ATI CONTENT MASTERY SERIES (CMS) LEADERSHIP PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which organization provides the ethical framework and standards for nursing practice, including codes of ethics?

A. American Medical Association

B. International Council of Nurses

C. National League for Nursing

D. American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements.

2. Which scheduling approach best balances staff preferences and patient care continuity?

A. Structured, predictable staffing with skill mix optimization and cross-training.

B. Ad-hoc or reactive scheduling with last-minute changes.

C. Fixed shift assignments with no cross-training.

D. Floating staff without skill mix planning.

3. Which statement best distinguishes mentoring from coaching in nursing professional development?

A. Mentoring is short-term, goal-oriented, and relationship-based.

B. Mentoring is ongoing, relationship-based guidance; coaching is focused on improving specific skills or performance over a shorter term.

C. Mentoring is only for new graduates; coaching is for experienced nurses.

D. Mentoring is delivered as online modules; coaching is in-person.

4. What is a root cause analysis and when should it be used after a sentinel event?

A. Root cause analysis identifies underlying causes of an event; use after a sentinel event to prevent recurrence by addressing systemic factors

B. Random event analysis after any incident

C. Risk assessment to evaluate future hazards only

D. Root cause analysis is used to assign blame to individuals

5. When evaluating the impact of staffing shortages on patient safety, which indicators should be monitored?

A. Only patient wait times.

B. Burnout indicators, patient outcomes, and staff feedback.

C. Only staff attendance.

D. Only budget and overtime costs.

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6. In risk management, how does a just culture affect incident reporting?

A. Reduces learning by discouraging reporting.

B. Increases punitive measures.

C. Encourages reporting with a focus on learning and safety.

D. Eliminates accountability altogether.

7. When implementing a major change in a health system, which practice most increases acceptance and adoption?

A. Communicate with all stakeholders early, assess their interest, and tailor messages.

B. Make decisions in isolation.

C. Delay communication until after the change.

D. Focus only on financial implications.

8. Which description best defines malpractice?

A. A near-miss that was reported

B. A medication error that harms the patient

C. An administrative delay with no harm

D. A patient complaint about care

9. A newly hired RN is assigned to perform an advanced procedure outside their scope of practice. What is the expected action?

A. Refuse to perform the procedure and notify the supervisor; request proper assignment or supervision.

B. Proceed under supervision regardless

C. Delegate to another new RN

D. Document the request and consider later

10. In a quality improvement project, what is the purpose of the analysis plan?

A. To replace interventions mid-project

B. To interpret results and determine whether aims were met

C. To dictate exactly which staff will be blamed for failing

D. To avoid any data interpretation

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Answers

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1. D
2. A
3. B
4. A
5. B
6. C
7. A
8. B
9. A
10. B

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Explanations

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1. Which organization provides the ethical framework and standards for nursing practice, including codes of ethics?

A. American Medical Association

B. International Council of Nurses

C. National League for Nursing

D. American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements.

The ethical framework for nursing practice is provided by the American Nurses Association through the Code of Ethics for Nurses with Interpretive Statements. This code sets out the profession's core values and duties to patients, families, colleagues, and society, and it translates those values into practical standards that guide everyday care and moral decision-making. The interpretive statements help apply these principles to real-world situations, offering concrete guidance on issues like patient autonomy, consent, confidentiality, and advocacy. While other organizations contribute in related ways—physician groups shape medical ethics, the International Council of Nurses offers international guidance, and the National League for Nursing focuses on education—the ANA Code is the primary ethical framework that governs nursing practice in the United States.

2. Which scheduling approach best balances staff preferences and patient care continuity?

A. Structured, predictable staffing with skill mix optimization and cross-training.

B. Ad-hoc or reactive scheduling with last-minute changes.

C. Fixed shift assignments with no cross-training.

D. Floating staff without skill mix planning.

Predictable, skill-aware staffing with cross-training strikes the balance between honoring staff preferences and maintaining patient care continuity. When schedules are structured and predictable, staff can plan personal commitments and feel more satisfied with their work-life balance. At the same time, optimizing the skill mix and cross-training ensures each shift has the right competencies, so patients receive consistent, high-quality care. If someone is unavailable, trained colleagues can step in without causing disruptive last-minute changes, keeping the team stable and patient care continuous. In contrast, ad-hoc scheduling breeds uncertainty and last-minute changes; fixed shifts with no cross-training limit flexibility to meet patient needs; and floating staff without skill mix planning can lead to mismatched skills and frequent care handoffs, reducing continuity.

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3. Which statement best distinguishes mentoring from coaching in nursing professional development?

A. Mentoring is short-term, goal-oriented, and relationship-based.

B. Mentoring is ongoing, relationship-based guidance; coaching is focused on improving specific skills or performance over a shorter term.

C. Mentoring is only for new graduates; coaching is for experienced nurses.

D. Mentoring is delivered as online modules; coaching is in-person.

Mentoring in nursing professional development is an ongoing, relationship-based process that supports broad, long-term growth and career development. Coaching, in contrast, targets improvement of specific skills or performance and is typically time-limited with structured goals and feedback. This combination—ongoing guidance and relationship focus for mentoring, versus skill- or performance-specific work over a shorter period for coaching—best fits how these two approaches function in professional development. For example, a mentor might help with career planning, navigating the workplace, and professional identity, while a coach would concentrate on a particular competency, like communication during rounds or critical-thinking in a clinical decision, within a defined timeframe.

4. What is a root cause analysis and when should it be used after a sentinel event?

A. Root cause analysis identifies underlying causes of an event; use after a sentinel event to prevent recurrence by addressing systemic factors

B. Random event analysis after any incident

C. Risk assessment to evaluate future hazards only

D. Root cause analysis is used to assign blame to individuals

Root cause analysis is a systematic process for uncovering the underlying factors that lead to a sentinel event, with the aim of preventing recurrence by addressing weaknesses in the system rather than assigning blame to individuals. After a sentinel event, RCA investigates what happened, why it happened, and how organizational systems—such as processes, policies, communication, equipment, training, and culture—allowed it to occur. The focus is on identifying root causes and contributing factors, then designing corrective actions that make systemic improvements and include follow-up to ensure effectiveness. This approach contrasts with analyzing random occurrences or only assessing future hazards, and it avoids blaming individuals. By drilling down beyond surface events to the systemic conditions that permitted the incident, RCA guides changes that reduce the chance of recurrence and improve overall safety.

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5. When evaluating the impact of staffing shortages on patient safety, which indicators should be monitored?

A. Only patient wait times.

B. Burnout indicators, patient outcomes, and staff feedback.

C. Only staff attendance.

D. Only budget and overtime costs.

Evaluating staffing shortages' impact on patient safety requires tracking a mix of workforce well-being, frontline perceptions, and actual patient outcomes. This combination gives a complete picture: burnout indicators show when fatigue or disengagement may increase the risk of errors; patient outcomes reveal the real safety effects on patients, such as complications or adverse events; and staff feedback captures how safe and adequately staffed the unit feels to those delivering care, highlighting issues before harm occurs. Relying on only patient wait times focuses on access and flow rather than safety. Only staff attendance misses the broader safety picture, since people may be present but tired or distressed. Only budget and overtime costs reflect finances and workload strain but don't directly show safety results or frontline perceptions.

6. In risk management, how does a just culture affect incident reporting?

A. Reduces learning by discouraging reporting.

B. Increases punitive measures.

C. Encourages reporting with a focus on learning and safety.

D. Eliminates accountability altogether.

Just culture in risk management focuses on balancing accountability with system-driven learning. It recognizes that many incidents arise from a mix of human error and underlying process or design flaws, rather than from deliberate misconduct. By encouraging reporting and handling it non-punitively for honest mistakes while still addressing reckless behavior, it creates a safe environment for staff to share near-misses and incidents. This openness yields valuable data to analyze root causes, implement improvements, and prevent recurrence, strengthening overall safety. Therefore, reporting increases with an emphasis on learning and safety.

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7. When implementing a major change in a health system, which practice most increases acceptance and adoption?

A. Communicate with all stakeholders early, assess their interest, and tailor messages.

B. Make decisions in isolation.

C. Delay communication until after the change.

D. Focus only on financial implications.

Engaging stakeholders early and tailoring messages to their interests is the most effective way to increase acceptance and adoption when implementing a major health-system change. Change isn't just a technical adjustment; it's a social process that depends on trust, alignment, and practical fit with daily workflows. By identifying who will be affected, what concerns they have, and what information they need, leaders can address worries proactively and involve people in shaping the plan. Early, transparent communication demonstrates respect, invites input, and helps uncover potential barriers or opportunities from different perspectives. Tailoring messages to different groups—frontline staff, managers, patients, and partners—makes the benefits clear in terms that matter to each audience and shows how the change will impact their work and outcomes. This builds ownership, reduces resistance, and speeds up adoption because people feel informed and supported rather than surprised or coerced. Other approaches undermine adoption. Making decisions in isolation cuts people out, creating misalignment and pushback. Delaying communication lets rumors fill the void and erodes trust. Focusing only on financial implications ignores the human and operational factors that determine whether a change can be sustained in real-world settings.

8. Which description best defines malpractice?

A. A near-miss that was reported

B. A medication error that harms the patient

C. An administrative delay with no harm

D. A patient complaint about care

Malpractice reflects professional negligence—a clinician fails to meet the standard of care and that failure causes harm to the patient. The description that best defines malpractice is a medication error that harms the patient, because it shows both a deviation from expected care and actual injury. A near-miss that is reported does not cause harm, so it isn't malpractice. An administrative delay with no harm isn't malpractice since there's no injury or clear breach of care that caused damage. A patient complaint about care might trigger review, but by itself it doesn't prove negligent care. For malpractice, the key elements are duty, breach of the standard of care, causation, and damages; the harm from the error demonstrates the damages element.

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9. A newly hired RN is assigned to perform an advanced procedure outside their scope of practice. What is the expected action?

A. Refuse to perform the procedure and notify the supervisor; request proper assignment or supervision.

B. Proceed under supervision regardless

C. Delegate to another new RN

D. Document the request and consider later

Boundaries of practice and using the chain of command when asked to perform something beyond your training are being tested. If a newly hired RN is asked to perform an advanced procedure outside what they are licensed or trained to do, the safest and most appropriate action is to refuse and immediately notify the supervisor or charge nurse, requesting a proper assignment within scope or supervision by someone who is credentialed for that procedure. This protects both the nurse's license and patient safety, ensuring that care is provided by someone with the right credentials and supervision. It also aligns with policy that requires authorization before expanding practice beyond current scope. Proceeding under supervision or delegating to another newly hired nurse doesn't resolve the issue of the procedure lying outside the proper scope, and delaying action or documenting and considering later fails to address an immediate safety concern. If there's a real-time safety risk, escalate urgently while seeking appropriate authorization or assignment.

10. In a quality improvement project, what is the purpose of the analysis plan?

A. To replace interventions mid-project

B. To interpret results and determine whether aims were met

C. To dictate exactly which staff will be blamed for failing

D. To avoid any data interpretation

In quality improvement, the analysis plan is the blueprint for how you'll examine the data to judge whether the changes produced the desired improvement. It specifies what will be measured, how often data will be collected, what metrics define success, and what methods will be used to compare performance over time or between conditions. By predefined steps, you can interpret results objectively and decide whether the project met its aims or if further changes are needed. For example, you might plan to track average patient wait time monthly, use run charts to distinguish normal variation from meaningful change, and set a clear criterion—such as a 15% reduction sustained for two consecutive periods. The plan helps ensure conclusions are based on data, not guesswork, and guides how to respond when results don't meet the aims. It isn't about replacing interventions, assigning blame, or avoiding interpretation.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://aticmsleadership.examzify.com

We wish you the very best on your exam journey. You've got this!

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