



8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492

1.800.284.2378
301.628.5000 *tel*
301.628.5004 *fax*

www.nursecredentialing.org

Ambulatory Care Nurse Test Content Outline

Effective Date: April 1, 2009

There are 175 questions on this examination. Of these, 150 are scored questions and 25 are nonscored pretest questions. Questions are pretested to determine how well they perform before they are used in the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important that a candidate answer all questions. However, a candidate's score is based solely on the 150 scored questions. Performance on pretest questions does not affect a candidate's score.

This Test Content Outline identifies the areas that are included on the examination. The percentage and number of questions in each of the major categories of the scored portion of the examination are also shown.

Category	Domains of Practice	No. of Questions	Percent
I	Clinical Practice	38	25.33%
II	Communication	30	20.00%
III	Issues and Trends	22	14.67%
IV	Systems	22	14.67%
V	Education	38	25.33%
	Total	150	100%

Note: Various areas throughout this Test Content Outline are associated with various types of patients. Please refer to the following Note for indication of these categories.

Note 1: Type of Patient—includes all ages throughout the life span

1. Well patients
2. Patients with acute conditions
3. Patients with chronic conditions
4. Patients with terminal conditions
5. Population/community

Also, note that this examination covers all ages throughout the life span.

I. Clinical Practice (25.33%)

- A. Triage assessment (as associated with Note 1)
 - 1. Formulating questions
 - 2. Prioritizing information
 - 3. Recognizing subtle changes
 - 4. Observations (including verbal and nonverbal cues)
 - 5. Current level of care (i.e., continuum of care)

- B. Technical skills
 - 1. On-site testing (e.g., glucose monitoring, dipstick tests, occult blood tests, streptococcal throat cultures)
 - 2. Invasive procedures (e.g., venipuncture, nebulizer treatment, gastric sampling, Pap smears)
 - 3. Noninvasive procedures (e.g., electrocardiogram, physical assessment, peak flow meter, vision screening)
 - 4. Communication technologies (e.g., resources, information security, data entry, software programs [e.g., spreadsheets, word processing, data retrieval])
 - 5. Equipment sterilization and disinfection (e.g., autoclaves, scopes, ear picks)

- C. Care management (as associated with Note 1)
 - 1. Treatment planning and implementation
 - 2. Continuity of care (i.e., consistency of care over time)
 - 3. Coordination (i.e., consultation and collaboration, including ancillary testing)
 - 4. Referrals (to settings such as primary, specialty and/or emergent/urgent care)
 - 5. Utilization of resources (e.g., hospital, community, Internet, government programs)

- D. Patient advocacy (e.g., patient as partner, informed decision-making, designated representative, acting on the patient's behalf, homicide, suicide)

II. Communication (20.00%)

- A. Interpersonal skills (e.g., nonverbal, verbal, and written communication, individual and group communication, diplomacy, conflict resolution, crisis intervention)
 - 1. Patient/family
 - 2. Employee/peers/colleagues
 - 3. Supervisors
 - 4. Community
 - 5. Interdisciplinary teams

- B. Cultural competency (knowledge of and respect for customs/values/beliefs/socioeconomic factors, e.g., appropriate accommodation, access to resources)
 - 1. Patient/family

- 2. Employee/peers/colleagues
 - 3. Community
- C. Telepractice
- 1. Prioritization of patient needs (e.g., use of protocols, algorithms, and guidelines for systematic assessment)
 - 2. Multimedia tools and methods (e.g., fax machines, computers, electronic mail, audio/visual, Internet, remote monitoring)
 - 3. Telecommunication skills (e.g., auditory cues, listening skills, paraphrasing, tone of voice)
- D. Documentation (e.g., appropriate versus. inappropriate content, legal aspects, objective, subjective, complete, timely, incorporating nursing process in charting, acceptable abbreviations)
- 1. Telephone encounters
 - 2. Electronic encounters (e.g., e-mails, Internet)
 - 3. In-person encounters
 - 4. Medical records

III. Issues and Trends (14.67%)

- A. Professional role
- 1. Ethical issues (e.g., patient, colleague, professional boundaries)
 - 2. Individual and staff development (e.g., mentoring, nursing certification, in-services, coaching, maintaining current knowledge/competency)
 - 3. Leadership (e.g., promoting profession, role model, shared governance)
- B. Legal and regulatory issues
- 1. Informed consent
 - 2. Patient self-determination (e.g., advance directive, end of life issues)
 - 3. Reporting requirements (e.g., abuse, communicable diseases, injuries, homicide, suicide)
 - 4. Government mandates (e.g., requirements of the Equal Employment Opportunity Commission [EEOC], Occupational Safety and Health Administration [OSHA], Health Insurance Portability and Accountability Act [HIPAA], Americans with Disabilities Act [ADA])
 - 5. Non-reprisal environment (e.g., patients' rights, incident reporting, whistle blowing)
 - 6. Scope of Practice (e.g., multi-state licensure, interstate practice, recommendation of practice)
- C. Standards of care, accreditation, and guidelines
- 1. American Association of Ambulatory Care Nursing (AAACN) standards (e.g., ambulatory care and telehealth nursing practice)
 - 2. American Nurses Association (ANA) standards
 - 3. Guidelines (Center for Disease Control [CDC], American Diabetes Association [ADA], American Heart Association [AHA])
 - 4. *Healthy People 2010* guidelines (US Dept of Health and Human Services)

5. Accreditation (e.g., The Joint Commission, Centers for Medicare and Medicaid Services [CMS], National Council on Quality Assurance [NCQA])

IV. Systems (14.67%)

- A. Operations
 1. Practice and office support
 - a. Delegation of duties (e.g., scope of practice, staff competencies)
 - b. Resource management (e.g., work flow, equipment, staffing)
 - c. Environmental safety (e.g., hazard free, ergonomics, infection control)
 - d. Patient safety (e.g., confidentiality, treatment/medication, national patient safety goals)
 - e. Emergency preparedness (e.g., bioterrorism, natural hazard, disaster recovery)
 2. Health care fiscal management concepts (e.g., reimbursement and coding issues)
 3. Health care delivery systems (e.g., managed care, fee for service, PPO, Center for Medicare and Medicaid Services [CMS])
- B. Performance improvement
 1. National health initiatives (e.g., smoking prevention, weight management)
 2. Quality management/improvement
 3. Research process and evidence-based practice (e.g., subject protection, independent review board [IRB], informed consent, outcomes measurement)
 4. Protocol development (e.g., telehealth nursing practice, care pathways, treatment)

V. Education (patient, family, community, staff) (25.33%)

- C. Learning principles and techniques (e.g., age appropriate, culturally sensitive, needs assessment)
- D. Health promotion and disease/injury prevention (e.g., individual and community programs, evidence-based screening guidelines, reputable resources, anticipatory guidance, communicable diseases)
- E. Chronic conditions self-care management (e.g., hypertension, diabetes, congestive heart failure [CHF], coronary artery disease [CAD], asthma/chronic obstructive pulmonary disease [COPD], depression, seizures)

Last Updated: 11/7/2008

© 2008 American Nurses Credentialing Center. All rights reserved.