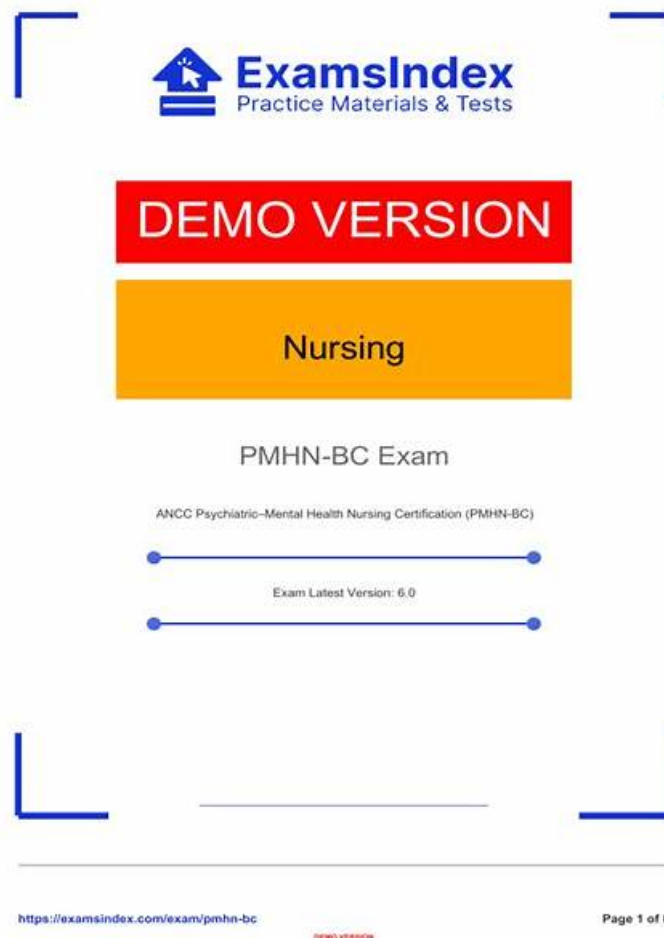


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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q54-Q59):

NEW QUESTION # 54

If a patient is put in seclusion merely for the convenience of the staff this would be

- A. invasion of privacy
- B. assault
- C. negligence
- D. false imprisonment

Answer: D

Explanation:

When analyzing the situation where a patient is put in seclusion merely for the convenience of the staff, several legal and ethical considerations arise. Among the potential legal issues, "false imprisonment" is the most applicable. False imprisonment occurs when a person is confined or restrained against their will without any legal justification. In the context of healthcare settings, seclusion should only be used for the safety of the patient or others, and must be supported by medical necessity as documented by a healthcare provider.

False imprisonment in medical settings often involves scenarios where patients are secluded or restrained without a valid medical or safety reason. If seclusion is used merely for the convenience of the staff, it indicates a lack of justifiable cause. This practice not only violates legal standards but also ethical guidelines that prioritize patient rights and dignity. The healthcare sector operates under strict regulations that mandate the use of seclusion and restraint only when absolutely necessary to prevent harm to the patient or others. In this context, using seclusion for staff convenience does not meet the criteria for a medically necessary intervention. Therefore, it could be classified as false imprisonment. The legal implications of false imprisonment include potential civil liabilities for the healthcare provider and the facility. Furthermore, it could lead to sanctions from healthcare oversight bodies, which uphold standards of practice and patient care.

It is crucial for healthcare facilities to train and educate their staff on the appropriate use of seclusion and restraint, ensuring that all personnel understand the legal requirements and ethical obligations involved. This includes recognizing that every patient has the right to freedom from unnecessary and unjustified restrictions. Implementing strict protocols and oversight can help prevent instances of false imprisonment and uphold the integrity of patient care.

NEW QUESTION # 55

When you implement a plan for a patient partly by making the patient feel comfortable and safe by orienting the patient to his rights and responsibilities, selecting specific activities for the patient's needs, and ensuring that the patient is maintained in the least restrictive environment that safety permits, this is known as which of the following?

- A. psychotherapy
- B. milieu therapy
- C. integrative therapy
- D. biological therapy

Answer: B

Explanation:

The correct answer to the question is "milieu therapy." Milieu therapy is a therapeutic approach in mental health treatment that focuses on creating an environment that is supportive and therapeutic for the patient. This form of therapy emphasizes the importance of the social environment or milieu in which the healing process takes place.

In milieu therapy, every aspect of the patient's surroundings is considered to be a part of the treatment. This includes not only the physical setting but also the social interactions and the established routines within the therapeutic environment. By carefully structuring these elements, milieu therapy aims to help individuals learn to adapt to and cope with their social and interpersonal circumstances in healthier ways.

Key components of milieu therapy include: - ****Orienting the patient to their rights and responsibilities:**** This involves making sure that the patient understands their rights within the therapeutic setting as well as their responsibilities towards their own treatment process. - ****Selecting specific activities tailored to the patient's needs:**** Activities are chosen to match the patient's personal therapeutic goals, which could include group therapy sessions, individual counseling, therapeutic recreational activities, or skills training. - ****Maintaining the patient in the least restrictive environment that safety permits:**** The aim here is to ensure that the patient enjoys the maximum freedom possible while still ensuring their safety and the safety of others. This helps to foster a sense of

normalcy and autonomy, which is crucial for the patient's self-esteem and recovery process. - ****Informing the patient about the need for limits and the conditions necessary to remove them in a culturally competent manner:**** This involves setting and explaining boundaries within the therapeutic environment in a way that is sensitive to the patient's cultural background and personal experiences. Overall, milieu therapy is designed to create a supportive and therapeutic community where patients can feel safe and comfortable, allowing them to focus on their recovery and rehabilitation. This approach can be particularly effective in settings such as psychiatric hospitals, residential treatment facilities, or therapeutic communities where multiple aspects of the daily living and social environment can be integrated into the treatment process.

NEW QUESTION # 56

What model would be best for a patient with comorbid conditions?

- A. Containment
- B. Acute
- C. Biologic
- **D. Whole person**

Answer: D

Explanation:

In the medical field, comorbid conditions refer to the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder. Managing a patient with comorbid conditions can be quite complex due to the different treatments and medications required for each condition. The best medical model to handle such situations is the whole person model.

The whole person model of care focuses on treating the person as a whole, rather than just focusing on the individual diseases or conditions. This approach takes into account the interactions between different diseases and conditions and how they can impact the overall health of the patient. It emphasizes the need to consider all aspects of a patient's health, including their physical, mental, and social well-being.

In the whole person model, the case manager plays a crucial role. They are responsible for coordinating the different treatments and services required by the patient. They ensure that all healthcare professionals involved in the patient's care are updated on the patient's condition and treatment progress. The case manager also works closely with the patient and their family to understand their needs and preferences, and to make sure the care provided aligns with these.

By using the whole person model, healthcare providers can provide more coordinated and comprehensive care to patients with comorbid conditions. This can lead to better health outcomes and improved patient satisfaction. Therefore, the whole person model is the best choice for a patient with comorbid conditions.

NEW QUESTION # 57

Pender's Health Promotion Model includes three general areas of concern to health-promoting behavior. Which of the following is NOT one of them?

- **A. perceived susceptibility to a condition**
- B. individual characteristics and experiences
- C. behavior-specific cognitions and affect
- D. behavioral outcomes

Answer: A

Explanation:

Pender's Health Promotion Model (HPM) is a theoretical framework designed to be a "complementary counterpart to models of health protection." It defines health as a positive dynamic state rather than simply the absence of disease. The model focuses on three key areas: individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. These elements are used to understand and predict how individuals engage in health-promoting behaviors.

The correct answer to the question, "Which of the following is NOT one of the three general areas of concern to health-promoting behavior in Pender's Health Promotion Model?" is "perceived susceptibility to a condition." This concept is actually a part of another well-known health model called the Health Belief Model (HBM). The HBM is centered around concepts including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action, and self-efficacy. It is primarily focused on disease prevention and how beliefs about health problems, perceived benefits of action, and barriers to action can affect health-related behavior.

In contrast, Pender's Health Promotion Model includes: 1. ****Individual characteristics and experiences**** - This area recognizes the impact of previous experiences and inherited and acquired characteristics on personal behavior. Factors like biological, psychological, and sociocultural characteristics are considered to shape how individuals think about health. 2. ****Behavior-specific**

cognitions and affect** - This aspect of Pender's model includes perceptions of benefits of and barriers to engaging in specific health behavior, perceived self-efficacy, activity-related affect, interpersonal influences (such as norms, social support, and modeling), and situational influences. These factors contribute to the motivation of the individual in making health-promoting behavior choices. 3.

****Behavioral outcomes**** - This is the end result of the model where the action of engaging in a health-promoting behavior is the outcome. The desired behavioral outcomes are directed by goals set by the individual, and actions are taken to achieve these goals which are influenced by the individual's commitments, perceived barriers, and competing demands and preferences.

Understanding the distinction between these models is crucial for health professionals in designing interventions and educational programs. Pender's HPM emphasizes the positive approach to wellness, expanded focus on the individual's motivation and readiness to act, and the dynamic nature of the individual-environment interaction necessary for promoting health. In contrast, the HBM is more focused on preventing disease through addressing negative health behaviors and evaluating personal risks and outcomes.

NEW QUESTION # 58

What stereotype might a NP face in collaborative settings?

- A. Incompetence
- B. Creativity
- C. Boring
- D. Competence

Answer: A

Explanation:

*Nurse Practitioners (NPs) often face several stereotypes in collaborative healthcare settings that can influence their professional interactions and the dynamics within healthcare teams. One significant stereotype is the perception of incompetence. This stereotype can stem from traditional views about the roles and capabilities within the medical hierarchy, where physicians are often seen as more capable or knowledgeable than other healthcare providers. *

*This stereotype of incompetence is not only misleading but also damaging. NPs are highly trained professionals who undergo rigorous education and clinical training. They are qualified to diagnose and treat patients, prescribe medications, and perform other essential healthcare functions that are often similar to those of physicians. Despite this, in collaborative settings, NPs can sometimes be underestimated by their physician colleagues who might perceive them as less knowledgeable or skilled. *

*The stereotype of incompetence can hinder effective collaboration in healthcare settings. It may lead to underutilization of NPs' skills, reluctance from physicians to delegate tasks or share responsibilities, and can overall affect the morale of the NP. Furthermore, this stereotype can impact patient care, as it might prevent NPs from fully contributing to the patient care team's efforts or from practicing to the full extent of their training and abilities. *

*To overcome these stereotypes, NPs often find themselves needing to prove their competence repeatedly. This can involve them taking on additional responsibilities, engaging in continuous professional development, and actively participating in leadership roles within their teams. Education of other healthcare team members about the qualifications and capabilities of NPs can also help in reshaping these outdated perceptions and promote a more collaborative and respectful working environment. *

*In conclusion, the stereotype of incompetence is a significant barrier that nurse practitioners face in collaborative settings. It not only affects their professional relationships and growth but also impacts the efficiency and efficacy of the healthcare teams they are part of. Addressing these stereotypes is crucial for improving not only the working conditions of NPs but also the quality of care provided to patients.

NEW QUESTION # 59

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