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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.

13. The American Nursing Association (ANA) defines which requirement for the designation of a clinical nurse specialist in any specialty?
- 1000 hours relevant supervised training
  - Masters or doctoral degree
  - Specialty training certificate
  - Two or more years of clinically relevant experience
  - Successful completion of certification examination

ANS: B

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.

## **Chapter 02: Conceptualizations of Advanced Practice Nursing**

**Tracy & O'Grady: Hamric & Hanson's Advanced Practice Nursing, 7th Edition**

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### **MULTIPLE CHOICE**

1. Which of the following is the primary mission of the National Organization of Nurse Practitioner Faculties (NONPF)?
- Provide leadership in promoting quality NP education
  - Provide financial assistance to NP students
  - NP Faculty training program assistance
  - 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.

2. The 2019 updated model of competencies that are encompassed around three spheres of impact known as patient direct care, nurses and nursing practice, and organizations and systems is known as?
- Shuler's Model of NP Practice
  - Fenton's and Brykczynski's Expert Practice
  - Calkin's model of Advanced Nursing Practice
  - NACNS Model of clinical nurse specialist competencies

ANS: D

The NACNS's initial 2008 statement was revised in 2004 and again in 2019 to specifically differentiate CNS practice from that of others APRNs. The statement outlined competencies that align to each of the three spheres of impact including patient direct care, nurses and nursing practice, and organizations and systems.

3. Building upon Benner's seven domains of expert nursing practice, which conceptual model adds an additional domain "The consulting role of the nurse"?

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

ANS: C

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.

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

ANS: E

Calkin's 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.

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

- 6. Texas Children's Hospital Transformational Advanced Professional Practice (TAPP) APRN Model added what unifying conceptual strand to Strong Memorial Hospital's Model of Advanced Practice Nursing?
  - a. Professional Ethics
  - b. Quality and Safety
  - c. Culture
  - d. Education

ANS: A

The TAPP model added two additional domains: quality and safety, and credentialing and regulatory practice, to the Strong model. Specifically, professional ethics was added as a unifying conceptual strand alongside collaboration, scholarship, and empowerment.

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7. 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?
- To enhance patient education provided by the APRN
  - To maximize NP Contributions to primary care
  - To provide educational practice guidelines to enhance NP education
  - To discourage role ambiguity among CNS providers

ANS: B

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.

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

ANS: A

Shuler's Model of NP Practice model is holistic and wellness oriented and 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.

9. Which model highlighted some of the earliest efforts to address APRN practice among all roles by outlining primary criteria among a central competency with highlighted core competencies in addition to managing environmental elements?
- Strong Memorial Hospital's Model of Advanced Nursing Practice
  - Calkin's model of Advanced Nursing Practice
  - Donabedian Model
  - Hamric's model

ANS: D

Many models highlight core competencies among specific APRN roles, Hamric's model outlines primary criteria for a central competency (direct clinical practice) that further outlines core competencies. Additionally, Hamric's model highlights critical environmental elements that affect APRNs such as regulatory and credentialing requirements, health policy, business aspects among others.

10. 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?
- Scientific underpinnings of practice
  - Informatics and health care technologies
  - Liberal education for general nursing practice
  - Algorithms for advanced patient care

ANS: A

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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.

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

ANS: A

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.

12. 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?
- Strong Memorial Hospital's Model of Advanced Nursing Practice
  - Dunphy and Winland-Brown's Circle of Caring model
  - Donabedian Model
  - 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 advance practice nurses as they relate the patient responses for health care problems. The model was developed to assist nurse administrators match the skill level of advanced practice nurse from other levels of clinical practice in personnel policies.

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

ANS: D

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

## **MULTIPLE RESPONSE**

1. Which of the following are the functions of a conceptualization of advanced practice nursing? *(Select all that apply.)*
- Articulate professional role identity and function

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

ANS: A, C, 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.

### **Chapter 03: A Definition of Advanced Practice Nursing**

**Tracy & O'Grady: Hamric & Hanson's Advanced Practice Nursing, 7th Edition**

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#### **MULTIPLE CHOICE**

1. 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 Certification
  - d. Advanced Licensure

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/or certification were not obtained or expressed.

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

ANS: B

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.

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

ANS: D

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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.

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

ANS: D

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.

5. The legal authority granted to a professional to provide and be reimbursed for health care services refers to which of the following?
- Certification
  - Scope of practice
  - Education
  - Practicing Role

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.

6. Which of the following most accurately describes the current four established advanced practice nurse roles?
- CNM, FNP, CNS, CRNA
  - CNS, CRNA, NP, CNM
  - CNM, FNP, AGNP, PNP
  - RN, BSN, MSN, DNP

ANS: B

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

7. Which advanced practice nursing role specialty seen the largest expansion of growth and is currently the largest in number?
- CNS
  - CRNA
  - CNM
  - NP

ANS: D

Nurse practitioner continues to be the largest APRN role. According to the American Academy of Nurse Practitioners National NP Database there are over 234,000 trained NPs (Table 3.1)

8. Which advanced practice nursing role is currently the smallest in number?

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

ANS: C

The Certified Nurse Midwife APRN role according to the American College of Nurse-Midwives currently has over 12,800 trained providers making it the smallest APRN role at this time. (Table 3.1) The CNM role is specialized in the care of women's health and childbearing.

9. A practicing, certified CNM wishes to change roles and work as a family nurse practitioner (FNP). Which of the following is required?
- a. Take the FNP board examination
  - b. Nothing is required
  - c. Complete education and training as an NP
  - d. Apply for immediate reciprocity

ANS: C

The four roles of APN (CNS, CRNA, CNM, and NP) are not interchangeable without additional training and education. Although there are specific instances of overlap, each of the four roles should not be confused as interchangeable. Specialty certifications under the NP role may allow for more flexibility under today's regulations and are not standard practice. Scenarios are usually handled on an individual basis.

10. Which of the following is the purpose of utilizing a scope of practice for APRNs?
- a. protect the public from unsafe, unqualified healthcare providers
  - b. protect the APRN scope from litigation
  - c. establish educational criteria for evaluating competencies or skills
  - d. establish care guidelines to improve quality of care

ANS: A

The scope of practice refers to legal authority that is granted to a professional to provide or be reimbursed for healthcare services. Scope of practice guidelines are intended to protect the public from unsafe or unqualified healthcare providers. Scope of practice varies by legal jurisdiction and APRN specialty.

11. The DNP program curriculum outlined which of the following clinical requirements in an effort to standardize training?
- a. 900 supervised clinical hours
  - b. 1000 supervised clinical hours
  - c. 800 supervised clinical hours and 200 unsupervised clinical hours
  - d. 1000 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. In comparison master's programs requiring a minimum of 500 hours of clinical experience.

**TRUE/FALSE**

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1. A registered nurse in an emergency room successfully completes a critical care course and meets all requirements for certification including two years of emergency room experience. He or she is now classified as an advanced practice nurse after an examination.

ANS: F

A registered nurse completing advanced training that increases skill and knowledge may have also obtained a certification; however, this does not meet the basic criterion of an advanced practice nurse. He or she may be expertly skilled but designation as an APRN role requires the completion of a graduate degree or greater focused in an area of nursing to appropriately be classified as an APN. The acute care specialty of nurse practitioner would be satisfy this requirement in this example.

#### **Chapter 04: Role Development of the Advanced Practice Nurse**

**Tracy & O'Grady: Hamric & Hanson's Advanced Practice Nursing, 7th Edition**

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#### **MULTIPLE CHOICE**

1. Hamric and Taylor's 1989 survey data indicated that CNSs maximize their role potential during the integration phase, which typically occurs during what time period? Cooper and Sparacino postulate than an APRN's maximum potential may not be attained until:
  - a. After 2 years of practice
  - b. After 3 years of practice
  - c. After 5 years of practice
  - d. After 7 years practice

ANS: B

Hamric and Taylor's 1989 survey data indicated that CNSs maximize their role potential during the integration phase which typically occurs after 3 years in practice as a CNS.

2. An NP student is performing a thorough neurologic examination for the first time in the clinical setting. This is an example of:
  - a. Role conflict
  - b. Role acquisition
  - c. Role confusion
  - d. Role implementation

ANS: B

The changes occurring during role transitions experienced during the educational component of an APN role are classified as role acquisition. Additionally, role transition is described as when an APRN begins to practice for the first time in a new role.

3. A new NP student is completing a rotation at an outpatient urgent care clinic and completes an examination on a patient with chest pain. The clinic nursing assistant hands a 12-lead ECG to the NP student and asks: "What should we do?" The NP student's preceptor did not provide instructions for ECG's to the NP student even though the student is capable of interpreting ECGs. This is an example of:
  - a. Role supplementation
  - b. Role strain
  - c. Role ambiguity
  - d. Role transition

ANS: C



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Role ambiguity is created by unclear expectations, diffuse responsibilities, and uncertainty of subroles. The NP student's preceptor did not provide clear roles to the NP student about what he or she should do in the absence of the preceptor. If the NP student was placed in a role where he or she was unaware of how to manage patients with chest pain or ECGs this would be an example of role incongruity.

4. An NP is completing the first month in his or her first job. He or she receives a phone call from an administrator telling him or her that he or she will need to see 30% more patients starting next week. They are told that this is the minimum requirement of all NPs in the same position. The NP has difficulty using the electronic health record (EHR) software efficiently and feels overwhelmed. This is an example of:
- Role insufficiency
  - Role ambiguity
  - Role conflict
  - Role supplementation

ANS: A

Role insufficiency is often seen as APRN graduates' transition to the workforce or change positions. This may include feelings of inadequacy or slow speed due to the new role or barriers such as electronic health record documentation requirements.

5. Which of the following is an example of role acquisition?
- NP student beginning a new job as a family nurse practitioner
  - NP student learning leadership roles in the classroom
  - A practicing NP advancing central line skills
  - NP student on graduation day from his or her program

ANS: B

The changes occurring during role transitions experienced during the educational component of an APN role are classified as role acquisition. All other answer choices are examples of role implementation.

6. When an APRN performs procedures or provides clinical care during job duties are classified as which of the following?
- Role transition
  - Role acquisition
  - Role supplementation
  - Role implementation

ANS: D

The job duties and responsibilities performed by the APRN are an example of role implementation. Role transition is the specific transition from student to practicing NP whereas role implementation is generalized application of APRN responsibilities in the workforce.

7. Which of the following is best classified as role stress?
- Multiple failed attempts to master a procedure during education
  - Maintaining family responsibilities while in school
  - Starting a first job as an NP
  - An APN's feelings of poor self-esteem

ANS: B

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There are many examples of role stress. Role stress may include any situation that requires increased performance above and beyond the expectation of others. This is easily classified as examples of things that require additional demand in addition to school or work such as work/family responsibilities or keeping up with new and advancing technologies. Starting a first job as an NP is an example of role transition.

8. Which of the following is best classified as role strain?
- An APN's feelings of poor self-esteem after failing two examinations
  - Maintaining family responsibilities while in school
  - Starting a first job as an NP
  - A difficult disagreement with a physician

ANS: A

Role strain is defined as the subjective feeling of frustration, tension, or anxiety in response to role stress. Examples of role strain typically include subjective feelings of decreased self-esteem when performance is below the expectations of self or others. A difficult disagreement with a physician is an example of role conflict. Starting a first job as an NP is an example of role transition. Maintaining family responsibilities while in school is an example of role stress.

9. Which of the following is an example of role conflict?
- Difficult work-life balance
  - Maintaining family responsibilities while in school
  - Starting a first job as an NP
  - A difficult disagreement with a physician

ANS: D

Role conflict occurs when role expectations are perceived to be mutually exclusive or contradictory. Role conflict does not have to be with superiors but can occur between APRNs and nurses, other APRNs, or physicians. Starting a first job as an NP is an example of role transition. Maintaining family responsibilities while in school is an example of role stress.

10. The four-stage process to NP role development first identified by Anderson, Leonard, and Yates (1974) and validated by Roberts et al. (1997) included which four components?
- Finding a niche, coping with pressures, feeling competent, internalizing the role
  - Novice, developing competence, competent, advanced
  - Complete dependence, developing competence, independence, interdependence
  - Developing competence, partial independence, complete independence, interdependence
  - Dependence, independence, interdependence, role model

ANS: C

Complete dependence, developing competence, independence, and interdependence are the four-stage process of NP development outlined by Anderson, Leonard, and Yates in 1974 and validated by Roberts et al. (1997).

11. A trained nurse enters the first semester of an NP training program. He or she attends their first class and is required to learn new and more advanced techniques beginning with conducting an advanced physical examination. The overwhelming feeling and stress of learning additional skills is most likely classified by the studies of Anderson, Leonard, and Yates in 1974 as?
- Complete dependence