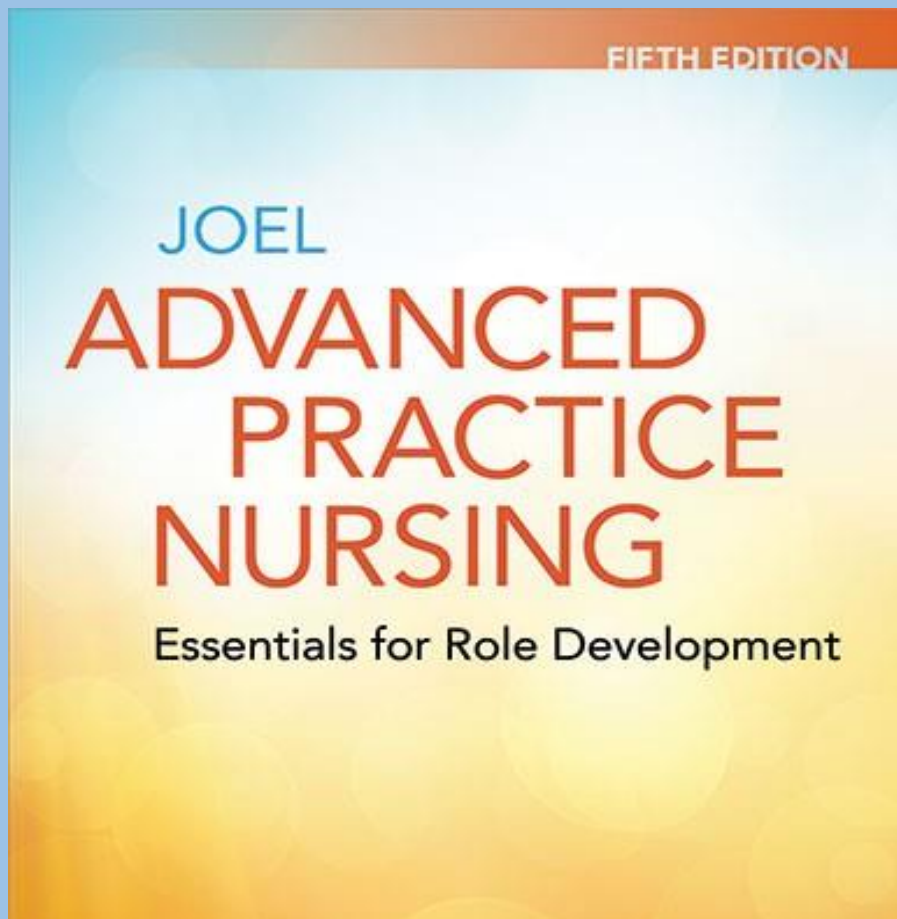


TEST BANK

Advanced Practice Nursing: Essentials for Role Development 5th Edition

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Chapter 1: Advanced Practice Nursing: Doing What Has to Be Done – Radical, Renegades, and Rebels

CHAPTER1:

ANSWERS AND RATIONALES

1. Which change represents the primary impetus for the end of the era of the female lay healer?

1. Perception of health promotion as an obligation
2. Development of a clinical nurse specialist position statement
3. Foundation of the American Association of Nurse-Midwives

4. Emergence of a medical establishment

Page: 4

	Feedback
1.	This is incorrect. Lay healers traditionally viewed their role as being a function of their community obligations; however, the emerging medical establishment viewed healing as a commodity. The emergence of a male medical establishment represents the primary impetus for the end of the era of the female lay healer.
2.	This is incorrect. The American Nurses Association (ANA) position statement on educational requirements for the clinical nurse specialist (CNS) was developed in 1965; the ANA's position statement on the role of the CNS was issued in 1976. The emergence of a male medical establishment represents the primary impetus for the end of the era of the female lay healer.
3.	This is incorrect. The American Association of Nurse-Midwives (AANM) was founded in 1928. The emergence of a male medical establishment represents the primary impetus for the end of the era of the female lay healer.
4.	This is correct. The emergence of a male medical establishment represents the primary impetus for the end of the era of the female lay healer. Whereas lay healers viewed their role as being a function of their community obligations, the emerging medical establishment viewed healing as a commodity. The era of the female lay healer began and ended in the 19th century. The American Association of Nurse-Midwives (AANM) was founded in 1928. The American Nurses Association (ANA) position statement on educational requirements for the clinical nurse specialist (CNS) was developed in 1965; the ANA's position statement on the role of the CNS was issued in 1976.

2. The beginning of modern nursing is traditionally considered to have begun with which event?

- 1. Establishment of the first school of nursing**
2. Incorporation of midwifery by the lay healer
3. Establishment of the Frontier Nursing Service (FNS)
4. Creation of the American Association of Nurse-Midwives (AANM)

Answer: 1

Pages: 4–5

	Feedback
1.	This is correct. Traditionally, modern nursing is considered to have begun in 1873, when the first three U.S. training schools for nurses opened. The role of the lay healer as a midwife is documented to have occurred in the 19th century, before the establishment of schools of nursing. The Frontier Nursing Service (FNS), which provided nurse-midwifery services, was established in 1925. In 1928, the Kentucky State Association of Midwives, which was an outgrowth of the FNS, became the American Association of Nurse-Midwives (AANM).
2.	This is incorrect. The role of the lay healer as a midwife is documented to have occurred in the 19th century, before the establishment of schools of nursing. Traditionally, modern nursing is considered to have begun in 1873, when the first three U.S. training schools for nurses opened.
3.	This is incorrect. The Frontier Nursing Service (FNS), which provided nurse-midwifery services, was established in 1925. Traditionally, modern nursing is considered to have begun in 1873, when the first three U.S. training schools for nurses opened.
4.	This is incorrect. In 1928, the Kentucky State Association of Midwives, which was an outgrowth of the FNS, became the American Association of Nurse-Midwives (AANM). Modern nursing is considered to have begun in 1873, at which time the first three U.S. training schools for nurses opened.

3. In 1910, which factors most significantly influenced the midwifery profession? *Select all that apply.*

- 1. Strict licensing requirements
- 2. Negative public perception**
- 3. Dedicated funding for training
- 4. Poor maternal-child outcomes**
- 5. Mandatory professional supervision

Answer: 2, 4

Pages: 6–7

	Feedback
1.	This is incorrect. In 1910, the midwifery profession was significantly influenced by poor maternal-child outcomes and a public perception as unprofessional. Though legislation ultimately was passed to tighten requirements related to licensing and supervision of midwives, in the early 20th century, midwives were largely unregulated and generally perceived as unprofessional.

2.	This is correct. In 1910, the midwifery profession was significantly influenced by poor maternal-child outcomes and a public perception as unprofessional. At that time, approximately 50% of all U.S. births were reportedly attended by midwives. However, especially with regard to perinatal health indicators, the national population's general health was poor. Unfavorable outcomes among both mothers and infants were attributed to midwives who, at that time, were largely unregulated and generally perceived as unprofessional. Poor maternal-child outcomes, negative perceptions of midwives, obstetricians' targeted efforts to take control of the birthing process, and a movement away from home births prompted major changes. Legislation was passed to tighten requirements related to licensing and supervision of midwives. One aim of the Sheppard-Towner Maternity and Infancy Act involved allotting funds to train public health nurses in midwifery; however, the bill lapsed in 1929.
3.	This is incorrect. Goals of the Sheppard-Towner Maternity and Infancy Act included allocating funds to train public health nurses in midwifery, but the bill lapsed in 1929. In 1910, poor maternal-child outcomes and a public perception as unprofessional significantly influenced the midwifery profession.
4.	This is correct. In 1910, the midwifery profession was significantly influenced by poor maternal-child outcomes and a public perception as unprofessional. At that time, approximately 50% of all U.S. births were reportedly attended by midwives. However, especially with regard to perinatal health indicators, the national population's general health was poor. Unfavorable outcomes among both mothers and infants were attributed to midwives who, at that time, were largely unregulated and generally perceived as unprofessional. Poor maternal-child outcomes, negative perceptions of midwives, obstetricians' targeted efforts to take control of the birthing process, and a movement away from home births prompted major changes. Legislation was passed to tighten requirements related to licensing and supervision of midwives. One aim of the Sheppard-Towner Maternity and Infancy Act involved allotting funds to train public health nurses in midwifery; however, the bill lapsed in 1929.
5.	This is incorrect. In 1910, the midwifery profession was largely unregulated. Factors that influenced the profession included poor maternal-child outcomes and a public perception as unprofessional.

4. Which advanced practice nursing role is unique in that the practitioners view their role as comprising a combination of two distinct disciplines?

1. Nurse practitioner
2. Certified registered nurse anesthetist
3. Clinical nurse specialist
- 4. Certified nurse-midwife**

Answer: 4

Page: 9

	Feedback
1.	This is incorrect. The role of the certified nurse-midwife (CNM) is unique in that the CNM views the practice role as combining two disciplines: nursing and midwifery.
2.	This is incorrect. The role of the certified nurse-midwife (CNM) is unique in that the CNM views the practice role as combining two disciplines: nursing and midwifery.
3.	This is incorrect. The role of the certified nurse-midwife (CNM) is unique in that the CNM views the practice role as combining two disciplines: nursing and midwifery.
4.	This is correct. The role of the certified nurse-midwife (CNM) is unique in that the CNM views the practice role as combining two disciplines: nursing and midwifery.

5. In the 19th century, which factors led to the administration of anesthesia by nurses?
Select all that apply.

- 1. Surgeon entitlement to collecting anesthesia fees**
- 2. Collaborative practice between physician-anesthetists and nurses
- 3. Lack of recognition of anesthesiology as a medical specialty**
- 4. Opposition to anesthesia administration by physicians
- 5. Formation of a national organization by nurse anesthetists

Answer: 1, 3

Pages: 10–11

	Feedback
1.	This is correct. In the 19th century, anesthesia was in its early stages. Because of a lack of recognition as a medical specialty and the surgeon's entitlement to collecting anesthesia fees, other physicians had little to no interest in anesthesia administration. However, physicians were not opposed to administering anesthesia; rather, anesthesia was viewed as a means by which to transform surgery into a scientific modality for treating health alterations. Collaboration between physicians and nurses did not contribute to administration of anesthesia by nurses; contentiousness is a hallmark of the relationship between nurse anesthetists and anesthesiologists even in the present day. In the 19th century, no national organization of nurse anesthetists yet existed. The National Association of Nurse Anesthetists, which was renamed the American Association of Nurse Anesthetists (AANA), was founded in 1931.
2.	This is incorrect. With the introduction of anesthesia, collaboration between physicians and nurses did not contribute to administration of anesthesia by