Advanced Practice Nursing Essentials for Role Development 5th edition Joel Test Bank

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Chapter 2: Emerging Roles of the Advanced Practice Nurse

QUESTIONS

1. Entry into which advanced practice nursing specialty will require a doctoral degree by 2022?
1. Clinical nurse specialist (CNS)
2. Certified registered nurse anesthetist (CRNA)
3. Nurse practitioner (NP)
4. Certified nurse-midwife (CNM)

Answer:

2. According to the Consensus Model for APRN Regulation, advanced practice nursing should abide by which recommendation?
1. Emphasizing state-based regulation of advanced practice nursing standards
2. Ensuring regulation of advanced practice registered nurses (APRNs) as a unified, collective group
3. Preparing clinical nurse specialists (CNSs) to function primarily in acute care
4. Changing the population focus of adult nurse practitioners to adult gerontology

Answer:

3. The relationship to which aspect of the function of the clinical nurse specialist (CNS) shows the greatest need for research?
1. Patient satisfaction
2. Care outcomes
3. Income generation
4. Role adaptability

Answer:

4. Which setting is an emerging advanced practice role? *Select all that apply.*
1. Community health setting
2. Walkin, retail, and urgent care clinics
3. Pediatrics
4. Psychiatric and mental health

Answer:

5. Which changes have contributed to the evolution of the present-day nurse practitioner (NP)'s role? *Select all that apply.*
1. Focus on delivering care to low-income patients
2. Development of retail patient care clinics

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3. Increased access to Medicaid recipients
4. Inclusion of patients from suburban areas
5. Emphasis on serving uninsured immigrants

Answer:

6. Which consideration led to designation of the nurse practitioner (NP) rather than the clinical nurse specialist (CNS) as the advanced practice nurse (APN) who would deliver care related to psychiatric or mental health services?
1. Level of educational preparation
2. Eligibility for prescriptive authority
3. Ability to serve in community settings
4. Practice based on core competencies

Answer:

7. Which of the following defines the current practice of the acute care nurse practitioner (NP)?
1. Unit-based versus practice-based assignment
2. Participation on a specialty care team
3. Geographical setting
4. Patient population

Answer:

8. Certified nurse-midwives (CNMs) are most likely to practice in which setting?
1. Hospital organizations
2. Physician-owned practices
3. Nonprofit health agencies
4. Federal facilities

Answer:

9. Which function of the certified registered nurse anesthetist (CRNA) is prohibited in certain states?
1. Induction of general anesthesia
2. Pain management procedures
3. Administration of spinal anesthesia
4. Provision of post-anesthesia care

Answer:

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10. Which is an emerging practice for all APRNs?
1. Urban and rural settings
2. Hospice and palliative care
3. Primary Care
4. Oncology

Answer:

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ANSWERS AND RATIONALES

1. Entry into which advanced practice nursing specialty will require a doctoral degree by 2022?
1. Clinical nurse specialist (CNS)
2. Certified registered nurse anesthetist (CRNA)
3. Nurse practitioner (NP)
4. Certified nurse-midwife (CNM)

Answer: 2
Page: 19

	Feedback
1.	This is incorrect. Clinical nurse specialists (CNSs) are not required to complete a doctoral degree. However, the American Association of Nurse Anesthetists (AANA) has set forth a mandate requiring all graduates to complete a doctoral degree. Beginning in 2022, a doctorate will be the minimum requirement to enter practice as a certified registered nurse anesthetist (CRNA) (AANA, 2020a).
2.	This is correct. Beginning in 2022, the American Association of Nurse Anesthetists (AANA) will require a doctoral degree as a minimum requirement to enter practice as a certified registered nurse anesthetist (CRNA) (AANA, 2020a).
3.	This is incorrect. Nurse practitioners (NPs) are not currently required to complete a doctoral degree. Presently, only the American Association of Nurse Anesthetists (AANA) has set forth a mandate requiring all graduates to complete a doctoral degree. Beginning in 2022, a doctorate will be the minimum requirement to enter practice as a certified registered nurse anesthetist (CRNA) (AANA, 2020a).
4.	This is incorrect. At present, certified nurse-midwives (CNMs) are not required to obtain a doctoral degree. Only the American Association of Nurse Anesthetists (AANA) has set forth a mandate requiring all graduates to complete a doctoral degree. Beginning in 2022, a doctorate will be the minimum requirement to enter practice as a certified registered nurse anesthetist (CRNA) (AANA, 2020a).

2. According to the Consensus Model for APRN Regulation, advanced practice nursing should abide by which recommendation?
1. Emphasizing state-based regulation of advanced practice nursing standards
2. Ensuring regulation of advanced practice registered nurses (APRNs) as a unified, collective group
3. Preparing clinical nurse specialists (CNSs) to function primarily in acute care
4. Changing the population focus of adult nurse practitioners to adult gerontology

Answer: 4
Page: 21

	Feedback

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1.	This is incorrect. The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education was developed by the APRN Consensus Work Group and the National Council of State Boards of Nursing (Consensus Model, 2008). Rather than emphasizing state-based regulation of advanced practice nursing, general goals of the Consensus Model include promoting consistency of advanced practice nursing standards to increase the potential for interstate licensure reciprocity. The Consensus Model recommends shifting the population focus of adult nurse practitioners (NPs) to adult-gerontology.
2.	This is incorrect. The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education was developed by the APRN Consensus Work Group and the National Council of State Boards of Nursing (Consensus Model, 2008). Instead of ensuring regulation of advanced practice registered nurses (APRNs) as a collective group, the Consensus Model recommends regulation of APRNs in one of four accepted roles. Recommendations also include shifting the population focus of adult nurse practitioners (NPs) to adult-gerontology.
3.	This is incorrect. The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education was developed by the APRN Consensus Work Group and the National Council of State Boards of Nursing (Consensus Model, 2008). Based on the Consensus Model, the practice of clinical nurse specialist (CNS) practices occurs across both acute and primary care settings. The Consensus Model also recommends shifting the population focus of adult nurse practitioners (NPs) to adult-gerontology.
4.	This is correct. The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education was developed by the APRN Consensus Work Group and the National Council of State Boards of Nursing (Consensus Model, 2008). Per the Consensus Model, the population focus of adult nurse practitioners (NPs) has shifted to adult-gerontology. As opposed to emphasizing state-based regulation of advanced practice nursing, broad goals of the Consensus Model include developing more consistent standards for advanced practice nurses (APNs) that promote eligibility for interstate licensure reciprocity. Instead of ensuring regulation of advanced practice registered nurses (APRNs) as a collective group, the Consensus Model recommends regulation of APRNs in one of four accepted roles. The Consensus Model describes the practice of clinical nurse specialists (CNSs) as including both acute and primary care settings.

3. Which aspect of the function of the clinical nurse specialist (CNS) shows the greatest need for research?
1. Patient satisfaction
2. Care outcomes
3. Income generation
4. Role adaptability

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Answer: 3
Page: 20

	Feedback
1.	This is incorrect. Research has identified a correlation between clinical nurse specialist (CNS)-patient interaction and patient satisfaction. Further research is needed to examine the relationship between utilization of the CNS and income generation.
2.	This is incorrect. Existing research studies have identified a correlation between clinical nurse specialist (CNS)-patient interaction and favorable patient care outcomes. Additional research is needed to examine the relationship between utilization of the CNS and income generation.
3.	This is correct. Additional research is needed to examine the relationship between utilization of the clinical nurse specialist (CNS) and income generation. Role adaptability is a central feature of the CNS. Research has identified a correlation between CNS-patient interaction and favorable patient care outcomes, as well as patient satisfaction.
4.	This is incorrect. Role adaptability, which is a primary characteristic of the clinical nurse specialist (CNS), is regarded as contributing to role ambiguity for this advanced practice role. Available research is limited to the economic impact of the CNS, including income generation.

4. Which setting is an emerging advanced practice role? *Select all that apply.*
1. Community health setting
2. Walkin, Retail and urgent care clinics
3. Pediatrics
4. Psychiatric and mental health

Answer: 1
Page: 19

	Feedback
1.	This is correct. The community health setting is a very important role for the NP. This role involves outreach and public education while developing programs and services to support community-residing persons to engage in healthy lifestyles. Activities of the NP include: organizing clinical outreach programs (flu shot clinics), developing media and literature to distribute health information, conducting interviews and surveys for community assessment of need, and developing solutions to improve community access to health-care services.
2.	This is incorrect. The development of walk-in, retail, and urgent care clinics has changed the landscape for accessing primary care services. These clinics are major employers of NPs and thus provide an opportunity to showcase to the public some of the care that NPs can provide. According to the National Conference of State Legislatures (NCSL) Web site, as of 2015, 2,000 retail clinics operate in 41 states and Washington, DC, providing care to more than 35 million patients (NCSL, 2017). Recognizing the potential impact of these clinics

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	on the APRNs, the American Academy of Nurse Practitioners (AANP) published *Standards for Nurse Practitioner Practice in Retail-Based Clinics* (AANP, 2013).
3.	This is incorrect. The need for pediatric NPs is urgent. The Institute of Pediatric Nursing estimates that 16% of NPs and 8.7% of CNSs specialize in pediatrics (IPN, 2020). The opportunities for APRNs to care for our nation's children in primary care and specialized clinics are abundant.
4.	This is incorrect. Although important, not the emerging advanced practice setting. There used to be two examinations available—adult and family (American Nurses Credentialing Center [ANCC], 2016) to determine someone's mental health. With the adoption of the Consensus Model (2008), the psychiatric and mental health APRN shifted to a focus on the individual across the life span. Prescriptive authority is available for CNSs for independent practice in 28 states and independent prescriptive authority in 19 states (NACNS, 2020).

5. Which changes have contributed to the evolution of the present-day nurse practitioner's (NP's) role? *Select all that apply.*
1. Focus on delivering care to low-income patients
2. Development of retail patient care clinics
3. Increased access to Medicaid recipients
4. Inclusion of patients from suburban areas
5. Emphasis on serving uninsured immigrants

Answer: 2, 4
Page: 25

	Feedback
1.	This is incorrect. For the nurse practitioner (NP), the traditional patient population has included uninsured immigrants as well as low-income individuals who receive Medicaid. Evolution of the NP's role has been impacted by factors including an increase in the number of walk-in, retail, and urgent care clinics. A shift to providing services to patients who live in urban and suburban outpatient settings also has promoted evolution of the NP's role.
2.	This is correct. The increasing number of walk-in, retail, and urgent care clinics has provided increased opportunities for patients to access nurse practitioners (NPs) who are providing primary care services. The NP's practice has also expanded because of an increase in the provision of services to patients who live in urban and suburban outpatient settings. Traditionally, the patient population served by NPs has included low-income individuals who receive Medicaid and uninsured immigrants.
3.	This is incorrect. For the nurse practitioner (NP), the traditional patient population has included low-income individuals who receive Medicaid as well as uninsured immigrants. Changes that have contributed to evolution of the NP's role include an increase in the number of walk-in, retail, and urgent care clinics as well as the provision of services to patients who live in urban and suburban outpatient settings.

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4.	This is correct. With expansion of services to include patients who seek care in urban and suburban outpatient settings, the nurse practitioner's (NP's) practice has expanded. An increase in the number of walk-in, retail, and urgent care clinics has also increased opportunities for patients to access NPs who serve as primary care providers.
5.	This is incorrect. Traditionally, the patient population served by nurse practitioners (NPs) has included uninsured immigrants as well as low-income individuals who receive Medicaid. Factors that have promoted evolution of the NP's role include an increase in the number of walk-in, retail, and urgent care clinics as well as the provision of services to patients who live in urban and suburban outpatient settings.

6. Which consideration led to designation of the nurse practitioner (NP), rather than the clinical nurse specialist (CNS) as the advanced practice nurse (APN) who would deliver care related to psychiatric or mental health services?
1. Level of educational preparation
2. Eligibility for prescriptive authority
3. Ability to serve in community settings
4. Practice based on core competencies

Answer: 2
Pages: 25-26

	Feedback
1.	This is incorrect. Both the clinical nurse specialist (CNS) and the nurse practitioner (NP) may be prepared at either the master's or doctoral level. This is because of the heightened emphasis on a biopsychological approach to treating clients with psychiatric/mental health needs, the importance of prescriptive authority for this advanced practice nursing role has been underscored. At present, 40 states grant prescriptive privileges to CNSs and NPs (National Association of Clinical Nurse Specialists [NACNS], 2020). However, all 50 states grant prescriptive privileges to NPs. Therefore, the psychiatric/mental health nurse practitioner has become the sole means of educational preparation for this advanced practice role.
2.	This is correct. A heightened emphasis on a biopsychological approach to treating clients with psychiatric/mental health needs has underscored the importance of prescriptive authority for this advanced practice nursing role. At present, 40 states grant prescriptive privileges to clinical nurse specialists (CNSs) and nurse practitioners (NPs) (National Association of Clinical Nurse Specialists [NACNS], 2020). However, because all 50 states grant prescriptive privileges to NPs, the psychiatric/mental health NP has become the sole means of educational preparation for this advanced practice role. Both the CNS and the NP may be prepared at either the master's or doctoral level. Likewise, both the CNS and the NP may practice in a community setting. Core competencies guide the practice of both the CNS and the NP.

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3.	This is incorrect. Both the clinical nurse specialist (CNS) and the nurse practitioner (NP) may practice in a community setting. With a heightened emphasis on a biopsychological approach to treating clients with psychiatric/mental health needs, the importance of prescriptive authority for this advanced practice nursing role became apparent. At present, 40 states grant prescriptive privileges to CNSs and NPs (National Association of Clinical Nurse Specialists [NACNS], 2020). However, because all 50 states grant prescriptive privileges to NPs, the psychiatric/mental health NP has become the sole means of educational preparation for this advanced practice role.
4.	This is incorrect. Core competencies guide the practice of both the clinical nurse specialist (CNS) and the nurse practitioner (NP). A heightened emphasis on a biopsychological approach to treating clients with psychiatric/mental health needs has highlighted the importance of prescriptive authority for this advanced practice nursing role. At present, 40 states grant prescriptive privileges to CNSs and NPs (National Association of Clinical Nurse Specialists [NACNS], 2020). However, because all 50 states grant prescriptive privileges to NPs, the psychiatric/mental health NP has become the sole means of educational preparation for this advanced practice specialization.

7. Which of the following defines the current practice of the acute care nurse practitioner (NP)?
1. Unit-based versus practice-based assignment
2. Participation on a specialty care team
3. Geographical setting
4. Patient population

Answer: 4
Page: 26

	Feedback
1.	This is incorrect. The acute care nurse practitioner (NP) may serve in a unit-based or practice-based capacity. This nursing specialty is defined by the patient population that is served.
2.	This is incorrect. The acute care nurse practitioner (NP) may or may not participate as a member of a consultative team related to specialty care. The population that is served defines the acute care NP's role.
3.	This is incorrect. Rather than defining the acute care nurse practitioner (NP) based on the geographical setting in which care is provided, this nursing specialty is now defined by the patient population that is served.
4.	This is correct. Historically, the geographical setting defined the role of the acute care nurse practitioner (NP). However, the role of this nursing specialty is now defined by the patient population that is served. Acute care NPs may be practice based or unit based. The acute care NP may or may not participate as a member of a consultative team related to specialty care.

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8. Certified nurse-midwives (CNMs) are most likely to practice in which setting?
1. Hospital organizations
2. Physician-owned practices
3. Nonprofit health agencies
4. Federal facilities

Answer: 1
Page: 29-30

	Feedback
1.	This is correct. Most certified nurse-midwives (CNMs) practice in hospitals (29.5%) and physician-owned practices (21.7%). However, care settings for the CNM also may include midwife-owned practices, educational institutions, community health centers, birthing centers, nonprofit health agencies, and military or federal government agencies (Schuiling, Sipe, & Fullerton, 2013).
2.	This is incorrect. The majority of certified nurse-midwives (CNMs) practice in hospitals (29.5%), followed by physician-owned practices (21.7%). Additional care settings for the CNM also may include midwife-owned practices, educational institutions, community health centers, birthing centers, nonprofit health agencies, and military or federal government agencies (Schuiling, Sipe, & Fullerton, 2013).
3.	This is incorrect. Predominantly, certified nurse-midwives (CNMs) practice in hospitals (29.5%) and physician-owned practices (21.7%). However, care settings for the CNM also may include midwife-owned practices, educational institutions, community health centers, birthing centers, nonprofit health agencies, and military or federal government agencies (Schuiling, Sipe, & Fullerton, 2013).
4.	This is incorrect. Certified nurse-midwives (CNMs) most often practice in hospitals (29.5%) and physician-owned practices (21.7%). However, CNMs also may practice in a variety of other settings, including midwife-owned practices, educational institutions, community health centers, birthing centers, nonprofit health agencies, and military or federal government agencies (Schuiling, Sipe, & Fullerton, 2013).

9. Which function of the certified registered nurse anesthetist (CRNA) is prohibited in certain states?
1. Require physician supervision
2. Pain management procedures
3. Administration of spinal anesthesia
4. Provision of postanesthesia care

Answer: 1
Page: 30

	Feedback

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1.	This is correct. Currently, 17 states have opted out of the federal supervision requirement; however, some states do require physician supervision with increasing costs and barriers to independent practices. During COVID-19 these restrictions were lifted so CRNAs can help more patients (AANA, 2020).
2.	This is incorrect. CRNAs are APRNs licensed as independent practitioners who plan and deliver anesthesia and who manage pain through drugs and procedures across the lifespan (AANA, 2020a). Their job is to manage pain management procedures.
3.	This is incorrect. CRNAs are licensed as independent practitioners who plan and deliver anesthesia and who manage pain through drugs and procedures across the lifespan (AANA, 2020a). Their job is to deliver spinal anesthesia to patients efficiently.
4.	This is incorrect. CRNAs administer all kinds of anesthesia during procedures. They also provide anesthesia-related care in the following categories: preanesthetic preparations and evaluation; anesthesia induction, maintenance, and emergence; postanesthesia care; and perianesthetic and clinical support (AANA, 2020a).

10. Which is an emerging practice for all APRNs?
1. Urban and rural settings
2. Hospice and palliative care
3. Primary care
4. Oncology

Answer: 2
Page: 31

	Feedback
1.	This is incorrect. APRNs work in urban and rural settings; and in some states, CRNAs are the sole anesthesia professionals in nearly 100% of rural hospitals (AANA, 2020b). It is estimated that CRNAs and student CRNAs provide approximately 49 million anesthetics annually in the United States. Compared with anesthesiologists, CRNAs are more likely to work in areas with lower median income and larger populations of uninsured or underinsured patients.
2.	This is correct. As the number of individuals in the United States with serious illnesses increases, there is a need to increase palliative care services that can help to improve access to care and quality of life. In 2014, the authors of the IOM's report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* made recommendations that included increasing access to care for our aging population (Meghani & Hinds, 2015). Currently, at least 12 million adults and 400,000 children are living with a serious disease such as cancer, heart disease, kidney failure, and/or dementia. By 2035, the number of people over age 65, 81% of whom live with multiple chronic conditions, will approach 78 million and will overwhelm our traditional healthcare system (Center to Advance Palliative Care, 2019). Palliative care is appropriate at any age and any stage of serious illness can be provided along

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	with curative treatment. APRNs have stepped up to try to fill the need in this growing area. Palliative care APRNs can be found across settings, including inpatient, outpatient, skilled nursing and rehabilitation facilities, and in the home.
3.	This is incorrect. Although one typically thinks of these specialists working in primary care and oncology, there has been a shift to increase access to palliative care for patients with other life-limiting illnesses such as neurological and cardiopulmonary disease. Primary care is important although not the emerging practice for APRNs.
4.	This is incorrect. There has been a shift to increase access to palliative care for patients with other life-limiting illnesses such as neurological and cardiopulmonary disease. Oncology is important although not the emerging practice for APRNs.

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