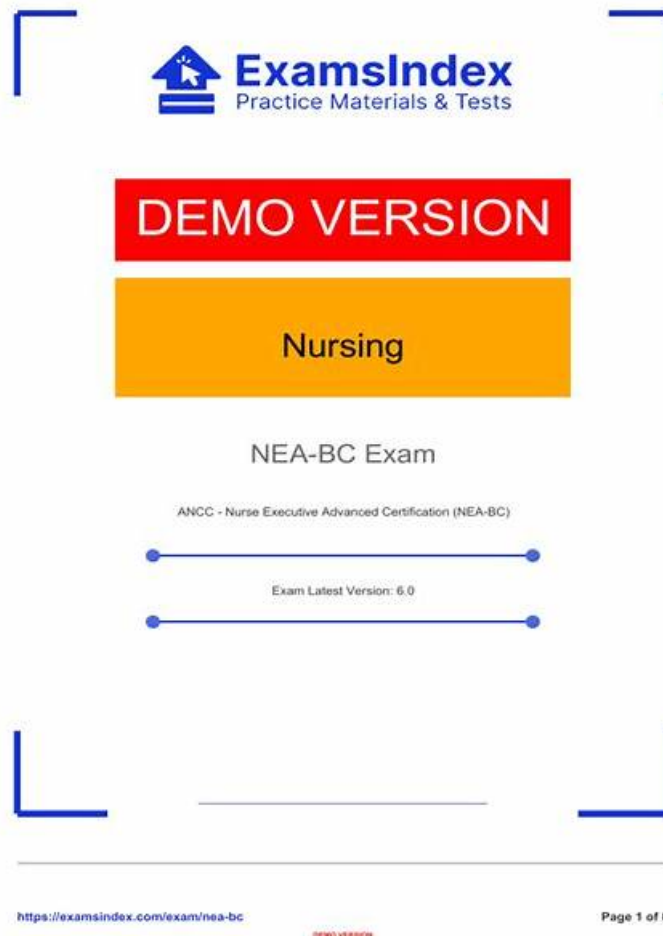


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Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q178-Q183):

NEW QUESTION # 178

Safe harbor laws for nurses:

- A. Hold physicians responsible for clarifying orders.
- **B. Limit the scope of practice for nurses.**
- C. Hold nurses liable for helping in emergency situations.
- D. Exclude requirements for charting.

Answer: B

Explanation:

The question appears to be asking about the function and impact of safe harbor laws specific to the nursing profession. Let's clarify and expand upon the provided answer choices and explanations.

****Hold nurses liable for helping in emergency situations.**** This choice is incorrect. Safe harbor laws do not typically hold nurses liable for providing assistance in emergency situations. In fact, many regions have Good Samaritan laws that protect healthcare professionals, including nurses, from liability when they provide emergency aid, unless there is evidence of gross negligence or willful misconduct.

****Limit the scope of practice for nurses.**** This statement is a partial truth but requires clarification. Safe harbor laws do not inherently limit the scope of practice for nurses as defined by their licensing and regulatory bodies. Instead, these laws are designed to protect nurses when they believe an assignment is unsafe or outside their competency. For instance, if a nurse is trained and works primarily in pediatrics, safe harbor provisions can protect them from being mandated to work in an adult intensive care unit if they believe doing so would be unsafe given their lack of experience in that area.

****Hold physicians responsible for clarifying orders.**** This choice might seem relevant, but it is not directly related to safe harbor laws. While it is crucial in clinical settings for physicians to provide clear orders, safe harbor laws specifically focus on protecting nurses when they raise concerns about patient safety due to assignments that are beyond their competence or when staffing levels are inadequate.

****Exclude requirements for charting.**** This option is incorrect. Safe harbor laws do not exclude nurses from charting or documentation responsibilities. Charting is an essential part of nursing practice, crucial for ensuring continuity of care, and is legally required to accurately reflect the care provided to patients. Safe harbor laws do not impact these obligations.

****Summary.**** Safe harbor laws are essentially protective measures for nurses, allowing them to formally object to certain work assignments without fear of retaliation when they believe those assignments could jeopardize patient safety. These laws provide a legal framework within which nurses can advocate for their ability to provide safe and competent care, based on their specific training, experience, and existing workload. While safe harbor laws protect nurses, they do not alter the basic responsibilities of nurses nor do they relieve them of their duty to provide care within their scope of practice and according to the standards of their profession.

NEW QUESTION # 179

A patient was misdiagnosed with the wrong type of cancer. The case manager has been asked to investigate. She found:

-The correct diagnosis was given months after the initial diagnosis

-The patient's care was mismanaged

A risk management program could have done what?

- A. Given the patient multiple diagnoses in hopes that one was correct.
- B. It could not have helped to do anything.
- C. Ensured that there is no possible way the patient could have been misdiagnosed.
- **D. Helped to prevent an error in the diagnosis.**

Answer: D

Explanation:

A risk management program is designed to identify, assess, and mitigate risks within healthcare settings, aiming to enhance patient safety and minimize errors. In the scenario where a patient was misdiagnosed with the wrong type of cancer, an effective risk management program could have played a crucial role in preventing such an error. Here's how:

First, risk management programs establish protocols and guidelines to ensure that diagnostic procedures are performed accurately. This includes standardizing tests for specific types of cancer and ensuring that the staff is well-trained in interpreting the results correctly. By adhering to these standards, the likelihood of misdiagnosis could have been significantly reduced.

Second, risk management involves regular audits and reviews of clinical practices. If such a program were in place, it could have

identified patterns or recurrent issues in diagnostic procedures earlier, potentially catching the misdiagnosis before it affected the patient's treatment plan. This continuous monitoring helps in early detection of possible systemic errors and individual oversights. Third, effective communication is a critical component of risk management. Ensuring that all medical staff involved in a patient's care are informed and in agreement about the diagnosis and treatment plans can prevent miscommunication errors. In this case, risk management could have facilitated better communication channels among the different specialists reviewing the patient's case, possibly preventing conflicting or incorrect diagnoses.

Furthermore, risk management programs often incorporate training sessions focused on the importance of second opinions and re-evaluations in uncertain cases. This could have encouraged the healthcare providers to seek additional opinions or repeat tests when the initial diagnosis was uncertain, thus preventing the mismanagement of the patient's care.

Lastly, risk management is not infallible. It aims to reduce the probability of errors and manage the associated risks, but it cannot completely eliminate the possibility of misdiagnoses. Its primary goal is to minimize the risk to a level where it is as low as reasonably practical. Therefore, while a risk management program could have helped to prevent the error in diagnosis, it is essential to recognize that the elimination of all medical errors is not always possible.

In summary, a risk management program could have significantly contributed to preventing the misdiagnosis by ensuring adherence to diagnostic standards, facilitating better communication, promoting regular audits, and encouraging further opinions or tests in doubtful cases. However, it's important to acknowledge that while risk management can decrease the likelihood of such errors, it cannot guarantee absolute prevention.

NEW QUESTION # 180

A case manager is talking about what makes a patient competent or not competent to make decisions. Which of the following makes a patient incapable of making competent consent to care?

- A. Being too young.
- B. All of the above.
- C. Brain injury.
- D. Mental retardation.

Answer: B

Explanation:

When discussing the competence of a patient to make decisions regarding their own healthcare, several factors must be considered that could impair their ability to provide informed consent. Informed consent is a fundamental patient right and requires that the patient understands the information presented about their medical condition and proposed treatments, and is able to make decisions based on this understanding. Competence here refers to the mental capacity of the patient to make informed decisions.

There are several conditions and situations that can render a patient incompetent to give informed consent: 1. **Being too young**: Legally, minors are often considered unable to give informed consent because they may not fully understand the medical information and its implications. Instead, consent is usually obtained from a parent or legal guardian. 2. **Brain injuries**: These can affect cognitive functions including memory, understanding, and reasoning. A patient with a severe brain injury may not be able to comprehend medical information or understand the consequences of decisions, thus impairing their ability to consent. 3. **Mental retardation**: Individuals with significant intellectual disabilities may lack the cognitive ability to fully understand complex medical information and the implications of treatment options, making it challenging for them to provide informed consent.

In each of these cases, the patient's ability to engage in an open and honest communication with healthcare providers is compromised, which is crucial for the process of informed consent. The law typically requires that such individuals are provided with additional protections to ensure their interests are safeguarded. This might include involvement of legal guardians, use of simpler language, or other supportive measures to aid understanding.

In conclusion, the correct answer to the question of what makes a patient incapable of making competent consent to care would be "All of the above." Being too young, having a brain injury, or experiencing mental retardation are all conditions that can impair a patient's ability to process information and make informed decisions about their medical care. Thus, healthcare providers must recognize these limitations and ensure appropriate measures are put in place to support the patient's rights and welfare.

NEW QUESTION # 181

Which of the following is one of the principal goals of the Magnet Recognition Program?

- A. To provide a vehicle for disseminating successful nursing practices
- B. To call attention to issues of patient safety
- C. To gain additional funds for nursing education
- D. To identify the leading nursing schools in the U.S.

Answer: A

Explanation:

The Magnet Recognition Program (MRP) was established by the American Nurses Credentialing Center (ANCC) to recognize healthcare organizations that excel in nursing. One of the principal goals of this program is to provide a vehicle for disseminating successful nursing practices. This goal is fundamental to understanding why the MRP is highly regarded within the healthcare community.

The program evaluates healthcare organizations on a set of criteria designed to measure the strength and quality of their nursing. This includes the quality of nursing leadership, coordination and collaboration across specialties, and processes for measuring and improving the quality and delivery of care. Achieving Magnet status is not only about meeting these rigorous standards but also about maintaining them, which encourages a cycle of continuous improvement in nursing practices.

By focusing on these areas, the Magnet Recognition Program serves as a benchmark for healthcare organizations who strive to achieve and maintain excellence in their nursing practice. This status acts as a signal to patients about the quality of care they can expect to receive, making it a powerful tool for attracting and retaining talent as well as improving overall patient outcomes.

Moreover, organizations with Magnet status often serve as role models in the nursing community, disseminating successful practices and strategies that others can adopt. This dissemination is achieved through various means, including publications, conferences, workshops, and networking. Sharing these best practices helps to elevate the standards of nursing across multiple organizations and settings, leading to broader improvements in healthcare quality.

In summary, the primary goal of the Magnet Recognition Program to provide a vehicle for disseminating successful nursing practices is vital as it promotes a learning environment that encourages the widespread adoption of exemplary professional practice. This enhances the quality of patient care and contributes to the professional development of nurses everywhere, reinforcing the program's esteemed position in the healthcare sector.

NEW QUESTION # 182

Biomedical ethicists describe three primary principles. Which of the following is NOT one of these primary principles?

- A. justice
- B. respect for persons
- C. confidentiality
- D. beneficence

Answer: C

Explanation:

When discussing the foundational principles of biomedical ethics, it's important to understand the core concepts that guide ethical decision-making in healthcare. Biomedical ethicists commonly refer to three primary principles: respect for persons, beneficence, and justice.

Respect for persons involves treating individuals with dignity and acknowledging their autonomy. This principle emphasizes the importance of allowing individuals to make informed decisions about their own healthcare. It forms the basis for practices such as obtaining informed consent and respecting patient privacy and confidentiality.

Beneficence refers to the ethical obligation to act for the benefit of others. In the healthcare context, this means providing care that benefits the patient and contributes to their welfare, while also taking steps to prevent harm and remove conditions that could cause damage to the patient.

Justice in biomedical ethics is concerned with fairness in the distribution of benefits and risks across society. It addresses issues such as equitable access to healthcare services and the fair allocation of resources. This principle ensures that individuals and groups receive fair treatment regardless of factors like economic status or social privilege.

While confidentiality is a crucial aspect of healthcare and is closely related to the principle of respect for persons, it is not considered one of the three primary principles of biomedical ethics. Instead, confidentiality is seen as a component of the broader ethical obligations healthcare professionals have towards their patients, particularly under the principle of respect for persons. It requires healthcare providers to protect personal health information and ensure it is only disclosed with the patient's consent or under circumstances that are ethically justified.

Thus, when faced with a question regarding which option-beneficence, confidentiality, respect for persons, or justice-is NOT one of the primary biomedical ethical principles, confidentiality is the correct answer. Although essential, it falls under the scope of respect for persons rather than standing alone as a separate primary ethical principle.

NEW QUESTION # 183

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