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PRACTICE QUESTIONS

American Nurses Credentialing Center Readiness Test

R10

Nurse Executive Readiness Test

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Nurses Credentialing Center Readiness Test R10 , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, R10
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 MULTIPLE CHOICE

The nurse executive is leading a project to reduce medication errors on a medical-surgical unit. Which two actions represent effective relationship-building and communication strategies the executive should prioritize? (Choose two.)

- ☒ **A** Establishing a multidisciplinary medication safety team that includes frontline nurses, pharmacists, and physicians
- ☐ **B** Circulating a confidential memo naming staff members who have reported near-miss events
- ☒ **C** Holding weekly open forums where staff can discuss safety concerns without fear of retribution
- ☐ **D** Issuing a directive that all medication errors must be reported within 24 hours without providing a supportive reporting culture

ANSWER A - C

WHY Effective relationship building involves engaging stakeholders collaboratively (Option A) and creating psychologically safe forums for dialogue (Option C). Option B violates confidentiality and trust, while Option D imposes a reporting requirement without the supportive culture needed for it to succeed. Both undermine the nurse executive's role in fostering open communication.

QUESTION 2 MULTIPLE CHOICE

A new nurse executive wants to apply foundational thinking skills to lead the department. Which two actions best demonstrate self-awareness and reflective leadership practice? (Choose two.)

- ☒ **A** Soliciting a 360-degree feedback assessment from peers, direct reports, and supervisors
- ☒ **B** Maintaining a personal leadership journal that documents decisions, assumptions, and outcomes
- ☐ **C** Adopting the leadership style of a respected mentor without modification or critical appraisal
- ☐ **D** Reviewing unit-level quality data quarterly without comparison to peer organizations

ANSWER A - B

WHY Self-awareness requires deliberate feedback from multiple sources (Option A) and reflective practice (Option B). Option C uncritically copies another leader's style, which does not demonstrate self-awareness. Option D is a quality-improvement activity, not a self-awareness practice.

QUESTION 3

SINGLE CHOICE

A nurse executive must decide whether to consolidate two telemetry units into one. Which principle of systems thinking most informs this decision?

- ☐ A Focusing exclusively on the financial impact of the consolidation
- ☒ B Recognizing that change in one part of the system produces intended and unintended effects across other parts
- ☐ C Prioritizing the preferences of the most senior medical staff
- ☐ D Selecting the option that requires the fewest policy revisions

ANSWER B

WHY Systems thinking requires understanding that changes in one component produce ripple effects throughout the system. Evaluating only finances (A), favoring senior preferences (C), or minimizing policy revisions (D) are narrow approaches inconsistent with systems thinking.

QUESTION 4

SINGLE CHOICE

A nursing unit has experienced a rise in central line-associated bloodstream infections (CLABSI) over two quarters. The nurse executive initiates a quality improvement initiative. Which first step is most consistent with the Plan-Do-Study-Act (PDSA) cycle?

- ☐ A Implement a new chlorhexidine bathing protocol on all units
- ☒ B Audit current compliance with central line maintenance bundles and identify variations
- ☐ C Educate staff on the importance of hand hygiene annually
- ☐ D Publicly post the names of nurses assigned to patients with CLABSI

ANSWER B

WHY The 'Plan' phase of PDSA begins with assessing the current state and identifying gaps before testing a change. Auditing compliance and variations establishes the baseline. Implementing a protocol (A) belongs to the 'Do' phase; annual education (C) is not a targeted change; and posting staff names (D) is punitive and unrelated to PDSA.

QUESTION 5

SINGLE CHOICE

A nurse executive is reviewing unit-level performance data. Which measure is most appropriate for evaluating the reliability and effectiveness of nursing care processes over time?

- ☐ A Tracking the number of nursing staff attending an annual education fair
- ☒ B Monitoring monthly fall rates per 1,000 patient days using a run chart
- ☐ C Counting the total number of policies updated in a calendar year
- ☐ D Surveying nurses once every five years about job satisfaction

ANSWER B

WHY Run charts display process or outcome data over time and are a foundational tool for monitoring reliability. Education attendance (A), policy counts (C), and infrequent satisfaction surveys (D) do not reliably measure care processes.

QUESTION 6

SINGLE CHOICE

A nurse executive is developing a proposed budget for a 30-bed medical-surgical unit. Which statement most accurately describes the relationship between the operating budget and the capital budget?

- ☐ A The capital budget is a subset of the operating budget and does not require separate approval
- ☒ B The operating budget funds day-to-day expenses such as salaries and supplies, while the capital budget funds major equipment with a useful life beyond one year
- ☐ C The operating budget funds equipment purchases, while the capital budget funds salaries
- ☐ D Both budgets are interchangeable and may be combined at the unit level

ANSWER B

WHY Operating budgets cover recurring, short-term expenses (salaries, supplies), while capital budgets fund long-term depreciable assets such as major equipment. They are distinct, separately approved components of the organizational budget.

QUESTION 7 SINGLE CHOICE

The nurse executive is preparing a staffing plan for the upcoming fiscal year. Which factor is the most important to incorporate when projecting nursing workforce requirements?

- ☐ A The personal scheduling preferences of long-tenured staff
- ☒ B Anticipated patient volume and acuity along with regulatory staffing standards
- ☐ C The historical number of nursing students who completed clinical rotations
- ☐ D The square footage of each nursing unit

ANSWER B

WHY Workforce planning must be driven by patient need (volume and acuity) and applicable regulatory and accreditation standards. Scheduling preferences (A), student rotations (C), and unit square footage (D) are not primary drivers of staffing requirements.

QUESTION 8 SINGLE CHOICE

A medical center is experiencing a 22 percent turnover rate among registered nurses on its night shift. Which strategy is most likely to improve retention on that shift?

- ☒ A Implementing a shift-differential pay program and a structured clinical advancement pathway for night-shift nurses
- ☐ B Assigning only newly hired nurses to the night shift until they have completed orientation
- ☐ C Reducing the number of scheduled breaks to increase shift productivity
- ☐ D Eliminating the night shift and converting night-shift patients to a daytime observation model

ANSWER A

WHY Retention improves when compensation (shift differential) is paired with professional growth opportunities (clinical advancement). Concentrating new hires on nights (B) typically increases turnover; reducing breaks (C) decreases satisfaction; and eliminating night shift (D) is not feasible for 24-hour operations.

QUESTION 9

SINGLE CHOICE

Two charge nurses on adjacent units have an ongoing disagreement about the loaning of staff during high-census periods. The nurse executive must intervene. Which action best reflects shared decision-making and effective conflict resolution?

- ☐ **A** Issuing a unilateral policy that determines when staff may be loaned without staff input
- ☒ **B** Bringing both charge nurses together to identify shared goals, clarify roles, and co-author a written staffing-loan agreement
- ☐ **C** Transferring one of the charge nurses to a different unit to remove the source of the conflict
- ☐ **D** Asking the chief medical officer to decide which charge nurse is correct

ANSWER B

WHY Shared decision-making brings stakeholders together to clarify goals and craft a mutually acceptable agreement. Unilateral policy (A), transferring one party (C), and escalating to the CMO (D) do not resolve the underlying conflict and undermine collaborative leadership.