

M_NPFfamilyPMHPQ (800+ Questions) - Quiz

Questions with Answers

1.

The psychiatric-mental health nurse practitioner (PMHNP) presents data showing that a new approach to patient care has better outcomes. However, members of the staff are almost all in disagreement and spend considerable time arguing that the data are in error and providing rationales for maintaining the current approach. This is an example of:

prejudice.

aggression.

debate.

group think.

Explanation:

If the psychiatric-mental health nurse practitioner (PMHNP) presents data showing that a new approach to patient care has better outcomes, but members of the staff are almost all in disagreement and spend considerable time arguing that the data are in error and providing rationales for maintaining the current approach, this is an example of groupthink. Groupthink occurs when maintaining the status quo is more important to members of a group than making a reasoned or good decision.

2.

The Health Insurance Portability and Accountability Act (HIPAA) (1996) privacy rules allow unrestricted disclosure of patients':

past health history.

past payments for health care.

future plans for health care.

de-identified health information.

Explanation:

The Health Insurance Portability and Accountability Act (HIPAA) (1996) privacy rules allow unrestricted disclosure only of patients' de-identified health information, usually aggregated for purposes of research. Health information may be de-identified by a formal determination by a qualified statistician or through removal of specific identifiers such as the name of the patient, family members, household members, and employers, as well as date of birth, Social Security number, other ID number, telephone number, and address.

3.

If a family member of a patient asks the PMHNP what constitutes probable cause for involuntary commitment, the best response is:

"You should ask an attorney about that."

"The person is a threat to self or others."

"The person is uncooperative with the family."

"The person is no longer able to work and is homeless."

Explanation:

While laws may vary slightly from one state to another in relation to involuntary commitment, generally probable cause is present if a person is a threat to self or others (and usually the threat must be imminent). A second criterion is usually that the person is too disabled to provide self-care; however, this last criterion can be interpreted in a wide variety of ways (the reason so many mentally ill individuals are homeless and living on the streets) and is rarely used.

4.

A 50-year-old man with chronic alcoholism presents with increasing confusion, apathy, antegrade and retrograde memory loss, and disorientation, although there is no fever, headache, or laboratory indication of infection. On examination, the PMHNP notes disheveled appearance, malnourishment, ataxia with short gait and wide-based stance, as well as nystagmus and impaired ocular movements. Based on these findings, the nurse practitioner initially prescribes:

iron for iron deficiency anemia.

cobalamin (vitamin B12) for cobalamin deficiency.

vitamin D and calcium for malnutrition.

thiamine (vitamin B1) for Wernicke-Korsakoff syndrome.

Explanation:

This patient has signs and symptoms consistent with Wernicke-Korsakoff syndrome, which is associated with alcoholism: confusion, apathy, antegrade and retrograde memory loss, disorientation, disheveled appearance, malnourishment, ataxia with short gait and wide-based stance, nystagmus, and impaired ocular movements. Treatment is with thiamine, usually beginning with parenteral administration for up to a week followed by oral medication. Patients should show improvement within a week but may need long-term care, depending on the severity of the condition.

5.

If a PMHNP knows the employer of a patient and tells the employer that the patient is too mentally unstable to work and the patient loses his job as a result, this may constitute:

defamation of character.

libel.

invasion of privacy.

battery.

Explanation:

If a PMHNP knows the employer of a patient and tells the employer that the patient is too mentally unstable to work and the patient loses his job as a result, this may constitute defamation of character since the information was detrimental to the patient's reputation. Defamation of character generally involves accusations that are malicious or false. Sharing information about the patient is a breach of confidentiality. If the nurse practitioner had put the information in writing, this would represent libel as opposed to slander, which involves orally giving malicious or false information.

6.

The most effective method of advocating for the value and role of the PMHNP is to:

compare achievements to those of other staff members.

remind staff of the educational preparation required for advanced practice.

conduct clinical research and present findings to multiple groups.

list achievements at staff meetings and in one-on-one interactions.

Explanation:

The most effective method of advocating for the value and role of the PMHNP is to conduct clinical research and present findings to multiple groups, such as administration, staff members, patients, and the public. Showing value is more likely to have an effect than talking about it or insisting on it. Conducting research is also a good way to show the value of evidence-based practice and to encourage others to participate in research.

7.

When working with a patient with conduct disorder, limit setting includes (1) informing patient of limits, (2) explaining the consequences of noncompliance, and (3):

providing feedback.

stating reasons.

establishing time limits

stating expected behaviors.

Explanation:

When working with a patient with conduct disorder, limit setting includes (1) informing patient of limits, (2) explaining the consequences of noncompliance, and (3) stating expected behaviors. Application of limit setting must be consistent and carried out by all staff members at all times. Consequences must be individualized and must have meaning for the patient so

that he is motivated to avoid them. Negotiating a written agreement that can be referred to can prevent conflicts if the patient tries to change the limits.

8.

A patient receiving cognitive behavioral therapy reports having many automatic thoughts that he is stupid. An appropriate response by the PMHNP is:

“What evidence do you have that you are stupid?”

“You don’t appear stupid to me.”

“There’s always someone smarter than you.”

“Why do you think you feel stupid?”

Explanation:

If a patient receiving cognitive behavioral therapy (CBT) reports having many automatic thoughts that he is stupid, an appropriate response by the PMHNP is: “What evidence do you have that you are stupid?” The goal of CBT is to identify cognitive distortions, help the patient to test reality, and correct the distorted beliefs. Patients are taught the skills needed to challenge negative thoughts and replace them with more rational and positive thoughts.

9.

The effect of the Medicare prospective payment system on health care has been that a primary concern about patient care is:

discharge/readmission.

patient satisfaction.

community services.

patient acuity.

Explanation:

The effect of the Medicare prospective payment system on health care has been that a primary concern about patient care is discharge and readmission. Organizations are paid not for actual costs but rather a fixed fee based on a particular diagnosis, so early discharge and decreased utilization of services is a financial advantage to an organization, but this must be balanced against the penalty for early readmission if a patient's needs were not met during hospitalization.

10.

According to the National Quality Forum (NQF), a Serious Reportable Event (SRE) related to *Patient Protection* would include:

patient is raped by a member of the staff on the hospital grounds.

patient receives an electric shock from faulty wiring.

patient dies because of a medical error.

patient cuts his wrists while hospitalized.

Explanation:

The National Quality Forum's (NQF) Serious Reportable Events (SREs) are those events that are harmful to patients. The SREs are divided into different areas of focus. Those events that focus on Patient Protection are especially applicable to psychiatric-mental health nursing. These events include (1) discharge of a patient unable to make decisions to other than an authorized person, (2) death or serious injury related to elopement/disappearance, and (3) suicide, attempted suicide, or self-harm resulting in serious injury while hospitalized.

11.

A 17-year-old patient with bulimia nervosa has been purging by forcing herself to vomit, taking furosemide (which she stole from her grandmother), and taking OTC laxatives. The electrolyte imbalance that the PMHNP should be most concerned about is:

hypokalemia.

hyperkalemia.

hypocalcemia.

hypercalcemia.

Explanation:

If a 17-year-old patient with bulimia nervosa has been purging by forcing herself to vomit, taking furosemide (which she stole from her grandmother), and taking OTC laxatives, the electrolyte imbalance that the PMHNP should be most concerned about is hypokalemia, which can lead to ventricular arrhythmias and cardiac arrest. Other indications of hypokalemia include lethargy, weakness, nausea and vomiting, muscle cramps, hypotension, and tetany. Normal value for potassium is 3.5 to 5.5 mEq/L with hypokalemia less than 3.5 mEq/L. Critical value is less than 2.5 mEq/L.

12.

A 30-year-old patient whose father sexually abused her showed little emotional response after her father died and expressed relief at his passing but has recently experienced repeated episodes of crying and dreams about her father. The PMHNP recognizes that the type of complicated grief response that the patient is exhibiting is:

traumatic.

conflicted.

inhibited.

chronic.

Explanation:

If a 30-year-old patient whose father sexually abused her showed little emotional response after her father died and expressed relief at his passing but has recently experienced repeated episodes of crying and dreams about her father, the type of grief response that the patient is exhibiting is conflicted grief, one form of complicated grief. This type of grief is most common if the relationship between the deceased and the patient involved conflict.

13.

The PMHNP is serving on an ad hoc committee to make recommendations about process improvement and plans to begin by gathering data about the prevalence of mental health disorders, treatments, and costs. The organization that best provides this information is:

Agency for Healthcare Research and Quality

Substance Abuse and Mental Health Services Administration.

Centers for Medicare and Medicaid Services.

National Institute of Mental Health.

Explanation:

The National Institute of Mental Health collects a wealth of data. The 4 primary categories of data include:

- *Prevalence: subcategories include serious mental health illness by demographics (age, sex, race), specific disorders, use of services and treatment, and specific populations (such as inmates).*
- *Disability: subcategories include disability and years of life lost.*
- *Suicide: subcategories include rates, suicidality, and causes of death.*
- *Cost: subcategories include estimates, payers, receivers, trends, and comparisons (among the 5 most expensive medical conditions, which include heart conditions, cancer, trauma-related conditions, asthma, as well as mental disorders).*

14.

If a 26-year-old female patient with a history of anorexia nervosa has an ideal body weight of 130 pounds, the weight at which the patient will first be diagnosed with a relapse is:

117 pounds (90% of ideal).

113 pounds (87% of ideal).

107 pounds (82% of ideal).

104 pounds (80% of ideal).

Explanation:

If a 26-year-old female patient with a history of anorexia nervosa has an ideal body weight of 130 pounds, the weight at which the patient will first be diagnosed with a relapse is 107 pounds, which is 82% of ideal (less than 85% is diagnostic). Patients with a history of anorexia nervosa often retain some body image concerns and should be routinely monitored to ensure they are maintaining an adequate body weight.

15.

A 19-year-old patient with schizophrenia has not responded to conventional antipsychotics and is having increasing episodes of violence toward his parents, with whom he lives, and has persistent suicidal ideation, so the PMHNP plans to switch the patient to clozapine (Clozaril). For the next 6 months the PMHNP will expect to monitor:

weekly white blood cell counts.

monthly red blood cell counts.

weekly platelet counts.

weekly serum glucose.

Explanation:

If a patient is to be treated with clozapine (Clozaril), a second-generation antipsychotic that is often prescribed to reduce suicidal ideation and episodes of violence in patients with schizophrenia, he must have weekly white blood cell counts for at least 6 months and then every 2 weeks for an additional 6 months and then every month. Clozapine can cause agranulocytosis, and the patient may not be able to take the drug if his absolute neutrophil count drops. Clozapine has multiple adverse effects, so the patient must be monitored carefully.

16.

When helping the family of a patient develop a crisis safety plan, an approach that is appropriate to use as a de-escalation technique is:

take control of the situation.

attempt to reason with the patient.

touch the person on the arm or hand to defuse his/her tension.

quietly describe any action before carrying it out.

Explanation:

Families should be assisted to develop a crisis safety plan that includes recognizing the signs of an impending crisis and using de-escalation techniques to defuse the situation. De-escalation techniques include avoiding touching the patient without permission and quietly describing any action before carrying it out so as not to further alarm the patient. The family member should remain calm, speak quietly, listen, and express concern; avoid arguing and making continuous eye contact; keep environmental stimulation low; allow the person adequate space; and offer suggestions but avoid taking control.

17.

A patient who complains that the doctor implanted a controlling microchip in his arm and that he needs to cut it out is experiencing a:

somatic delusion.

nihilistic delusion.

delusion of control.

delusion of persecution.

Explanation:

A patient who complains that the doctor implanted a controlling microchip in his arm and that he needs to cut it out is experiencing a delusion of control because he believes that his behavior is under the control of someone or something else. With delusions of persecution, the patient feels threatened or frightened and believes someone or something wants to harm him. With a somatic delusion, the patient has unrealistic ideas about his/her body while, with a nihilistic delusion, the patient believes that an important aspect of reality (the self, the world) no longer exists.

18.

A 65-year-old man with frontotemporal dementia has increasing problems communicating with difficulty both understanding and producing language. The type of aphasia that is most common to frontotemporal dementia is:

Broca's aphasia.

primary progressive aphasia.

anomic aphasia.

Wernicke's aphasia.

Explanation:

The type of aphasia that is most common to frontotemporal dementia is primary progressive aphasia (PPA). PPA results from a neurodegenerative process, which also occurs with Alzheimer disease. There are subtypes of PPA, so the clinical picture may vary somewhat, but patients usually exhibit halting speech, decreased language use, difficulty finding words, mixing up the order of words, mispronouncing words, and substituting words. Patients have difficulty

understanding and using language, writing, and reading with progressive and irreversible deterioration.

19.

When developing an education plan for a group of homeless patients with alcohol use disorder, the most important information to include is probably information about:

community resources.

inpatient facilities.

personal responsibility

medications to control alcohol use disorder.

Explanation:

When developing an education plan for a group of homeless patients with alcohol use disorder, the most important information to include is probably information about community resources, including shelters, food banks, free meals, free clinics, and self-help groups, such as Alcoholics Anonymous. Inpatient care is often an unrealistic goal for homeless people with few or no financial resources unless care is mandated by the courts and covered by government programs. Patients who are homeless and addicted often have multiple problems, including dual diagnoses, which make personal responsibility difficult to achieve.

20.

The most common reason for nonadherence to medical treatment for a neurobiological disorder is that the patient:

has double diagnosis with drug or alcohol use disorder.

dislikes adverse effects of medications.

is too confused to take medications.

does not believe he/she has a neurobiological disorder.

Explanation:

The most common reason for nonadherence to medical treatment for neurobiological disorders is that the patient believes he/she does not have a neurobiological disorder and can manage without medication. Many patients also are dependent on alcohol or drugs and may be advised to avoid alcohol or drugs with medications, so they stop the medications. Adverse effects of medications can be troubling and may cause some patients to stop taking them. Patients may stop treatment if they are confused but confusion may also result from decreasing or stopping medication.

21.

The PMHNP has suggested a change in procedure based on evidence-based research but has encountered considerable staff resistance. The best approach is to:

advise staff that they should cooperate and be open to change.

suggest a limited trial period to evaluate the effect of the change.

ask the administration to require the change.

withdraw the suggestion.

Explanation:

If the PMHNP has suggested a change in procedure based on evidence-based research but has encountered considerable staff resistance, the best approach is to suggest a limited trial period to evaluate the effect of the change. Resistance to change is very common, so it is important to try to gain acceptance rather than to point fingers or use coercion as the first strategy. A trial period is often less threatening and provides an opportunity to gather data to support the change.

22.

The most common comorbid condition associated with schizophrenia is:

panic disorder.

post-traumatic stress disorder.

substance use disorder.

obsessive-compulsive disorder.

Explanation:

The most common comorbid condition associated with schizophrenia is substance use disorder, sometimes as the result of trying to self-medicate. Patients with schizophrenia also often smoke, so treatment protocols should include drug, alcohol, and smoking cessation. Drug and alcohol use is frequently a factor in nonadherence to treatment plans, especially if it is advised that alcohol or drugs should be avoided with medications. Patients with schizophrenia may also have the comorbidities of post-traumatic stress disorder, panic disorder, and obsessive-compulsive disorder, complicating treatment approaches.

23.

If a patient is engaged in injection drug use, the PMHNP should advise the patient to receive vaccinations for:

hepatitis C.

HIV/AIDS.

herpes zoster.

hepatitis A and hepatitis B.

Explanation:

According to the Centers for Disease Control and Prevention (CDC), patients who inject drugs should receive immunizations for hepatitis A and B, which are transmitted through sharing of needles contaminated with blood. There is no vaccine available for hepatitis C although patients should be screened for hepatitis C because they are at risk for the disease. There is also not any immunization for HIV/AIDS, although patients may also need screening for HIV. Immunization for herpes zoster is not associated with injection drug use.

24.

When faced with an ethical dilemma in caring for a patient, the PMHNP should:

share concerns with others, such as an ethics committee.

try to reach a conclusion independently.

discuss the matter with a trusted friend.

try to set the concerns aside.

Explanation:

When faced with an ethical dilemma in caring for a patient, the PMHNP should share concerns with others, such as an ethics committee, in order to reach a resolution. Personal bias can make trying to reach a conclusion independently difficult, as people are often unaware of their biases. Most organizations have ethics committees that are trained to deal with ethical issues. Trying to ignore an issue or to resolve it with the help of a close friend (who may not be unbiased because of the relationship) are not good solutions.

25.

A 17-year-old patient has been diagnosed with Tourette's syndrome. As part of a complete examination, the PMHNP should assess the patient for the common comorbidities of:

ADHD and obsessive-compulsive disorder.

depression and obsessive-compulsive disorder.

schizophrenia.

ADHD and autism spectrum disorder.

Explanation:

Patients with Tourette syndrome should be assessed for the common comorbidities of attention-deficit/hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD) as up to 95% of those with Tourette syndrome have another psychiatric disorder. Medications often used for treatment of ADHD may worsen tic behavior (although this conclusion is controversial) but treating OCD often reduces tics. When determining treatment options, the initial focus is usually on the condition that is causing the most impairment rather than treating more than 1 condition.

26.

During the initial clinical interview, the patient states repeatedly that his boss is to blame for all of the patient's problems and that the boss "is going to pay." The PMHNP should respond by asking:

"Why do you feel that way?"

"What thoughts have you had about hurting your boss?"

"Can you think of other reasons for your problems?"

"Do you think that this anger toward your boss is productive?"

Explanation:

If during an interview the patient blames his boss for his problems and states that the boss is "going to pay," this is an implied threat. Because of the duty to warn those who might be in danger from a patient with mental health issues, the PMHNP should ask directly, "What thoughts have you had about hurting your boss?" in order to assess whether there is a risk of violence.

27.

A patient with panic disorder has been successfully controlled with alprazolam (Xanax) but has recently developed signs of CNS depression, including lethargy, drowsiness, confusion, lack of coordination, bradycardia, and bradypnea. Following a positive tuberculosis test, the patient was started on isoniazid prophylaxis 2 weeks earlier and also takes hydrochlorothiazide for mild hypertension. The most likely cause of the CNS depression is:

combination of a CYP3A4 substrate (alprazolam) with an inhibitor (isoniazid).

combination of a CYP3A4 substrate (alprazolam) with an inducer (isoniazid).

combination of a CYP2D6 substrate (hydrochlorothiazide) with an inhibitor (alprazolam).

combination of a CYP2D6 substrate (isoniazid) with an inducer (hydrochlorothiazide).

Explanation:

If a patient with panic disorder has been successfully controlled with alprazolam (Xanax) but has recently developed signs of CNS depression, including lethargy, drowsiness, confusion, lack of coordination, bradycardia, and bradypnea, and was started on isoniazid prophylaxis 2 weeks earlier and also takes hydrochlorothiazide for mild hypertension, the most likely cause of the CNS depression is the combination of a CYP3A4 substrate (alprazolam) with an inhibitor (isoniazid). The inhibitor allows the blood level of the drug to increase to toxic levels because it slows the metabolism of the drug. Symptoms of toxicity usually occur within about a week.

28.

If an aggressive, hostile patient has managed to remove a towel rod and is brandishing it as a weapon, the PMHNP's first priority should be to:

disarm the patient.

subdue the patient.

protect self and others.

leave the patient's immediate environment.

Explanation:

If an aggressive, hostile patient has managed to remove a towel rod and is brandishing it as a weapon, the PMHNP's first priority should be to protect self and others. Unless the nurse practitioner has had special training in dealing with patients with weapons, he should not attempt to disarm or subdue the patient and should keep something between himself and the

patient, such as a pillow or chair, and maintain a distance beyond 4 feet. The PMHNP should summon help and try to clear the room if other patients are present.

29.

A 34-year-old male patient who returned from military service in Afghanistan has begun to have severe frightening flashbacks related to post-traumatic stress disorder (PTSD). If the PMHNP finds the patient cowering in the corner of the room in a state of panic, the best approach is to say:

“Give me your hand and I’ll help you up.”

“I know you are afraid, but you are safe here.”

“Just breathe deeply and relax.”

“There is nothing to be afraid of.”

Explanation:

If the PMHNP finds a patient with PTSD and flashbacks cowering in the corner of the room in a state of panic, the best approach is to say, “I know you are afraid, but you are safe here.” The PMHNP should acknowledge the patient’s fears while trying to use grounding techniques to remind the patient that he is safe. The PMHNP should not attempt to reach out to the patient or touch the patient without first asking for permission as this may trigger a violent response.

30.

A mother brings a 2-year-old child to see the PMHNP, describing a pattern of developmental delays and increasing tantrums and failure of the child to interact with others. During the visit, the child holds his hands close to his face and focuses on the movement of his fingers, ignoring the nurse practitioner and his mother and avoiding eye contact. The screening test that the nurse practitioner should initially recommend is:

vision test.

IQ test.

hearing test.

the modified checklist for autism in toddlers (M-CHAT-R).

Explanation:

Because the toddler's behavior—developmental delays, increasing tantrums, failure to interact, avoiding eye contact, and focusing on fingers held by his eyes—suggest autism spectrum disorder, the initial screening test the PMHNP should recommend is the M-CHAT-R (Modified Checklist for Autism in Toddlers-Revised) for children 16 to 30 months. This test is available for free and easily self-administered by a caregiver in a few minutes and consists of 20 questions about the child's behavior. Score of 0 to 2 is low risk; 3 to 7 is medium risk; and 8 to 20 is high risk.

31.

A 22-year-old Asian patient who is intolerant of alcohol tells the PMHNP that a friend has advised him that he can avoid flushing and drink alcohol without symptoms if he takes an H2 blocker, such as ranitidine or famotidine, before drinking. The best response is:

this is a safe method of improving tolerance to alcohol.

this can result in alcohol poisoning.

this only works if the medications are taken every 4 hours.

these medications have no effect.

Explanation:

If a 22-year-old Asian patient who is intolerant of alcohol states that a friend has advised him that he can avoid flushing and drink alcohol without symptoms if he takes an H2 blocker, such as ranitidine or famotidine, before drinking, the best response is that this can result in alcohol poisoning. Alcohol breaks down into acetaldehyde, but many Asians lack the enzyme needed to rid the body of acetaldehyde, so it accumulates and causes a severe flushing response. H2 blockers slow the metabolism of alcohol to acetaldehyde but can result in excessive drinking and toxicity because the effects of drinking are delayed.

32.

Considering Maslow's hierarchy, the order in which the following nursing diagnoses for a patient should be prioritized (first to last) is:

(1) deficient fluid volume, (2) risk for self-injury, (3) sexual dysfunction, and (4) low self-esteem.

(1) low self-esteem, (2) risk for self-injury, (3) deficient fluid volume, and (4) sexual dysfunction.

(1) deficient fluid volume, (2) low self-esteem, (3) risk for self-injury, and (4) sexual dysfunction.

(1) risk for self-injury, (2) deficient fluid volume, (3) sexual dysfunction, and (4) low self-esteem.

Explanation:

Considering Maslow's hierarchy, the order in which the nursing diagnoses for a patient should be prioritized (first to last) is:

- 1. Physiological needs: deficient fluid volume.*
- 2. Safety needs: risk of self-injury.*
- 3. Love/belonging needs: sexual dysfunction.*
- 4. Esteem needs: low self-esteem.*

Physiological needs, especially those that are critical to life, should always be a top priority. However, prioritizing does not necessarily mean that the first priority must be dealt with before the PMHNP can deal with the second priority because, in reality, many diagnoses may be attended to simultaneously.

33.

The primary risk factor for alcohol abuse and dependence is:

genetic predisposition.

peer influence.

gender.

socioeconomic status.

Explanation:

The primary risk factor for alcohol abuse and dependence is genetic predisposition, which comprises about 50% of risk, although other factors may increase or decrease the genetic effects. Substance abuse and dependence clearly run in families, but peer influence and socioeconomic status are also factors. Ethnicity also has an effect with some Native Americans and Asians, especially, lacking enzymes needed to metabolize alcohol.

34.

In milieu therapy (“therapeutic community”), if a person exhibits inappropriate behavior, the correct response is to:

ignore the behavior.

ask the other patients to determine consequences.

help the patient examine the effect the behavior has on others.

apply punishment or restrictions for the inappropriate behavior.

Explanation:

In milieu therapy (“therapeutic community”), if a person exhibits inappropriate behavior, the correct response is to help the patient examine the effect the behavior has on others and to discuss more appropriate ways of behaving. With milieu therapy, expectations are that all patients can grow and that all interactions have the potential to be therapeutic. Patients “own” their environment and behavior and must be responsible for both. Peer pressure is used to provide direct feedback, and consequences (punishment/restrictions) are to be avoided.

35.

The PMHNP has been asked to evaluate a confused and delusional patient with end-stage renal disease. The nursing diagnosis that the nurse practitioner enters into the care plan is:

powerlessness.

ineffective coping.

disturbed thought processes.

hopelessness.

Explanation:

If a patient with end-stage renal disease is confused and delusional, the nursing diagnosis that should be entered in the plan of care is disturbed thought processes. With end-stage renal disease, the body is unable to clear toxins from the blood. A number of factors can contribute to mental confusion, including hypertension (which can cause cerebral ischemia), electrolyte imbalance (hyperkalemia, hyponatremia, hyperphosphatemia, and hypocalcemia), and acid-base disturbance (which results in nervous system dysfunction).

36.

The PMHNP is conducting research as part of evidence-based practice and is reading research reviews. The nurse practitioner must recognize that the most subjective type of review is:

integrative.

narrative.

systematic.

meta-analysis.

Explanation:

If the PMHNP is conducting research as part of evidence-based practice and is reading research reviews, the nurse practitioner must recognize that the most subjective type of review is narrative, which often omits details about research methods and designs. Narrative reviews may be useful for screening to determine what studies to review in more depth but should not be used as evidence because the interpretation may be biased.

37.

If a patient is being evaluated for depression and laboratory results show that the patient's free T4 level is 0.6 ng/dL (normal value, 0.8 to 1.5 ng/dL) and the thyroid-stimulating hormone (TSH) level is 7.4 U/mL (normal value, 0.4 to 4.0 mIU/L), this suggests that depression:

may result from hypoparathyroidism related to pituitary dysfunction

may result from hypothyroidism related to thyroid dysfunction.

may result from hyperparathyroidism related to thyroid dysfunction.

is likely unrelated to thyroid dysfunction.

Explanation:

If a patient is being evaluated for depression and laboratory results show that the patient's free T4 level is 0.6 ng/dL (normal value, 0.8 to 1.5 ng/dL) and the TSH level is 7.4 mIU/mL (normal value, 0.4 to 4.0 mIU/L), this suggests that depression may result from hypothyroidism related to thyroid dysfunction. Typically, the TSH level rises to stimulate the thyroid to produce T4, so the levels may remain normal for a while because of the increased TSH or may begin to fall. If thyroid dysfunction was related to pituitary dysfunction, the TSH level would generally be decreased instead of elevated.

38.

Patients taking lithium for bipolar disorder are likely to begin to exhibit signs of toxicity if levels exceed:

0.5 mEq/L.

0.8 mEq/L.

1.0 mEq/L.

1.5 mEq/L.

Explanation:

Patients taking lithium for bipolar disease are likely to begin to exhibit signs of toxicity if levels exceed 1.5 mEq/L. Lithium levels should remain between 0.6 and 1.4 mEq/L for adults, a narrow therapeutic range. Levels should be measured about 8 to 12 hours after the last dose because the half-life ranges from 18 to 24 hours. Sodium levels should also be monitored and maintained in normal range (135 to 145 mEq/L).

39.

When conducting research using a database search for evidence-based practice, the PMHNP should avoid:

truncations.

wildcards.

stopwords.

nesting.

Explanation:

When conducting research using a database search for evidence-based practice, the PMHNP should avoid **stopwords** (a, an, and, for, in, of, the, this, and to). Some databases will indicate a failed search if stopwords are included in a search. **Nesting** is used to group terms together with parentheses. **Wildcards** are symbols, such as the ? used in place of 1 or more letters. **Truncation** is searching with a root instead of entire words, usually followed by a symbol, such as nurs*.

40.

When conducting a physical examination of a patient, the PMHNP notes a flattening of the patient's nasolabial fold and drooping of the lower eyelids, suggesting injury to the:

4th cranial nerve.

5th cranial nerve.

6th cranial nerve.

7th cranial nerve.

Explanation:

If the PMHNP notes a flattening of the patient's nasolabial fold and drooping of the lower eyelids, these findings suggest damage to the 7th cranial (facial) nerve. The 7th cranial nerve should be examined at rest and while the patient is talking to note facial asymmetry or other abnormalities. Examination includes asking the patient to raise the eyebrows, frown, close the eyes tightly, bare upper and lower teeth, smile, and close the mouth and puff out the cheeks.

41.

The PMHNP is evaluating an outpatient who states repeatedly that he wants to die. The question that is most critical is:

"Do you have access to dangerous weapons?"

"Can you stay with family or friends?"

“What can I do to help you?”

“Why do you feel this way?”

Explanation:

While all of these questions may have value, if a person states repeatedly that he wants to die, the most critical question is, “Do you have access to dangerous weapons?” Many patients will acknowledge that they have access to guns or knives, and studies indicate that those with familiarity with weapons, such as members of the military or hunters, have increased risk of carrying through with suicide. It is important to enlist the help of family or friends to secure potential weapons if possible.

42.

The PMHNP recognizes that the first essential element in providing trauma-informed care is to:

ask all patients if they have experienced trauma.

recognize the prevalence of trauma and its effects.

recognize that trauma experiences are similar for most patients.

view trauma through a narrow lens, focusing only on trauma events.

Explanation:

The first essential element in providing trauma-informed care is to recognize the prevalence of trauma and its effects on mental and physical health as well as family and social relationships. Trauma can affect all facets of a patient’s life. Over 60% of men and 50% of women have reported trauma, the definition of which may vary widely. What is traumatic to one individual

may have little effect on another, but trauma should be viewed within the context of the patient's experience and environment.

43.

If a 12-year-old child is diagnosed with conduct disorder, a behavior that indicates that the child is at risk of progress to antisocial personality disorder includes:

episodes of depression.

occasional lying.

substance abuse.

cruelty to animals.

Explanation:

If a 12-year-old child is diagnosed with conduct disorder, behaviors that indicate the child is at risk of progress to antisocial personality disorder (APD) include cruelty to animals. While substance abuse is common, it is not necessarily a risk factor for development of APD. For an APD diagnosis, the signs/symptoms must have been present before age 15 and the patient must be at least 18 at time of diagnosis. Other risk factors include stealing, mugging, bullying, starting fires, carrying out sexual assaults, lying habitually, and using weapons against others.

44.

All of the following domains are assessed with the Denver Developmental Screening Test II (DDST-II) for young children except:

language.

gross motor.

cognitive.

personal-social.

Explanation:

The Denver Developmental Screening Test II, appropriate for children from birth up to 6 years old, does not test for cognitive ability. The 4 domains covered by the DDST II include language, gross motor skills, personal-social, and fine motor-adaptive skills. DDST II requires about 30 minutes to complete and requires observation of the child and input from parents or caregivers. Both English and Spanish versions are available; however, administering the assessment in a hospital environment in which the child is stressed may interfere with the results.

45.

The PMHNP believes that an additional staff member should be hired for the psychiatric unit and plans to take the request to administration, but the administration usually turns down such requests, citing inadequate financial resources. The most appropriate action for the nurse practitioner is to:

reorganize existing staff.

prepare a cost-benefit analysis.

gather signatures in support of the request.

threaten to resign if the request is denied.

Explanation:

If the PMHNP believes that an additional staff member should be hired for the psychiatric unit and plans to take the request to administration, but the administration usually turns down such requests, citing inadequate financial resources, the most appropriate action for the nurse practitioner is to carry out a cost-benefit analysis. The purpose of this analysis is to show how costs may be offset by more efficiency, which may increase income.

46.

A patient taking an atypical antipsychotic medication developed dystonic reactions, including eye and neck spasms. The PMHNP prescribes:

amantadine.

diphenhydramine.

propranolol.

clonazepam.

Explanation:

Dystonic reactions (spasms of the eye, neck, tongue, back, and other muscles) are common during early stages of treatment with antipsychotics, especially high-potency drugs administered parenterally and in high doses. The reactions may occur immediately or be delayed for a few hours or days. Dystonic reactions are rare after the first 3 months of treatment. The reactions usually subside with the administration of IM diphenhydramine followed by oral administration. Benztropine may also be used to treat dystonic reactions.

47.

A 6-year-old child who is hospitalized with a serious illness has been very withdrawn and is drawing a picture of a boy in a bed crying, with large tears on the face and falling onto the pillows. The most appropriate statement to elicit the child's feelings is:

“Why is the little boy in your picture crying?”

“Is the little boy afraid to be in the hospital?”

“I see that the little boy in your picture is crying.”

“Did something hurt the little boy?”

Explanation:

The PMHNP should not interrupt a child at play with a direct question, which interferes with the child’s process of working out feelings of anxiety and may cause increased stress. A better approach is to use a reflective statement, such as “I see that the little boy in your picture is crying” or “I wonder why the little boy is crying,” and leave it to the child to respond or not. Focusing on the picture rather than the child may be less threatening and help him to express feelings and explain why the child in the picture is crying.

48.

The PMHNP is observing an interdisciplinary team to determine what works and what does not work. The nurse practitioner notes a number of negative practices, including:

members interrupt speakers and interpret their comments.

members ask clarifying questions after another member speaks.

members react to facts rather than feelings.

members avoid giving unsolicited advice.

Explanation:

If the PMHNP is observing an interdisciplinary team to determine what works and what does not work, a negative practice is interrupting speakers and interpreting their comments. Team members should also avoid interpreting others' remarks, reacting to feelings rather than facts, jumping to conclusions, and giving unsolicited advice. Open communication and respect for each other are critical elements to positive interactions.

49.

If the PMHNP plans to access the healthcare system's data warehouse for research purposes, this is referred to as:

accessing.

keying.

data mining.

drilling down.

Explanation:

If the PMHNP plans to access the healthcare system's data warehouse for research purposes, this is referred to as data mining. For data mining, software is used to sort through data and identify patterns or relationships. Data warehouses are very large databases, usually holding all of an organization or system's data. A data mart, by contrast, contains data on a specific topic or for a specific department.

50.

According to Gestalt therapy (Perls), the term for a boundary disturbance that involves accepting the beliefs/opinions of other people without questioning them is:

projection.

retroreflection.

deflection.

introjection.

Explanation:

*According to Gestalt therapy (Perls), **introjection** is the term for a boundary disturbance that involves accepting the beliefs/opinions of other people without questioning them. **Retroreflection** involves turning something/emotions meant for another person or thing back onto the self, often as a protective mechanism. **Deflection** is a method of interfering with contact or communication. **Projection** involves attributing impulses/actions to others rather than to themselves and fantasizing about what others may be experiencing.*

51.

Conflicts have arisen between the PMHNP and an administrator regarding policies. They have agreed to discuss their disagreements in a non-binding semi-formal process assisted by the director of human resources. This type of alternative dispute resolution is:

arbitration.

mediation.

collaboration.

compromise.

Explanation:

If conflicts have arisen between the PMHNP and an administrator regarding policies, and they have agreed to discuss their disagreements in a nonbinding semiformal process assisted by the director of human resources (a third party), this type of alternative dispute resolution is mediation. Mandatory use of mediation or arbitration is often included in employment contracts. Arbitration is a more formal procedure, typically involving presentation of evidence and statements by witnesses, and the resulting decision is usually binding.

52.

If the PMHNP determines that a patient who is confused and hallucinating is at risk for self-injury and must have a sitter, but the patient refuses the sitter, who stays despite the patient's refusal, this demonstrates a situation in which the ethical principle of autonomy is in conflict with the principle of:

nonmaleficence.

verity.

beneficence.

justice.

Explanation:

If the PMHNP determines that a patient who is confused and hallucinating is at risk for self-injury and must have a sitter, but the patient refuses the sitter, who stays despite the patient's refusal, this demonstrates a situation in which the ethical principle of autonomy is in conflict with the principle of beneficence. With beneficence, the aim is to do good and serve the needs

of the patient by providing a sitter to prevent injury. In this case, this takes precedence over the patient's right to autonomy.

53.

A patient describes a number of failures in her life, including loss of employment, divorce, estrangement from family members, and financial difficulties. The response by the PMHNP that exemplifies reflection is:

"Can you tell me more about your feelings about these events?"

"You feel sad because of all the disappointments in your life."

"What steps could you take to improve your situation?"

"It sounds as though you have been disappointed many times."

Explanation:

If a patient describes a number of failures in her life, include loss of employment, divorce, estrangement from family members, and financial difficulties, the response by the PMHNP that exemplifies reflection is: "It sounds as though you have been disappointed many times." Reflection is used to help people to better understand their feelings and emotions about events and may be a statement or a simple question.

54.

The first step in successfully communicating within and across an organization in order to promote change is to:

identify key concerns of different individuals/departments.

make a plan regarding communication.

outline the steps to change for all individuals/departments.

ask for input in how to communicate.

Explanation:

The first step in successfully communicating within and across an organization in order to promote change is to identify key concerns of different individuals and departments and then to address those concerns as part of the initial communication. For example, if a key concern of change is increase in workload, the PMHNP may begin communication by stressing that one goal is to reduce workload. Individuals and, by extension, departments are likely to be more receptive if they perceive benefit.

55.

If utilizing the FOCUS (find, organize, clarify, uncover, start) model of performance improvement, the initial step is to find:

key stakeholders in bringing about change.

the underlying reasons for problems.

what is working well in the organization.

what is not working well in the organization.

Explanation:

If utilizing the FOCUS (Find, Organize, Clarify, Uncover, Start) model of performance improvement, the initial step is to **find** what isn't working well in the organization. **Organize** involves identifying those who understand the problems and forming a performance improvement team. **Clarify** is to brainstorm and identify methods of solving problems. **Uncover** is to identify the underlying reasons for problems through analysis, and **start** is to determine where and how to begin the change process.

56.

When determining sample size for evidence-based inquiry, according to the "Rule of 10," if the variables being studied for a sample population included (1) age, (2) gender, (3) education, and (4) marital status, the minimum number of subjects required is:

10.

40.

50.

20.

Explanation:

When determining sample size for evidence-based inquiry, according to the "Rule of 10," at least 10 subjects are needed for each variable studied. In this case, there are 4 variables, so 40 subjects are needed. Another method is to apply the "Rule of 30," which means that a subject population should comprise at least 30. A third method of determining sample size is power analysis, which is based on significance level (usually $P = 0.05$) and effect size (estimate of the difference between groups).

57.

In a therapeutic milieu, the primary action of the PMHNP in helping patients to develop effective interpersonal skills is:

role modeling.

explaining expectations.

setting boundaries.

providing consequences.

Explanation:

In a therapeutic milieu, the primary action of the PMHNP in helping patients to develop effective interpersonal skills is role modeling. The nurse practitioner models behavior that supports appropriate boundaries and helps patients learn appropriate responses. Interpersonal skills include showing respect, caring, managing conflicts, and being assertive, genuine, and honest. For example, if a patient is asked to introduce himself but states he is uncomfortable talking, the nurse practitioner might model acceptance by stating: "I appreciate your trying."

58.

In keeping with professional standards, if the PMHNP wants to become a political activist, an appropriate form of activism would be to:

discuss political concerns with patients.

post political posters in the workplace.

write letters/emails to politicians regarding concerns.

question workplace associates about their political beliefs.

Explanation:

In keeping with professional standards, if the PMHNP wants to become a political activist, an appropriate form of activism would be to write letters/emails to politicians regarding concerns. The nurse practitioner should avoid discussing political matters with patients and should also avoid any perception of coercion, such as through questioning workplace associates or posting political posters in the workplace. The nurse practitioner may choose to become involved in national organizations to promote a political agenda.

59.

In the hospital where the PMHNP is employed, the psychiatric unit, the suicide hotline, the outpatient substance abuse program, the program for homeless veterans, and a community mental health clinic as well as the psychiatric assessment team in the emergency department are all under the management of the same executive. This type of organizational structure is referred to as:

service-line.

functional.

matrix.

flat.

Explanation:

If the psychiatric unit, the suicide hotline, the outpatient substance abuse program, the program for homeless veterans, and a community mental health clinic as well as the psychiatric assessment team in the emergency department are all under the management of the same executive, this type of organizational structure is referred to as service-line because all services to mental health patients are under management of the individual. While this structure speeds up decision making and helps clarify purpose, it can result in duplication of services and isolation from other professionals.

60.

A patient with borderline personality disorder tells the PMHNP that she has a secret and will tell the nurse practitioner only if the nurse practitioner promises not to tell the others on the mental health team. The most appropriate response is:

"I promise I won't tell the others, so your secret is safe with me."

"You're just trying to manipulate me, so I don't want to hear it."

"You have the right to decide what information I can share."

"I can't keep information regarding your health or well-being from other team members."

Explanation:

If a patient with borderline personality disorder tells the PMHNP that she has a secret and will tell the nurse practitioner only if the nurse practitioner promises not to tell the others on the mental health team, the most appropriate response is, "I can't keep information regarding your health or well-being from other team members." This establishes clear parameters, which still allows the patient to discuss some private matters if the patient chooses to do so.

61.

The PMHNP is evaluating an increasingly withdrawn 8-year-old child who was injured in a motor vehicle accident that killed his mother. The practitioner knows the best approach is to:

avoid discussing the traumatic event directly.

reassure the child that everything will be all right.

remind the child that his father is still alive.

talk to the child about the traumatic event.

Explanation:

If the PMHNP is evaluating an increasingly withdrawn 8-year-old child who was injured in a motor vehicle accident that killed his mother, the best approach is to talk to the child about the traumatic event, allowing the child to express feelings. If the child cannot talk about the event, sometimes the child may express feelings through art, such as drawing pictures, but avoiding the issue is not a good solution.

62.

The PMHNP is to lead an interprofessional team that includes nurses, a physician, a social worker, a rehabilitation therapist, a dietician, and an occupational therapist. The first thing the nurse practitioner should do in preparation for leadership is to:

develop a hierarchical system, indicating which members are most important.

inform the team members of procedures for team meetings.

study team members' job descriptions and learn their roles and responsibilities.

inform team members of goals for working together cooperatively.

Explanation:

If the PMHNP is to lead an interprofessional team that includes nurses, a physician, a social worker, a rehabilitation therapist, a dietician, and an occupational therapist, the first thing the nurse practitioner should do in preparation for leadership is to study the team members' job

descriptions and learn their roles and responsibilities. While roles vary, all members are equally important to a team, and relationships should be based on mutual trust and respect.

63.

The PMHNP was instrumental in establishing a population-based public health intervention program for at-risk youth and has developed a series of workshops, posters, and pamphlets regarding the dangers of drug and alcohol abuse. This type of prevention effort is:

primary.

secondary.

tertiary.

quaternary.

Explanation:

If the PMHNP has developed a series of workshops, posters, and pamphlets regarding the dangers of drug and alcohol abuse for a population-based public health intervention program for at-risk youth, this type of prevention effort is primary. The purpose of primary prevention is to prevent the health problem (in this case addiction) from occurring. Secondary prevention aims to identify substance abuse early and to provide intervention; and tertiary, to reduce existing conditions and prevent further deterioration.

64.

A patient with borderline personality disorder is most likely to benefit from:

cognitive behavioral therapy.

psychoanalysis.

milieu therapy.

dialectical behavioral therapy.

Explanation:

A patient with borderline personality disorder is most likely to benefit from dialectical behavioral therapy (DBT), which tries to help the patient replace thinking that views the world as black or white with rational (dialectical) thinking. DBT comprises individual therapy to help the patient develop behavioral goals and to begin self-monitoring, group skills training (core mindfulness skills [mediation], interpersonal skills, emotion modulation skills, and distress tolerance skills), and telephone consultation and support.

65.

When conducting gap analysis as part of the quality improvement process, the first step is to:

identify gaps between current processes and goals.

assess current situation/processes.

identify resources.

outline process required to achieve target outcomes.

Explanation:

Begin with assessment. When conducting gap analysis, the following steps are followed:

- *assess the current situations/processes and list all important factors*
- *identify current outcomes of these situations/processes*
- *identify target outcomes*
- *outline the processes to be put in place to achieve target outcomes*
- *identify the gaps that exist between the present process and the target outcomes*
- *identify the resources required to achieve the target outcomes and close the gap*

Gap analysis identifies the steps required to move from the current state to a projected state.

66.

The PMHNP is conducting a psychiatric exam. Homicidal, suicidal, and violence ideations are evaluated as part of examination of the element of:

judgment and insight.

thought process.

abnormal/psychotic thoughts.

mood and affect.

Explanation:

If the PMHNP is conducting a psychiatric exam, homicidal, suicidal, and violence ideations are evaluated as part of examination of the element of abnormal/psychotic thoughts. This element also includes determining whether the patient has delusions, hallucinations, and/or obsessions. Judgment and insight include the ability to identify and understand problems in social activities. Thought processes include the ability to think logically, carry out computations, and use abstract reasoning. Mood and affect include evidence of indications such as depression, mania, hypomania, and labile emotions.

67.

A 3.5-year-old child is potty trained for urination but insists on wearing a diaper for bowel movements. The child's mother asks the PMHNP for guidance. The nurse practitioner suggests:

using incentives or disincentives.

punishing the child by taking away toys.

making the child wear diapers all of the time.

telling the child that diapers are for babies.

Explanation:

Most children are potty trained between ages 2 and 3 but some resist training, especially with bowel movements. The best suggestion is to use incentives or disincentives to encourage the child to cooperate, but it is important to avoid simple rewards (candy, toys) or punishments as these may precipitate a battle for control. Incentives that involve actions or experiences, such as being able to watch a movie or to go to a park, are good choices.

68.

When conducting examinations of patients, the PMHNP should keep in mind that the psychiatric diagnosis for which there are the most differential diagnoses is:

schizophrenia.

conduct disorder.

bipolar disorder.

generalized anxiety disorder.

Explanation:

When conducting examinations of patients, the PMHNP should keep in mind that the psychiatric diagnosis for which there are the most differential diagnoses is generalized anxiety disorder (as well as other anxiety disorders). Symptoms of anxiety are often very nonspecific and may occur in a multitude of other psychiatric and nonpsychiatric disorders, and may also occur with drug toxicity and drug withdrawal. Many medications, including corticosteroids and bronchodilators, may cause anxiety.

69.

When trying to help patients reduce risk factors, such as drinking and smoking, for which there is little immediate reward, the PMHNP should assist the patient to:

focus on personal rewards of achievement.

keep focused on health rewards.

establish short-term and long-term goals.

make lists of reasons to reduce risks.

Explanation:

When trying to help patients reduce risk factors, such as drinking and smoking, for which there is little immediate reward (indeed, immediate results may be withdrawal and cravings), the PMHNP should assist the patient to establish short-term and long-term goals. Patients who are working toward a clearly defined goal have purpose and are more likely to stay with a program. It is important that goals be realistic and attainable.

70.

The PMHNP is educating a patient and family about neuroplasticity following a traumatic brain injury (TBI). The nurse practitioner accurately provides education that the patient should:

take medications to alter brain chemistry.

do relaxation exercises and visualization.

imagine carrying out physical activities.

do repetitive physical exercises/activities.

Explanation:

If taking advantage of neuroplasticity following a traumatic brain injury (TBI), the patient should do repetitive physical exercises/activities. This repetition encourages the development of new pathways in the brain. Neuroplasticity helps to heal the brain in 4 ways:

- *Functional map extension: healthy cells surrounding a damaged area take over the function of the missing cells.*
- *Compensatory masquerade: existing neural pathways reorganize to compensate for damaged ones.*
- *Homologous region adoption: a new area of the brain takes over the function of a distant damaged area.*
- *Cross-modal reassignment: one sensory area is enhanced to compensate for losses of another sensory area.*

71.

According to Kohlberg's theory of moral development, the stage at which a 9-year-old child may make moral judgments based on what the child gets from the decision is:

punishment and obedience orientation.

instrumental relativist orientation.

interpersonal concordance

law and order orientation.

Explanation:

Instrumental relativist orientation. Kohlberg's stages of moral development include:

- **Level I (ages 4 to 10):** *Punishment and obedience orientation (child recognizes adults as rule givers and that punishment occurs with bad behavior). Instrumental relativist orientation (child may make moral judgments based on what child gets from the decision).*
- **Level II (ages 10 through adolescence):** *Interpersonal concordance (child gains approval by helping others). Law and order orientation (child makes moral decisions out of respect for authority or sense of duty).*
- **Level III (adulthood):** *Social contract legalist orientation and universal ethical-principle orientation (e.g., justice, equality).*

72.

If the PMHNP wants to effect health policy, he or she should begin by gaining information about the:

system (local, state, federal).

specific issues of interest.

key stakeholders.

processes involved.

Explanation:

If the PMHNP wants to effect health policy, the nurse practitioner should begin by gaining information about the system (local, state, federal). For example, the nurse practitioner needs to know which branch of government makes the policy of interest and who is responsible as well as the type of input and research used. Then, a review of the issue, the key stakeholders, and the processes involved should be carried out.

73.

An organizational structure in which professional and non-professional staff members are divided according to the type of work that they do (nursing, laboratory, housekeeping) and staff report to discipline specific managers is classified as:

matrix.

parallel.

functional.

program.

Explanation:

An organizational structure in which professional and nonprofessional staff members are divided according to the type of work that they do (nursing, laboratory, housekeeping) and staff report to discipline specific managers is classified as functional. This type of organizational structure tends to limit interactions across different disciplines but is often cost-effective. This is one of the most traditional structures, but coordinating activities with different disciplines can be challenging because of different goals and status in the hierarchy.

74.

The PMHNP is testing the reliability of 2 staff members' scoring in a research project by having them measure the same event together and then comparing their scores. This method tests for:

stability.

internal consistency.

external consistency.

equivalence.

Explanation:

If the PMHNP is testing the reliability of 2 staff members' scoring by having them measure the same event together and then comparing their scores, this method tests for equivalence.

Testing for interrater reliability is especially important if a number of different individuals are involved in gathering data through observation because otherwise the data may be skewed.

Instruments and research methods should be also tested for stability, internal consistency, and external consistency.

75.

As supervisor in the psychiatric unit, the PMHNP often presents decisions and welcomes staff members to give input and to pose questions, although the nurse practitioner rarely changes decisions. This leadership style is:

participative.

consultative.

democratic.

autocratic.

Explanation:

With a **consultative** style of leadership, the leader presents a decision and welcomes staff members to give input and to pose questions, although the leader rarely changes the decision. With **participative** leadership, the leader presents a potential decision and makes the final decision based on input. With **autocratic** leadership, the leader makes and imposes decisions. With **democratic** leadership, the leader poses a problem and asks staff to come up with a solution.

76.

When assigning roles to team members, the PMHNP should first consider their:

personality types.

education and skills.

commitment to team efforts.

available time investment.

Explanation:

When assigning roles to team members, the informatics nurse should first consider their education and skills in order to match members to the most appropriate roles because members are more likely to be effective if they are dealing with roles with which they have some familiarity. The members' available time investment is also important to ensure that the members actually have the time needed to carry out the roles. Commitment to team efforts is also important but can be modified by effective or ineffective leadership. Personality types vary widely but should not be a deciding factor.

77.

An example of shared governance is:

unit teams establish work schedules for their own units.

administrators receive regular reports of executive decisions.

the administration allows incentive pay for 12-hour shifts.

units are rewarded for achieving cost-cutting goals.

Explanation:

Shared governance implies shared decision making, but this can be realized in different ways. A common form of shared governance is for the administration to allow autonomous decision making by specific departments, teams, or groups within an organization regarding issues that apply to them or are within their area of expertise. For example, a unit team may have the authority to establish work schedules for that unit only, and members of a professional development team may be able to make decisions regarding professional development activities. In some cases, shared governance committees communicate with administration and can affect decision making but do not make the final decision.

78.

The PMHNP in a psychiatric unit notes that nursing staff members often seem very surprised when patients are discharged. This is probably an indication of:

staff incompetence.

staff turnover.

different goals.

poor communication.

Explanation:

If the PMHNP in a psychiatric unit notes that nursing staff members often seem very surprised when patients are discharged, this is probably an indication of poor communication. Staff should be apprised of patients' conditions and plans, including those for discharge, and should have input into patient readiness for discharge. The nurse practitioner should ensure that regular communication across disciplines occurs regarding patients, such as through daily rounds.

79.

When using the LEARN (Listen, Explain, Acknowledge, Recommend, and Negotiate) model for cross-cultural health care, an important approach to the Explain step is to:

use simple language and avoid medical jargon.

use drawings, videos, and test results.

wait until the patient asks for an explanation.

explain to family members first whenever possible.

Explanation:

When using the LEARN (Listen, Explain, Acknowledge, Recommend, and Negotiate) model for cross-cultural health care, an important approach to the Explain step is to use drawings, videos, and test results to demonstrate the information the PMHNP is trying to convey. Providing

concrete information/demonstrations helps patients to better understand, especially when cultural differences result in perceptions of illness that may be at odds with Western beliefs.

80.

The PMHNP is assigned as care manager for a group of patients. The first task the nurse practitioner should complete is:

care plans.

staff assignments.

needs assessments.

cost analysis.

Explanation:

If the PMHNP is assigned as care manager for a group of patients, the first task the nurse practitioner should complete is a needs assessment. The nurse practitioner may conduct interviews (patient, family, staff), use questionnaires, and review patient records. In order to manage a patient's care, the nurse practitioner must have a clear idea of the patients' physical and mental health, social circumstances, and support systems.

81.

The administration has mandated a change in procedure as a cost-cutting measure, resulting in both active and passive resistance. An example of passive resistance is:

agreeing but failing to act.

verbally attacking the change.

organizing resistance.

refusing to make the change.

Explanation:

If the administration has mandated a change in procedure as a cost-cutting measure, resulting in both active and passive resistance, an example of passive resistance is agreeing but failing to act, a common method of resistance because the individual does not need to take a public stance against the change. Other passive methods include avoiding any discussion of the change and essentially ignoring it. Active resistance includes organizing resistance, verbally attacking the change, and refusing to make the change.

82.

In a psychiatric unit, patients are primarily able to exercise power through:

threats and intimidation.

praise and complaints.

cooperation/lack of cooperation.

rewards and punishments.

Explanation:

In a psychiatric unit, patients are primarily able to exercise power through praise and complaints because these may bring about change. For example, if a patient files a complaint about a staff

member, this may bring about disciplinary action. Likewise, if a patient praises a certain intervention, this may help to influence further use of the intervention. Threats and intimidation as well as cooperation and lack of cooperation may bring about a response, but they are not exercises in real power. Rewards and punishments are not generally within the purview of patients.

83.

A newly hired PMHNP routinely stays after work (unpaid) to review records and care plans and make sure that everything is properly documented and thorough. During the performance review, the supervisor is likely to note that the nurse practitioner needs improvement in:

competence.

care management.

confidence.

time management.

Explanation:

If a newly hired PMHNP routinely stays after work (unpaid) to review records and care plans and make sure that everything is properly documented and thorough, during the performance review, the supervisor is likely to note that the nurse practitioner needs improvement in time management so that tasks can be completed during working hours. Staff members are paid for a certain number of hours and it can reflect badly on the administration if members must stay overtime, and unpaid overtime poses ethical problems.

84.

The PMHNP has become supervisor of the neurobiology unit. The practice has been that every nurse on the unit be assigned the same number of patients, but lower reimbursement has resulted in a loss of 2 positions. The best solution for assigning patients is to:

divide the patients equally among the remaining staff.

ask the staff how they would like to manage the problem.

switch to an acuity-based model.

demand that the administration authorize additional hiring.

Explanation:

If the practice has been that every nurse on the unit be assigned the same number of patients, but lower reimbursement has resulted in loss of 2 positions, the best solution for assigning patients is to switch to an acuity-based model so that nurses have unequal numbers of patients but essentially equal workloads. A method for assigning acuity level must be developed with input from staff members. Cost cutting is a reality in today's health care, so demanding additional hiring is unlikely to be effective unless cost-effectiveness can be demonstrated.

85.

The PMHNP notes that team members seem to have difficulty with time management. The best method of dealing with this is to begin with:

a discussion about time management.

a time log for a week.

more specific assignments.

a survey regarding needs.

Explanation:

If the PMHNP notes that team members seem to have difficulty with time management, the best method of dealing with this is to begin with a time log for a week. People often underestimate or overestimate the time needed for tasks, so a time log presents concrete evidence of actual time spent in productive and nonproductive activities and can help to determine where changes can benefit staff members.

86.

When addressing a group of older adults at a senior citizens' center about mental health, the neuroprotective strategy that the PMHNP should recommend as valuable for almost all older adults is:

stopping ingestion of alcohol.

drinking a daily glass of wine.

doing physical exercise.

increasing social interactions.

Explanation:

When addressing a group of older adults at a senior citizens' center about mental health, the neuroprotective strategy that the PMHNP should recommend as valuable for almost all older adults is physical exercise. Exercise promotes neuroplasticity and brain functioning. Patients should also be encouraged to stay mentally active, such as through learning new skills and doing mental exercises (such as Sudoku).

87.

In a research project the PMHNP is conducting, some patients are excluded from the project; so, instead of randomized subjects, the subjects are highly selected. This type of selection could

produce results that have primarily:

generalizability.

replicability.

external validity.

internal validity.

Explanation:

For various reasons, some people may be excluded from a study so that instead of randomized subjects, the subjects may be highly selected; therefore, when data, which have internal validity, are compared with data of another population in which there is less or more selection, results may be different. The selection of subjects, in this case, would interfere with external validity. Part of the design of a study should include considerations of whether or not it should have external validity or whether there is value for the institution based solely on internal validation.

88.

An effective method of handling diversity in the workplace is to:

act as though everyone is alike.

develop different standards of performance for different groups.

develop internal support systems.

attempt to solve problems quickly.

Explanation:

An effective method of handling diversity in the workplace is to develop internal support systems. Diversity should be recognized and valued rather than acting as though everyone is alike because that standard usually means that people are expected to conform to the prevailing majority culture/group. It is important to ensure all individuals are treated in a fair manner. Problems related to diversity can rarely be solved quickly, so dealing with diversity must be an ongoing process rather than a once-a-year diversity workshop.

89.

The PMHNP sees a patient with schizophrenia taking risperidone. The patient had an electrocardiogram (ECG) performed recently that the nurse practitioner is reviewing. The PMHNP knows the ECG change that should be monitored for with risperidone is:

elevated ST segment.

prolonged QT segment.

depression of ST segment.

absent P wave.

Explanation:

The ECG change that should be monitored with risperidone is a prolonged QT segment. If this occurs, the patient may require an alternative medication. Other cardiovascular adverse effects associated with antipsychotics include postural hypotension (most common with low-potency antipsychotics) and arrhythmias and palpitations (associated with higher doses and combinations of drugs). Patients on antipsychotics should have routine monitoring of cardiovascular status, including an ECG.

90.

The PMHNP is conducting a problem-focused office visit with an established patient in order to titrate medication. The number of elements of the psychiatric exam that must be included for CMS billing purposes is:

2 to 4 elements.

1 to 5 elements.

1 to 8 elements.

11 elements.

Explanation:

If the PMHNP is conducting a problem-focused office visit with an established patient in order to titrate medication, the number of elements of the psychiatric exam that must be included for CMS billing purposes is 1 to 5. Elements of the psychiatric exam include speech, thought processes, associations, abnormal/psychotic thoughts, judgment/insights, orientation, recent and remote memory, attention and concentration language, fund of knowledge, and mood and affect.

91.

After a fire destroys a patient's home, the patient tells the PMHNP, "I've lost everything that's important to me. I have no money to rebuild. I don't care about anything anymore because everything is hopeless." The response that has the highest priority is:

"Let's talk about the things you still have."

"Do you have family and friends who can help you?"

“Are you thinking about killing yourself?”

“What can I do to help you cope?”

Explanation:

If a patient who has experienced a great loss, such as the loss of a home to fire, states, “I’ve lost everything that’s important to me. I have no money to rebuild. I don’t care about anything anymore because everything is hopeless,” the response that has the highest priority is “Are you thinking about killing yourself?” Suicidal ideation is common when people are distraught and overwhelmed and feel their situations are “hopeless,” so this should be addressed directly.

92.

According to Kotter’s model for organizational change, the first phase involves:

establishing a sense of urgency.

developing a vision for change.

empowering broad-based change.

generating short-term gains.

Explanation:

According to Kotter’s model for organizational change, the first phase involves establishing a sense of urgency. The primary means of establishing urgency is to draw attention to a problem through the collection and dissemination of data. Then, a coalition needs to be formed of individuals sharing similar goals. This group develops a vision for change and communicates the vision to others. Next, individuals must be empowered to make changes, meaning that they have responsibilities as well as accountabilities. Short-term gains should be recognized in order

to reinforce change and then gains consolidated and increased. Anchoring change, ensuring it will persist, is the last phase.

93.

Sources of power in an organization usually derive from (1) authority, (2) reward, (3) expertise, and (4):

luck.

deceit.

enthusiasm.

coercion.

Explanation:

Coercion. Sources of power in an organization usually derive from:

- 1. Authority: usually related to position in the hierarchy (administrator, supervisor, team leader)*
- 2. Reward: usually derived from administrator and supervisors and include increased salary, benefits, and recognition*
- 3. Expertise: special knowledge that sets an individual apart and allows the person to exercise some degree of authority, such as a PMHNP*
- 4. Coercion: the ability to require others to do or say something, such as occurs when a manager makes an assignment or passes judgment*

94.

The cytochrome P450 enzyme that metabolizes approximately 50% of current drugs is:

CYP1A2.

CYP2C9.

CYP2D6.

CYP3A4.

Explanation:

The cytochrome P450 enzyme that metabolizes approximately 50% of current drugs is CYP3A4. Many commonly used medications, such as alprazolam (Xanax), sildenafil (Viagra), and carbamazepine (Tegretol), are CYP3A4 substrates. However, many other common drugs are CYP450 inhibitors or inducers, which affect the metabolism of the substrates. If a substrate is given in conjunction with an inhibitor, the metabolism of the substrate is slowed, allowing drug levels to increase to toxic levels. If a substrate is given with an inducer, metabolism of the substrate increases, resulting in an inadequate blood level.

95.

A patient taking a selective serotonin reuptake inhibitor (SSRI) antidepressant (sertraline) has developed sexual side effects, including anorgasmia and reduced libido. The PMHNP recognizes the initial step in resolving this problem should be to:

change to a tricyclic antidepressant.

change to a different SSRI.

decrease dosage of the SSRI.

administer an antidote, such as sildenafil or bethanechol.

Explanation:

If a patient taking an SSRI antidepressant (sertraline) has developed sexual side effects, including anorgasmia and reduced libido, the initial step in resolving this problem should be to decrease the dosage of the SSRI because the symptoms are often dose-related. However, it may take a few weeks at a lower dosage before improvement is seen. If this is unsuccessful, the next step is to try a different antidepressant, such as an SSRI with a lower rate of sexual side effects or a different class of antidepressant. Antidotes, such as sildenafil or bethanechol, may be useful for some patients.

96.

The relationship between the total loading dose of an administered drug and the serum concentration refers to the:

absorption.

distribution.

clearance.

metabolism

Explanation:

Distribution: The volume of distribution is the relationship between the total loading dose of drug administered and the serum concentration (volume of body fluid required to dissolve the amount of drug found in the serum). **Absorption:** This relates to the rate at which a drug enters the bloodstream and the amount of drug. **Metabolism:** Drug transformation that makes it hydrophilic enough to be eliminated. **Clearance:** Elimination pathways (liver, kidney) can become

saturated if the dose is too high or administration is too frequent. Ideally, a drug concentration should be maintained at a steady state (average).

97.

When disseminating evidence regarding adverse effects associated with a medication to a large number of patients and families in a widespread area, the best method is likely:

mail/email.

telephone.

personal visit.

group meeting.

Explanation:

When disseminating evidence regarding adverse effects associated with a medication to a large number of patients and families in a widespread area, the best method is likely regular mail in addition to an email notice to make sure that the message is received. With large numbers of patients, telephone calls may be too time consuming, especially because many people screen calls so the call goes to voicemail. Personal visits are usually not practical, and group meetings put the burden on the patient to attend.

98.

A patient with a history of panic attacks is admitted to the emergency department with severe chest pain and shortness of breath. The PMHNP is reviewing the patient's workup that the ER physician ordered and recognizes that the cardiac enzyme test that was ordered to best rule out a myocardial infarction is:

CK-MB.

myoglobin.

troponin I.

troponin T.

Explanation:

If a patient with a history of panic attacks is admitted to the emergency department with complaints of severe chest pain and shortness of breath, the cardiac enzyme test that is most diagnostic is troponin I. Troponin I and T are both found in the cardiac muscle and are released when the heart muscle is damaged. However, troponin I is specific to the heart. Troponin levels begin to increase within 3 to 6 hours of cardiac damage with troponin I, peaking in 14 to 20 hours. Troponin T peaks within 12 to 24 hours.

99.

The PMHNP works in a community in which many people are uninsured or underinsured. The impact on health care is most likely that many of these people will:

access health care but be unable to pay bills.

postpone health care until a crisis occurs.

seek alternative forms of health care, such as a free clinic.

organize to demand better health care.

Explanation:

If the PMHNP works in a community in which many people are uninsured or underinsured, the impact on health care is most likely that many of these people will postpone health care until a crisis occurs. This often results in more expensive care and greater need for care. Because being uninsured or underinsured is most often associated with low socioeconomic status, this tends to translate to low power, meaning that the people are less able to organize.

100.

If the PMHNP wants to follow 2 groups of adolescents (one group with a parent with substance abuse and the other a control group of adolescents whose parents are not substance abusers) to determine the incidence of substance abuse in each group, the most appropriate study design is:

randomized control trial.

case-control.

quasi-experimental design.

cohort.

Explanation:

If the PMHNP wants to follow 2 groups of adolescents (one group with a parent with substance abuse and the other a control group of adolescents whose parents are not substance abusers) to determine the incidence of substance abuse in each group, the most appropriate study design is a cohort study. The cohort study is an observational study that follows groups over a period of time to determine the incidence of a problem or the relationship between a variable and an outcome.

101.

A patient is to be included in a clinical research study. The first priority under human subject protection is to:

explain the purpose of the clinical research.

ensure that the patient meets criteria for the study.

obtain informed consent.

document patient's inclusion in the study.

Explanation:

The Food and Drug Administration 21 CFR Parts 50 and 56 regulate protection of human subjects and state that any researcher involving patients in research must obtain informed consent, in language understandable to the patient or the patient's agent. The elements of this informed consent must include an explanation of the research, the purpose, and the expected duration, as well as a description of any potential risks. Potential benefits must be described as well as possible alternative treatments. Any compensation must be outlined. The extent of confidentiality should be clarified.

102.

In developing evidence-based guidelines to promote compliance with a treatment regimen, the factor that should carry the most weight in developing new policies is:

best practices identified through literature review.

nursing staff preferences.

physician preference.

cost-effectiveness.

Explanation:

While all of these elements are important, best practices identified through literature review should carry the most weight when developing evidence-based guidelines. Preferences are often based on subjective observations rather than objective and may relate to familiarity and ease of use. Cost-effectiveness is always an issue and must be considered, but it should not be the primary concern. In some cases, spending more to prevent a problem initially may save money in terms of morbidity and extended medical care in the long-term.

103.

The nurse practitioner is engaged in research with a screening tool to predict patients with schizophrenia who will become noncompliant with treatment. The results at the end of 24 months show that out of 200 patients, 92 (46%) were noncompliant and 88 were correctly identified (96%); 108 remained compliant, but there were 27 false-positives (25%) for noncompliance among this group. The screening test has:

high sensitivity and high specificity.

high sensitivity and low specificity.

low sensitivity and low specificity.

low sensitivity and high specificity.

Explanation:

The screening test has high sensitivity because it correctly identified most patients (96%) with the condition being measured (noncompliance) with a low rate of false-negatives; however, a rate of 25% false-positives among the compliant group indicates the test has low specificity. High-sensitivity tests have low rates of false-negatives, and low-sensitivity tests have high rates

of false-negatives. High-specificity tests have low rates of false-positives, and low-specificity tests have high rates of false-positives.

104.

An example of an interaction that promotes a therapeutic alliance between the patient and the PMHNP is the:

patient and nurse share mutual experiences.

patient and nurse discuss random topics.

patient and nurse promise to maintain secrets.

patient and nurse discuss goal setting for patient.

Explanation:

There is a fine line between social interactions and interactions that promote a therapeutic alliance between the patient and the mental health nurse practitioner. An example of an interaction that promotes a therapeutic alliance is the patient and nurse practitioner discussing goal setting for the patient. The PMHNP must always be aware of professional boundaries and should avoid sharing mutual experiences, discussing random topics, and maintaining secrets, as these base the relationship on friendship rather than on the patient's need for treatment.

105.

A Hispanic patient is admitted to the unit and the PMHNP is doing the admission history, but the patient speaks very little English. The nurse practitioner should:

ask the patient's 10-year old son, who is fluent in English, to translate.

use gestures and pictures to supplement questions.

arrange for a translator.

ask the patient's wife, who speaks fair English, to answer the questions for her husband.

Explanation:

The nurse practitioner should arrange for a translator. Children should never be used as translators as they lack vocabulary and understanding about health matters and may not interpret correctly. Other adult family members, such as the wife, should not be asked to answer questions for the patient unless the patient is unable to answer questions because of a health condition; a spouse may not understand medical terms and may not translate correctly. Additionally, the patient may have kept information from the family.

106.

The most essential protective strategy for the PMHNP to employ to reduce the risk of legal action is to:

meet or exceed the standard of care.

maintain malpractice insurance.

document all patient care promptly.

avoid serving litigious patients.

Explanation:

The most essential protective strategy for the PMHNP to employ to reduce the risk of legal action is to meet or exceed the standard of care. The nurse practitioner must be competent and up-to-date with the latest treatments. The nurse practitioner should also be knowledgeable about the state's nurse practice act and the scope and standards of practice, the ANA's code of ethics, and the organization's policies and procedures.

107.

A patient with a history of narcotics abuse has been taking lorazepam (Ativan) for anxiety but presents with lethargy, dizziness, headache, marked alteration in consciousness, respiratory depression, and ataxia. Her friend states the patient was found 2 hours earlier with the empty prescription bottle. The PMHNP should prescribe:

gastric emptying and charcoal.

charcoal, concentrated dextrose, thiamine, and naloxone.

charcoal, concentrated dextrose, and flumazenil.

gastric emptying, charcoal, and naloxone.

Explanation:

Because the patient has been taking lorazepam and has a history of narcotic use, the nurse practitioner should suspect coingestion, especially since the patient is exhibiting alternations in consciousness and respiratory depression. In this case, charcoal, concentrated dextrose, thiamine, and naloxone are indicated. Gastric emptying is indicated only if ingestion occurred less than 1 hour ago. Flumazenil (antagonist) 0.2 mg/minute to a total dose of 3 mg may be used in some cases but is not routinely advised because of complications related to benzodiazepine dependency or coingestion of cyclic antidepressants. Flumazenil is contraindicated in the presence of increased intracranial pressure.

108.

The PMHNP notes that a patient with frontotemporal dementia has difficulty with executive functioning, suggesting damage to the:

prefrontal cortex.

premotor cortex.

orbitofrontal cortex.

precentral cortex.

Explanation:

If the PMHNP notes that a patient with frontotemporal dementia has difficulty with executive functioning, this suggest damage to the prefrontal cortex, which lies behind the forehead. Executive functions include the ability to plan, establish goals, and regulate behavior. Patients may have lack of impulse control and the ability to suppress socially unacceptable speech or behavior as well as impaired short-term memory and lack of empathy for others.

109.

Ensuring that a patient has given informed consent and understands his or her rights and all of the risks and benefits of a procedure or treatment supports the ethical principal of:

beneficence.

nonmaleficence.

justice.

autonomy.

Explanation:

*Autonomy is the ethical principle that the individual has the right to make decisions about his/her own care. The nurse practitioner must keep the patients fully informed so they can exercise autonomy in informed decision making. **Beneficence** is an ethical principle that involves performing actions that are for the purpose of benefitting another person.*

***Nonmaleficence** is an ethical principle that means healthcare workers should provide care in a manner that does not cause direct, intentional harm to the patient. **Justice** is the ethical principle that relates to the distribution of the limited resources of healthcare benefits to the members of society.*

110.

The PMHNP is involved in a population-based nursing intervention program. Population-based interventions are aimed at:

vulnerable or underserved subgroups within the larger population.

all members of the population in an area.

population members who lack health insurance.

a specified number of individuals in the population.

Explanation:

Population-based interventions are aimed at vulnerable or underserved subgroups within the larger population. For example, a program may be tailored to the needs of an immigrant population or the homeless. These subgroups often have health disparities and need both health care for existing problems and preventive measures to prevent illness. Population-based

programs should improve access to quality care and meet unmet healthcare needs at no or low costs to encourage utilization of services.

111.

When assessing factors that affect readiness to learn, the PMHNP recognizes the patient's cultural background and personal goals relate to:

physical factors.

mental/emotional status.

experience.

knowledge/education.

Explanation:

A person's experience with learning can vary widely and is affected by his or her ability to cope with changes, personal goals, motivation to learn, and cultural background. People may have widely divergent ideas about what constitutes illness and/or treatment. Lack of English skills may make learning difficult and prevent people from asking questions. The patient/family's readiness to learn should be assessed because if they are not ready, instruction is of little value. Often readiness is indicated when the patients/families ask questions or show an interest in procedures.

112.

The PMHNP is conducting a group with patients recovering from trauma. An action or intervention that may be viewed as retraumatization is:

utilizing a confrontational approach in the group.

encouraging a patient to participate in treatment plans.

screening for trauma history prior to inclusion in the group.

enforcing rules of conduct in the group consistently.

Explanation:

If the PMHNP is conducting a group with patients recovering from trauma, an action or intervention that may be viewed as retraumatization includes using a confrontational approach in the group. This may be especially traumatizing to victims of abuse. Patients should be encouraged to participate in treatment plans, and screening should be done before a patient is admitted to a group because failing to do so may result in retraumatization. Rules of conduct in the group should be enforced consistently to reduce anxiety among group members.

113.

In the informal negotiations that are part of collaborating and reaching consensus, when both parties make concessions in order to reach consensus but neither side is really happy with the result, this approach to negotiation is:

accommodation.

avoidance.

compromise.

collaboration.

Explanation:

Compromise.

Compromise *Both parties make concessions, but this can result in decisions that suit no one, so compromise is not always ideal.*

Accommodation *One party concedes to the other, but the losing side may gain little or nothing, so this approach should be used when there is clear benefit to one choice.*

Avoidance *When both parties dislike conflict, they may put off negotiating and resolve nothing.*

Collaboration *Both parties receive what they want, often through creative solutions, but collaboration may be ineffective with highly competitive parties.*

Competition *One party wins and the other loses, sometimes resulting in conflict.*

114.

According to the general adaptation syndrome (Selye) (which comprises alarm, resistance, and exhaustion), an example of reaction to stress in the resistance stage is:

levels of neurotransmitters and hormones return to normal.

the hormonal system becomes activated to produce more hormones.

the body becomes exhausted and unable to sustain the stress response.

chronic health problems associated with stress arise.

Explanation:

According to the general adaptation syndrome (Selye) (which comprises alarm, resistance, and exhaustion), an example of reaction to stress in the resistance stage is levels of neurotransmitters and hormones return to normal. The first stage, alarm, includes the fight or

flight response with activation of the hormonal, neurotransmitter, and cardiovascular systems. This stage may last for 1 minute to several hours. During the second stage, resistance, the body tries to recover the normal status of the cardiovascular, hormonal, and neurotransmitter systems. If resistance is inadequate, the last stage, exhaustion, can occur, leading to chronic illnesses.

115.

If a patient takes 8 aspirin and promptly tells family members about taking an “overdose,” and the family believes that this is a suicide attempt but the patient did not actually intend to die but rather to get attention, this act would be classified as:

suicide ideation.

suicide threat.

suicide attempt.

suicide gesture.

Explanation:

Suicide gesture: Actions that do not result in harm to the individual who does not actually desire or plan to die. Suicide gestures are often carried out in an attempt to gain attention. ***Suicide ideation:*** Thoughts or fantasies about committing suicide accompanied by intent. ***Suicide threat:*** Verbal or written statements of the intent to commit suicide. ***Suicide attempt:*** Actual actions taken to commit suicide, resulting in minor or major injury or threat to health.

116.

When assessing a patient’s cranial MRI, the PMHNP notes that the report indicates the patient has significant atrophy of the hippocampus. Based on this finding, the nurse practitioner should expect that the patient will have the:

inability to form new long-term memories.

inability to retrieve existing long-term memories.

inability to form short-term memories.

inability to communicate verbally.

Explanation:

If a patient's cranial MRI indicates significant atrophy of the hippocampus, the PMHNP should expect that the patient will have the inability to form new long-term memories. However, the patient may be able to retrieve already existing long-term memories (such as those of childhood) and may be able to form short-term memories, such as recalling an appointment time or medication directions for a brief period.

117.

When evaluating literature and information to determine the level of evidence, the category that indicates that information has supporting evidence from some studies, has a good theoretical basis, and is strongly recommended for implementation is:

Category IA.

Category IB.

Category II.

Category III.

Explanation:

Category IB. Categories include:

- *Category IA: well supported by evidence from experimental, clinical, or epidemiologic studies and strongly recommended for implementation.*
- *Category IB: supporting evidence from some studies, good theoretical basis, and strongly recommended for implementation.*
- *Category IC: required by state or federal regulations or an industry standard*
- *Category II: supported by suggestive clinical or epidemiologic studies, has a theoretical basis, and is suggested for implementation.*
- *Category III: supported by descriptive studies and may be useful.*
- *Category IV: obtained from expert opinion or authorities only.*
- *Unresolved: no recommendation because of a lack of consensus or evidence.*

118.

When communicating with a patient, the statement by the PMHNP that exemplifies therapeutic communication is:

"You should try not to worry."

"Don't worry. Everything will be fine."

"Why are you so upset?"

"I'd like to hear how you feel about that?"

Explanation:

"I'd like to hear how you feel" is an example of therapeutic communication that allows a patient to explore a topic. Nontherapeutic communication includes:

- *Meaningless clichés: "Don't worry. Everything will be fine." or "Isn't it a nice day?"*
- *Providing advice: "You should..." or "The best thing to do is..." It is better when patients ask for advice to provide facts and encourage the patient to reach a decision.*

- *Asking for explanations of behavior that is not directly related to patient care and requires analysis and explanation of feelings: "Why are you upset?"*

119.

As part of the normal aging process, changes in neurotransmitters usually occur, including:

decreased serotonin.

increased epinephrine.

decreased glutamate.

increased acetylcholine.

Explanation:

As part of the normal aging process, changes in neurotransmitters usually occur, including decreased levels of serotonin. Serotonin, which is produced in the brainstem and found throughout the brain, helps to regulate body temperature, eating and sleeping patterns, and mood. Inadequate serotonin is associated with depression. Selective serotonin reuptake inhibitors (SSRIs) specifically target serotonin and prevent its reuptake so that more serotonin is available to function as a neurotransmitter.

120.

When treating anxiety in an older adult (65 years or older), the type of medication that is preferred is:

a short-acting benzodiazepine.

a long-acting benzodiazepine.

a tricyclic antidepressant.

a β -adrenergic agent.

Explanation:

When treating anxiety in a geriatric patient, short-acting benzodiazepines, such as lorazepam or temazepam, are usually well tolerated while tricyclic antidepressants and β -adrenergic agents may cause adverse effects. Short-acting benzodiazepines are also the drugs of choice for pediatric patients. Long-acting benzodiazepines may result in confusion in elderly patients. If benzodiazepines are not effective, some people may respond to SSRIs or low-dose antihistamines (especially with respiratory dysfunction). Younger adults may benefit from a wider range of drugs, including both long- and short-acting benzodiazepines, tricyclic antidepressants, and β -adrenergic agents.

121.

An outpatient with a long history of recurrent depression has depended on his mother for his support system, but his mother has recently entered an assisted living facility and is in poor health. The PMHNP should:

provide the patient with lists of community agencies.

assure the patient that he can manage independently.

remind the patient that the nurse practitioner is part of his support system.

assist the patient to identify other support systems.

Explanation:

If an outpatient with a long history of recurrent depression has depended on his mother for his support system, but his mother has recently entered an assisted living facility and is in poor health, the PMHNP should assist the patient to identify other support systems because patients often view support from a narrow perspective. Support systems may include other family members, neighbors, friends, religious organizations, support groups, and community agencies.

122.

A patient is taking clozapine, an antipsychotic medication, and has been a chain smoker (2 or more packs per day) for many years but is enrolled in a smoking cessation program and has not smoked for the past week. If the patient is successful at quitting smoking, the patient may:

have increased adverse effects.

have no effect from smoking.

require a higher dosage than normal.

require a lower dosage than normal.

Explanation:

If a patient is taking clozapine, an antipsychotic medication, but has been a chain smoker (2 or more packs per day) and is quitting, the PMHNP should expect that the patient will require a lower dosage than normal. The components of tobacco smoke affect liver enzymes, often speeding up metabolism and resulting in the need for a higher dose to achieve the same serum level. If the patient stops smoking, then dosages often need to be adjusted downward.

123.

When evaluating outcomes data for evidence-based practice, the type of data that includes measures of mortality, longevity, and cost-effectiveness is:

clinical.

psychosocial.

integrative.

physiological.

Explanation:

Integrative. A number of different types of outcomes data must be considered:

- *Integrative: This includes measures of mortality, longevity, and cost-effectiveness.*
- *Clinical: This includes symptoms, diagnoses, staging of disease, and those indicators of individual health.*
- *Physiological: This includes measures of physical abnormalities, loss of function, and activities of daily living.*
- *Psychosocial: This includes feelings, perceptions, beliefs, functional impairment, and role performance.*
- *Perception: This includes customer perceptions, evaluations, and satisfaction.*
- *Organization-wide clinical: This includes readmissions, adverse reactions, and deaths.*

124.

A patient with a history of anxiety (treated with lorazepam during acute episodes) and alcoholism is prescribed metronidazole for bacterial vaginosis. The PMHNP should caution the patient to:

avoid taking lorazepam during treatment.

avoid any intake of alcohol.

limit alcohol to 1 serving daily.

take lorazepam during treatment.

Explanation:

If a patient with a history of anxiety (treated with lorazepam during acute episodes) and alcoholism is prescribed metronidazole for bacterial vaginosis, the PMHNP should caution the patient to avoid any intake of alcohol because combining the drug with alcohol may result in accumulation of acetaldehyde. Metronidazole inhibits the action of the enzyme aldehyde dehydrogenase, which metabolizes acetaldehyde. This can result in acute alcohol intolerance syndrome.

125.

Which of the following is a tool that the PMHNP can use to provide a client's self-assessment of functional health and quality-of-life issues?

Patient Health Questionnaire. (PHQ).

Post-Deployment Clinical Assessment Tool (PDCAT).

Barthel Index.

Health Status Survey (SF-36).

Explanation:

***Health Status Survey (SF-36 or SF-12)** is a tool that provides a client's self-assessment of functional health and quality-of-life issues. **Patient Health Questionnaire (PHQ)** is used to screen patients and monitor conditions related to mental health disorders, such as depression and anxiety, and substance abuse. **Post-Deployment Clinical Assessment Tool (PDCAT)** is used to screen returning military for mental health and substance abuse problems related to*

deployment, including PTSD, depression, anxiety, and alcoholism. The **Barthel Index** assesses the functional ability of older adults in relation to activities of daily living.

126.

When the PMHNP interviews a patient with chronic pain from metastatic cancer and suspected suicidal ideation, the patient states, "I can't stand this pain any more. I'm going to take my gun and shoot myself." The best response is:

"I understand why you feel that way."

"I'm sure you don't really mean that."

"Let's work together to find better ways to manage your pain."

"I believe an antidepressant may help you."

Explanation:

Pain appears to be driving this patient to suicidal ideation, so the best response is "Let's work together to find better ways to manage your pain." Many people fear pain more than death, and patients have a right (legal and moral) to be free of pain at the end-of-life. The nurse should assess the type, frequency, and duration of pain and current pain management. In some cases, a change to a stronger medication, such as an opioid, may be indicated or addition of adjuvant medications. Suicidal ideation should be reported to other caregivers so that they can remain alert.

127.

A data-heavy presentation with much raw data about progress in performance improvement is most appropriate for:

administration.

nursing staff.

patients.

all groups.

Explanation:

A data-heavy presentation about progress in performance is most appropriate for administration because administrators are in a position to make decisions and need raw data; however, the presentation should be modified for others. For example, graphs and charts may be used instead of raw data. The PMHNP should assess audience characteristics, including occupation, gender, and education, so that information can be tailored for the audience. For a nonmedical audience, medical jargon should be avoided.

128.

A nurse on the psychiatric unit uses another nurse's password to access an acquaintance's electronic health record (EHR) and obtain personal information about the patient. This type of data misuse is classified as:

identity theft.

unauthorized access.

privacy violation.

security breach.

Explanation:

Unauthorized access: Although EHRs and computerized documentation systems are password protected, providers sometimes share passwords or unwittingly expose their passwords to others when logging in, allowing others to access information about patients. Other forms of data misuse:

- *Identity theft: Obtaining identifying information, such as Social Security numbers and credit card numbers, to pose as the other person or access his/her assets.*
- *Privacy violations: Sharing private information with others, such as family or friends.*
- *Security breach: Lack of implementation of proper security safeguards and security design, especially when various business associates, such as billing companies, have access to private information, which they misuse.*

129.

A 66-year-old male patient with Parkinson disease has been controlled with levodopa but has developed the on-off phenomenon with fluctuating response to the levodopa. Treatment that may be indicated to reduce the breakdown of levodopa is:

doubling the dose of oral levodopa.

adding entacapone (Comtan), a COMT inhibitor.

stopping treatment with levodopa.

adding haloperidol (Haldol).

Explanation:

If a 66-year-old male patient with Parkinson disease has been controlled with levodopa but has developed the on-off phenomenon with fluctuating response to levodopa, treatment that may be indicated to reduce the breakdown of levodopa is adding entacapone (Comtan), a COMT

inhibitor. The COMT enzyme metabolizes levodopa, so a COMT inhibitor slows metabolism to minimize the drug's "wearing off" so that blood levels are maintained until administration of the next dose of levodopa, reducing the on-off phenomenon.

130.

Patients receiving neuroleptics should be monitored routinely with the:

Mini-Mental State Exam (MMSE).

Mini-Cog.

Trail-Making Test.

Abnormal Involuntary Movement Scale (AIMS).

Explanation:

*AIMS detects and evaluates tardive dyskinesia, a common adverse effect associated with neuroleptics. AIMS consists of 12 items that assess orofacial movements, dyskinesia (extremities and trunk), patient awareness and distress, and dental problems. The **Trail Making Test** (Parts A and B) involves drawing lines to connect sequential numbers and assesses brain function and indicates increasing dementia. **MMSE** and the **Mini-Cog** both assess cognition and involve memory tasks, such as counting backward and remembering words. They are also used to diagnose and evaluate dementia.*

131.

The PMHNP supports a recovery-oriented approach to a treatment program for substance abusers. A prime element of a recovery-oriented approach is:

focus on a single treatment plan for all participants.

treatment must always be voluntary.

recognition that recovery is nonlinear.

the program should be community centered.

Explanation:

A primary element of a recovery-oriented approach to treatment is recognition that recovery is nonlinear and that multiple episodes of treatment may be required. Treatment should be person-centered, although family, friends, and community agencies should be included in recovery efforts. Treatment does not need to be voluntary in order to be successful. A recovery-oriented approach recognizes that there are multiple approaches to recovery and that a single approach may not serve all individuals.

132.

From the perspective of risk management, an incident that would be classified as a “serious incident” includes:

patient falls and sprains her wrist.

patient complains that staff are rude.

patient commits suicide.

patient is raped by another patient.

Explanation:

*From the perspective of risk management, an incident that would be classified as a **serious incident** includes a patient falling and spraining her wrist. Serious incidents include interruptions of treatment and minor injuries that would not require hospitalization. **Service occurrences** include minor damage to equipment or property and inadequate provision of care (usually related to patient complaints). **Sentinel events** involve unexpected death or permanent physical or psychological injury and include suicide and rape.*

133.

Staff members ask the PMHNP how to deal with a 67-year-old patient with dementia who repeatedly removes his clothing and requests sexual favors. The most appropriate response is to tell the staff to:

supervise, observe, and distract patient.

restrict patient to his room.

provide antipsychotic medication.

reprimand patient.

Explanation:

In general, medication does little to alleviate inappropriate behavior in patient with dementia, which is best managed by supervision, distracting the patient, or observing for patterns (such as pulling at clothes) that occurs with inappropriate behavior in order to prevent or manage the behavior. Patients with dementia or cognitive impairment may exhibit inappropriate sexual behavior. They may undress, masturbate, request sexual favors, use obscene language, and behave aggressively. The reason for this regression is not clear and behavior may be out of character for the individual but prompted by lack of inhibition and decreased reasoning ability.

134.

A patient who has been treated for depression with an MAO inhibitor is showing inadequate response and adverse effects, so the PMHNP wants the patient to begin taking an SSRI. The nurse practitioner should:

stop the MAO inhibitor and immediately start the SSRI.

stop the MAO inhibitor and wait at least 14 days to start the SSRI.

continue the MAO inhibitor and add the SSRI in increasing doses over 1 month.

stop the MAO inhibitor and wait at least 2 months to start the SSRI.

Explanation:

A patient who has been treated for depression with an MAO inhibitor is showing inadequate response and adverse effects, so the PMHNP wants the patient to begin taking an SSRI. The nurse practitioner should stop the MAO inhibitor and wait at least 14 days to start the SSRI. Taking the MAO inhibitor with a medication that increases serotonin levels may cause serotonin syndrome, which may result in fever, chills, anxiety, and confusion.

135.

The PMHNP serves as team leader on the psychiatric unit but takes on the majority of difficult tasks and often fails to delegate to other team members. The most likely reason for this is that the nurse practitioner:

is highly effective.

is more knowledgeable.

does not trust team members.

is considerate.

Explanation:

The purpose of having a team is so that the work is shared, but leaders can defeat themselves by taking on too much of the workload. Additionally, failure to delegate shows an inherent distrust in team members. Delegation includes:

- *assessing the skills and available time of the team members, determining if a task is suitable for an individual*
- *assigning tasks, with clear instructions that include explanation of objectives and expectations, including a timeline*
- *ensuring that the tasks are completed properly and on time by monitoring progress but not micromanaging*
- *reviewing the final results and recording outcomes*

136.

The PMHNP has been instrumental in setting up an outpatient program for patients with posttraumatic stress disorder (PTSD), but enrollment in the program and continued participation after enrollment has been low. In developing strategies to improve participation, the first place to begin is to:

review patient records.

provide incentives for participation.

survey staff members.

survey participants and eligible patients.

Explanation:

If the PMHNP has been instrumental in setting up an outpatient program for patients with PTSD but enrollment and continued participation after enrollment have been low, the first place to

begin in developing strategies to improve participation is to survey participants to determine what they feel positive and negative about and eligible patients to determine why they have failed to participate. The survey results can then be used to formulate changes.

137.

A patient has been prescribed olanzapine 15 mg daily for acute manic episodes associated with bipolar I disorder. Four days after beginning treatment, he has a sudden onset of fever (39°C/102°F), tachypnea, and tachycardia. Oxygen saturation at rest is 93%, and he exhibits muscular rigidity and some alteration in mental status. The most likely cause of these symptoms is:

neuroleptic malignant syndrome.

influenza.

sepsis.

tardive dyskinesia.

Explanation:

If a patient has been prescribed olanzapine 15 mg daily for acute manic episodes associated with bipolar I disorder and 4 days after beginning treatment he has sudden onset of fever (39°C/102°F), tachypnea, and tachycardia with oxygen saturation at rest of 93%, muscular rigidity, and some alteration in mental status, the most likely cause is neuroleptic malignant syndrome, which is a life-threatening complication of neuroleptics. The olanzapine should be discontinued immediately and supportive care provided.

138.

In attempting to integrate evidence-based practice into patient care, the PMHNP finds that nurses' belief systems and lack of familiarity with research methods are the biggest barriers to implementing change. The best solution is to:

outline disciplinary actions for those who fail to participate.

provide incentives for participation in implementation of evidence-based practice.

provide educational programs about research- and evidence-based practice.

engage only those who are supportive of evidence-based practice.

Explanation:

In attempting to integrate evidence-based practice into patient care, if the PMHNP finds that nurses' belief systems and lack of familiarity with research methods are the biggest barriers to implementing change, the best solution is to provide educational programs about research and evidence-based practice (EBP). As staff members become more familiar with research methods and EBP and better able to actively engage in research, they are likely to become more supportive and feel less threatened by changes.

139.

The primary purpose of the Patient Self-Determination Act is to:

protect privacy of personal health information.

ensure that patients give informed consent.

ensure patients have access to health records.

protect patients from unnecessary treatments.

Explanation:

The primary purpose of the Patient Self-Determination Act is to ensure that patients give informed consent. Patients should be apprised of all options for treatment and all reasonable risks and any complications that might be life-threatening or increase morbidity. The American Medical Association has established the following guidelines for informed consent:

- *explanation of diagnosis*
- *nature and reason for treatment or procedure*
- *risks and benefits*
- *alternative options (regardless of cost or insurance coverage)*
- *risks and benefits of alternative options*
- *risks and benefits of not having a treatment or procedure*
- *providing informed consent is a requirement of all states*

140.

A 10-year-old child is prescribed methylphenidate for attention deficit disorder. In addition to behavioral response, the PMHNP should routinely monitor:

nutritional status and sleeping patterns.

complete blood cell count.

skin condition.

fine and gross motor skills.

Explanation:

If a 10-year-old child is prescribed methylphenidate for attention deficit disorder, in addition to behavioral response, the PMHNP should monitor the child's nutritional status (including height and weight) and sleeping patterns. Methylphenidate depresses appetite, and the child's nutritional intake may be inadequate for a growing child. Additionally, the drug often causes