American Nurses Association (ANA) developed the Utilization Guide to the Principles on Safe Staffing. Nine principles for safe staffing are identified within three categories; patient care unit—related staffing, staff-related staffing, and institution/organization-related staffing. Patient care unit—related staffing principles identify critical factors for consideration when determining a staffing plan, which include the number of patients, the level of experience and education of staff, and contextual issues, such as available technology. The guide questions the use of nursing hours per patient days (NHPPDs) in the development of staffing plans. NHPPDs do not reflect the variability of factors necessary to predict the requirements for every possible type of patient care setting. Averaging hours of care for each patient as opposed to measuring the intensity of care required is not appropriate in nursing practice.

Question: 12

An example of centralized decision-making is:

- A. staff members participate in self-scheduling.
- B. the nurse manager approves all new hires through the nurse executive.
- C. nurses provide care based on the Primary Nursing Model.
- D. a committee of nurses is formed to engage in quality-improvement initiatives,

Answer: B

Explanation:

Centralized decision-making occurs when the span of authority and the control of key

business elements are retained by top-level management, for instance, the nurse manager approves all new hires through the nurse executive. Decision-making is not disbursed. Two advantages of centralization are the ability to make rapid decisions and consistency in communication. Obvious disadvantages are the possibilities of being managed by a dictator and the loss of employee creativity and knowledge.

Question: 13

A unit manager notifies the nurse executive of her intent to resign because she is unable to meet the recently reduced expectations for staff budgeting. The cognitive distortion of the nurse manager is known as:

- A. fortune telling.
- B. disqualifying the positive.
- C. catastrophizing.
- D. all-or-nothing thinking.

Answer: D

Explanation:

During verbal communication, it is important to actively listen and understand possible cognitive distortions to identify pertinent facts and avoid misunderstandings and conflict. In the scenario described in the question, the nurse executive should recognize that the nurse manager is using all-or-nothing thinking. All-or-nothing, or black and white thinking, is often noted in perfectionists who are unable to meet unreasonable demands. The nurse manager sees herself as a failure because of her inability to complete the task. It would be prudent for the nurse executive to investigate the staff budgeting rather than focus on the manager's competence.

Question: 14

Which of the following statements best describes the Belmont Report?

- A. It makes specific recommendations for Health and Human Services (HHS) administrative action, regarding unethical treatment of human subjects in research.
- B. It defines regulations for human subject protection during research.
- C. It is based on the ethical principles of justice, autonomy, and respect.
- D. It identifies ethical principles, which form the basis of the HHS human subject protection regulations.

Answer: D

Explanation:

Published in 1979, the Ethical Principles and Guidelines for the Protection of Human Subjects of Research became known as the Belmont Report. The guidelines identify three ethical principles regarding the use of human subjects in research; respect, beneficence, and justice. These ethical principles are applied directly to research and pertain to informed, voluntary participation and

protection of human subjects. Although the Belmont Report does not make specific recommendations or define regulations for human subjects of research federal regulations under the HHS are based on these guidelines.

Question: 15

The U.S. Equal Employment Opportunity Commission (EEOC) enforces federal laws against discrimination in the workplace. Which of the following statements best describes what is least likely to be prohibited by the EEOC employment laws and regulations?

- A. Advertising for employment. seeking female staff only.
- B. Recruiting by word-of-mouth, resulting in an almost entirely similar workforce.
- C. Reducing benefits for older workers if the reduction results in matching the cost of the benefits to the cost of those for younger workers.
- D. Requesting a photograph of an applicant during the initial hiring process.

Answer: C

Explanation:

The Equal Employment Opportunity commission (EEOC) enforces federal laws against discrimination as a result of race, color, religion, sex national origin, age, disability, and genetics. It is illegal to base wages or benefits on the discriminatory factors listed. Reducing benefits for older workers (if the reduction is equal to the cost of benefits for younger workers), may be legal in certain situations. It is important to note that discrimination based on sex also includes pregnant women, and discrimination based on age mainly focuses on persons over 40 years of age.



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