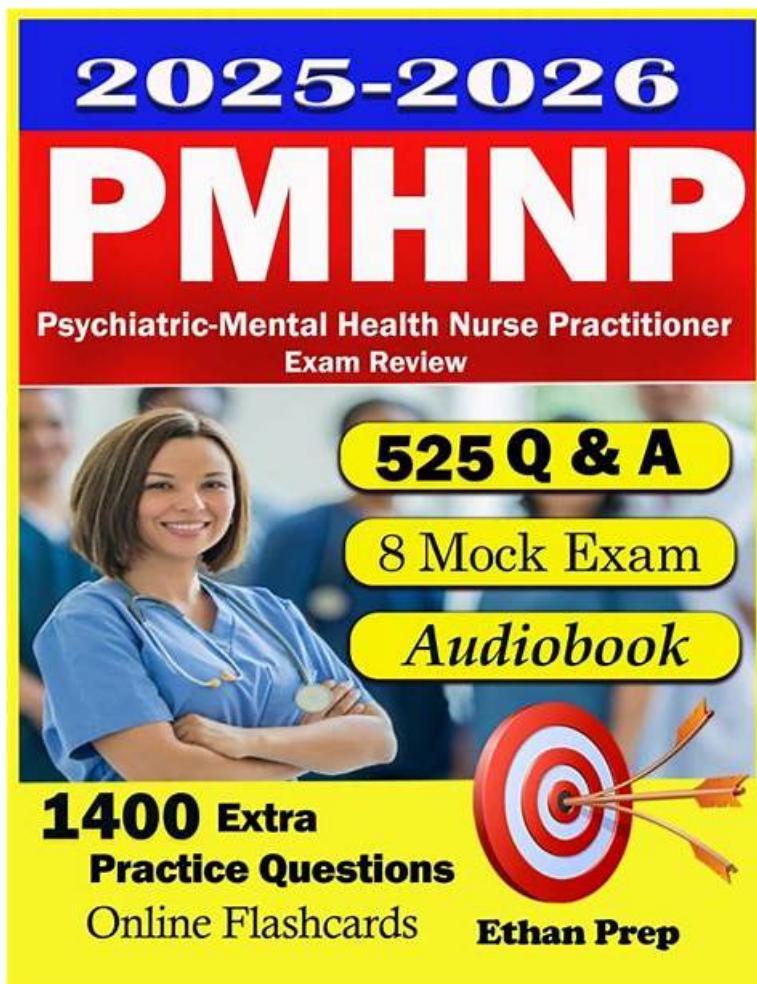


# PMHN-BC認証試験、PMHN-BC最新試験



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>> PMHN-BC認証試験 <<

## PMHN-BC最新試験、PMHN-BC試験感想

PMHN-BCガイド資料の改革に関する専門家の絶え間ない努力により、PMHN-BCテストの準備中に最短時間で集中してターゲットを絞ることができ、複雑で曖昧なコンテンツを簡素化できます。。私たちCertShikenのPMHN-BC研究急流の助けを借りて、あなたは同じ時間でより有用な何かをするためにあなたのフラグメント時間を最大限に活用することを学ぶので、あなたはあなたの仲間の労働者よりも独特です。弊社のPMHN-BC模擬テストの上記のすべてのサービスにより、より多くの時間、省エネ、省力化を実現できます。

## Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) 認定 PMHN-BC 試験問題 (Q98-Q103):

### 質問 #98

Which of the following would not be included under the Standards of Professional Performance?

- A. Diagnosis
- B. Ethics
- C. Evidence-based practice and research
- D. Education

正解: A

#### 解説:

In the field of professional practice, particularly in healthcare, standards are established to provide a framework for consistent quality and accountability among professionals. These standards are generally categorized into two main groups: \*\*Standards of Practice\*\* and \*\*Standards of Professional Performance\*\*. Each serves distinct yet complementary roles in ensuring the efficacy and ethics of professional conduct.

The \*\*Standards of Practice\*\* focus on the clinical and operational aspects of a professional's role. They are concerned with direct patient care activities, guiding professionals on how to perform specific tasks or procedures correctly, and make accurate clinical judgments. In this context, \*\*Diagnosis\*\* falls under the Standards of Practice. This involves assessing patient health problems and needs, developing and following through with care plans and treatments, and maintaining records. The skillful application of this standard is crucial for effective treatment and patient safety.

On the other hand, the \*\*Standards of Professional Performance\*\* are broader and focus on how professionals conduct themselves and fulfill their roles beyond direct patient care. These standards encompass behaviors and attributes that support the professional's ability to perform their clinical duties but do not directly involve specific medical or clinical tasks. Some key areas included under the Standards of Professional Performance are: - \*\*Education\*\*: Engaging in continuous learning and professional development. - \*\*Ethics\*\*: Adhering to ethical principles in all professional activities. - \*\*Evidence-based practice and research\*\*: Integrating scientific evidence into decision-making processes. - \*\*Quality of practice\*\*: Enhancing the quality of care provided to patients. - \*\*Professional practice evaluation\*\*: Assessing one's own practice and seeking improvement. - \*\*Communication\*\*: Effectively communicating with patients, families, and other healthcare team members. - \*\*Environmental health\*\*: Understanding and advocating for environmental health practices. - \*\*Collaboration\*\*: Working interprofessionally to achieve optimal patient care. - \*\*Resource utilization\*\*: Using available resources efficiently to enhance patient care. - \*\*Leadership\*\*: Leading within the professional community and healthcare teams to improve patient and organizational outcomes.

Given this distinction, \*\*Diagnosis\*\* clearly would not be included under the Standards of Professional Performance, as it directly relates to clinical judgments and medical procedures, which are the core components of the Standards of Practice. Understanding where various activities and responsibilities fall within these standards helps in maintaining a clear focus on both the clinical excellence and the overall professional conduct expected in healthcare environments.

### 質問 #99

What type of statistics describes basic facts about the sample size, the average of scores, or the median age of research participants?

- A. Inferential statistics
- B. Statistical describers
- C. Descriptive statistics
- D. Nominal statistics

正解: C

#### 解説:

Descriptive statistics are a fundamental aspect of statistical analysis used to describe and summarize the basic features of data in a study. They are essential for providing a simple summary of sample and measures. Elements such as the sample size, mean (or average) scores, and median age or values are all examples of descriptive statistics. These statistics are crucial because they offer a quick insight into the data set, helping researchers and readers to understand the distribution and central tendencies of the data without making any conclusions about the data that might generalize to a larger population.

The primary function of descriptive statistics is to present data in a manageable form. For instance, if a researcher is dealing with data from a large number of participants, it's impractical to present all the scores or ages individually. Instead, using the mean or median gives a single value that represents the entire dataset effectively. The sample size, another critical piece of information, tells us how many observations or data points are in the sample, providing an idea of the scale and scope of the study.

Descriptive statistics are divided into measures of central tendency and measures of variability. Measures of central tendency include

the mean, median, and mode, which describe the center position of a data set. Measures of variability, such as the range, interquartile range, variance, and standard deviation, describe the spread and distribution of the data. Together, these statistics provide a comprehensive picture of the data, helping to lay the groundwork for any further analysis that may be necessary, such as inferential statistics, which are used to make predictions or test hypotheses.

Being adept at interpreting descriptive statistics is a crucial skill in research utilization. This capability allows readers not only to understand the data presented but also to evaluate the robustness of the research methodology and the reliability of the conclusions drawn. Descriptive statistics do not provide conclusions beyond the data analyzed or suggest cause-and-effect relationships, but they are invaluable for initially exploring and presenting the data succinctly and effectively.

Overall, descriptive statistics are a critical tool in the researcher's toolkit. They are the first step in data analysis, providing a clear, concise view of the data that can inform further analysis and decision-making processes. Understanding these statistics is essential for anyone involved in research or those who need to interpret data effectively.

## 質問 # 100

There are a number of theories of grieving. Engel's stages of grieving includes which of the following?

- A. developing awareness
- B. experiencing numbness
- C. outcry
- D. anger

正解： A

解説：

George Engel, a prominent figure in the study of grief, delineated the grieving process into five distinct stages. These stages are structured to reflect the emotional journey that individuals typically undergo after experiencing a significant loss. Engel's model provides a comprehensive framework for understanding how people gradually come to terms with grief. Below is an expanded explanation of each stage as described by Engel:

\*\*Shock and Disbelief\*\*: This initial stage is marked by an inability to grasp the reality of the loss. Individuals often feel numb and find it hard to accept what has happened. This state of shock can serve as a protective mechanism, buffering the immediate impact of the loss and allowing the individual to process the news at their own pace.

\*\*Developing Awareness\*\*: As the shock wears off, the awareness of the extent of the loss begins to sink in. This stage may involve a range of emotions, including sadness, longing, and yearning. People start to confront the implications of the loss and may experience intense emotional pain as the reality sets in.

\*\*Restitution\*\*: In this stage, individuals start to adapt to life without the presence of what was lost. Cultural and religious rituals such as funerals can play a significant role in this stage, as they offer a way to publicly acknowledge and mourn the loss. These rituals can help provide closure and communal support.

\*\*Resolution of the Loss\*\*: During this stage, the individual begins to deal with the void left by the loss. They may start to adjust to a new reality and begin the process of reorganizing life without the deceased or the lost entity. This stage is often characterized by a gradual decline in the intensity of emotional pain.

\*\*Recovery\*\*: The final stage signifies a return to a more functional state. Recovery does not imply forgetting the loss but rather learning how to live with it. Individuals find new ways to connect with the memory of the lost, and life starts to feel more normal, even if it's a new kind of normal. It's important to note that these stages are not necessarily linear and can vary widely among individuals. Some may not experience all stages, or they may revisit some stages multiple times. Each person's grieving process is unique, and the duration and intensity of each stage can differ significantly based on personal factors and the nature of the loss.

## 質問 # 101

Creativity is the constant flow of new ideas to feed the change in every aspect of our lives. Motivators of creativity in nursing include all of the following EXCEPT:

- A. discouraging interaction with others outside the group
- B. promoting constructive intragroup and intergroup competition
- C. providing assistance to develop new ideas
- D. exhibiting confidence in workers

正解： A

解説：

Creativity in nursing is vital as it fosters innovative solutions and improvements in patient care and healthcare processes. Understanding the motivators of creativity can help develop an environment that nurtures and supports creative thinking among

nurses. Here, we explore factors that encourage creativity and identify which among the given options does not serve as a motivator of creativity in nursing.

\*\*Exhibiting Confidence in Workers\*\*: When nurse leaders exhibit confidence in their staff, it empowers the nurses. Confidence from leadership can enhance self-esteem among nurses, encouraging them to think independently and propose new ideas without the fear of criticism. This support not only motivates nurses to be creative but also fosters a sense of responsibility to innovate and improve their practices.

\*\*Providing Assistance to Develop New Ideas\*\*: Assistance can come in various forms such as training, resources, or time. When nurses receive support to develop their ideas, it reduces barriers to innovation. This assistance ensures that creative ideas are not stifled by a lack of resources or guidance. Furthermore, it signals an organizational commitment to innovation, encouraging nurses to brainstorm and experiment with new approaches in their work.

\*\*Promoting Constructive Intragroup and Intergroup Competition\*\*: Healthy competition within and between groups can stimulate creativity by challenging nurses to think differently and exceed standard practices. This type of competition can encourage team members to push their creative boundaries and come up with innovative solutions to win or be recognized. However, it's crucial that this competition remains constructive and does not foster negativity or cutthroat competition, which can be detrimental to teamwork and creativity.

\*\*Discouraging Interaction with Others Outside the Group\*\*: Unlike the other options, discouraging interactions outside the group does not motivate creativity. In fact, it can be a significant barrier to innovation. Interaction with individuals outside one's immediate group can provide fresh perspectives and ideas that challenge existing norms and encourage creative thinking. Networking with others in different fields or specialties can spark new ideas, solutions to common problems, and inspire cross-disciplinary approaches. Therefore, discouraging such interactions restricts the flow of information and limits the opportunity for creative solutions.

In summary, while exhibiting confidence in workers, providing assistance to develop new ideas, and promoting constructive competition are all effective motivators of creativity in nursing, discouraging interaction with others outside the group is not. It is essential for nurse leaders to encourage openness and interaction beyond immediate working groups to foster a more innovative and creative environment in healthcare settings. This approach not only aids in personal and professional growth but also significantly improves patient care and health outcomes.

## 質問 # 102

What is NOT an element of judgment?

- A. Ethical reasoning
- B. Critical thinking
- C. Positive self-regard
- D. Decision making

正解: C

解説:

Judgment is a cognitive process where one makes considered decisions or comes to sensible conclusions. It is an essential skill in problem-solving, decision-making, and ethical reasoning. These components require the ability to analyze information, weigh alternatives, and foresee consequences. Judgment is often associated with the application of critical thinking skills to assess and interpret situations effectively.

Critical thinking is a vital element of judgment. It involves analyzing facts to form a judgment. The thinker uses logic and reasoning to identify the strengths and weaknesses of alternate solutions, conclusions, or approaches to problems. Therefore, critical thinking directly supports the process of judgment by providing a structured way to process and evaluate information.

Ethical reasoning is another component of judgment. It refers to the process by which individuals apply moral principles and values to make decisions. In making judgments, especially in complex or conflict-ridden situations, ethical reasoning guides individuals to make choices that are morally acceptable and justifiable.

Decision making, closely related to problem-solving, is also a key aspect of judgment. It involves choosing between different courses of action. Effective decision making requires a clear understanding of the implications of each option and the likely outcomes. It uses a combination of critical thinking and ethical reasoning to arrive at decisions that achieve objectives while maintaining integrity and respect for others.

Positive self-regard, however, is not an element of judgment. While it is an important aspect of personal development and self-confidence, it relates more to how individuals perceive and value themselves. Positive self-regard is about maintaining a healthy self-image and a positive attitude towards oneself. Although having confidence can influence one's decisions, positive self-regard itself does not directly contribute to the cognitive processes involved in judgment. Positive self-regard is more about one's emotional and psychological state rather than their ability to think critically, reason ethically, or make decisions. As such, it is not considered a component of judgment but rather a personal attribute that can affect how judgment is applied or expressed.

### 質問 #103

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PMHN-BC最新試験：<https://www.certshiken.com/PMHN-BC-shiken.html>

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Nursing 合格力を養成する PMHN-BC問題集

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