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NCCHC CCHP-N

NCCHC Certified Correctional Health Professional - Nurse



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Question: 1

A facility's quality programme has reviewed the same indicator each month for two years. Performance has been stable and no change in practice has ever resulted. What does this most likely indicate?

- A. The programme lacks the authority to require changes from the staff whose practice it reviews.
- B. Practice in this area is stable and performing adequately against the chosen measure.
- C. The indicator is not sensitive enough to detect the variation that exists in practice.
- D. The programme is monitoring rather than improving, because nothing converts a finding into action.

Answer: D

Question: 2

A nurse wants the facility's nursing practice to keep pace with current evidence rather than depending on whichever articles individual staff happen to encounter. What arrangement would most reliably achieve this?

- A. A requirement that nursing staff complete continuing education in correctional nursing each year.
- B. Access for all nursing staff to the relevant professional journals through a subscription.
- C. A standing review that brings recent literature to the service's own identified questions.
- D. A monthly circulation of recent articles of interest to all nursing staff.

Answer: C

Question: 3

A patient who has been seen frequently for vague complaints tells the nurse he only comes to the clinic because it is the one place he is treated like a person. He has no new symptoms today. What is the most useful way to understand this?

- A. As a disclosure of loneliness that signals a need for mental health referral and assessment.
- B. As information about an unmet need that the health service is absorbing by default.
- C. As a sign that his frequent attendance is not driven by physical symptoms and can be triaged accordingly.
- D. As a compliment about the nursing care that should be acknowledged before redirecting the encounter.

Answer: B

Question: 4

At what level is research competence expected of a correctional nurse?

- A. As a consumer — able to appraise published evidence and apply it to practice.
- B. As a data source — able to document accurately so that records support later analysis.
- C. As an investigator — able to design and conduct studies relevant to correctional practice.
- D. As a participant — able to contribute to studies conducted within the facility.

Answer: A

Question: 5

The facility offers testing for a blood-borne infection to everyone at intake, with the option to decline. A patient waves it away, saying he does not need it because he is not that kind of person. How should the nurse respond?

- A. Record the refusal and offer the test again at his next scheduled health encounter.
- B. Ask him about the exposures that would put him at risk, and offer the test again if any apply.
- C. Explain that many people with the infection have no symptoms, so how he feels is not a guide.
- D. Explain that it is offered to everyone because of where he is, not because of anything about him.

Answer: D

Question: 6

What is the principal purpose of emergency response drills in a correctional facility?

- A. To satisfy the requirement that the facility maintain and evidence an emergency response capability.
- B. To test whether notification, access, equipment and staff roles work under real conditions.
- C. To verify that clinical staff hold current certification in resuscitation and emergency procedures.
- D. To familiarise custody staff with the medical unit, so they can direct responders during an emergency.

Answer: B

Question: 7

Why do reportable disease obligations apply to a correctional facility in the same way as to a community clinic?

- A. People and staff move between the facility and the community continuously, so the two share one disease burden.
- B. Correctional facilities operate licensed health services and are therefore bound by the same regulations.
- C. Incarcerated populations carry a higher burden of communicable disease than the general population.
- D. The health department can supply testing, medication and expertise that facilities may lack on site.

Answer: A

Question: 8

Working the medication line, a nurse realises that the dose she has just given was intended for a different patient with a similar name. The patient who received it is standing in front of her and appears well.

What should the nurse do first?

- A. Check the record to establish what the medication was and whether it could have caused him harm.
- B. Report the error to the charge nurse and complete an incident report before anything else.
- C. Tell the patient what has happened and ask him to report to the clinic if he feels unwell.
- D. Keep him where he can be observed, and assess him for any effect of the dose he was given.

Answer: D

Question: 9

What does obtaining informed consent require of a nurse beyond having the patient agree to a procedure?

- A. That the patient is competent to consent and is not under the influence of any substance.
- B. That the consent is recorded on the facility's approved form and signed before the procedure begins.
- C. That the patient understood what was proposed, the alternatives, and what happens if he declines.
- D. That the consent is obtained by the clinician who will carry out the procedure.

Answer: C

Question: 10

One nurse has volunteered for overtime on almost every rest day for the past two months. She is reliable, the shifts are hard to fill without her, and she says she wants the money.

What should the charge nurse do?

- A. Treat the pattern as a safety question and set a limit on it.
- B. Discuss her financial situation with her, since that is the reason she has given for the shifts.
- C. Allow it to continue until the vacancies are filled, since refusing would leave shifts uncovered.
- D. Continue to accept the overtime while monitoring her practice for any sign of tiredness.

Answer: A

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