Ultrasound for Advanced Practitioners in Pregnancy and Women's Health 1st edition Menihan Test Bank

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Chapter 1 – Ultrasound Guidelines, Education, and Professional Responsibility

1. An advanced practitioner (AP) wishes to add sonography to their clinical practice. Which is the first action the AP should take before adding this service?
   A. Ask the hospital to establish policies and procedures for sonography.
   B. Identify the legal and risk management issues for sonography practice.
   C. Explore the state's nurse practice act or state laws related to sonography.
   D. Ensure a means to verify clinical competency is available for sonographers.

   Answer: C
   Rationales:

   A. Policies and procedures in a hospital system are developed after analyzing the feasibility of providing the service.
   B. Legal and risk management issues are completed after analyzing the feasibility of providing a service.
   C. The nurse practice act and applicable state laws provide the parameters for legal practice in a state and, as a service is developed, must be followed.
   D. Clinical competency is established after understanding legal parameters within the state. The clinical competency is based on state practice acts or laws.

2. What impact do the 2018 American Institute of Ultrasound in Medicine (AIUM) practice parameter revisions have on the advanced practitioner's (AP) role?
   A. An AP is authorized to use the AIUM guidelines to implement ultrasound testing.
   B. An AP is provided with medical indications for ultrasound in the pregnant patient.
   C. The AP is accepted as one who is conducting point of care (POC) ultrasound exams.
   D. The AP is allowed to order ultrasound examination as part of the patient assessment.

   Answer: C

   Rationales:

   A. The guidelines are available for all practitioners who perform obstetric ultrasound examinations.
   B. Medical indications have been part of the AIUM guidelines before the 2018 revisions.
   C. The most significant practice parameter revisions of 2018 recognize the AP as one who may perform ultrasound as part of the POC or serial examinations.
   D. The AP had the ability to order an ultrasound prior to the 2018 revised parameters.

3. After the physical assessment of the pregnant woman, late in the third trimester of pregnancy, the advanced practitioner (AP) questions the fetal presentation. Which

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American College of Obstetricians and Gynecologists (ACOG) category of ultrasound examination should the AP use to verify the fetal presentation?

A. Limited examination
B. Standard examination
C. Specialized examination
D. Comprehensive examination

Answer: A

Rationales:

A. The limited ultrasound examination is limited in its scope and typically assesses a specific aspect of the pregnancy. The limited examination would be used to assess fetal presentation.
B. The standard ultrasound examination is usually a planned assessment that includes multiple parameters of the pregnancy.
C. The specialized ultrasound examination is used for more complex issues such as evaluation of fetal anomalies. These ultrasound examinations require interpretation by a trained perinatologist.
D. ACOG does not recognize a comprehensive category of ultrasound examination. The specialized category was previously known as comprehensive.

4. Which of the following is unique to the American College of Nurse-Midwives (ACNM) position on ultrasound practice?

A. Practitioners can obtain education specific to their clinical practice needs.
B. Practitioners are not given a specified number of clinical education hours.
C. Practitioners' clinical practicum is completed with a competent ultrasound professional.
D. Practitioners are deemed competent in ultrasound practice by their supervising professional.

Answer: A

Rationales:

A. Due to the nature of nurse-midwifery practice, the ACNM indicates nurse-midwives can be trained for the specific ultrasound skills they will need in their practice environment.
B. Other professional organizations also do not specify the number of clinical education hours needed to be clinically proficient.
C. Other professional organizations indicate clinical training is completed with a competent ultrasound professional.
D. Other professional organizations utilize the supervising professional to determine competence of the practitioner.

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5. The advanced practitioner (AP) decides to pursue clinical competency in obstetric sonography post-graduation. Which of the following is most likely to present as a challenge to the practitioner?
    A. The ability to obtain clinical experience under a competent professional.
    B. The impact of financial barriers to sonography education beyond graduation.
    C. The ability to get adequate practice experience while reducing exposure to patients.
    D. The impact of available didactic courses to meet educational needs for sonography.

    Answer: C

    Rationales:

    A. The availability of competent professionals through which experience can be gained is no longer the greatest obstacle as more professionals become certified.
    B. Financial barriers are more common in the advanced practitioner education curriculum rather than post-graduation work to obtain certification.
    C. Getting adequate experience requires the use of live pregnant models, which would expose the woman and fetus to the ultrasound. Pregnant patients need informed when the ultrasound is for purposes of training or research.
    D. Didactic courses are available to meet educational needs and have fewer challenges than the actual practice of performing the ultrasound. Many formats/options for didactic education are available to the student.

6. The advanced practitioner (AP) is attending a training session for ultrasound certification using live patients. Which of the following should the AP expect prior to initiating any ultrasound on the live patient? Select all that apply.
    A. The patients are chosen from a group consisting of patients in the first trimester of pregnancy.
    B. The patient has been screened to prevent unexpected findings during the training.
    C. The patient's primary obstetrician has been notified of the patient's participation.
    D. The trainer has determined the minimum number of ultrasounds to demonstrate competency.
    E. The training organization has predetermined actions that will be taken for incidental findings

    Answer: B, C, E

    Rationales:

    A. Patients who are in the first trimester of pregnancy should not be used for training sessions due to possible risk of exposure to the fetus.
    B. The patients need to be screened prior to the training ultrasound to prevent unexpected findings during the training session.
    C. The patient's primary obstetrician needs to be informed prior to participation in ultrasound for training purposes.

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