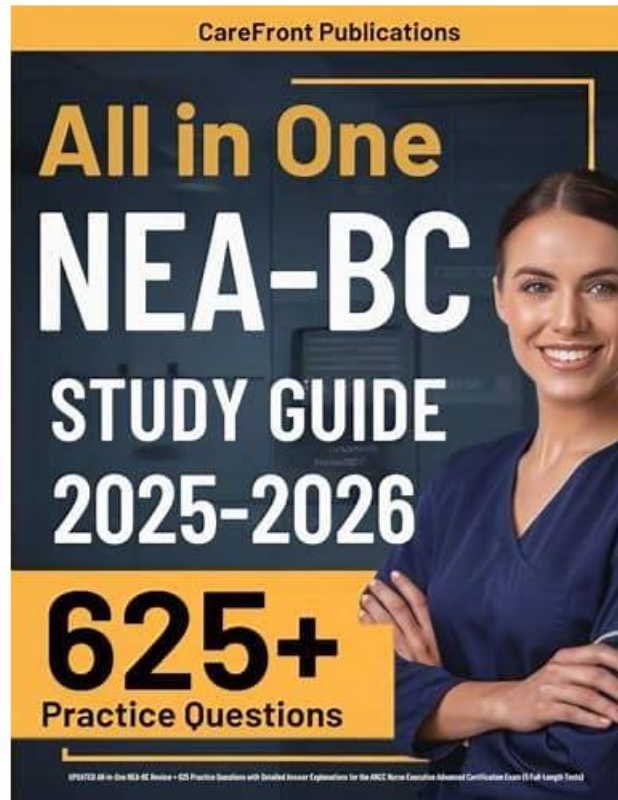


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Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q91-Q96):

NEW QUESTION # 91

With the RBRVS (Resource Based Relative Value Scale), which of the three components would account for the highest percentage of the cost?

- A. Malpractice insurance
- B. Practice expense
- C. Physicians work
- D. All of the above

Answer: C

Explanation:

The Resource-Based Relative Value Scale (RBRVS) is a system used to determine the amount of reimbursement for medical services that physicians provide in the United States. The RBRVS assigns procedures performed by physicians a relative value which is adjusted by geographic location. This system is significant as it helps standardize payments to physicians and control costs in the Medicare system.

The RBRVS is composed of three main components: 1. **Physician Work**: This component accounts for the time, skill, effort, and judgment required by a physician to perform a medical service. It also considers the stress associated with providing the patient care. 2. **Practice Expense**: This includes the overhead costs associated with maintaining a practice such as office rent, equipment, supplies, and non-physician staff salaries. 3. **Malpractice Insurance**: This reflects the cost of malpractice insurance premiums that physicians need to pay.

Among these components, the 'Physician Work' typically accounts for the highest percentage of the cost in the RBRVS. On average, it constitutes approximately 54% of the total value. This is because the system places a significant emphasis on compensating physicians for their professional expertise and effort directly involved in patient care.

Following 'Physician Work', the 'Practice Expense' is the next significant component, making up about 41% of the RBRVS. This reflects the substantial costs associated with running a medical practice and ensuring that facilities and staff are adequate for providing patient care.

Lastly, 'Malpractice Insurance' constitutes the smallest portion, around 5%. Although crucial, the cost of malpractice insurance is significantly lower than the direct costs of physician work and practice expenses.

In summary, within the RBRVS system, 'Physician Work' typically represents the largest component of the cost, acknowledging the central role of the physician's direct engagement and expertise in patient care.

NEW QUESTION # 92

Appreciative inquiry is the opposite of problem solving in the sense that

- A. It treats problems as a normal part of business life
- B. It focuses on what is right in an organization rather than what is wrong
- C. It attempts to leverage problems rather than solve them
- D. It treats problems as opportunities rather than threats

Answer: B

Explanation:

Appreciative Inquiry (AI) is a change management approach that contrasts significantly with traditional problem-solving methods. The core philosophy of AI hinges on identifying and amplifying the positive aspects of an organization's functioning, rather than focusing primarily on the negatives or issues that need fixing. This approach is based on the belief that organizations can achieve more sustainable and creative outcomes by exploring and building on their strengths.

Traditional problem-solving techniques typically involve identifying problems, analyzing their causes, and finding solutions to fix them. This method often views issues as hindrances that prevent an organization from functioning efficiently. While effective in many scenarios, this approach can lead to a culture that is overly focused on deficiencies and limitations, potentially overlooking the organization's existing strengths and opportunities for growth.

In contrast, Appreciative Inquiry begins by asking questions to uncover the best of "what is" in an organization. This involves conducting appreciative interviews and discussions that help to identify the unique strengths and successes of an organization. By understanding these positive aspects, AI aims to envision what could be, thereby inspiring stakeholders to dream of a future where these positive elements are maximized and become the norm rather than the exception.

Following the discovery phase, AI moves into the 'Dream' phase where stakeholders imagine the organization at its best possible future state. This is followed by the 'Design' phase, where participants collaboratively design concrete ways to achieve this

envisioned future. Finally, the 'Destiny' phase focuses on implementing the proposed design and sustaining the change. This whole process not only strengthens the organization's positive core but also fosters a more collaborative and optimistic organizational culture.

Appreciative Inquiry fundamentally shifts the focus from problems to potentials. It treats existing strengths and successes as the foundation for future growth, rather than merely addressing shortcomings. This approach encourages organizations to leverage their best attributes, leading to a more motivated workforce and innovative solutions that are rooted in what already works well. As a result, AI can lead to transformative changes that are deeply embedded within the organizational culture, promoting a cycle of continuous improvement and positive reinforcement.

NEW QUESTION # 93

Passive communication is typically used by a person that has which of the following?

- A. None of the above
- B. High ego
- C. Low self-esteem
- D. High self-esteem

Answer: C

Explanation:

Passive communication is often linked to individuals who have low self-esteem. Self-esteem refers to a person's overall sense of self-worth or personal value. Those with low self-esteem may view themselves as unworthy or incapable, which can significantly influence their communication style.

Individuals with low self-esteem often engage in passive communication because it involves less risk of confrontation or rejection.

This communication style is characterized by a reluctance to express one's thoughts, feelings, or needs directly. Passive communicators typically avoid asserting themselves, believing that such behavior would lead to disapproval or conflict.

Key behaviors of passive communicators include avoiding eye contact, speaking softly, and frequently yielding to others. This allows them to minimize attention on themselves and reduces the likelihood of being criticized or challenged. Such individuals might agree with something they internally disagree with or fail to speak up for their rights and desires.

The relationship between low self-esteem and passive communication is cyclical. Engaging in passive communication can further diminish a person's self-esteem because it often leads to feelings of frustration, resentment, or a sense of being overlooked or misunderstood. This can reinforce the person's negative self-view and lead to continued passive behavior.

Understanding this link is crucial in addressing the underlying self-esteem issues and encouraging more assertive communication, which can be more effective and fulfilling. Assertive communication involves expressing one's own needs, desires, and opinions in a way that is clear and respectful to others. Learning this skill can significantly benefit someone with low self-esteem in improving both their communication style and their confidence in various aspects of life.

NEW QUESTION # 94

Which of the following is true in regards to patients and care plans?

- A. Care plans are all the same and do not need planning.
- B. Planning for care plans occurs only after the intervention has been completed.
- C. The patient should understand each aspect of their personal care plan.
- D. The patient only needs to partially understand their personal care plan.

Answer: C

Explanation:

The correct answer to the question-which asserts that "The patient should understand each aspect of their 'personal care plan'" is rooted in the principles of patient autonomy and informed consent. In the context of healthcare, it is imperative that patients are fully aware of, and understand, all aspects of their care plans. This understanding enables them to make informed decisions about their treatment options, aligning with their personal health goals and values.

In the healthcare setting, a care plan is a customized, detailed approach designed to address the specific health needs of a patient. This plan typically includes diagnostic information, treatment objectives, planned interventions, a timeline, expected outcome, and measures for evaluation. It is crafted collaboratively, involving input from various healthcare professionals pertinent to the patient's care, including doctors, nurses, therapists, and pharmacists.

For a care plan to be effective, it is crucial that the patient is not only aware of its contents but also fully understands each component. This level of comprehension ensures the patient can engage in meaningful discussions about their care, ask relevant questions, and express any concerns. It also empowers the patient to adhere closely to the treatment plan, leading to potentially

better health outcomes.

Moreover, involving the patient in every step of the planning process respects their right to self-determination in healthcare decisions. This collaborative approach can build a stronger patient-healthcare provider relationship, fostering trust and improving communication. It is also legally important as it supports the principle of informed consent, where patients agree to the proposed medical interventions understanding all associated risks and benefits.

Contrary to the incorrect option that suggests planning for care plans occurs only after an intervention, the planning process should ideally begin at the earliest point in the patient's care and continue evolving as the patient's needs and circumstances change. The claim that care plans do not need planning or that they are all the same ignores the bespoke nature of modern medical treatment, which seeks to tailor care specifically to each individual's unique health situation.

Lastly, the notion that a patient only needs to partially understand their care plan is not in line with best practices in healthcare. Partial understanding might lead to non-compliance, misinformed decisions, or dissatisfaction with care, all of which can detrimentally affect patient outcomes and the overall effectiveness of the healthcare system. Instead, comprehensive understanding is encouraged and often necessary to foster an optimal therapeutic alliance and healthcare experience.

NEW QUESTION # 95

What documentation type allows sections to be erasable?

- A. Paper.
- B. Functional.
- C. Kardex.
- D. Formal.

Answer: A

Explanation:

The question you're asking about pertains to the type of documentation in which sections can be erased. Let's delve deeper into the options provided and clarify which type of documentation allows for erasable sections.

Functional. This type of documentation generally refers to documents that are designed to perform or facilitate specific tasks or functions. While functional documentation is highly practical, its ability to allow sections to be erased isn't inherent to its type but rather depends on the physical medium (e.g., digital or paper) used to create and maintain it.

Paper. Paper documentation indeed allows for the physical erasing of written or printed content. This can be particularly useful in environments where adjustments and updates need to be made manually. For instance, in a clinical setting, paper charts can be updated by erasing and rewriting information to reflect a patient's current status or treatment regimen. The main advantage here is the tactile and immediate nature of the edits, which can be crucial in dynamic settings. However, the downside includes the potential for reduced legibility and the physical degradation of the document over time due to repeated erasures.

Kardex. The term "Kardex" refers to a brand that became synonymous with a certain type of record-keeping system, traditionally in nursing and hospital settings, involving a series of cards or files that provide a concise patient summary. This system is typically not designed to have erasable sections if implemented in a traditional, non-digital format. It is designed to provide a permanent record where all entries are preserved to maintain an accurate history of patient care.

Formal. Formal documentation usually pertains to documents that adhere to strict formats and standards, often used in legal, academic, or professional contexts. Such documentation is less likely to be designed with erasability in mind, as the integrity and permanence of the record are critical. Changes typically require formally documented amendments or addendums rather than physical erasing. From the given options, ****Paper**** is the correct answer. Paper documentation allows for the physical erasing and rewriting of content, which can be essential in many practical scenarios where information needs to be updated frequently and immediately. This capability is inherently linked to the nature of paper as a medium, rather than any particular system or style of documentation.

NEW QUESTION # 96

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