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. For nurse practitioners (NPs), which issue represents a current barrier to autonomy?
1. Restrictions on reimbursement for services
2. Absence of state-based prescriptive authority
3. Limited ability to serve in acute care settings
4. Lack of authority to manage medical problems

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
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:

10. Implementation of the anesthesia care team (ACT) model yielded which direct effect on anesthesia services?
1. Regulation of conditions related to reimbursable services
2. Mandatory direction of certified registered nurse anesthetists (CRNAs) by an anesthesiologist
3. Reduction in charges related to fraudulent anesthesia care
4. Increased accountability for physicians who employ CRNAs

Answer:

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: 5

	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, 2016).
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, 2016).
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, 2016).
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, 2016).

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
Pages: 6, 20

	Feedback

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. 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: 3
Pages: 8, 10

	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 related to the economic impact of the CNS, including income generation.

4. For nurse practitioners (NPs), which issue represents a current barrier to autonomy?
1. Restrictions on reimbursement for services
2. Absence of state-based prescriptive authority
3. Limited ability to serve in acute care settings
4. Lack of authority to manage medical problems

Answer: 1
Pages: 12, 15

	Feedback
1.	This is correct. One barrier to autonomy for nurse practitioners (NPs) stems from restrictions on reimbursement for services. Among advanced practice nurses (APRNs), NPs comprise the largest group. All 50 states, as well as the District of Columbia, grant prescriptive privileges to qualified NPs (Phillips, 2016). NPs serve in primary and acute care settings. Assessment and management of patients related to medical and nursing problems is within the NP's scope of practice.
2.	This is incorrect. All 50 states, as well as the District of Columbia, grant prescriptive privileges to qualified NPs (Phillips, 2016). For NPs, barriers to autonomy include restrictions on reimbursement for services.
3.	This is incorrect. Nurse practitioners (NPs) serve in both primary and acute care settings. Barriers to autonomy for NPs include restrictions on reimbursement for services.
4.	This is incorrect. Nurse practitioners (NPs) are qualified to assess and manage a

	wide range of patient problems, including both medical and nursing issues. Barriers to the NP's autonomy include restrictions on reimbursement for services.

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

Answer: 2, 4
Pages: 10, 12

	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 received 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.
4.	This is correct. With expansion of services to include patients who seek care in urban and suburban outpatient settings, the nurse practitioner (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
Page: 15

	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. Because of 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 has been underscored. At present, 40 states grant prescriptive privileges to CNSs and NPs (National Association of Clinical Nurse Specialists [NACNS], 2015). 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], 2015). However, as 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.
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 need, 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], 2015). However, as 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 need 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], 2015). However, as 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?
1. Unit-based versus practice-based assignment
2. Participation on a specialty care team
3. Geographical setting
4. Patient population

Answer: 4
Page: 18

	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.

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: 24

	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. Induction of general anesthesia
2. Pain management procedures
3. Administration of spinal anesthesia
4. Provision of post-anesthesia care

Answer: 2
Page: 27

	Feedback
1.	This is incorrect. All 50 states and the District of Columbia authorize certified registered nurse anesthetists (CRNAs) to provide induction of general anesthesia, as well as numerous other anesthesia-related services (Department of Health and Human Services [DHHS], Public Health Service [PHS] Division of Acquisition Management, 1995). However, the CRNA's capacity to provide pain management procedures, such as epidural steroid injections, is regulated at the state level. Therefore, not all CRNAs are authorized to provide pain management services (American Association of Nurse Anesthetists [AANA], 2014).
2.	This is correct. Pain management procedures, such as epidural steroid injections, are regulated at the state level; therefore, not all certified registered nurse anesthetists (CRNAs) are authorized to provide pain management services (American Association of Nurse Anesthetists [AANA], 2014). All 50 states and

	the District of Columbia authorize CRNAs to provide induction of general anesthesia, administration of spinal anesthetics, and delivery of post-anesthesia care (Department of Health and Human Services [DHHS], Public Health Service [PHS] Division of Acquisition Management, 1995).
3.	This is incorrect. All 50 states and the District of Columbia authorize certified registered nurse anesthetists (CRNAs) to administer spinal anesthetics, as well as to provide several other anesthesia-related services (Department of Health and Human Services [DHHS], Public Health Service [PHS] Division of Acquisition Management, 1995). However, the CRNA's capacity to provide pain management procedures, such as epidural steroid injections, is regulated at the state level. Therefore, not all CRNAs are authorized to provide pain management services (American Association of Nurse Anesthetists [AANA], 2014).
4.	This is incorrect. All 50 states and the District of Columbia authorize certified registered nurse anesthetists (CRNAs) to provide post-anesthesia care, as well as to deliver several other anesthesia-related services (Department of Health and Human Services [DHHS], Public Health Service [PHS] Division of Acquisition Management, 1995). However, the CRNA's capacity to provide pain management procedures, such as epidural steroid injections, is regulated at the state level. Therefore, not all CRNAs are authorized to provide pain management services (American Association of Nurse Anesthetists [AANA], 2014).

10. Implementation of the anesthesia care team (ACT) model yielded which direct effect on anesthesia services?
1. Regulation of conditions related to reimbursable services
2. Mandatory direction of certified registered nurse anesthetists (CRNAs) by an anesthesiologist
3. Reduction in charges related to fraudulent anesthesia care
4. Increased accountability for physicians who employ CRNAs

Answer: 2
Pages: 28–29

	Feedback
1.	This is incorrect. Regulations set forth by the Tax Equity and Fiscal Responsibility Act (TEFRA) mandated conditions for reimbursable services that appeared to require physician leadership for anesthesia delivery as a standard of care. The 1982 implementation of the anesthesia care team (ACT) model by the American Society of Anesthesiologists (ASA) resulted in mandatory direction of anesthetic administration by an anesthesiologist (Shumway & Del Risco, 2000).
2.	This is correct. The 1982 implementation of the anesthesia care team (ACT) model by the American Society of Anesthesiologists (ASA) resulted in mandatory direction of anesthetic administration by an anesthesiologist (Shumway & Del Risco, 2000). Also in 1982, Medicare's introduction of an insurance reimbursement regulation policy aimed to reduce charges of fraud for anesthesia care by delineating specific conditions that maintained anesthesiologists' accountability for services they claimed to provide when

	working with or employing certified registered nurse anesthetists (CRNAs) (Shumway & Del Risco, 2000). Regulations set forth by the Tax Equity and Fiscal Responsibility Act (TEFRA) mandated conditions for reimbursable services that appeared to require physician leadership for anesthesia delivery as a standard of care.
3.	This is incorrect. In 1982, Medicare's introduction of an insurance reimbursement regulation policy aimed to reduce charges of fraud for anesthesia care by delineating specific conditions that maintained anesthesiologists' accountability for services they claimed to provide when working with or employing certified registered nurse anesthetists (CRNAs). The 1982 implementation of the anesthesia care team (ACT) model by the American Society of Anesthesiologists (ASA) resulted in mandatory direction of anesthetic administration by an anesthesiologist (Shumway & Del Risco, 2000).
4.	This is incorrect. In 1982, Medicare's introduction of an insurance reimbursement regulation policy aimed to reduce charges of fraud for anesthesia care by delineating specific conditions that maintained anesthesiologists' accountability for services they claimed to provide when working with or employing certified registered nurse anesthetists (CRNAs). Implementation of the anesthesia care team (ACT) model by the American Society of Anesthesiologists (ASA), which also occurred in 1982, resulted in mandatory direction of anesthetic administration by an anesthesiologist (Shumway & Del Risco, 2000).