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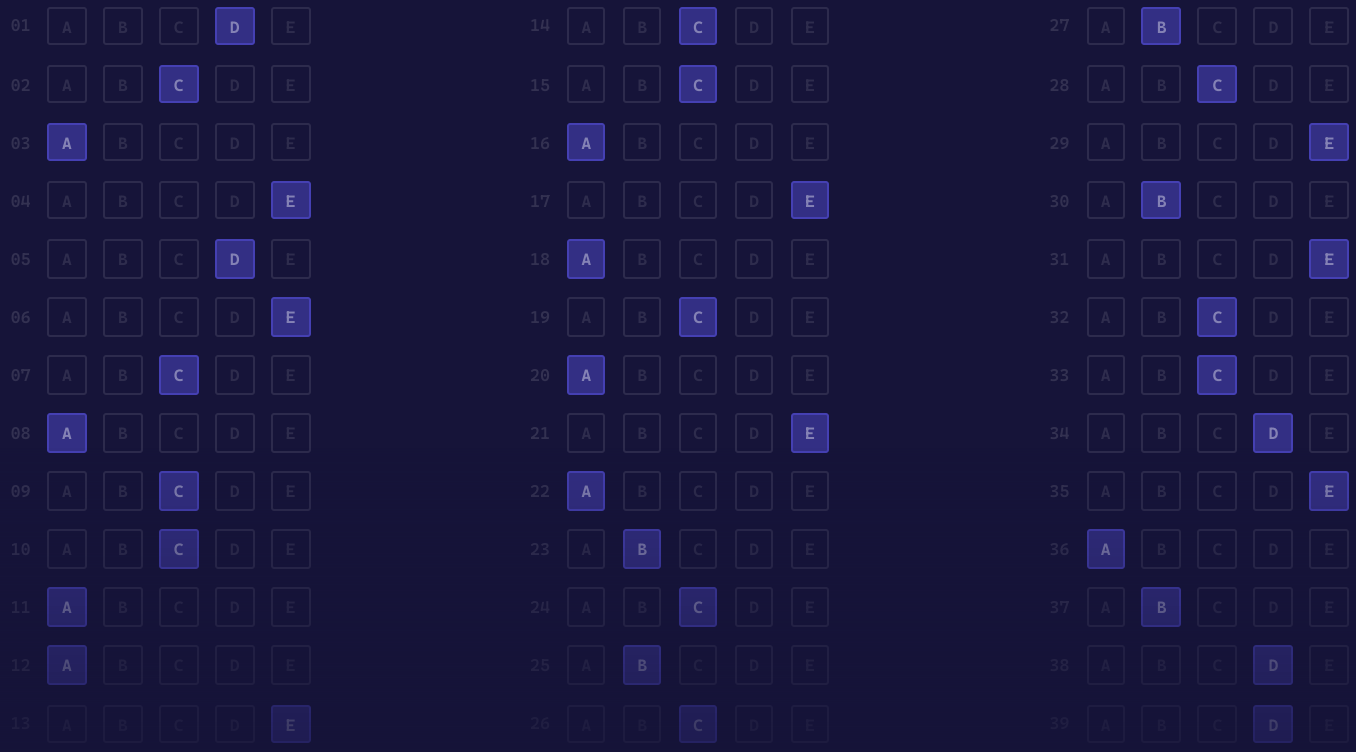


PRACTICE QUESTIONS

## Elsevier Remotely Proctored Exams

# RNCMH

Registered Nursing Community Health

| EDITION | QUESTIONS | FORMAT |
|---|---|---|
| Demo | 9 | Limited Edition PDF |

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# Before you begin

## What this is

9 practice questions for Elsevier Remotely Proctored Exams `RNCMH`, 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:

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**QUESTION 1** MULTIPLE CHOICE

A community health nurse is conducting a windshield survey of a residential neighborhood. Which observations collected during the survey are most useful for identifying environmental and social determinants of health in the population? (Choose two.)

**A** **Presence of sidewalks, street lighting, and proximity of housing to public transportation**

B The chart number assigned by the clinic to each resident seen during the assessment period

**C** **Number and condition of parks, community centers, and places of worship in the area**

D The patient's individually billed charges for the most recent clinic visit

**E** **Observable signs of housing disrepair, accumulated trash, and stray animals**

ANSWER **A · C · E**

WHY Windshield survey observations focus on the physical and social environment of a community. Sidewalks, lighting, and transportation access (A), the presence of recreational and gathering places (C), and visible housing and sanitation conditions (E) are classic windshield survey indicators of environmental and social determinants of health. A clinic chart number (B) and individual billing data (D) are administrative and clinical record items, not windshield survey observations.

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**QUESTION 2** MULTIPLE CHOICE

A public health nurse is planning interventions for a community with a high rate of newly diagnosed type 2 diabetes. Which activities represent secondary prevention? (Choose two.)

**A** **Offering free blood glucose screening at a community health fair**

B Conducting follow-up home visits to teach insulin self-administration to clients already diagnosed with diabetes

C Advocating for sidewalks and safe outdoor spaces to promote physical activity for the entire population

**D** **Collaborating with primary care providers to ensure timely referral of clients with elevated A1C results to a diabetes management program**

E Providing diabetes prevention education to healthy adolescents in middle schools

**ANSWER** **A · D**

**WHY** Secondary prevention focuses on early detection and prompt treatment to halt or slow disease. Free blood glucose screening (A) and timely referral of clients with elevated A1C results (D) both exemplify early identification and follow-up. Teaching insulin self-administration (B) is tertiary (managing established disease). Building sidewalks (C) and providing prevention education to healthy adolescents (E) are primary prevention because they target healthy populations and underlying risk factors.

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**QUESTION 3** SINGLE CHOICE

A community health nurse is explaining the federal agency primarily responsible for protecting the health of the U.S. population through disease surveillance, immunization programs, and health statistics. Which agency is the nurse describing?

A Centers for Medicare & Medicaid Services (CMS)

B **Centers for Disease Control and Prevention (CDC)**

C Food and Drug Administration (FDA)

D Health Resources and Services Administration (HRSA)

**ANSWER** **B**

**WHY** The Centers for Disease Control and Prevention (CDC) is the federal agency charged with protecting public health through surveillance, epidemiology, immunization programs, and the publication of national health statistics. CMS (A) administers Medicare and Medicaid. The FDA (C) regulates food, drugs, and medical devices. HRSA (D) focuses on health workforce, safety-net providers, and maternal/child health programs.

**QUESTION 4** SINGLE CHOICE

A community health nurse is reviewing epidemiologic data for a county and notes that the incidence of Lyme disease increased from 12 new cases per 100,000 residents last year to 20 new cases per 100,000 residents this year. Which measure of disease frequency is being described?

A Prevalence

B **Incidence rate**

C Case fatality rate

D Crude mortality rate

**ANSWER** **B**

**WHY** Incidence rate measures the number of new cases of a disease occurring in a defined population during a specified period of time, typically expressed per 100,000 population. Prevalence (A) includes both new and existing cases. Case fatality rate (C) measures the proportion of persons with a disease who die from it. Crude mortality rate (D) reflects deaths from all causes in the population.

**QUESTION 5** SINGLE CHOICE

A community health nurse is notified that a kindergarten student has been diagnosed with measles (rubeola). Several classmates have not received the MMR vaccine due to religious exemption. Which action by the nurse is most appropriate first?

**A** **Initiate isolation of all unvaccinated classmates and report the case to the state health department**

B Wait until additional cases are confirmed before notifying anyone outside the family

C Recommend vitamin A supplementation as the first intervention for the entire classroom

D Encourage the unvaccinated classmates to stay in school to build natural immunity

**ANSWER** **A**

**WHY** Measles is a notifiable disease and a highly contagious airborne illness. The nurse's first appropriate action is to isolate susceptible contacts and report the case to the state health department, which then directs outbreak control activities such as exclusion, prophylaxis, and vaccination efforts. Waiting for more cases (B) violates reporting obligations. Vitamin A may be used as supportive treatment for measles patients but is not the first public health action. Allowing unvaccinated contacts to remain in school (D) increases transmission risk.

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**QUESTION 6** SINGLE CHOICE

A community health nurse is preparing a presentation on hypertension management for a group of older adults at a senior center. Which teaching strategy best supports health literacy and effective learning in this group?

A Distributing a detailed 12-page handout written at a 10th-grade reading level

B **Using plain language, large-print visuals, and the teach-back method to confirm understanding**

C Speaking rapidly to cover all content within a 15-minute time frame

D Presenting only medical terminology to encourage accurate self-diagnosis

**ANSWER** **B**

**WHY** Health literacy best practices include using plain language, supporting spoken information with visual aids such as large-print materials, and using teach-back to verify comprehension. A dense, high-reading-level handout (A) impedes learning. Rapid speech (C) reduces comprehension, and using only medical terminology (D) is contrary to health literacy principles.

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**QUESTION 7** SINGLE CHOICE

Using a structural-functional family assessment framework, the community health nurse identifies that the primary wage earner in a family has been laid off, extended family members live in another state, and the family has limited contact with neighbors. Which assessment category best reflects these findings?

A Family roles and communication patterns

**B Family economic resources and external support systems**

C Family values and belief systems

D Family developmental stage and life cycle tasks

**ANSWER B**

**WHY** Job loss reflects the family's economic resources, and the distance from extended family combined with limited neighbor contact reflects external support systems. Both fall within the economic resources and external supports category of structural-functional family assessment. Family roles and communication patterns (A) address interaction. Values and beliefs (C) address worldview. Developmental stage (D) addresses family life cycle tasks.

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**QUESTION 8** SINGLE CHOICE

A community health nurse is assessing a neighborhood built near an industrial facility. Residents report frequent headaches and respiratory symptoms that worsen on days when prevailing winds carry emissions toward homes. Which environmental health nursing action is most appropriate first?

A Recommend that residents purchase individual air purifiers as the primary solution

B **Document findings, notify the local environmental health authority, and participate in community-level exposure assessment and risk communication**

C Advise residents to disregard symptoms because industry emissions are always within legal limits

D Tell residents to relocate immediately without offering any further assessment or referral

**ANSWER** **B**

**WHY** When environmental exposure is suspected, the community health nurse's responsibility is to document the pattern of symptoms, refer the matter to the appropriate environmental health authority for exposure assessment, and provide accurate risk communication to the community. Recommending only personal devices (A) does not address the population-level hazard. Assuming compliance (C) is unsafe. Ordering relocation without assessment (D) is beyond the nurse's role and removes any chance of a measured public health response.

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**QUESTION 9** SINGLE CHOICE

A community health nurse is working with migrant farmworkers who speak a language not commonly available in the local health system. Which action best reflects culturally and linguistically appropriate practice at the system level?

A Requiring clients to provide their own interpreter to control service costs

B **Using professional medical interpreter services and translated written materials, and documenting the client's preferred language**

C Communicating only with adult family members who speak the dominant language

D Advising clients to learn the dominant language before seeking any health services

**ANSWER** **B**

**WHY** Culturally and linguistically appropriate services standards require the use of qualified interpreters and translated materials, along with documentation of the client's preferred language. Requiring clients to furnish their own interpreters (A) is a known barrier and a compliance concern. Communicating only through family members (C) risks accuracy and confidentiality. Demanding that clients learn a new language before receiving care (D) is a barrier to access, not a solution.

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