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Nursing PMHN-BC Exam Syllabus Topics:

Section	Objectives
Topic 1: Therapeutic Interventions	- Psychopharmacology Principles • 1. Medication classes for psychiatric disorders • 2. Side effects and monitoring - Psychotherapeutic Modalities • 1. Crisis intervention and stabilization • 2. Cognitive and behavioral interventions

Topic 2: Professional Role Development	- Interprofessional Collaboration • 1. Care coordination across healthcare teams - Continuing Competency • 1. Quality improvement in psychiatric nursing practice
Topic 3: Patient Safety and Ethical Practice	- Safety and Risk Management • 1. De-escalation techniques • 2. Inpatient and outpatient safety protocols - Ethics and Legal Standards • 1. Confidentiality and informed consent • 2. Mental health legal frameworks
Topic 4: Psychiatric–Mental Health Nursing Foundations	- Assessment and Diagnostic Reasoning • 1. Mental status examination and interpretation • 2. Comprehensive psychiatric assessment across lifespan • 3. Risk assessment (suicide, violence, self-harm) - Clinical Decision-Making • 1. Differential diagnosis support and clinical reasoning • 2. Evidence-based practice application

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Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q69-Q74):

NEW QUESTION # 69
The key symptoms of depression would be which of the following?

- A. Anhedonia
- B. Happiness
- C. Both B and C
- D. Depressed mood

Answer: C

Explanation:
The question asks to identify the key symptoms of depression among the provided options. The correct answer is "Both B and C," which stands for Anhedonia and Depressed mood, respectively. Let's break down why each of these is considered a key symptom and why "Happiness" is not.
Firstly, Anhedonia is a significant symptom of depression. It refers to the inability or reduced ability to experience pleasure in activities that typically bring joy. This could include hobbies, social interactions, and even basic things like eating favorite foods or

listening to music that one usually enjoys. In the context of depression, anhedonia is not just a temporary disinterest but a persistent state that affects the overall quality of life and daily functioning.
Secondly, a Depressed mood is another primary symptom of depression. This is characterized by feelings of sadness, emptiness, or hopelessness that are persistent and interfere significantly with the individual's ability to function. This mood state goes beyond just feeling blue temporarily; it is a pervasive and ongoing emotional state that impacts all aspects of an individual's life, including work, relationships, and self-esteem.
On the other hand, Happiness is not a symptom of depression. While individuals with depression may experience moments of happiness or relief, these moments do not negate the presence of the depressive disorder. Depression is marked by a generally low mood and the inability to feel sustained pleasure, which contradicts the essence of happiness as a persistent state.
Given the above explanations, the option "Both B and C" is correct as both Anhedonia and Depressed Mood are key indicators of depression. They are critical in diagnosing and understanding the severity and impact of the disorder on an individual's life. Understanding these symptoms is essential for effective treatment and management of depression.

NEW QUESTION # 70
If a patient is put in seclusion merely for the convenience of the staff this would be

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

Answer: A

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 # 71
Many suggest that it is more important to avoid harm than to do good. This comes from which of the following ethical principles?

- A. nonmaleficence
- B. justice
- C. autonomy
- D. beneficence

Answer: A

Explanation:
The statement "Many suggest that it is more important to avoid harm than to do good" aligns with the ethical principle of nonmaleficence. This principle, often summarized by the Latin phrase "primum non nocere" or "first, do no harm," is a fundamental concept in medical ethics, bioethics, and broader ethical discussions. Nonmaleficence emphasizes the importance of avoiding actions that could cause harm to others. It prioritizes the safety and well-being of individuals by insisting that preventing harm takes precedence over providing benefits or doing good.
Nonmaleficence is distinct from beneficence, which focuses on actively doing good and promoting the welfare of others. The

principle of nonmaleficence serves as a constraint on the beneficence, ensuring that the pursuit of good outcomes does not result in unacceptable harm. For instance, in healthcare, while a treatment might promise significant benefits, it must not impose risks or harm that outweigh those benefits.
In ethical decision-making, nonmaleficence requires careful consideration of potential negative outcomes before acting. It is closely related to risk assessment and management. The principle not only applies to direct actions but also implies a duty to prevent harm caused by others when possible. For example, a healthcare provider may have a duty to intervene if they know that a proposed treatment by another clinician could harm the patient.
Justice and autonomy are other key principles in ethics. Justice involves fairness and equality among individuals, often focusing on the distribution of resources or respect. Autonomy emphasizes the right of individuals to make decisions about their own lives, assuming they have the capacity to do so. Although these principles are crucial in various ethical frameworks, they do not directly address the priority of avoiding harm over doing good, which is the essence of nonmaleficence.
Thus, when discussing the importance of avoiding harm over doing good, nonmaleficence is the ethical principle most directly involved. It provides a foundational guideline that helps ensure actions or policies do not inadvertently cause more harm than the benefits they aim to achieve, which is a central concern in many professional and everyday ethical decisions.

NEW QUESTION # 72
All of the following are contraindications for lithium use EXCEPT:

- A. renal disorder
- B. hypothyroidism
- C. hypertension
- D. diabetes

Answer: C

Explanation:
The question asks to identify which condition among the listed is not a contraindication for the use of lithium, a mood-stabilizing drug primarily used to treat bipolar disorder. Contraindications are conditions or factors that serve as reasons to withhold a certain medical treatment due to the harm that it would cause the patient.
The options given are: 1. Renal disorder 2. Diabetes 3. Hypertension 4. Hypothyroidism Renal disorder is a known contraindication for lithium use. Lithium is primarily excreted by the kidneys, and impaired renal function can lead to lithium toxicity. This is because the drug's clearance decreases with reduced kidney function, increasing the risk of side effects and poisoning.
Diabetes is also considered a contraindication. Lithium can influence glucose control and might exacerbate existing diabetes or even precipitate the onset of new cases. Monitoring and careful management are required if lithium is considered necessary for a patient with diabetes.
Hypothyroidism, though often closely monitored in patients on lithium due to the drug's potential to impair thyroid function, is not necessarily a contraindication but rather a condition requiring careful management and monitoring during lithium therapy. Lithium can cause hypothyroidism or exacerbate an existing condition, but with appropriate thyroid function monitoring and treatment, patients with this condition can often still safely use lithium.
Hypertension, unlike the other conditions listed, is not a direct contraindication for lithium use. While lithium might have some impact on the cardiovascular system, such as affecting the renin-angiotensin system which can influence blood pressure, it does not generally preclude the use of lithium in patients with hypertension. Of course, all patients on lithium should have comprehensive monitoring, including assessments of cardiovascular health, but hypertension alone does not normally prohibit the use of lithium.
Therefore, the correct answer to the question is "hypertension," as it is not a contraindication for lithium use, unlike renal disorder, diabetes, and (to a lesser extent needing careful management) hypothyroidism.

NEW QUESTION # 73
When your client is inducing an illness in order to receive attention this is called:

- A. anxiety disorder
- B. factitious disorder
- C. masochistic disorder
- D. malingering

Answer: B

Explanation:
Factitious disorder is a mental disorder in which a person acts as if they have an illness by deliberately producing, feigning, or exaggerating symptoms, purely to attain (often medical) attention or sympathy. This disorder is distinct from hypochondriasis as these

individuals are aware that they are exaggerating, but do it for psychological reasons rather than for personal gain.
In contrast to malingering, where the individual pretends to be ill for material gain (such as financial compensation, avoidance of work, or access to drugs), those with factitious disorder are driven by a deep-seated need for attention and sympathy. The primary motivation is to assume the "sick role" to receive care and concern, not external incentives.
The behaviors in factitious disorder may involve falsifying medical history, tampering with medical tests (for example, contaminating a urine sample), harming oneself to produce symptoms, or by exacerbating existing medical problems. These actions are often very harmful to the person's health, yet driven by an uncontrollable psychological need.
Diagnosis and treatment of factitious disorder are challenging. Healthcare providers must carefully gather a patient's medical and psychological history for inconsistencies without damaging the trust in the therapeutic relationship. Treatment typically involves managing any underlying psychiatric conditions, such as depression or personality disorders, and addressing the relationship between the patient and healthcare providers to avoid unnecessary procedures.
Understanding factitious disorder and distinguishing it from other similar conditions, like malingering or somatic symptom disorder, is crucial for providing appropriate care and avoiding unnecessary medical interventions.

NEW QUESTION # 74
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