

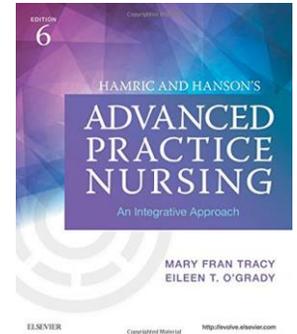
Test Bank - Advanced Practice Nursing 6th Edition All Chapters

Chapter 1: Highlights from the History of Advanced Practice Nursing in the United

States Test Bank

Multiple Choice

1. In which year did the American Association of College of Nursing (AACN) introduced the Doctorate of Nursing Practice (DNP)?
 - a. 2006
 - b. 2004
 - c. 2000
 - d. 2002



ANS: B

The AACN introduced the DNP degree in 2004 to prepare advanced practice nurses (APRNs) to meet challenges and standardize practice beyond master's degree programs.

2. Which of the following is the best explanation for the creation of the Doctorate of Nursing Practice (DNP) degree?
 - a. To compete against master's degree programs
 - b. To ensure standardized curriculum ensuring independent practice
 - c. To validate APRN's for financial reimbursement
 - d. To address increasing curriculum requirements of master's degree programs

ANS: D

Although all answers are influenced by the DNP core competencies, the DNP program creation in 2004 by the AACN was designed to address curriculum requirements of master's degree programs.

3. Which of the following was the first recognized area of advanced practice nursing?
 - a. Clinical Nurse Specialist
 - b. Family nurse practitioner
 - c. Pediatric nurse practitioner
 - d. Certified Registered Nurse Anesthetist

ANS: D

In 1931, the National Association of Nurse Anesthetists (NANA), renamed in 1939 to the American Association of Nurse Anesthetists (AANA) was the first recognized group promoting advanced nursing practice. Agatha Hodgins founded the AANM at Lakeside Hospital in

Cleveland, Ohio.

4. Which factor is broadly perceived to solidify and standardize the role of the APNs over the last 25 years?
- Lack of access to health care providers
 - Standardized curriculum development
 - Payment for services
 - Societal forces

ANS: B

As the evolution of Advanced Practice Nursing advances specific specialties and needs are identified. Through the evolution of organization and standardization these roles have solidified the APN's role in today's health care environment.

5. During the formation of early APN roles in anesthesia, which of the following increased demand for access to health care?
- Poverty
 - War
 - Rural access to care
 - Availability of training

ANS: B

Earliest demand for nursing-provided anesthesia spiked during periods of war when numbers of physicians were inadequate. The earliest records date back to the American Civil War with the administration of chloroform. During World War I in 1917 more than 1000 nurses, some trained anesthetists, traveled into battle. Other factors such as need for rural health care came later in the validation and need for APNs.

6. In 1889, Dr. William Worrall Mayo built and opened St. Mary's hospital in Rochester, NY. He is known for some of the earliest recruitment and specialized training of nurses in which of the following roles?
- Pediatrics
 - Anesthesia
 - Obstetrics
 - Research and statistics
 - Family nursing

ANS: B

In 1889, Dr. William Worrall Mayo began formally training and recognizing nurse anesthetists. This has been regarded as the earliest training in nurse-provided anesthesia.

7. In 1893, Lillian Wald established the Henry Street Settlement (HSS) House for which purpose? a.

Access to health care of rural areas

- b. Create inner-city nursing awareness
- c. Provide the disadvantaged access to care
- d. Establish guidelines for advanced nursing roles

ANS: C

The HSS was established to provide nursing services to immigrants and low-income patients and their families in Manhattan. As resistance to nurse-provided care grew, standing orders were drafted from a group of Lower East Side physicians thereby circumventing then-existing legal ramifications.

8. The Frontier Nursing Service (FNS) founded in Kentucky in 1925 by Mary Breckenridge initially provided Appalachia with nursing resources and which type of advanced nursing care?

- a. Pediatric care
- b. Anesthesia
- c. Midwifery
- d. Surgical services

ANS: C

The original FNS provided nursing services and obstetric services to Appalachian residents. Later working from standard orders developed from their medical advisory committee nurses treated patients, made diagnoses, and dispensed medications.

9. Which organization founded in 1941 under Mary Breckenridge's leadership merged with the American College of Nurse-Midwives (ACNM) in 1969?

- a. American Association of Nurse-Midwives (AANM)
- b. American Nurses Association (ANA)
- c. Association for National Nurse-Midwifery (ANNM)
- d. Council of Nursing Midwifery (ANM)

ANS: A

The American College of Nurse-Midwives (ACNM) formed under the leadership of Mary Breckenridge in 1941 to provide nurse-midwife development and collaboration for midwife

development. In 1955, the American College of Nurse-Midwives was formed and the two organizations merged in 1969 after the death of Mary Breckenridge.

10. In a landmark ruling by the Supreme Court as a result of *Chalmers-Frances v. Nelson*, 1936, what legal precedent was established?

- a. Nurse anesthesia was allowed under the nurse practice act
- b. Nurse anesthesia scope of practice included anesthesia
- c. Nurse anesthesia was legal, if under guidance of a supervising physician
- d. Only trained nursing professionals could administer anesthesia independently

ANS: C

The landmark decision from the *Chalmers-Frances v. Nelson* case set national precedent for the advanced nursing practice role. It proved to be the basis for other cases over the following few decades and established that trained nurses could legally provide anesthesia care under supervision of a physician.

11. The first known establishment of the nurse practitioner role occurred in 1965 at the University of Colorado. In which area of training did this role specialize?

- a. Pediatrics
- b. Geriatrics
- c. Midwifery
- d. Anesthesia

ANS: A

The establishment of the first pediatric nurse practitioner program was in 1965 at the University of Colorado. Loretta Ford, RN and Henry Silver, MD provided a 4-month course to certified registered nurses to provide education on managing childhood health problems.

12. The DNP program curriculum outlined which of the following clinical requirements in an effort to standardize training?

- a. 1000 supervised clinical hours and 200 unsupervised clinical hours
- b. 1000 supervised clinical hours
- c. 900 supervised clinical hours
- d. 800 supervised clinical hours and 200 unsupervised clinical hours

ANS: B

In 2004, the AACN outlined the DNP curriculum in an effort to standardize and relieve challenges of master's degree programs. This includes a standardized curriculum requiring 1000 supervised clinical hours.

13. Which state became the first to recognize diagnosis and treatment as part of the scope of practice of specialty nurses?

- a. Idaho
- b. Oklahoma
- c. South Dakota
- d. Maryland

ANS: A

Idaho Governor Cecil Andrus signed HB 46 and HB 207 into law on February 11, 1971. This amended the states' nurse practice act making it the first state to officially recognize diagnosis and treatment of specialty nurses. The recognition of the ability to diagnose and treat overcame an initial hurdle toward independent nursing practice.

14. The American Nursing Association (ANA) defines which requirement for the designation of a clinical nurse specialist in any specialty?

- a. Specialty training certificate
- b. Successful completion of certification examination
- c. Masters or doctoral degree
- d. 1000 hours relevant supervised training
- e. Two or more years of clinically relevant experience

ANS: C

In 1980, the ANA specifically outlined criteria for the acknowledgment of clinical nurse specialist training programs. At that time they required graduate level training to become an expert in a relevant specialty area of nursing. Additionally, they must meet any requirements set forth by the specific professional society.

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Chapter 2: Conceptualizations of Advanced Practice Nursing

Test Bank

Multiple Choice

15. Which of the following is the primary mission of the National Organization of Nurse Practitioner Faculties (NONPF)?

- a. Provide leadership in promoting quality NP education
- b. NP Faculty training program assistance
- c. Provide financial assistance to NP students
- d. Lobbying legislature on behalf of NPs

ANS: A

The NONPF's primary mission is to provide leadership in promoting quality NP education. The organization has published domains and core competencies for primary care and these serve as a framework for NP education and practice.

16. A model of competencies that are encompassed around three spheres of influence known as patient, nurses and nursing practice, and organization and influence is known as?
- NACNS Model of clinical nurse specialist competencies
 - Fenton's and Brykczynski's Expert Practice
 - Calkin's model of Advanced Nursing Practice
 - Shuler's Model of NP Practice

ANS: A

The NACNS's initial 2008 statement was revised in 2004. The statement outlined competencies that aligned to each of the three spheres of influence: patient, nurses and nursing practice, and organization and influence.

17. Building upon Benner's seven domains of expert nursing practice, which conceptual model adds an additional domain "The consulting role of the nurse"?
- Calkin's model of Advanced Nursing Practice
 - Fenton's and Brykczynski's Expert Practice
 - Strong Memorial Hospital's Model of Advanced Nursing Practice
 - Shuler's Model of NP Practice
 - NACNS Clinical Nurse Specialists Model

ANS: B

Fenton's and Brykczynski's Expert Practice Domains of the CNS and NP expanded on Benner's seven domains adding consultation provided by CNS's to other nurses and management of health and illness in ambulatory care settings.

18. Which model of conceptual practice was the first to explicitly distinguish the experience level of advanced practitioners?
- Calkin's model of Advanced Nursing Practice
 - Shuler's Model of NP Practice
 - NACNS Clinical Nurse Specialists Model
 - Strong Memorial Hospital's Model of Advanced Nursing Practice
 - Fenton's and Brykczynski's Expert Practice

ANS: A

Calkins model of Advanced Nursing Practice was the first to explicitly distinguish experience levels of advanced practitioners for nurse administrators to differentiate advanced practice nursing from other levels of clinical practice.

19. The circular and continuous threads of direct comprehensive patient care, support of systems, education, research, and publication and professional leadership make up the five domains of which advanced nursing conceptual model?

- a. Strong Memorial Hospital's Model of Advanced Nursing Practice
- b. Calkin's model of Advanced Nursing Practice
- c. NACNS Clinical Nurse Specialists Model
- d. Fenton's and Brykczynski's Expert Practice
- e. Shuler's Model of NP Practice

ANS: A

Direct and indirect activities across five domains including: direct comprehensive patient care, support of systems, education, research, and publication and professional leadership make up the Strong Memorial Hospital's Model of Advanced Practice Nursing.

20. Texas Children's Hospital Transformational Advanced Professional Practice (TAPP) APRN Model added what unifying conceptual strand?

- a. Ethics
- b. Culture
- c. Informatics
- d. Education

ANS: A

The TAPP model added two additional domains: quality and safety, and credentialing and regulatory practice, to the Strong model. It additionally added professional ethics as a unifying conceptual strand.

21. Poghosyan, Boyd, and Clarke (2016) proposed a comprehensive conceptual model including three factors: scope of practice regulations, institutional policies, and practice environments. What was their primary purpose?

- a. To discourage role ambiguity among CNS providers
 - b. To enhance patient education provided by the APRN
 - c. To maximize NP Contributions to primary care
 - d. To provide educational practice guidelines to enhance NP education
- ANS: C

The 2016 model provided a comprehensive review of literature and described potential factors that affect NP care and patient outcomes. This included scope of practice regulations that often cause barriers for NP provided primary care.

22. Which model of practice intended to impact the NP domain at four levels: theoretical, clinical, educational, and research in 1993?
- a. Hamric's model
 - b. Calkin's model of Advanced Nursing Practice
 - c. Strong Memorial Hospital's Model of Advanced Nursing Practice
 - d. Shuler's Model of NP Practice

ANS: D

Shuler's Model of NP Practice is a holistic and wellness oriented model that was designed to impact the NP domain at four levels: theoretical, clinical, educational, and research. It is designed to elaborate the NP's expanded knowledge and skills into medicine including a template for conducting a visit.

23. Which model for APRN practice addresses all four APRN roles: CNS, CRNA, CNM, and NP?
- a. Calkin's model of Advanced Nursing Practice
 - b. Hamric's model
 - c. Strong Memorial Hospital's Model of Advanced Nursing Practice
 - d. Donabedian Model

ANS: B

Many models highlight core competencies among specific APRN roles, while others emphasize competencies for hiring managers. At the time of this writing, only the Hamric's model encompasses all four APRN roles.

24. Which of the following is one of the eight published essentials included in the Essentials of Doctoral Education for Advanced Nursing Practice developed by the AACN in 2006?
- a. Algorithms for advanced patient care
 - b. Informatics and health care technologies
 - c. Scientific underpinnings of practice
 - d. Liberal education for general nursing practice

ANS: C

The AACN publishes their national consensus to provide the core elements for nursing curriculum creation. Currently published are Baccalaureate Essentials, Master's Essentials, DNP Essentials,

and Clinical Resources Essentials. Although they are similar in their core approach to education, listed first in DNP essentials is the scientific underpinnings of practice.

25. Which model of conceptualization identifies that health care needs are not met in a system dominated by medical language as a basis for reimbursement?
- a. Donabedian Model
 - b. Dunphy and Winland-Brown's Circle of Caring model
 - c. Shuler's Model of NP Practice
 - d. Calkin's model of Advanced Nursing Practice

ANS: B

Dunphy and Winland-Brown's transformative model (Dunphy, Winland-Brown, Porter, Thomas, and Gallagher, 2011; Fig. 2.12) proposed a circle of caring to encourage medical collaboration and enhance the nursing presence in the health care system. Their model incorporates both strengths of medicine and nursing with process of assessment, planning, intervention, and evaluation, with a feedback loop.

26. Without additional application of conceptual models which model would be best chosen to model the skill level of beginning nurses, experienced nurses, or advanced nurse practitioners with the appropriate level of patient care?
- a. Dunphy and Winland-Brown's Circle of Caring model
 - b. Strong Memorial Hospital's Model of Advanced Nursing Practice
 - c. Donabedian Model
 - d. Calkin's model of Advanced Nursing Practice

ANS: D

Calkin's model of Advanced Nursing Practice outlines skills and knowledge of beginning nurses, experienced nurses, and advanced practice nurses as they relate the patient responses for health care problems.

27. The 2005 Donabedian model has been used to evaluate the quality of APRN care using which conceptual outline?
- a. Assessment, diagnosis, planning, intervention, and evaluation
 - b. Structure, process, and outcome
 - c. Diagnosis and outcome
 - d. Diagnosis, morbidity, and mortality

ANS: D

The Donabedian model encompasses structure (health care systems and facilities), process (diagnosis, treatment, education), and outcomes.

28. Which of the following are the functions of a conceptualization of advanced practice nursing? (Select all that apply.)

- a. Basis for furthermore development of knowledge
- b. Articulate professional role identity and function
- c. Identify specific procedures to provide
- d. Deliver holistic and collaborative care
- e. Provide guidelines on billing

ANS: A, B, D

Conceptual models allow for articulation of professional role identity, provide a basis for furthermore development of knowledge and assist in clinical practice for the delivery of holistic, comprehensive, and collaborative care. Models may assist but in general do not provide assistance with clinical decision making or billing.

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Chapter 3: A Definition of Advanced Practice Nursing

Test Bank

Multiple Choice

29. A registered nurse completes an informal education and training course at his or her place of work authorizing him or her to use ultrasound guided imagery when placing intravenous lines. How is this best classified?
- a. Advanced practice nursing
 - b. Nursing Skill Advancement
 - c. Advanced Licensure
 - d. Advanced Certification

ANS: B

The addition or advancement of individual skills to the nursing practice is common and encouraged but does not meet the requirements set forth for advanced practice nursing. Licensure and certification were not obtained or expressed.

30. The core foundations of all APN education curricula contain advanced courses covering which of the following?
- a. Human anatomy, health and physical assessment, and pharmacology
 - b. Pathophysiology, research, and pharmacology
 - c. Health and physical assessment, pathophysiology, and obstetrics and gynecology
 - d. Pathophysiology, health and physical assessment, and pharmacology

ANS: D

While specific specialties may focus on individual areas of clinical knowledge, all aspects of advanced practice nursing include advanced knowledge of pathophysiology, health and physical assessment, and pharmacology.

31. Which of the following criteria is required for the attainment of classification as an advanced practice nurse (APN)?
- a. Practice focused on research
 - b. Baccalaureate degree in area of focus
 - c. Specialized skill attainment
 - d. Graduate degree in area of focus

ANS: D

The three basic criteria or qualifications for APNs include graduate education in advanced practice nursing role, national certification in an advanced role, and a practice focused on patients and their families. Research and skills are components of core competencies of advanced practice nurses who achieve a graduate level of education.

32. Which of the following is the central, core competency for advanced practice nursing?
- a. Evidence-based practice
 - b. Direct clinical practice
 - c. Leadership
 - d. Ethical decision making

ANS: B

Direct clinical practice is the core competency that lends itself to all others. It also provides the foundation for APNs to carry out the other competencies adequately.

33. The legal authority granted to a professional to provide and be reimbursed for health care services refers to:

- a. Certification
- b. Scope of practice
- c. Practicing Role
- d. Education

ANS: B

Many things including state and federal laws define scope of practice. The APN NCSBN defines scope of practice as characterized by specialization, expansion of services provided, including

diagnosing and prescribing, and autonomy to practice. An individual certification would fall under the umbrella of scope of practice.

34. Which of the following most accurately describes the current four established advanced practice nurse roles?

- a. RN, BSN, MSN, DNP
- b. CNM, FNP, CNS, CRNA
- c. CNM, FNP, AGNP, PNP
- d. CNS, CRNA, NP, CNM

ANS: D

The four established advanced practice nurse roles include CNS, CRNA, CNM, and NP. FNP and AGNP are specializations of nurse practitioners (NP).

35. Which advanced practice nursing role has seen the largest expansion of growth and is currently the largest in number?

- a. CNS
- b. CRNA
- c. CNM
- d. NP

ANS: D

Nurse practitioner continues to be the largest in number of APN roles. According to the American Academy of Nurse Practitioners National NP Database there are over 220,000 trained NPs.