

LEGAL AND ETHICAL ASPECTS OF NURSING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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.

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!

Questions

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- 1. Who could be held responsible when a nursing student makes an error?**
 - A. Instructors and Facilities May Share Responsibility
 - B. Student Only
 - C. The Patient
 - D. The School's Administration Only

- 2. Which statement accurately describes the mature minor doctrine?**
 - A. It requires parental consent in all cases
 - B. It denies minors the ability to consent
 - C. It only applies to emancipated minors
 - D. It allows some minors to consent to certain treatments, depending on maturity and jurisdiction

- 3. Which statement about privacy when sharing patient experiences is correct?**
 - A. Names are the only identifiers that are a concern when considering patient privacy
 - B. Any patient information that can aid in the identification of the patient's identity can be a problematic and a violation
 - C. As long as the information is erased there is not a problem
 - D. Personal emails are less restricted than clinical data

- 4. Which are the core ethical principles in the ANA Code of Ethics for nurses?**
 - A. Privacy and confidentiality only
 - B. Efficiency and productivity
 - C. Loyalty to institution above patient
 - D. Respect for autonomy, beneficence, nonmaleficence, justice, fidelity, and accountability

- 5. During clinical rotations, nursing students are liable for their actions under supervision, and responsibility may be shared.**
 - A. Students Are Liable for Their Actions Under Supervision, and Instructors or Facilities May Share Responsibility.
 - B. Only the Instructor Holds Liability.
 - C. The Patient Holds All Liability.
 - D. There Is No Liability for Students During Rotations.

- 6. Which statement best describes assent and consent in pediatric care?**
- A. Assent is the minor's agreement to treatment.
 - B. Consent is the minor's agreement to treatment.
 - C. Assent requires parental permission in all cases.
 - D. Consent is unnecessary if the minor agrees.
- 7. Which of the following is NOT listed as a basis for a minor to make independent medical decisions?**
- A. Having a part-time job
 - B. Marriage
 - C. Court approved emancipation
 - D. Living apart from parents or guardian for at least 60 days and independent of prenatal support
- 8. How should postmortem privacy and confidentiality be managed?**
- A. Respect the deceased's privacy; limit disclosures; follow legal requirements for death reporting and organ/tissue donation
 - B. Disclose full medical details to the public upon death
 - C. Share the deceased's information with family without consent
 - D. Do not consider privacy after death
- 9. Which statement about nurse practice acts is true?**
- A. They provide for unlimited scope of nursing practice.
 - B. They informally define the scope of nursing practice.
 - C. Only some states have adopted a nurse practice act.
 - D. The nurse must know the nurse practice act within his or her state.
- 10. Standard of care in nursing practice is defined as what?**
- A. The amount of care a nurse feels is right
 - B. The care provided that a reasonably prudent nurse would provide under similar circumstances
 - C. The care only required by the hospital policy
 - D. The care chosen by the patient

Answers

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

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Explanations

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1. Who could be held responsible when a nursing student makes an error?

A. Instructors and Facilities May Share Responsibility

B. Student Only

C. The Patient

D. The School's Administration Only

The key idea is that accountability for a nursing student's error can be shared, not placed on one person alone. Instructors have a duty to supervise, teach, and assess a student's competence, intervening when a student is at risk of harming a patient. If supervision is lacking or guidance is insufficient, the instructor can be part of the responsibility for the outcome. Likewise, the clinical facility provides the learning environment and is responsible for patient safety, policy enforcement, equipment readiness, staffing, and ensuring proper orientation and supervision. When failures in supervision or in creating a safe clinical setting contribute to an error, the facility can share in the liability. The school or program can also bear responsibility if the education or oversight provided to the student was inadequate, leaving gaps in competence or supervision. The patient is typically not the party at fault in terms of liability; rather, harm results from actions or omissions by those overseeing and shaping the learning and care environment. So, responsibility can legitimately be shared by instructors and the facilities where the student is practicing.

2. Which statement accurately describes the mature minor doctrine?

A. It requires parental consent in all cases

B. It denies minors the ability to consent

C. It only applies to emancipated minors

D. It allows some minors to consent to certain treatments, depending on maturity and jurisdiction

The mature minor doctrine recognizes that some young people can understand what a medical treatment involves and its potential risks and benefits, so they may be allowed to consent to certain care without a parent's permission. The key idea is that capacity isn't based on age alone but on demonstrated maturity and understanding, and the exact rules depend on the laws of the jurisdiction. In practice, a clinician assesses whether the minor understands what the treatment entails, the alternatives, and the consequences of not treating, and if they do, the minor may consent to that care. This isn't universal or blanket, and it doesn't apply to every situation or every minor; parental involvement or different requirements may still apply in many cases, and some jurisdictions have explicit criteria or age thresholds. Emancipated minors aren't the only group who may be treated under this doctrine—the concept can apply to non-emancipated minors who meet the maturity standard. In emergencies, treatment may proceed with implied consent to prevent serious harm, even if formal consent isn't obtained. Therefore, the statement that best describes it is that some minors can consent to certain treatments, depending on maturity and jurisdiction.

3. Which statement about privacy when sharing patient experiences is correct?

- A. Names are the only identifiers that are a concern when considering patient privacy
- B. Any patient information that can aid in the identification of the patient's identity can be a problematic and a violation**
- C. As long as the information is erased there is not a problem
- D. Personal emails are less restricted than clinical data

Protecting patient privacy hinges on identifiability. The statement that any information that could help identify the patient can be a privacy violation is the best answer because identifiers aren't limited to names; dates, locations, ages, rare conditions, distinctive clinical details, and even a combination of seemingly harmless data can reveal who the patient is. Proper privacy practice means either de-identifying all identifying details or obtaining patient consent, not just removing a name. Why the other ideas don't fit: simply removing a name ignores the many other identifiers that can still point to someone, making re-identification possible. Erasing information isn't always enough, because residual details can still identify a person or be linked with other data. And privacy protections apply to patient information regardless of the channel—personal emails aren't inherently less restricted when they contain identifiable patient information.

4. Which are the core ethical principles in the ANA Code of Ethics for nurses?

- A. Privacy and confidentiality only
- B. Efficiency and productivity
- C. Loyalty to institution above patient
- D. Respect for autonomy, beneficence, nonmaleficence, justice, fidelity, and accountability**

The fundamental ethics guiding nursing practice are the principles of autonomy, beneficence, nonmaleficence, justice, fidelity, and accountability as outlined in the ANA Code of Ethics. Each principle shapes how you respond to patients and make care decisions. Autonomy means honoring a patient's right to make their own choices about their care, with adequate information to consent or refuse treatment. Beneficence is acting in the patient's best interest, promoting their well-being and welfare. Nonmaleficence is the obligation to do no harm, carefully weighing risks and benefits before any action. Justice requires fairness and equity in how care is delivered and resources are allocated. Fidelity involves being loyal and trustworthy—keeping promises and following through on commitments to patients. Accountability means taking responsibility for your actions, including being answerable for the quality and ethics of care provided. The other options miss the mark because they either isolate a single aspect (such as privacy and confidentiality) without capturing the broader ethical duties, emphasize organizational goals like efficiency over patient needs, or advocate prioritizing the institution over the patient, which conflicts with the core duties of advocacy and autonomy.

5. During clinical rotations, nursing students are liable for their actions under supervision, and responsibility may be shared.

A. Students Are Liable for Their Actions Under Supervision, and Instructors or Facilities May Share Responsibility.

B. Only the Instructor Holds Liability.

C. The Patient Holds All Liability.

D. There Is No Liability for Students During Rotations.

The key idea is that liability in clinical rotations is a shared responsibility. Nursing students are practicing under supervision, but they are still personally responsible for their actions that fall short of the standard of care or constitute negligence. At the same time, the supervising nurse, instructor, or the clinical facility has a duty to provide proper supervision, training, and safe policies. If harm results from inadequate supervision or systemic failures, liability can accompany the action—both the student and the supervisor or facility may be held accountable. The patient is not the party that bears all the liability, and it's not accurate to say there's no liability for students during rotations.

6. Which statement best describes assent and consent in pediatric care?

A. Assent is the minor's agreement to treatment.

B. Consent is the minor's agreement to treatment.

C. Assent requires parental permission in all cases.

D. Consent is unnecessary if the minor agrees.

In pediatric care, assent and consent serve two different roles. Assent is the minor's own affirmative agreement to participate in or undergo treatment, reflecting their developing ability to understand and be involved in decisions about their health. Consent, on the other hand, is the permission given by a parent or guardian to authorize the treatment. The best description is that assent is the minor's agreement to treatment. Clinicians strive to explain options in an age-appropriate way and obtain the child's assent whenever possible, while a parent or guardian provides the formal permission (consent) to proceed. In many situations, parental consent is still required for treatment, though there are legal provisions in some places that allow mature minors or emancipated minors to consent to certain medical services, especially in emergencies. The other statements aren't accurate because consent is not the minor's agreement, assent does not require parental permission in all cases, and consent is not unnecessary simply because the minor agrees.

7. Which of the following is NOT listed as a basis for a minor to make independent medical decisions?

- A. Having a part-time job**
- B. Marriage
- C. Court approved emancipation
- D. Living apart from parents or guardian for at least 60 days and independent of prenatal support

Minors gain the right to consent to medical treatment when they have legal emancipation or autonomous status recognized by the law. Emancipation can come from several clear pathways: marriage, a court-approved emancipation order, or living apart from parents with independence in finances and support (which in some contexts includes independence from prenatal support). A part-time job by itself does not establish emancipation or the legal capacity to make independent medical decisions. It doesn't meet the criteria that statutes use to grant a minor the authority to consent; employment alone doesn't remove the need for parental or guardian involvement unless other emancipating circumstances exist. Therefore, having a part-time job is not a recognized basis for a minor to make independent medical decisions, whereas marriage, court-ordered emancipation, and living apart with financial independence are.

8. How should postmortem privacy and confidentiality be managed?

- A. Respect the deceased's privacy; limit disclosures; follow legal requirements for death reporting and organ/tissue donation**
- B. Disclose full medical details to the public upon death
- C. Share the deceased's information with family without consent
- D. Do not consider privacy after death

Postmortem privacy is still a professional obligation. The information about a patient's health remains confidential after death, and disclosures should be limited to what is legally required or ethically appropriate. The best approach is to respect the deceased's privacy, limit disclosures to what is mandated (such as death reporting to authorities) and what is necessary for organ or tissue donation, and to follow relevant laws and policies. This protects the dignity of the person and the interests of the family while ensuring compliance with legal processes. Disclosing full medical details to the public goes beyond what is required and breaches confidentiality. Sharing information with family without consent can overstep privacy boundaries, and ignoring privacy after death contradicts ethical and legal duties.

9. Which statement about nurse practice acts is true?

- A. They provide for unlimited scope of nursing practice.
- B. They informally define the scope of nursing practice.
- C. Only some states have adopted a nurse practice act.
- D. The nurse must know the nurse practice act within his or her state.**

Nurse practice acts are state laws that govern nursing, defining the legal scope of practice, licensure requirements, and disciplinary processes to protect the public. They are formal statutes, not informal guidelines, and their scope is clearly bounded rather than unlimited. Since each state enacts its own act, every nurse must know the act in the state where they practice to ensure compliance with the law and to understand permissible activities and consequences for violations. All states have a nurse practice act, so a nurse's obligation to know it isn't optional.

10. Standard of care in nursing practice is defined as what?

- A. The amount of care a nurse feels is right
- B. The care provided that a reasonably prudent nurse would provide under similar circumstances**
- C. The care only required by the hospital policy
- D. The care chosen by the patient

Standard of care in nursing practice is the level of care a reasonably prudent nurse would provide under similar circumstances. It's an objective benchmark grounded in professional training, current evidence-based guidelines, and the accepted practices of the nursing community. This means actions are guided not by personal feelings or by what a facility policy happens to require alone, and not by what a patient happens to request. Policies inform practice, but the standard of care reflects what competent nurses would do in real-world, similar situations and is the basis used to judge whether care was appropriate.

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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://legalethicalaspectsofnursing.examzify.com>

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

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