Role Development for the Nurse Practitioner 2nd edition Stewart Test Bank

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Chapter 1 – Historical Perspectives: The Art and Science of Nurse Practitionering

1. In which specialty are most nurse practitioners educated?

a. Pediatrics
b. Primary care
c. Family
d. Adult gerontology

Answer: b

2. Which factor represents a potential barrier to the nurse practitioner's practice in a primary care setting?

a. Cost effectiveness
b. Professional growth
c. Aging baby boomers
d. Collaboration agreements

Answer: d

3. Distinguish among the advanced practice registered nursing (APRN) roles recognized by the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*.

Answer: The APRN title serves as an umbrella for several APRN roles. According to the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*, the four APRN roles include certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP).

4. Which topic is specifically addressed in outcomes designated by the American Association of Colleges of Nursing (AACN) *Essentials for Master's Education in Nursing*?

a. Physical assessment
d. Pathophysiology
c. Population health
d. Pharmacology

Answer: c

5. Which organization outlined core competencies for nurse practitioners in all tracks and specialties?

a. American Association of Nurse Practitioners (AANP)

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b. National Organization for Nurse Practitioner Faculties (NONPF)
c. American Association of Colleges of Nursing (AACN)
d. National Council of State Boards of Nursing (NCSBN)

Answer: b

6. Differentiate between the focus of the doctor of nursing practice (DNP) and the doctor of philosophy (PhD) in nursing.

Answer: The focus of the doctor of philosophy (PhD) is research. By contrast, the doctor of nursing practice (DNP) emphasizes clinical practice.

7. Which American Association of Colleges of Nursing (AACN) essential is unique to the doctor of nursing practice (DNP) program?

a. Background for practice from sciences and humanities
b. Advanced nursing practice
c. Healthcare policy for advocacy in health care
d. Organizational and systems leadership

Answer: b

8. Describe the components of the DNP Scholarly Project as designated by the American Association of Colleges of Nursing (AACN).

Answer: As per the AACN, the DNP Scholarly Project must meet the following criteria: (a) focus on a change that impacts healthcare outcomes either through direct or indirect care; (b) have a systems (micro-, meso-, or macro-level) or population/aggregate focus; (c) demonstrate implementation in the appropriate arena or area of practice; (d) include a plan for sustainability (e.g. financial, systems or political realities, not only theoretical abstractions); (e) include an evaluation of processes and/or outcomes (formative or summative); (f) be designed so that processes and/or outcomes will be evaluated to guide practice and policy; and (g) provide a foundation for future practice scholarship.

9. Discuss the scope of practice and expanded opportunities made available to the nurse practitioner who earns a doctor of nursing practice (DNP) degree.

For the nurse practitioner who earns a DNP, the scope of practice does not change. However, by way of knowledge and skills gained in a DNP program, the nurse practitioner (NP) may have a greater impact on health outcomes for patients and populations. In addition, the DNP/NP may clinically practice in nearly any setting; including in a community health center leadership role, in larger acute care facilities, as a solo practitioner, and in nurse-managed health centers. The DNP/NP also may perform and apply research. For the DNP/NP, opportunities also include obtaining joint appointments with educational institutions and healthcare facilities, as well as serving as a leader in disease management.

10. Explain the relevance of nursing philosophies and theories to the nurse practitioner's delivery of patient care.

Answer: Nursing philosophies and theories serve as the foundation for delivery of patient care by the nurse practitioner (NP). Concepts described in nursing philosophies and theories form the basis for excellence in nursing practice and serve to illustrate the NP’s distinctive qualities. Nursing philosophies and theories conceptualize unique qualities; including the NP’s ability to build trust, instill confidence, and create a positive patient–NP relationship.

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Chapter 2 – Family-Focused Clinical Practice: Considerations for the Nurse Practitioner

1. Discuss the relationship between a microsystem and a macrosystem in the context of a family unit.

Answer: The family microsystem comprises the nuclear family and extended family members, as well as the roles and expectations for each family member. The macrosystem represents the larger world in which the family lives and interacts, and serves as a social framework that has unintentional influences on values, attitudes, and behaviors through time. The macrosystem may impact the family's overall development and well-being across the family lifespan. Components of the macrosystem include social expectations, legal and moral perspectives, and cultural traditions that affect the ways individuals treat and are treated by others.

2. Which step does the nurse practitioner include when applying the structural approach to family unit assessment?

a. Consider normal family changes and experiences over the family members' lifetime
b. Assess both individual family members and families as a whole unit
c. Emphasize dimensions of time and change in the family's membership structure
d. Recognize the cluster of expectations or norms for any family member's status position

Answer: d

3. The nurse practitioner considers the combined effects of both normative events and unexpected events on the family unit's health. Which family theory is most congruent with the nurse practitioner's assessment approach?

a. Family stress theory
b. Individual life span theory
c. Family development theory
d. Life course theory

Answer: a

4. Summarize the basic nature of resilience including behaviors demonstrated by resilient individuals.

Answer: Resilience is defined as the ability of an individual or family to function well and attain life goals despite overbearing stressors or challenges that might easily impair the person or family unit. Primary desired outcomes associated with resilience include moderating the negative effects of stress and promoting adaptation. While resilience is sometimes conceptualized as the ability to withstand a crisis that is brief in nature, in most cases, resilience is associated with how an individual or family manages a pervasive social condition such as poverty, a devastating illness, or a critical injury. Behaviors that are reflective of resilience include preserving hope;

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constructing a meaningful account of life events or situations; reaching out to others for help as needed; and identifying or developing resources and strengths to manage stressors flexibly and gain a positive outcome.

5. Individual, family, and social factors that promote resilience include which characteristic?

a. External locus of control
b. Dependency
c. Spirituality
d. Upward social comparison

Answer: c

6. When collecting data related to family structure, which information is needed for assessment of the family constellation?

a. Identification of immediate family members
b. Current level of financial support
c. Strategies used for stress management
d. Eligibility for financial assistance

Answer: a

7. Describe family capacity including strategies that support family capacity-building.

Answer: Family capacity is the extent to which a family's needs, goals, strengths, capabilities, and aspirations can meet the family's ability to function to its fullest potential. Similar to resilience, family capacity may be reflective of the family's ability to adapt and change. Family capacity-building involves increasing the family members' competence in implementing strategies to enhance their development and build their problem-solving skills while increasing their confidence that they are able to do so.

8. Which factor represents a limitation associated with use of a genogram for family health assessment?

a. Data collection requires extensive interviewing.
b. Family members tend to be disengaged from the process.
c. All information must be obtained in one sitting.
d. Cultural assessment data is not included.

Answer: d

9. Compare and contrast the genogram and the family pedigree.

Answer: A genogram is an assessment tool or clinical method of taking, storing, and processing family information for the benefit of the patient and the family. Information collected for use in a

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genogram is displayed as a graphic representation of family members and their relations over three generations. The information collected for the genogram may include genetic, medical, social, behavioral, and cultural aspects of the family. Similar to a genogram, a family pedigree is a graphic representation of a person's medical and biological history and is often referred to as the "family tree." Like the genogram, the pedigree is a family history assessment tool developed in an interview with a patient and is displayed as a graphic representation. A pedigree can be a powerful tool for use in health risk identification, diagnosis, and intervention. However, the pedigree provides little insight into family dynamics or the complex context of the patient and family in the community. While the genogram focuses on family relationships and communication patterns, the pedigree is a collection of the family health history and an assessment of disease risk factors.

10. Summarize the three general components of a comprehensive prioritized problem list.

Answer: Contents of the problem list may vary based on healthcare organizational requirements and healthcare provider preferences. In general, main components of a comprehensive prioritized problem list include (a) a list of chronic diseases or illnesses; (b) an ongoing or active problem that you are working on with the patient; and (c) a summarization of the most important things about a patient.

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