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### Nursing ANCC Psychiatric–Mental Health Nursing Certification (PMHN-BC) Sample Questions (Q92-Q97):

#### NEW QUESTION # 92

What might be an appropriate response if the social worker accuses the health care worker of not properly advocating for an uninsured patient?

- A. Report the individual.
- B. Discuss the incident with coworkers.
- C. Remain silent until calm.
- D. Express their feelings

**Answer: C**

Explanation:

An appropriate response when a social worker accuses a health care worker of not properly advocating for an uninsured patient might involve several steps that prioritize professional integrity and effective communication. The first step is to manage the emotional response. It's natural to feel defensive or upset when accused of inadequate advocacy, especially in high-stakes environments like healthcare. However, reacting in a heated or emotional manner can escalate the situation and hinder resolution. Hence, it is advisable to remain silent until calm. This allows the health care worker to process the emotions and approach the situation more objectively. Once composure is regained, the next step is to engage in a constructive discussion with the social worker. It is important to express their feelings and perspectives clearly and respectfully. The health care worker should seek to understand the basis of the accusation by asking the social worker to provide specific examples or details that led to their concern. This not only shows willingness to engage and address the issue but also helps in gathering all relevant information.

During the conversation, it is crucial to communicate effectively. This involves active listening, maintaining eye contact, and using open body language. The health care worker should articulate their actions and the rationale behind their decisions regarding the patient's advocacy. If there were constraints or limitations, such as policy restrictions or resource availability, these should be explained clearly. The objective is to ensure that both parties have a mutual understanding of the circumstances and challenges faced in advocating for the patient.

If the situation does not resolve through direct communication or if the health care worker feels unfairly treated, it may be appropriate to report the incident to a higher authority within the organization. This could involve discussing the matter with a supervisor or filing a formal complaint if necessary. This step should be taken to ensure that the issue is addressed formally and to prevent any similar misunderstandings in the future.

Additionally, discussing the incident with coworkers can provide support and further insights. Colleagues may offer different perspectives or share similar experiences, which can help in understanding the situation better and deciding on further actions. However, it is important to maintain professionalism and confidentiality while discussing such matters with peers.

Ultimately, the goal is to ensure that all parties work collaboratively to support the best interests of the patient, maintaining a professional and respectful atmosphere. By addressing the accusation calmly and constructively, the health care worker not only upholds their professional standards but also contributes to a positive work environment.

#### NEW QUESTION # 93

What stereotype might a NP face in collaborative settings?

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

**Answer: C**

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 # 94

The type of aphasia that is characterized by impairment in all three areas of fluency, comprehension, and repetition is:

- A. Wernicke's aphasia
- B. Broca's aphasia
- C. conduction aphasia
- D. global aphasia

**Answer: D**

Explanation:

Global aphasia is the most severe form of aphasia and is characterized by significant impairments in all major areas of language function: fluency, comprehension, and repetition. This type of aphasia generally results from extensive damage to the perisylvian region of the left hemisphere, which often involves both the language production region of Broca's area and the language comprehension region of Wernicke's area, along with the connections between them, notably the arcuate fasciculus.

In individuals with global aphasia, fluency is severely impacted. Their speech output is often limited to a few words or even no words at all, resulting in very non-fluent communication. They might rely heavily on facial expressions or gestures to aid in communication. This lack of fluency is similar to that observed in Broca's aphasia, but it is more severe in global aphasia.

Comprehension is also profoundly affected in global aphasia. Individuals may show little understanding of spoken language and also struggle with comprehension of written words. This is akin to the comprehension deficits seen in Wernicke's aphasia but, again, the deficits are more extreme in global aphasia.

Repetition abilities are equally impaired in global aphasia. Patients typically cannot repeat words or phrases, a dysfunction that aligns with the breakdown in both expressive and receptive language areas. This symptom is distinct from conduction aphasia, where repetition is primarily the core deficit but fluency and comprehension might remain relatively intact.

Global aphasia results from widespread damage typically due to a large stroke affecting the left middle cerebral artery, which supplies blood to the areas critical for language processing. This widespread damage is what distinguishes global aphasia from other types of aphasia, which may result from smaller or more localized brain injuries.

In summary, global aphasia is a profound communication disorder that affects all aspects of language processing—speaking, understanding, repeating, and often reading and writing. Rehabilitation involves intensive speech and language therapy, focusing on rebuilding any residual language abilities and teaching alternative communication strategies to improve quality of life.

#### NEW QUESTION # 95

Unexplained physical manifestations or deficits affecting voluntary motor or sensory function that suggest a neurological or other underlying medical condition indicate which of the following?

- A. general anxiety disorder

- B. conversion disorder
- C. chronic fatigue syndrome
- D. body dysmorphic disorder

**Answer: B**

Explanation:

The correct answer to the question is "conversion disorder." Conversion disorder, which falls under the umbrella of somatic symptom and related disorders, involves symptoms of altered voluntary motor or sensory function that cannot be explained by neurological or medical conditions. The symptoms appear neurological, such as paralysis, difficulty speaking (aphonia), seizures, or sensory loss, but upon medical examination and testing, these symptoms cannot be linked to any organic cause.

In conversion disorder, there is often a temporal relationship between psychological factors and the development of symptoms. For instance, the symptoms may occur soon after a stressful life event, unresolved psychological conflict, or mental health disorder.

However, it is not always mandatory to identify a stressor for a diagnosis of conversion disorder. The key feature is that the symptom or deficit is not intentionally produced or feigned, distinguishing it from factitious disorders or malingering.

The concept of "secondary gain" is also significant in understanding conversion disorder. Secondary gain refers to the external benefits that individuals might derive from their symptoms, such as sympathy, attention, or avoidance of unpleasant activities. These gains are not the reason for the symptoms but can contribute to the persistence of the disorder.

Unlike body dysmorphic disorder, which involves an obsessive focus on perceived flaws in one's physical appearance, or general anxiety disorder, characterized by pervasive and excessive worry about various aspects of life, conversion disorder specifically targets sensory and motor functions. It is also distinct from chronic fatigue syndrome, which is primarily characterized by extreme, persistent tiredness that is not solely explained by an underlying medical condition and does not improve significantly with rest.

In diagnosing conversion disorder, it is crucial for healthcare providers to conduct thorough assessments to rule out neurological diseases or other medical conditions. Psychological evaluations may also help identify stressors or conflicts contributing to the disorder. Treatment typically involves a combination of psychotherapy, stress management techniques, and sometimes physical therapy, depending on the symptoms.

#### NEW QUESTION # 96

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 # 97

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