

TEST BANK

Hamric and Hanson's

Advanced Practice Nursing

An Integrative Approach

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12th Edition

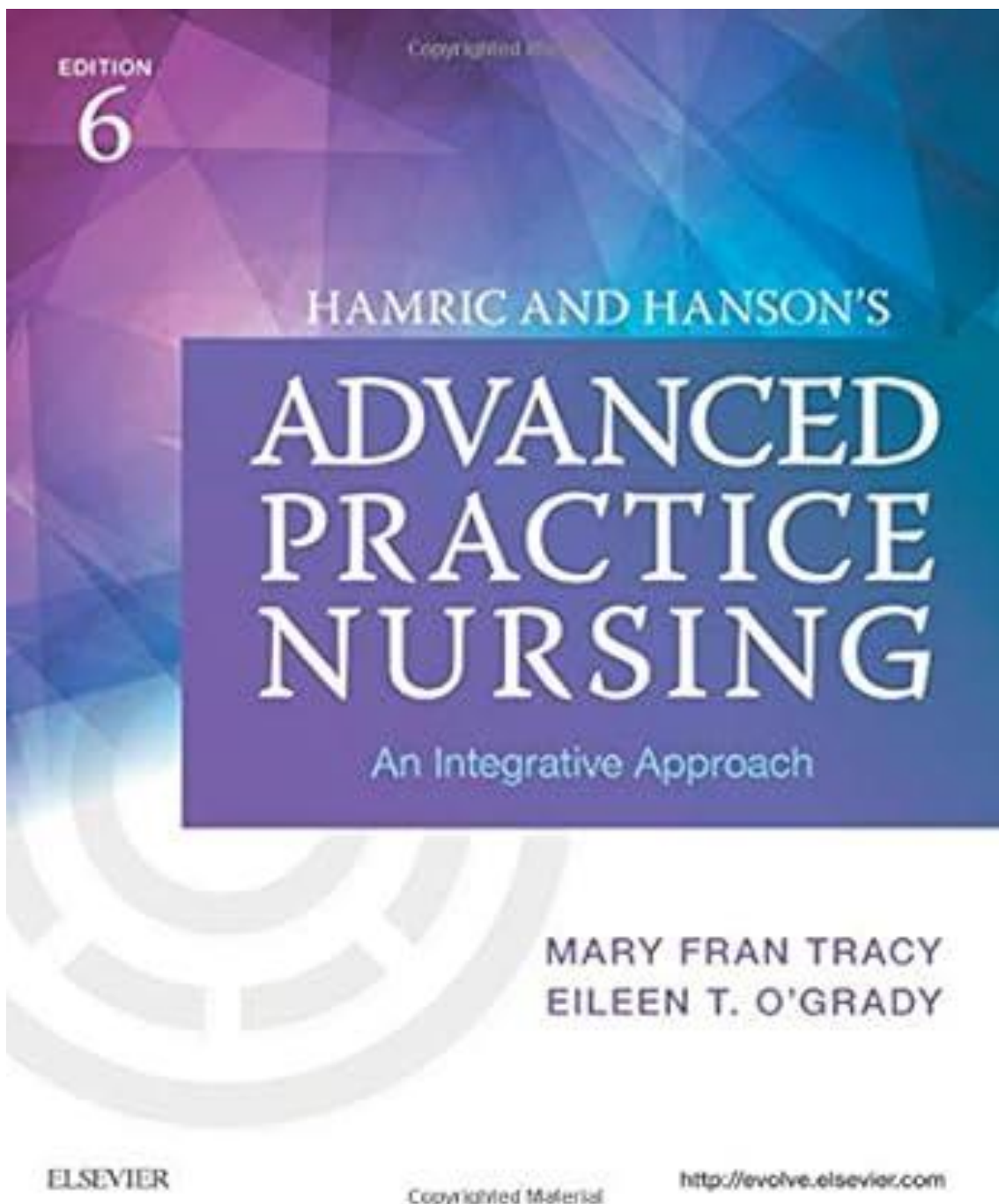


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CHAPTER 1:

HIGHLIGHTS FROM THE HISTORY OF ADVANCED PRACTICE NURSING IN THE UNITED STATES TEST BANK.

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

ANSWER: B

The 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

ANSWER;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

ANSWER;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

ANSWER;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

ANSWER;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

Research and statistics

- d. Family nursing

ANSWER;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?

- a. Access to health care of rural areas
- b. Create inner-city nursing awareness
- c. Provide the disadvantaged access to care
- d. Establish guidelines for advanced nursing roles

ANSWER;C

The HHS 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?

- a. Pediatric care
- b. Anesthesia
- c. Midwifery
- d. Surgical services

ANSWER;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?
- a. American Association of Nurse-Midwives (AANM)
 - b. American Nurses Association (ANA)
 - c. Association for National Nurse-Midwifery (ANNM)
 - d. Council of Nursing Midwifery (ANM)

ANSWER;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

ANSWER;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

ANSWER;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

ANSWER;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?
- a. Idaho
 - b. Oklahoma
 - c. South Dakota
 - d. Maryland

ANSWER;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?
- a. Specialty training certificate
 - b. Successful completion of certification examination
 - c. Masters or doctoral degree
 - d. 1000 hours relevant supervised training
 - e. Two or more years of clinically relevant experience

ANSWER;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.