Dear ANCC Exam Taker:

If you’re reading this, you’ve probably registered to take (or, are thinking of taking) ANCC’s exam. APEA’s review course (live or audio versions) will prepare you well for the ANCC exam but if you’re in search of additional resources to help study for sections I, II, and III, this handout should be of great help to you! Others have found it to be an essential component to successful completion of ANCC’s exam. I think you will too.

**First:** ANCC’s website posts a PDF of the exam blueprint. This is a must have! This link takes you there:

http://www.nursecredentialing.org/FamilyNP-TCO
http://www.nursecredentialing.org/AdultGeroPCNP-TCO

View (or print) either the adult/gero or family exam blueprint specific to the exam you are taking. The outline content for these two exams is very similar and I’ve combined them into one document for you.

I’ve outlined ANCC’s blueprint with essential information, additional review content, and web resources to peruse that will help “reacquaint” you with some of this material. It’s likely you learned some of this content as an RN student---that’s when I learned a lot of it. If you find other sites that would be helpful for ANCC exam takers, please send them to me and I’ll make them available for others. I’ve also included some words and topics I’d make sure that I was familiar with.

Best of luck on the ANCC exam!

Amelie
SUPPLEMENTAL INFORMATION FOR ANCC CERTIFICATION EXAM

CATEGORY I  FOUNDATIONS OF ADVANCED NURSING PRACTICE

Family: (34%) 59 questions; Adult-Gero: (33%) 58 questions

A. Advanced Pathophysiology
B. Advanced Pharmacology
C. Advanced Physical Assessment  Make sure you look at all of the blueprint-clinical assessment and management. Here’s a question for family students! Do you know how to construct a 3 generation genogram? ANCC expects you to be able to do this.
Make sure you are familiar with research methodology, there are questions related to this.
Communication Styles/Motivational Interviewing Techniques
*Therapeutic communication* means “communication is meaningful to both (or all) participants”. This involves actively listening to patient using both verbal and non-verbal techniques.
*Examples of Verbal Techniques that Enhance Communication:* Asking Open-ended questions, Exploring by asking questions to clarify and validate what patient has communicated, Acknowledgement of patient’s communication to provider
Reflecting on patient’s communication to provider
*Examples of Non-Verbal Techniques that Enhance Communication:* Nodding of head, Facing patient and making eye contact, Maintaining and open posture: seated, leaning forward in relaxed manner

*Transactional Model:* there is engagement between both patient and provider; focus is on patient’s needs

*Therapeutic Relationships* must have: Empathy, Honesty and Trust, Rapport and Respect

*Therapeutic Boundaries:* Responsibility of the provider is to establish and maintain therapeutic boundaries. Purpose is to provide meaningful care that maintains ethical and professional standards for the provider:
*Examples of Non-Therapeutic Boundaries*
Development of co-dependency in relationship
Sexual favors in exchange for provision of care

If I were you, I’d make sure I was familiar with active listening, characteristics of a safe and confidential environment (specifically in a clinical setting), how to establish therapeutic boundaries, how to assess and overcome barriers to communication.

D. Care of Diverse Populations
1. Caregiver stress
2. Abuse and neglect especially elders (but young children too)
3. Cultural/Spiritual practices, health beliefs/practices

If I were you, I’d make sure I was familiar with examples of violence, abuse and neglect in children and elderly adults. This is also the place you will see questions about injury prevention (bathrooms are the sites for most injuries). Remember about smoke detectors, seatbelts, firearm safety, slips and falls, etc.
Make sure you can assess for abuse (rape) across the lifespan and be able to differentiate characteristics of an accident vs. abuse. For example, if someone receives a burn from hot water…what are the physical signs of abuse vs. the physical signs of an accident from hot water burns (splash vs. straight line burns)
Be familiar with the term: Transcultural care

**Patient Centered Education**
1. Teaching principles, learning styles
2. Health literacy
If I were you, I’d be able to describe what health literacy is. APEA’s review course includes a lot of examples of anticipatory guidance, which are part of this topic. Especially for adult exam takers: know about group dynamics, change theories, and how to develop a needs assessment.

**D 1 Theories of Aging (Adult/Gero)**
There are many theories to explain the biology of aging through a variety of observations at the molecular, cellular, organ, and system levels.

**Developmental-Genetic Theories**
Focus on genetic influences that determine physical condition, occurrence of disease, age of death, cause of death and other factors contributing to longevity.
At the cellular level human fibroblasts have a limited ability to replicate (approx 50 population doublings) and then die. Before achieving this maximum, they slow their rate of division and manifest identifiable and predicable morphologic changes characteristic of senescent cells.
Another explanation: enzyme & with divisions loss of DNA structure. Results in inhibition of cell replication.

**Stochastic Theories**
Aging is caused by random damage to vital cell molecules (eg mitochondrial DNA damage, oxygen radical accumulation). Damage accumulates to a level sufficient to result in the physiologic decline associated with aging or environmental hazards.

**Sensory Impairment**:
Depression is difficult to diagnoses. Screening tool to help measure affective functioning objectively. Geriatric Depression Scale. (has 30 items)

**E. Clinical Prevention & Population Health for Improvement of Outcomes**: APEA review course covers this in adequate detail.

Health Promotion concepts
Make sure you are familiar with primary, secondary, and tertiary prevention.

**Family Systems Theories**
There are many definitions of families. Read about traditional, non-traditional, extended families, etc. to get a feel for this concept. Google this concept/these theorists if they are unfamiliar to you. You’ll find more than you ever wanted to know….and plenty that you know already.

*Here are some Family Systems theorists that ANCC refers to:*
Friedman (1998), Hanson, Gedalye-Duff, Kaakinen, Wright and Leahy (2005): developed family tools to help providers to assess families
Bowen: Family systems theory (Current family situations are explained by past family relationships and history of family events)
Duvall: Family development theory
Review the 8 chronological Stages of Development according to Duvall (Google this. It’s easy to find).

Sexuality Across the Lifespan:
WHO (2012) definition of sexual health: “Sexual health is a state of physical, mental, and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.”

STDs and unplanned pregnancies are examples of worsening sexual behavior outcomes. Sexual care of patients should include acknowledgement of sexual partners. CDC has a program with material you can view online: DASH (Division of Adolescent and School Health) program to decrease health disparities related to sexual health among adolescents. http://www.cdc.gov/healthyyouth/

End of Life Issues and Care: The main principle here is to involve the patient in end of life decisions always. If this is not feasible because of incapacity of the patient, involve the family, always! You might be surprised to find exam questions that ask about inpatient as well as outpatient end of life issues. Always involve the multidisciplinary team to help patients, families, and you. NP should focus on nursing, psychosocial and spiritual care to ensure the patients’ needs are addressed in these areas. Don’t forget pain management at end of life! Know what palliative care is and its intent. Know what hospice care is and its intent. Know what a living will is, a durable power of attorney for healthcare, and an advance directive. Influences affecting care of individuals and families
A. Leadership, Advocacy and inter-professional Collaboration

What is EBP? The use of the best scientific evidence integrated with clinical experience and incorporating patient values and preferences, in practice.

Triad of EBP
1. Best scientific evidence
2. Clinical experience
3. Patient preferences

Different systems for grading evidence with one example being the following three-grade system:
Level I or A: a multisite randomized clinical trial or several single-site randomized studies
Level II or B: a quasi-experimental study
Level III or C: a correlational or descriptive study

Critiquing meaningful evidence
There is either Qualitative or Quantitative Research Evidence

Evidence Databases examples: DynaMed, Cochrane Database, MD Consult, Medline, PubMed.

Steps in Quantitative Research Evidence:
Begins with a research problem, Conduct literature review, Framework 
Research question or hypothesis;
Define variable, assumptions, design, methodology, select measurement tools, Collect 
data, Analyze and present data with statistical tables, integrative diagrams; Interpret 
findings, State conclusions
Propose implications for further study, Disseminate findings

Identifying Gaps in Evidence
Networking with peers for exchange.
Ex: Joint Commission, the National Database of Nursing Quality Indicators and individual 
hospital report cards may be used as sources of research or outcome analysis to Identify 
Gaps in care or staff education.
Ex: adverse events, rates of adherence to best practice, blood glucose control.
Within these categories, the gaps may be identified through the development of a specific 
plan based on target areas of APN.

Disseminating Findings page
Journal publications, podium or poster, internet webinar, community presentations, oral 
reports
Quality Improvement for Safety  
Review QI, safety and system failures, 
In patient care, a process for continuous improvement is important in that it produces changes in practice that are patient centered and based on evidence. Quality refers to the absence of biases due to errors in selection, measurement and confounding biases (internal validity)

B. Translational Science/Evidence-based Care
C. Informatics, review electronic records, privacy
D. Health Policy and Healthcare Delivery (review autonomy and access to care.)

Scope and Standards of Practice
Safe Practice
Review “Scope and Standards of Advanced Practice Registered Nursing” by ANA. These can be found by clicking the URL below and then clicking on APRN Model Act and Rules. This section can be found at the bottom of the page:
http://www.nursecredentialing.org/Certification/APRNCorner

Info on scope and standards of practice can also be found in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (aka LACE).

Basically, you’re reviewing the consensus document that ANCC is basing this exam format on. So, review the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (Warning: It’s 41 pages!). The link is below:
http://www.nursingworld.org/EspeciallyForYou/AdvancedPracticeNurses
I’d suggest reviewing all of the topics on the left side of the site: Health care reform and the APRN, Scope of Practice, APRN consensus model, Finance and Reimbursement, etc.

Here is a list of words I’d make sure I understood the meaning of:
Standards of practice
Scope of practice
National Practitioner Data Bank (NPDB): what is it? Purpose?
Licensure, certification, accreditation
Continuous quality improvement (sometimes referred to as Quality assurance but this is an aging term). Know that good CQI programs are comprised of structure, process, and evaluation of outcomes.
Case load
Peer Review

E. Health Policy and Delivery
4 Steps in Root Cause Analysis:
Data collection
Causal factor charting

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Identification of root causes
Generation of recommendations & implementation of changes.

Gap Analysis: Assess the amount of difference between the current state and desired state of an outcome.

Cultural Competence
For example chief complaint of chest pain the initial assessment would most likely include the domains of healthcare practices and practitioners, high risk behaviors, biocultural ecology and nutrition to determine the most essential information for this complaint. The culturally prepared practitioner would be aware of the following:
Prominence of CV disease among African Americans; Possibility of traditional practices and self adjusted dosage of medication
Ability to metabolize medications; Social history of African Americans as context for clinical encounter.

F. Ethical and Legal Issues/Scope and Standards of Practice
Advance directives
Power of attorney
Emancipation
Guardianship
Infection control/Epidemiology principles
Safe work environments
Ethical principles of care delivery: advocacy, accountability, compassionate care
Patient advocacy
Right to choose care
Right to refuse care
Informed consent: what constitutes this
Malpractice: Know the difference between the terms duty, breach of duty, proximate cause, damages
Malpractice insurance: what it does and does not cover (does not cover practicing outside scope of practice)
Critiquing research (there may be many research questions in the clinical portion of the exam): re-familiarize yourself with the research method and some types of common research studies
Know how to make appropriate referrals to other health care providers (listed specifically in the Adult exam blueprint)

CATEGORY III FOUNDATIONS OF ADVANCED NURSING PRACTICE

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Family: (40%) 70 questions; Adult/Gero: (42%) 73 questions

A. Health Promotion and Maintenance Across the Life-Span
   Anticipatory guidance, etc. Growth and development/life stages of individuals and families (A lot of this content will be familiar to you, but please review)
   Growth and Development Theories/models
   Erikson’s Stages of Psychosocial Development
   Havinghurst (Child Development Theory)
   Piaget’s Cognitive Development Theory
   Sadavoy: Age related stressors for geriatric patients (loss of friends, spouse; change in roles, appearance, living arrangements; dependency on others to perform daily tasks, ADLs, etc.; anticipatory grieving related to own death)
   Health Belief Model: Becker
   Maslow’s Heiarchy of Needs
   Transtheoretical Model of Change (Prochashka & DiClemente)
   Social Cognitive Theory Model (Bandura)

B. Illness and Disease Management
   Clinical guidelines and standards of care, risks, cost benefits, disease management.
   Be familiar with the following areas:
   Coding principles
   Billing principles
   Third party payers
   Reimbursement from third party payers
   Profitability in a NP managed clinic
   Medicare: federal program, federal health care policies
   Medicaid: state run
   TRICARE
   Resources for patients: transportation, financial resources
   Insured vs uninsured provision of care
   HIPPA, OSHA (work place safety)
   Accessing patient information electronically
   Power of attorney
   Patient confidentiality
   Release of information to competent family members
   Release of information to incompetent family members
   Electronic medical record capabilities: decreasing medical errors, cost?
   Electronic and paper prescription writing: what’s legal regarding NP practice these questions won’t be state specific, so learn general principles
   APEA’s review course has prepared you well for the last 2 topics. Refer to your syllabus. Note that they will constitute about 50% of your exam questions.

C. Advanced Diagnostic Reasoning/Critical Thinking
   Review critical thinking and decision making. Selection of diagnostic tests
End of Sumary

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Some Topics students tell me “wise test takers” should know about:
Native American, Spanish cultural beliefs (Evil eye, family issues)
Code of Ethics, Child,
Elder abuse
Barriers to healthcare and removal of them
Deliver of care to minors without parents’ approval
Safety and counseling for adolescents
Safety belts and car seats, Many therapeutic responses
Abuse of pain meds
Implications of a diagnosis and insurance
Types of research studies, Relative risk in research
Research questions: what kind of study (cohort, randomized, etc.)
Calculation for rate of infection
Advanced practice-definition
Standard of care, who develops this?
Cultural competence
Scope of practice: who mandates, interpretive skills, recommendations
Teenager tells you something confidentially: your responsibility?
Primary, secondary, tertiary prevention: know examples
Native American: whole family comes into exam room
Native American: speaks for elderly family member
Scope of practice, Standards of care
Sexual abuse and how to address it; Justice
Research, types of studies, picking out variables from studies
Beneficence, autonomy, malpractice, Legal terms
Legislation: who controls practice, what controls what
Open-ended questions
Therapeutic communication
Ethics, Theory; Professional issues
Research: cohort study, case control
Know genogram
Elderly patient with a feeding tube: family wants to stop it, you don’t think it’s appropriate to stop feedings; RX for the elderly, elder abuse
Immunocompromised patients

AH/JRG/12/21/12; 1/11/13; 1/12/14