



Certification Organization for the American Association of Critical-Care Nurses

Acute Care Nurse Practitioner (ACNPC™) Test Plan

Distribution of Content
Detailed Content Outline
Synergy Validated ACNP Competencies

Definition:

The adult acute care nurse practitioner (ACNP) provides advanced nursing care across the continuum of health care services to meet the specialized physiologic and psychologic needs of adult patients with complex acute, critical, and chronic health conditions. This care is continuous and comprehensive. The population in acute care practice includes acutely and critically ill patients experiencing episodic illness, exacerbation of chronic illness, or terminal illness. The ACNP practices in any setting in which patient care requirements include complex monitoring and therapies, high-intensity nursing intervention, or continuous nursing vigilance within the range of high-acuity care. While most ACNPs practice in acute care and hospital based settings including sub-acute care, emergency care, and intensive care settings, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care, and rehabilitative care. In addition to managing patient care, the ACNP utilizes invasive interventions and procedures to promote physiologic stability. ACNPs perform a wide variety of skills and procedures, and the skill set of an ACNP is often dependent on the specific patient population and specialty-based area of practice. Restorative care is the focus of the ACNP, and short-term goals include patient stabilization, minimization of complications, and promotion of physical and psychological well-being. The long-term goal is to restore maximal health potential while evaluating risk factors in achieving this outcome.

Integrated Concepts:

Advanced Practice Work Group, Editor: Bell, L., (2006). *Scope and standards of practice for the acute care nurse practitioner*. Aliso Viejo, CA: American Association of Critical Care Nurses.

National Panel for Acute Care Nurse Practitioner Competencies, (2004). *Acute care nurse practitioner competencies*. Washington, DC: National Organization of Nurse Practitioner Faculties

AACN Synergy Model for Patient Care

Cognitive Levels of Items:

The cognitive level of the exam items is based on a condensed version of Bloom's Taxonomy. The majority of the items are written at the application and analysis levels. Testing at higher cognitive levels provides a better indication of the candidate's critical thinking abilities when providing advanced nursing care to acutely and critically ill patients and their families.

Examination Format:

The ACNPC examination consists of 175 multiple-choice items. Of the 175 items, 150 are scored and 25 are used to gather statistical data on item performance for future examinations. Candidates are allowed three-and-a-half hours (3 ½) to complete the examination.

Distribution of Content

		Exam %	# of items
1	Clinical Judgment Related to Systems	49	73
A	Cardiovascular		24
B	Pulmonary		14
C	Endocrine		5
D	Hematology		4
E	Neurology		9
F	Gastrointestinal		6
G	Renal		5
H	General Issues and Multisystem Problems		6
2	Advocacy/Moral Agency	6	9
3	Caring Practices	10	15
4	Collaboration	9	13
5	Systems Thinking	7	10
6	Response to Diversity	4	6
7	Clinical Inquiry	8	12
8	Facilitation of Learning	8	12
Total (scored)		100	150

1. Clinical Judgment--clinical reasoning, which includes clinical decision-making, critical thinking, and a global grasp of the situation, coupled with APRN skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines. Includes differential diagnosis,

A. Cardiovascular

1. Heart failure, acute and chronic (including pulmonary edema)
2. Acute coronary syndromes (acute myocardial infarction/ischemia)
3. Hypertension and hypertensive crisis
4. Shock states (e.g., hypovolemic, cardiogenic)
5. Peripheral arterial and venous disease
6. Dysrhythmias and conduction defects
7. Cardiac surgery (e.g., valve replacement, CABG)
8. Acute inflammatory disease (e.g., myocarditis, pericarditis, endocarditis)
9. Cardiac tamponade
10. Cardiomyopathies
11. Structural heart defects (e.g., valvular defects, VSD, ASD)
12. Ruptured or dissecting aneurysm

B. Pulmonary

1. Acute respiratory infections (e.g., pneumonias, bronchiolitis)
2. Chronic lung disease (e.g., asthma, emphysema, bronchitis, COPD)
3. Acute respiratory distress syndrome/acute lung injury (ARDS/ALI)
4. Respiratory distress and respiratory failure (including status asthmaticus and sleep disorder breathing)
5. Aspirations (add e.g., aspiration pneumonia, foreign body aspiration)
6. Acute pulmonary embolus
7. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema, pneumopericardium, pneumomediastinum)
8. Thoracic surgery (e.g., lung contusions, fractured ribs, hemothorax, pulmonary hemorrhage, lung reduction surgery, pneumonectomy, lobectomy, tracheal surgery)
9. Pulmonary hypertension (primary and secondary)
10. Thoracic trauma (e.g., lung contusions, fractured ribs, hemothorax, pulmonary hemorrhage)

C. Endocrine

1. Glycemic disorders (hyperglycemia, hypoglycemia, diabetes mellitus, hyperglycemic hyperosmolar nonketotic coma (HHNK), diabetic ketoacidosis)
2. Thyroid disorders (e.g., hypothyroid, hyperthyroid, euthyroid, thyroid toxicosis)
3. Adrenal disorders (e.g. adrenal insufficiency)
4. Diabetes insipidus
5. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)

D. Hematology

1. Anemias
2. Coagulopathies (e.g., idiopathic thrombocytopenia purpura [ITP], disseminated intravascular coagulation [DIC], hemophilia, HITTS, drug-induced)
3. Immune disorders (e.g., HIV, AIDS, neoplasms, drug-related, rheumatoid arthritis, systemic lupus erythema)
4. Organ transplantation (e.g., liver, bone, marrow, kidney, heart, pancreas, lung, graft vs. host disease [GVHD])
5. Sickle cell crisis

E. Neurology

1. Cerebrovascular disorders (e.g., aneurysm, arteriovenous malformation, hemorrhagic and ischemic stroke)
2. Disorders of the spine
3. Intracranial hemorrhage/intraventricular hemorrhage (e.g., subdural, epidural, subarachnoid)
4. Seizure disorders
5. Space-occupying lesions (e.g., brain tumors)
6. Encephalopathy (e.g., hypoxic-ischemic, metabolic, edema, infectious)
7. Head trauma (blunt, penetrating)
8. Neurologic infectious diseases (e.g., meningitis, viral infections, West Nile)
9. Neuromuscular disorders (e.g., muscular dystrophy, Guillain-Barre, myasthenia gravis, multiple sclerosis)
10. Hydrocephalus
11. Acute spinal cord injury

F. Gastrointestinal

1. GI abnormalities (e.g., gastro-esophageal reflux, diverticulitis, diverticulosis, irritable bowel syndrome, pancreatitis, peritonitis, cholecystitis)
2. Acute GI hemorrhage (e.g., esophageal, upper and lower)
3. Bowel infarction/obstruction/perforation (e.g., adhesions, shortgut syndrome, ileus)
4. Gastrointestinal surgeries (e.g., cholecystectomy, bowel resection, appendectomy, GI bypass)
5. Hepatic diseases (e.g., hepatitis, portal hypertension, hepatic failure, cirrhosis)
6. Acute abdominal trauma (e.g., compartment syndrome)

G. Renal

1. Acute and chronic renal failure (e.g. acute tubular necrosis, hypoxia, dialysis)
2. Electrolyte imbalances and fluid management (including acid-base disorders)
3. Renal-genitourinary abnormalities (e.g., polycystic kidneys, hydronephrosis, nephrolithiasis, infections)

H. General Issues and Multisystem Problems

1. Nutrition
2. Distributive shock (e.g., anaphylaxis, neurogenic)
3. Systemic inflammatory response syndrome (SIRS)/sepsis/MODS
4. Musculoskeletal injuries
5. Skin disorders (including burns, wounds, ulcers, rash)
6. Toxic ingestions and inhalations (e.g., drug/alcohol overdose, poisoning, smoking)

2. **Advocacy/Moral Agency** --working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.
3. **Caring Practices** -- APRN activities that create a compassionate, supportive, and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes, but is not limited to, vigilance, engagement, and responsiveness of caregivers, including family and healthcare personnel. Content in this category includes pain management, infection control, risk assessment and the nurse practitioner/patient relationship.
4. **Collaboration** --working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Includes initiating referrals, providing consultation and the coordination of inter and intra disciplinary teams to develop or revise plans of care focused on patient and/or family concerns.
5. **Systems Thinking**--body of knowledge and tools that allow the APRN to manage whatever environmental and system resources exist for the patient/family and staff, within or across healthcare and non-healthcare systems. Includes analysis and promotion of cost-effective resource utilization that results in optimal patient outcomes.

- 6. Response to Diversity**--the sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.

- 7. Facilitation of Learning**--the ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team, and community. Includes both formal and informal facilitation of learning.

- 8. Clinical Inquiry** --the ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.

Synergy Validated ACNP Competencies – Used to guide item writing

1. Clinical Judgment

- A. Synthesizes, interprets, makes decisions and recommendations, and evaluates responses based on complex, sometimes conflicting, sources of data.
- B. Identifies and prioritizes clinical problems based on education, research, and experiential knowledge.
- C. Develops, implements, evaluates, and modifies plans of care for individual patients/families and cohorts.
- D. Prescribes medications, therapeutics and monitoring modalities, in collaboration with physician and other members of the healthcare team as necessary.
- E. Develops, implements, and evaluates research-based algorithms, clinical guidelines, protocols, and pathways for populations.
- F. Develops proactive interventions. Implements and/or directs others to act on actual or potential clinical problems.
- G. Facilitates development of clinical judgment in healthcare team members (e.g., nursing staff, medical staff, and other healthcare providers) through role modeling, teaching, coaching, and/or mentoring.
- H. Formally and informally evaluates the clinical practice of other healthcare team members (e.g., nursing staff, medical staff, and other healthcare providers).
 - I. Evaluates one's own clinical practice through self-reflection and feedback from others.
- J. Facilitates patient/family, healthcare professionals and payors to understand a broad perspective (i.e., the "big picture").
- K. Elicits comprehensive history and performs physical exams based on patient's presenting signs and symptoms.
 - L. Develops a list of differential diagnoses based on findings obtained during patient history and physical.
- M. Orders appropriate diagnostic exams and interprets findings to manage patient care, in collaboration with physician and other members of the healthcare team as necessary.
- N. Initiates appropriate referrals and performs consultations.
- O. Performs invasive procedures (e.g., pulmonary artery catheter placement, central venous catheter, arterial lines, thoracentesis, lumbar punctures, etc.).

2. Advocacy/Moral Agency

- A. Utilizes internal resources (e.g., ethics committee, risk management, legal department) and external resources (e.g., professional organizations, government officials, community agencies) to facilitate resolution of advocacy/moral agency issues.
- B. Participates in problem solving to anticipate and prevent recurrences of patient/family dissatisfaction or concern.
- C. Facilitates resolution of ethical and clinical conflicts among patient/family and other healthcare professionals.
- D. Promotes an environment for ethical decision-making and patient advocacy.
- E. Recognizes and promotes programs to ensure patient/family rights are incorporated into plan of care.
- F. Facilitates development of nurses' advocacy and moral agency through role modeling, teaching, coaching, and/or mentoring.
- G. Empowers patient and family to act as own advocate.
- H. Integrates concerns and value systems of patient/family, nursing staff, other healthcare team members, administrators, and payors into patient's plan of care.

3. Caring Practices

- A. Promotes a caring and supportive environment (e.g., manage pain, safety, therapeutic communication).
- B. Supports the implementation of complementary therapies.
- C. Facilitates healthcare team's development of caring practices through role modeling, teaching, coaching, and/or mentoring.
- D. Cares for the caregivers (e.g., conflict resolution, debriefing, crisis intervention).
- E. Provides patient/family the skills to navigate transitions along the healthcare continuum (i.e., facilitates safe passage).
- F. Interprets and communicates complex patient/family and administrative needs to other caregivers.

4. Collaboration

- A. Leads and facilitates coordination of intra- and inter-disciplinary teams to develop or revise programs focused on group or systems issues.
- B. Leads and facilitates coordination of intra- and inter-disciplinary teams to develop or revise plans of care focused on patient and/or family issues.
- C. Initiates and facilitates active involvement with external agencies (e.g., industry, payors, community groups, political agencies).
- D. Role models, teaches, coaches, and/or mentors healthcare team to understand and use resources/expertise of others.
- E. Role models, teaches, coaches, and/or mentors both professional leadership and accountability for nursing's role within the healthcare team and community.
- F. Facilitates the creation of a common vision for care within the healthcare team or system.
- G. Facilitates development, implementation, and evaluation of professional practice models for nursing.
- H. Creates, coordinates, implements, and evaluates formal and informal intra- and inter-disciplinary education to improve patient outcomes/quality of care.

5. Systems Thinking

- A. Interprets and facilitates integration of organizational mission, goals, and systems into patient care practices.
- B. Assesses and facilitates understanding of the impact of social, political, regulatory, and economic (e.g., payors, products) forces on the delivery of care.
- C. Using knowledge of the system, works with internal clients (e.g., nursing staff, medical staff, other healthcare providers, administrators) and external clients (e.g., institutions, sales representatives) to optimize delivery of care.
- D. Identifies and communicates resources, both internal and external (e.g., consultants, referrals, community programs and other healthcare systems) to optimize patient/family outcomes.
- E. Develops, implements, and evaluates strategies to optimize outcomes for patients/families and payors.
- F. Develops strategies to facilitate transitional movement of patient populations through the healthcare system
- G. Continually evaluates the care delivery model and recommends modifications based on outcomes data.
- H. Facilitates processes of change within the healthcare system to provide evidence-based, cost effective care.
- I. Role models and mentors innovative systems thinking and resource use among the healthcare team.

6. Response to Diversity

- A. Identifies diversity issues and facilitates awareness of these issues.
- B. Recognizes and assists the healthcare team to integrate individual differences in tailoring the delivery of care to meet the diverse needs and strengths of patients.
- C. Role models, teaches, coaches, and/or mentors acceptance of and responsiveness to diversity.
- D. Promotes and incorporates research and experiential knowledge into plans of care related to diverse populations.

7. Clinical Inquiry

- A. Identifies clinical problems amenable to research.
- B. Role models, teaches, coaches, and/or mentors staff regarding the use, implementation, and evaluation of research findings.
- C. Evaluates current and innovative patient care practices based on evidence-based practice, research, and experiential knowledge.
- D. Develops processes to evaluate outcomes data.
- E. Incorporates evidence-based practice guidelines, research and experiential knowledge to formulate, evaluate, and/or revise policies, procedures, and protocols.
- F. Critiques research findings and determines applicability to practice.
- G. Communicates research results and develops a means to incorporate research findings into practice.
- H. Reviews, evaluates, and facilitates incorporation of new products and technologies into practice.

8. Facilitation of Learning

- A. Conducts needs assessment prior to developing educational plans and programs.
- B. Develops, implements, and evaluates programs based on learner needs.
- C. Adapts teaching strategies to the unique patient/family needs and strengths to facilitate the teaching/learning process.
- D. Contributes to and advances the knowledge base of the healthcare community through research, presentations, publications, and involvement in professional organizations.
- E. Facilitates and/or mentors professional advancement of nursing staff.
- F. Deliver formal and informal intra- and inter-disciplinary education to improve patient outcomes/quality of care.
- G. Promotes value of lifelong learning and evidence-based practice while continually acquiring knowledge and skills needed to address questions arising in practice.

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