

Chapter 1 Introduction to the Role of Advanced Practices Nursing

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: A~~ 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?
 - a. Lack of access to health care providers
 - b. Standardized curriculum development
 - c. Payment for services
 - d. 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?
 - a. Poverty
 - b. War
 - c. Rural access to care
 - d. 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?
 - a. Pediatrics
 - b. Anesthesia
 - c. Obstetrics
 - d. Research and statistics
 - e. 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?
- Access to health care of rural areas
 - Create inner-city nursing awareness
 - Provide the disadvantaged access to care
 - 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?
- Pediatric care
 - Anesthesia
 - Midwifery
 - 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?
- American Association of Nurse-Midwives (AANM)
 - American Nurses Association (ANA)
 - Association for National Nurse-Midwifery (ANNM)
 - 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?
- Idaho
 - Oklahoma
 - South Dakota
 - 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?
- Specialty training certificate
 - Successful completion of certification examination
 - Masters or doctoral degree
 - 1000 hours relevant supervised training
 - 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.

Chapter 2 The Nurse Practitioner: Historical Perspective on the Art and Science of Nurse Practitioning

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
 - NP Faculty training program assistance
 - Provide financial assistance to NP students
 - 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. 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?
 - a. NACNS Model of clinical nurse specialist competencies
 - b. Fenton's and Brykczynski's Expert Practice
 - c. Calkin's model of Advanced Nursing Practice
 - d. 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.

3. Building upon Benner's seven domains of expert nursing practice, which conceptual model adds an additional domain "The consulting role of the nurse"?
 - a. Calkin's model of Advanced Nursing Practice
 - b. Fenton's and Brykczynski's Expert Practice
 - c. Strong Memorial Hospital's Model of Advanced Nursing Practice
 - d. Shuler's Model of NP Practice
 - e. 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.

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

ANS: A