

Nursing PMHCNS

**ANCC Adult Psychiatric and Mental Health CNS
(PMHCNS)**

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Latest Version: 6.0

Question: 1

What is the best description for the third stage of change theory?

- A. This stage is about establishing stability once the changes have been made.
- B. This stage occurs as we make the changes that are needed.
- C. This stage is about getting ready to change.
- D. This stage is about being ready to accept change.

Answer: A

Explanation:

The third stage of change theory, often referred to as the "Freezing" or "Refreezing" stage, is a critical phase in the process of change. This stage is not about initiating change or making the change, but about establishing stability after the changes have been made. It's the phase where new behaviors, processes, or ways of thinking are accepted and become the new norm for the individual or group. In this stage, the individual or group begins to settle into the new changes and begins to establish new routines and habits. This is when the changes that have been made start to become second nature, and the individual or group starts to feel comfortable with these changes. The anxiety and resistance that might have been present during the first two stages starts to decrease as the individual or group starts to see the benefits and positive effects of the changes.

At this point, the changes are no longer seen as new or different, but have become the standard way of doing things. The comfort level of the individual or group returns to previous levels, as they have adapted to the changes and integrated them into their daily routines or ways of thinking.

In summary, the third stage of change theory, the Freezing stage, is about stabilizing and solidifying the changes that have been made. It's a critical part of the change process, as it ensures that the changes are not just temporary, but become a lasting part of the individual's or group's behaviors or processes.

Question: 2

PICO is an evidence-based practice model. What word does the "P" in PICO represent?

- A. Problem only
- B. Patient only
- C. Population of patients only
- D. Patient problem or population

Answer: D

Explanation:

The PICO model is a tool used in evidence based practice to frame and answer a clinical or health care related question. The acronym "PICO" stands for Patient or Problem, Intervention, Comparison, and

Outcome. Each of these components is used to construct a question that is both specific and searchable. The "P" in PICO stands for "Patient problem or population". This refers to the patient's condition or disease, or the population group the problem affects. For example, this could be a specific disease such as diabetes, a demographic group such as elderly people, or a specific situation like post-operative recovery. It is important to clearly define the patient problem or population in order to ensure the question is focused and relevant. Once the patient problem or population is identified, the next steps are to identify the Intervention (the treatment or action being considered), the Comparison (the alternative to the intervention), and the Outcome (the result or effect of the intervention). All these components together help to form a clear, concise and searchable clinical question. For example, a PICO question might be: "In adults with type 2 diabetes, does regular exercise compared to no exercise improve blood sugar control?" In this question, the patient problem or population is "adults with type 2 diabetes", the intervention is "regular exercise", the comparison is "no exercise", and the outcome is "improved blood sugar control". In conclusion, the "P" in PICO represents the patient problem or population and is an essential component in formulating a clinical question using the PICO model.

Question: 3

What component of Kolcaba's Theory of Comfort addresses individuals or groups in need of health care?

- A. The patient
- B. The environment
- C. The medicine
- D. The health

Answer: A

Explanation:

The correct answer to the question of which component of Katharine Kolcaba's Theory of Comfort addresses individuals or groups in need of health care is "The patient." This component is crucial as it specifically identifies the recipients of care within the framework of the theory.

The Theory of Comfort is structured around three primary components: the patient, the health care environment, and health care practices. Among these, the patient component is directly concerned with the individuals, families, groups, or communities that require health care services. It focuses on those who are experiencing any form of discomfort or distress and are in need of interventions to enhance their comfort levels.

In Kolcaba's theory, comfort is described as a state of having physical, psychological, social, and environmental needs met. The patient component is central because it addresses the very subjects for whom comfort is sought. These subjects could be individual patients in hospitals, family units dealing with chronic illnesses at home, community groups facing public health crises, or larger populations impacted by environmental stressors.

The theory emphasizes that understanding the specific needs and conditions of the patient is essential for effectively planning and providing personalized health care. This tailored approach ensures that interventions are meaningful and genuinely improve the patient's overall comfort and well-being.

Thus, when discussing Kolcaba's Theory of Comfort, the patient component is fundamental. It not only identifies who the care is for but also sets the stage for a holistic assessment of their needs, which in turn informs the necessary comfort measures to be implemented by health care professionals.

Question: 4

What vitamin or mineral deficiency will cause the neuropsychiatric symptoms such as dementia, personality change, and psychosis?

- A. D.
- B. Calcium.
- C. B12.
- D. E.

Answer: C

Explanation:

Vitamin B12, also known as cobalamin, plays a crucial role in the functioning of the brain and nervous system. Its deficiency can lead to significant neurological and psychiatric symptoms, which may often be misdiagnosed as mental illness. These symptoms include dementia, personality changes, and psychosis, among others.

Dementia as a result of B12 deficiency generally presents with symptoms such as memory loss, confusion, and difficulty in thinking and reasoning. These cognitive impairments occur because vitamin B12 is essential for the maintenance of the myelin sheath, the protective covering that ensures proper transmission of nerve impulses in neurons. When B12 levels are low, myelin production is compromised, leading to neuronal dysfunction and the resultant cognitive decline.

Personality changes linked to vitamin B12 deficiency can be quite varied, ranging from mild irritability and mood swings to severe depression and apathy. This is because B12 is involved in the synthesis of neurotransmitters such as serotonin and dopamine, which regulate mood and behavior. Deficiencies can lead to imbalances in these chemicals, thereby affecting a person's emotional state and behavior.

Psychosis, another severe psychiatric symptom, can manifest in B12 deficient patients as hallucinations or delusions. This is also related to the role of B12 in neurotransmitter synthesis and neural function. Without adequate B12, the brain's electrical signaling and chemical balance are disrupted, potentially leading to psychotic episodes.

It is important to diagnose and treat vitamin B12 deficiency early to prevent irreversible damage to the brain and nervous system. Treatment typically involves supplementation, either orally or via injections, depending on the severity of the deficiency and the underlying cause, which can range from diet insufficiency to absorption issues like pernicious anemia.

Therefore, when encountering neuropsychiatric symptoms such as dementia, personality change, and psychosis, it is crucial for healthcare providers to consider a potential underlying cause like vitamin B12 deficiency, especially in populations at risk, such as the elderly or those with dietary restrictions. Proper diagnosis and treatment can help alleviate these symptoms and improve quality of life.

Question: 5

What is NOT true concerning the nutritional interventions an NP should recommend when creating a care plan for a patient who has been hospitalized for alcohol abuse and has gone through withdrawal?

- A. The patient should consume small doses of caffeine each day to help with withdrawal symptoms.

- B. The patient should be offered high-protein foods frequently.
- C. The patient's diet should include a thiamine replacement supplement.
- D. The patient should consume foods rich in B vitamins.

Answer: A

Explanation:

Patients who are experiencing withdrawal from alcohol should not have any caffeine in their diets as it elevates the heart rate. Diets for these patients should include foods rich in protein, B vitamins, as well as a thiamine replacement.

Question: 6

What term is used to define a potential side effect to some psychiatric medications that is marked by a sense of inner restlessness, uncontrolled body movements, and Parkinson-like tremors?

- A. NMS
- B. Serotonin syndrome
- C. Orthostatic hypertension
- D. EPS

Answer: D

Explanation:

The term used to define a potential side effect to some psychiatric medications, characterized by a sense of inner restlessness, uncontrolled body movements, and Parkinson-like tremors, is EPS or extrapyramidal symptoms. These symptoms are commonly associated with the use of antipsychotic drugs, particularly those classified as typical antipsychotics, but can also occur with some atypical antipsychotics.

EPS encompasses a range of symptoms that affect motor control and are believed to result from the drug-induced blockade of dopamine receptors in the brain, particularly in the basal ganglia, a key area involved in movement regulation. The symptoms can vary in severity and form, including acute dystonic reactions (sudden, often painful muscle spasms), akathisia (a profound sense of restlessness), parkinsonism (symptoms similar to those of Parkinson's disease like tremors, rigidity, and bradykinesia), and tardive dyskinesia (involuntary, repetitive body movements).

Akathisia, for instance, is one of the most distressing of EPS, where the patient experiences an irresistible urge to move, often accompanied by a feeling of discomfort. It can severely affect the quality of life and complicate psychiatric treatment adherence. Tardive dyskinesia, on the other hand, may appear after long-term use of antipsychotics and can persist even after the medication is stopped. Management of EPS typically involves the reduction of the antipsychotic dosage, switching to another medication less likely to cause EPS, or the addition of other medications to counteract the symptoms, such as anticholinergic agents for parkinsonism or benzodiazepines for akathisia.

It's crucial for healthcare providers to monitor patients closely for signs of EPS and to educate them and their caregivers about these potential side effects. Early detection and management are key in preventing more severe complications and in improving the overall therapeutic outcomes for the patient undergoing antipsychotic treatment.

Question: 7

What topic would NOT be covered when training personnel in electronic data security techniques?

- A. How to properly use the system
- B. The integrity and moral character of the employee
- C. Confidentiality Laws
- D. Disciplinary actions to be taken if confidentiality laws are breached

Answer: B

Explanation:

The question is asking what topic would not be included in a training session for personnel on electronic data security techniques. Electronic data security techniques would focus on strategies and methods to protect digital data from unauthorized access, breaches, or theft.

The first topic, "how to properly use the system," would be a critical part of electronic data security training. This would involve teaching personnel how to safely and securely use the systems and technologies that they have access to. It could include topics such as password management, avoiding phishing attempts, and using encryption.

The second topic, "the integrity and moral character of the employee," would not typically be covered in a session focused on electronic data security techniques. While an employee's integrity and moral character can certainly influence their behavior when it comes to handling sensitive data, these are personal attributes that are typically evaluated during the hiring process, not taught or enhanced during a technical training session.

"Confidentiality laws" would also be a relevant topic in electronic data security training. Personnel need to understand the legal consequences of mishandling sensitive data, including personal data of customers or intellectual property of the company. This understanding helps to reinforce the importance of following the security protocols that they are being taught.

Finally, "disciplinary actions to be taken if confidentiality laws are breached" would also be an important part of this training. Personnel should be made aware of what the consequences are within the organization if they fail to comply with electronic data security protocols, in addition to any legal consequences.

In conclusion, while all these topics are important in the broader context of an employee's role and responsibilities, "the integrity and moral character of the employee" is the topic that would not be covered when training personnel in electronic data security techniques.

Question: 8

What condition can affect both a patient who is not hungry and a patient who overeats?

- A. Metabolic syndrome
- B. Bipolar II
- C. Bulimia
- D. Depression

Answer: D

Explanation:

Metabolic Syndrome: Metabolic syndrome is a cluster of conditions that occur together, increasing your risk of heart disease, stroke, and type 2 diabetes. These conditions include increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels. Metabolic syndrome can affect appetite, leading to overeating or not feeling hungry. This is due to the body's inability to properly use insulin, which leads to fluctuations in blood sugar levels. These fluctuations can cause feelings of hunger or fullness, even if the body does not need food.

Depression: Depression is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life. It can cause changes in appetite and weight, leading to either overeating or not feeling hungry. Some people may turn to food for comfort when they're feeling depressed, while others may lose interest in food altogether.

Bipolar II: Bipolar II disorder is a subtype of bipolar disorder characterized by episodes of depression and hypomania, a milder form of the highs seen in bipolar I. Changes in appetite and weight are common symptoms of both depressive and hypomanic episodes. During depressive episodes, individuals may experience loss of appetite. In contrast, during hypomanic episodes, they may overeat or indulge in unhealthy foods.

Bulimia: Bulimia nervosa is an eating disorder characterized by episodes of eating large amounts of food (binge eating) followed by behaviors to prevent weight gain, such as vomiting (purging). It can also cause fluctuations in appetite. People with this disorder may overeat during binges, and then drastically reduce food intake or not eat at all to compensate.

In summary, several conditions including metabolic syndrome, depression, bipolar II disorder, and bulimia can affect a person's appetite, leading to periods of overeating or not eating. It's important to recognize these changes in eating habits as potential signs of these conditions and seek medical attention if necessary.

Question: 9

How often does an Adult Psychiatric & Mental Health Clinical Nurse Specialist's certification need to be renewed?

- A. Annually.
- B. Every three years.
- C. Every five years.
- D. Every ten years.

Answer: C

Explanation:

The certification for an Adult Psychiatric & Mental Health Clinical Nurse Specialist is required to be renewed every five years. This periodic renewal is crucial to ensure that the nurse specialists remain up-to-date with the latest practices, regulations, and knowledge in their field. Maintaining current certification is not only a regulatory requirement but also a professional responsibility to ensure high standards of care.

To facilitate a smooth renewal process, it is important that renewal applications are submitted at least 8 weeks prior to the expiration date of the current certification. This timeframe allows the certifying body adequate time to process the application and address any issues that may arise. Submitting an application late might lead to a lapse in certification, which could interrupt the ability to practice. In recent years, many certifying bodies have moved their application processes online, making it more convenient for professionals to submit their renewal applications. Online applications can be processed more quickly than paper-based ones, reducing the overall time for renewal. This shift to digital processing helps in streamlining the procedure and reducing the administrative burden on both the applicants and the certifying organizations.

It is essential for every certified Adult Psychiatric & Mental Health Clinical Nurse Specialist to keep track of their certification expiration date and to understand the specific requirements and timelines outlined by their certifying authority. Staying proactive about certification renewal not only supports compliance with professional standards but also enhances the nurse specialist's commitment to their ongoing professional development and competence in their specialty.

Question: 10

What is the appropriate term for a patient whose mood is normal?

- A. Euthymic
- B. Dysphoric
- C. Labile
- D. Euphoric

Answer: A

Explanation:

Euthymic is a term used in psychiatry to describe a person's mood when it is in a normal, tranquil, and stable state. It is the term used to describe the emotional state most people find themselves in most of the time. This is in contrast to dysphoric, which refers to a state of feeling unwell or unhappy; labile, which refers to a mood that is unstable or changes rapidly and frequently; and euphoric, which refers to a state of intense happiness or self-confidence.









When a patient is described as euthymic, it means that they are currently not experiencing any significant mood disturbances. They are not feeling overly sad, anxious, or elated. This is the goal for treatment in many psychiatric conditions, such as bipolar disorder or major depressive disorder. When a patient is euthymic, they are able to go about their daily lives without their mood interfering with their ability to function.

However, it's important to note that being euthymic does not necessarily mean that a person is free from psychiatric illness. Some people with conditions like bipolar disorder can have periods of euthymia in between episodes of mania or depression. In these cases, being euthymic simply means that their condition is currently under control.

In conclusion, when referring to a patient's mood, the term "euthymic" is used to describe a normal, stable mood that is neither depressed nor elevated. It is the term used to describe the state of mind most people are in most of the time.

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