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Question: 1

Which of the following traits is most associated with the autocratic or authoritative management style?

- A. determines policy and makes all decisions
- B. gives regular feedback
- C. gives regular recognition for work
- D. builds responsibility in people

Answer: A

Explanation:

The question asks about a trait closely linked with the autocratic or authoritative management style. Out of the options provided, the correct answer is "determines policy and makes all decisions." This choice directly reflects the central characteristics of an autocratic management approach.

Autocratic or authoritative management styles are defined by a leadership approach where a single individual holds substantial authority and control over decision-making. In this style, the leader typically does not solicit or incorporate input from team members but instead makes decisions unilaterally. This kind of management is often characterized by clear, direct commands and a structured hierarchy. The choice "determines policy and makes all decisions" is most aligned with this style as it encapsulates the essence of autocratic leadership—centralizing power and decision-making in the hands of the leader. This contrasts with other management styles like democratic or participative styles, where decision-making is more collaborative and involves input from various team members.

Additionally, the other options listed—such as "gives regular feedback," "gives regular recognition for work," and "builds responsibility in people"—are traits that are more typically associated with more inclusive and employee-centered management styles. These traits encourage participation, acknowledge contributions, and empower team members, which are not primary features of the autocratic style.

Therefore, the trait "determines policy and makes all decisions" not only describes the method of operation in an autocratic style but also highlights the distinct lack of collaborative decision-making that is a hallmark of this approach. This trait clearly distinguishes the autocratic style from other managerial approaches that might encourage team input and shared responsibility.

Question: 2

All of the following would be considered a type of data analysis tool except?

- A. Relational charts
- B. Decision making tools
- C. Data analysis
- D. Production work

Answer: D

Explanation:

The question provided asks which of the listed options would not be considered a type of data analysis tool. The correct answer to this question is "Production work." To clarify why this is the correct answer, it's important to understand the nature of each option provided.

Firstly, "Relational charts" are indeed a type of data analysis tool. Relational charts help in visualizing relationships between different data points or variables. They can be crucial in identifying correlations, trends, and patterns within the data, making them a valuable tool for data analysis.

"Decision-making tools" also fall under the category of data analysis tools. These tools typically use data and algorithms to help users make informed decisions based on statistical probabilities, trend analyses, and data-driven insights. Examples include decision trees and weighted scoring models.

"Data analysis" itself is a broad category that encompasses various techniques and tools used to inspect, cleanse, transform, and model data with the aim of discovering useful information, informing conclusions, and supporting decision-making. This category includes a wide range of statistical and computational tools.

On the other hand, "Production work" refers to activities involved in the actual manufacturing or creation of goods and services. This involves tasks like assembly line work, operations management, and quality control in the context of physical or digital production environments. While production work may utilize data and insights generated from data analysis tools to improve efficiency and output, it is not in itself a tool for analyzing data.

Therefore, when asked which of the options is not a data analysis tool, "Production work" is the correct answer as it does not fit the definition or function of a data analysis tool, unlike the other options listed.

Question: 3

The Nurse Executive is often called on to resolve conflict. He knows that the modes of conflict resolution include Avoidance, Accommodation, Competition, Collaboration, and what else?

- A. Consultation
- B. Compromise
- C. Consideration
- D. Postponement

Answer: B

Explanation:

The correct answer to the question regarding the modes of conflict resolution that includes Avoidance, Accommodation, Competition, Collaboration, and another mode is **Compromise**.

Compromise as a conflict resolution strategy involves both parties making concessions to reach a mutually acceptable solution. This strategy is particularly useful when the conflict is complex, and a quick solution is needed, though it might not completely satisfy all parties. In a healthcare setting, where decisions often impact patient care and staff well-being, finding a middle ground can help maintain professional relationships and keep the focus on patient outcomes.

In addition to Compromise, other modes mentioned include: - **Avoidance**, where the conflict is ignored or postponed, usually not a sustainable strategy in environments where issues need clear

resolutions, like healthcare. - **Accommodation**, where one party gives in to the others' demands, often used to preserve harmony or when the issue is more important to one party than the other. - **Competition**, a more aggressive stance where one party seeks to win at the expense of the other. This can be useful in critical situations requiring quick, decisive action. - **Collaboration**, which involves working together to find a win-win solution, ensuring all parties' needs and concerns are addressed, often leading to innovative solutions in complex scenarios.

The role of the Nurse Executive in conflict resolution is crucial. They must assess the situation, determine which mode of conflict resolution is most appropriate, and guide their team through the process. Their leadership in effectively managing conflicts can significantly impact the healthcare facility's functioning and the quality of care provided. By fostering an environment where conflicts are handled constructively, Nurse Executives contribute to a collaborative and supportive workplace culture.

Question: 4

In regards to the manager - subordinate relationship in negligence cases:

- A. Managers are automatically held responsible for subordinate negligence.
- B. Managers are not automatically held liable for subordinate negligence.
- C. Managers are only held liable for subordinate negligence when the situation is life threatening.
- D. Subordinate and managers hold equal liability in all cases.

Answer: B

Explanation:

In legal terms, the relationship between managers and their subordinates is critical, especially in cases involving negligence. A common misconception is that managers are automatically held responsible for the negligent actions of their subordinates. However, the reality is more nuanced. The fundamental principle here is that liability is not assumed merely by virtue of one's managerial position. Instead, liability depends on specific circumstances related to the oversight and control a manager has over a subordinate.

Under the doctrine of "vicarious liability," an employer (including managers) can be held responsible for the negligent acts of an employee if those acts occur within the scope of employment. However, this does not mean that a manager is always liable whenever a subordinate is negligent. For a manager to be held directly responsible for a subordinate's negligence, there must be an element of personal fault, such as a failure in adequately supervising the subordinate.

For instance, if a subordinate commits a negligent act while performing their duties and it can be shown that the manager failed to provide proper supervision or training, the manager could be held liable for negligence. This could include situations where the manager ignored the need for additional training or overlooked reports of the subordinate's incompetence. The key here is the causal connection between the manager's conduct (or lack thereof) and the negligent act.

It is also important to note that not all situations of negligence will implicate the manager. Liability is typically assessed based on whether the manager had the opportunity and capability to prevent the negligent act through reasonable measures. Furthermore, in extreme cases where the subordinate's actions pose a life-threatening risk, the criteria for a manager's liability may be stricter, emphasizing the need for rigorous oversight.

Lastly, the idea that subordinates and managers hold equal liability in all cases is incorrect. The legal responsibility of each party is evaluated individually based on their actions and the context of those

actions. While a subordinate may be directly liable for their negligence, a manager's liability hinges on their involvement or negligence in supervision and management.

In conclusion, in negligence cases within the context of a manager-subordinate relationship, liability is not automatic for managers. Instead, it is contingent upon proving that the manager was negligent in their supervisory duties, which directly contributed to the subordinate's negligent act. Understanding these distinctions is crucial for both managerial accountability and the protection of subordinate rights in the workplace.

Question: 5

Which of the following systems integrations allow entities to come together to enhance fiscal solvency through collective purchasing power?

- A. committees
- B. networks
- C. management information systems
- D. matrix organizations

Answer: B

Explanation:

The correct answer to the question is networks. Networks, in a business or organizational context, refer to a system of interconnected entities or organizations that collaborate to achieve certain goals. These entities could be companies, non-profits, public sector organizations, or any other type of institution that finds value in forming alliances to leverage collective strengths.

One of the primary advantages of networks is their ability to enhance fiscal solvency through collective purchasing power. When organizations come together in a network, they can pool their requirements for goods and services and procure them in larger volumes. This bulk purchasing typically results in cost savings due to economies of scale, which might not be achievable by each entity if acting independently. For example, a network of small hospitals can band together to buy medical supplies in bulk, securing prices that are more competitive than what each hospital would get individually.

Moreover, networks allow these entities to consolidate power and market share. By combining their resources and capabilities, the entities in a network can often access new markets, leverage technological advancements, share knowledge, and optimize operational efficiencies more effectively than they could alone. This consolidation can lead to enhanced competitiveness and a stronger position within their respective industries.

Despite these benefits, it is crucial to note that within networks, each participating organization generally retains its own internal system of governance. This means that while they cooperate in certain strategic areas, each entity remains independent in terms of its management and decision-making processes. This structure is beneficial because it allows for flexibility and customization according to each organization's needs and goals, without compromising the autonomy that is often crucial for innovation and internal company culture.

In conclusion, networks are instrumental in enabling organizations to enhance their fiscal solvency through collective purchasing power. They provide a platform for shared resource utilization, strategic collaboration, and market consolidation, all while maintaining the independence of the individual entities involved. This unique combination of collaboration and autonomy makes networks a highly effective integration model for entities aiming to improve their financial health and market position.

Question: 6

In a capitated system, providers benefit economically if patients

- A. Require extensive services
- B. Stay healthy
- C. Are hospitalized
- D. Leave the system

Answer: B

Explanation:

In a capitated healthcare system, the economic dynamics between healthcare providers and patients function quite differently compared to traditional fee-for-service systems. In a capitated arrangement, healthcare providers, such as physicians or hospitals, receive a set amount of money per patient per unit of time (usually per month or year) from a health insurance plan. This payment is made regardless of whether the patient seeks medical care or not during that period.

The primary economic benefit for providers in a capitated system lies in the health status of their patients. When patients remain healthy and require fewer medical services, providers can retain a larger portion of the fixed payment as they spend less on medical supplies, treatments, and procedures. This system, therefore, incentivizes providers to focus on preventive care and effective management of chronic conditions to keep patients healthy. For instance, providers might invest more in health education, routine check-ups, vaccinations, and early detection screenings to prevent illnesses and costly interventions down the line.

Conversely, if patients require extensive services or frequent hospitalizations, the costs to the provider can quickly exceed the fixed payment received under capitation. This scenario would economically disadvantage providers, as they must cover the excess costs, potentially leading to financial losses. Hence, providers in a capitated system generally do not economically benefit when patients need more extensive medical services.

This model also impacts how patients interact with the healthcare system. Since providers benefit financially from having healthier patients, they may be more motivated to ensure that patients receive comprehensive, proactive healthcare services. This can enhance the overall quality of care and patient satisfaction. However, critics argue that there is also a risk of under-service, where providers might minimize services to save costs, which could negatively impact patient care if not properly monitored. In summary, in capitated healthcare systems, providers economically benefit most when their patients stay healthy. This setup encourages a healthcare approach focused on prevention and efficient management of existing conditions, aligning the financial incentives of providers with the health outcomes of patients.

Question: 7

The law that prohibits Medicare-participating emergency departments from “dumping” patients who cannot pay or who do not have insurance is which of the following?

- A. OSHA

- B. EMTALA
- C. OBRA
- D. HIPAA

Answer: B

Explanation:

The correct answer to the question regarding the law that prohibits Medicare-participating emergency departments from "dumping" patients who cannot pay or who do not have insurance is EMTALA, which stands for the Emergency Medical Treatment and Active Labor Act.

EMTALA was enacted by Congress in 1986 as a federal law to ensure public access to emergency services regardless of ability to pay. The primary purpose of this act is to prevent hospitals from refusing to treat patients based on their insurance status or ability to pay. This issue, commonly referred to as "patient dumping," was a significant concern in the 1980s, prompting federal legislation to address the unethical practice.

Under EMTALA, any hospital that has an emergency department and participates in the Medicare program is required to provide a medical screening examination to anyone who comes to the emergency department seeking care. This examination must determine whether or not an emergency medical condition exists. If such a condition is found, the hospital is then obliged to either stabilize the condition to the best of its ability, regardless of the patient's financial circumstances or insurance status, or to appropriately transfer the patient to another facility that can provide the necessary treatment. The implications of violating EMTALA are severe. Hospitals and physicians could face hefty fines and other penalties, including potential exclusion from participating in federal health care programs. The enforcement of this law is handled by the Centers for Medicare and Medicaid Services (CMS) and the Office of the Inspector General (OIG), ensuring compliance and investigating complaints.

EMTALA is a critical component of the healthcare regulatory environment in the United States, reflecting the commitment to provide medical care during emergencies without financial discrimination. Its enactment has significantly impacted how emergency medical care is administered, ensuring that the basic right to emergency medical treatment is preserved for all individuals, irrespective of their financial situation.

Question: 8

Who are the older persons protected by the Age Discrimination in Employment Act of 1967?

- A. individuals who are at least 50 but younger than 70
- B. individuals who are at least 40 but younger than 60
- C. individuals who are at least 50 but younger than 65
- D. individuals who are at least 40

Answer: D

Explanation:

The Age Discrimination in Employment Act of 1967 (ADEA) is a crucial federal statute that aims to protect individuals who are 40 years of age and older from discrimination in the workplace based on age. This age group includes all individuals who are at least 40 years old, with no upper age limit set by

the act. Thus, the correct answer to the question regarding who is protected under the ADEA is "individuals who are at least 40."

The ADEA's primary purpose is to promote the employment of older persons based on their ability rather than their age. It seeks to ensure that individuals are not denied employment opportunities, are not forced into retirement, and are not subjected to reduced terms and conditions of employment simply because of their age. The act covers various aspects of employment, including hiring, firing, promotions, layoffs, compensation, benefits, job assignments, and training.

The legislation was prompted by the recognition that older workers often find themselves at a disadvantage in the labor market and are subject to stereotypes that they are less productive or less capable than their younger counterparts. By protecting this age group, the ADEA helps to ensure that they have fair and equal opportunities in the workforce, which is vital not only for the individuals themselves but also for the economy as a whole.

In summary, the ADEA specifically protects all individuals who are 40 years of age or older, ensuring they are judged in their employment settings based on their skills and capabilities rather than age. This protection continues as long as the individual remains employed and does not impose an upper age limit, thus encompassing a broad range of the workforce who may otherwise be vulnerable to age-related discrimination.

Question: 9

The ethical principle that a competent adult patient has the right to make his or her own health care decisions is which of the following?

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

Answer: D

Explanation:

The ethical principle that a competent adult patient has the right to make his or her own health care decisions is autonomy. This principle, often referred to as self-determination, is a fundamental aspect of medical ethics and human rights. Autonomy respects the ability of individuals to make informed decisions about their own health care, based on their values, beliefs, and personal circumstances. Autonomy contrasts sharply with paternalism, where health care providers make decisions for patients under the assumption that these decisions are in the patients' best interests. Although sometimes intended to benefit the patient, paternalism can undermine the principles of autonomy by limiting patients' rights to participate in decisions about their own health.

In scenarios where the patient is a competent adult, respecting autonomy means health care professionals must provide all necessary information about treatment options, risks, benefits, and alternatives. This enables the patient to make a well-informed decision that aligns with their personal preferences and life goals. Health care providers should support the patient's decision, even if it differs from the provider's own professional opinion.

Another related ethical principle is beneficence, which involves acting in the best interest of the patient. However, beneficence must be balanced with autonomy, particularly in ensuring that actions meant to benefit the patient do not override the patient's right to make their own decisions.

Justice, another key ethical principle in health care, focuses on distributing benefits, risks, and costs fairly across society. While justice is crucial in considerations of public health and policy, it does not directly address individual decision-making rights in the same manner as autonomy. In conclusion, the correct answer to the question regarding the ethical principle that enables a competent adult to make their own health care decisions is autonomy. This principle is vital in respecting and upholding the dignity and rights of patients, ensuring that they are active participants in their own health care management.

Question: 10

Who is less likely to be part of a quality improvement team for blood draws?

- A. Floor nurses.
- B. Lab employees.
- C. Frontline manager.
- D. Surgeons.

Answer: D

Explanation:

The central question here is determining who among the listed options—floor nurses, lab employees, frontline managers, and surgeons—is less likely to be part of a quality improvement team for blood draws. The correct answer is surgeons. To understand why, we need to delve into the roles typically involved in the process of blood draws and the composition of quality improvement teams.

Quality improvement (QI) teams in healthcare settings are composed of individuals who are directly involved in the processes and systems being reviewed and improved. These teams aim to enhance patient outcomes, streamline procedures, and reduce waste or errors. Members of a QI team are usually those who have first-hand experience with the particular service or procedure, as their insights are crucial for making effective improvements.

In the context of blood draws, which are a common yet critical routine procedure in healthcare, the personnel directly involved are typically phlebotomists, nurses (particularly floor or ward nurses), and laboratory staff. These professionals handle the majority of tasks associated with blood collection, including the actual drawing of blood, processing, and testing of the blood samples in the lab. Their daily interaction with these procedures makes them ideal candidates for a QI team focused on blood draws. On the other hand, surgeons, while integral to many aspects of patient care, are generally not involved in the direct process of blood draws. Their role primarily revolves around performing surgeries and related tasks that require different sets of skills and occur in different settings than those where blood draws are performed. Consequently, surgeons would not typically have detailed knowledge or experience of the day-to-day issues and potential areas for improvement within the blood draw process. Therefore, when constructing a QI team for blood draws, it is most effective to include those who are engaged in the process—such as floor nurses, lab employees, and potentially frontline managers who oversee these operations. Surgeons, lacking routine involvement in blood draws, would be less likely to contribute effectively to this specific type of QI team, making them the least likely to be part of it.

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