

Test Content Outline
Effective Date: February 6, 2015

Gerontological Nursing
Board Certification Examination

There are 175 questions on this examination. Of these, 150 are scored questions and 25 are pretest questions that are not scored. Pretest questions are used to determine how well these questions will perform before they are used on the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important for a candidate to answer all questions. A candidate's score, however, 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	Assessment	26	17.33%
II	Plan of Care	35	23.33%
III	Person-Centered Care	43	28.67%
IV	Professional Practice	21	14.00%
V	Health Promotion	25	16.67%
	Total	150	100%

Please note that the entire Test Content Outline is associated with health-related problems/issues of older adults.

I. Assessment (17.33%)

A. Data Collection

Knowledge of:

1. Assessment tools and techniques for physical examination and psychosocial assessment (e.g., Braden, mental status exam, functional status, fall risk, elopement, hearing, Geriatric Depression Scale, vision)
2. Medication and treatments (e.g., pharmacology, complementary medications, alternative/integrative health care practices, nonpharmacological treatments, polypharmacy, reconciliation, classification and indication of medications, BEERS list)

Skills In:

3. Identifying risk factors (e.g., abuse and neglect, environmental, hoarding, addiction, suicide, self-harm)
4. Conducting an assessment (e.g., clinical interviewing, systems review, history taking, collecting and reviewing data from multiple sources)
5. Identifying situations requiring adaptation of assessment techniques

B. Data Interpretation

Knowledge of:

1. Developmental stages (e.g., Maslow, Erickson, Kübler-Ross)
2. Norms and variances (e.g., physiological and psychological changes, anticipated progression of diseases and illnesses, changes in functional status)
3. Factors that affect diagnostic data (e.g., medications, hydration, age, environment, nutrition, cognitive ability, physical status)

Skills in:

4. Identifying physiological changes (e.g., sensory, neurological, circulatory)
5. Identifying psychological changes (e.g., cognitive, mood, behavioral)
6. Identifying emergent and critical situations
7. Synthesizing data from multiple sources
8. Discerning quality of test results and assessment findings, and reconciling data (e.g., collection and handling methodology, credibility of source, incomplete data, recording error, recency of labs, equipment calibration, validation of information)

II. Plan of Care (23.33%)

A. Planning

Knowledge of:

1. Concepts and principles of nursing diagnoses and problem lists
2. Evidence-based interventions and treatments
3. Plan of care strategies (e.g., health promotion, disease management, targeted goals)

Skills in:

4. Prioritizing diagnoses or problems (e.g., individualized preferences, criticality of conditions)
5. Identifying expected outcomes (e.g., developmentally appropriate, age appropriate, person-centered)
6. Developing an individualized, person-centered plan of care
7. Coordinating transitions of care across the continuum (e.g., team member roles, economic impact of care, resources, inclusion of family/significant other/caregiver)

B. Implementation

Knowledge of:

1. Principles of creating a safe, therapeutic environment (e.g., developmental, environmental, and individual factors, milieu management)
2. Potential interactions between treatment modalities (e.g., complementary/integrative health care practices, drug-drug, drug-food, external or implanted medical devices)
3. Unique needs of the older adult in medication administration (e.g., dosage and route modification)
4. Technology and equipment (e.g., principles related to adapting equipment, electronic medical records, troubleshooting equipment failures)

Skills in:

5. Adapting evidence-based interventions and treatments to individual needs
6. Administering medications (e.g., managing adverse and side effects, desired responses)
7. Implementing proactive strategies for safety and risk reduction across the continuum of care (e.g., falls, suicide, pressure ulcer prevention, pain management, behavior management, restraints, deep vein thrombosis)
8. Coordinating with others to implement the plan of care

C. Evaluation and Outcomes

Knowledge of:

1. Expected and unexpected responses to interventions
2. Factors that may contribute to unexpected responses to interventions (e.g., nonadherence, cognitive and sensory deficits, environment, financial and economic, misappropriation of medication, low health literacy)

Skills in:

3. Evaluating patterns, variances, and progress toward expected outcomes
4. Modifying the individualized plan of care

III. Person-Centered Care (28.67%)

A. Communication

Knowledge of:

1. Influences on the health care relationship (e.g., culture, religion, socioeconomic factors, sexuality, gender, ethnicity)
2. Barriers to effective communication (e.g., psychosocial, financial, literacy, cognitive and sensory deficits)

Skills in:

3. Using verbal, nonverbal, paraverbal (e.g., tone, cadences, rate) communication strategies (e.g., trust, rapport, pacing, quiet environment) specific to older adults in different settings and health conditions
4. Recognizing effective and ineffective communication patterns and styles

B. Support

Knowledge of:

1. Family dynamics
2. Situations that require advocacy and conflict resolution (e.g., abuse, inappropriate behavior, emotional boundary violations, human subject protection, ageism, intergenerational differences)
3. Coping and defense mechanisms
4. System supports across the continuum of care (e.g., respite care, volunteers, transportation, group-specific supports, adult day care, topic specific support group, palliative care, hospice)
5. Roles of the advocate (e.g., ombudsman, adult protective services, social workers, crisis center, ethics committee, law enforcement)

Skills in:

6. Identifying developmental response to illness and hospitalization
7. Facilitating patient advocacy

IV. Professional Practice (14.00%)

A. Legal and Ethical

Knowledge of:

1. Legal and ethical considerations (e.g., informed consent, Health Insurance Portability and Accountability Act [HIPAA], advance directives, Americans with Disabilities Act [ADA], durable power of attorney/guardianship, ANA *Code of Ethics*)
2. Regulatory and Accreditation compliance (e.g., Centers for Medicare & Medicaid Services [CMS], The Joint Commission, U.S. Department of Health and Human Services, scope of practice)
3. Professional boundaries
4. Documentation guidelines and requirements (e.g., Centers for Medicare & Medicaid [CMS], SBAR, care planning, Health Insurance Portability and Accountability Act [HIPAA], interagency transfers)

Skills in:

5. Supporting the individual's rights across the care continuum (e.g., autonomy, independence)
6. Recognizing potential violations of confidential information

B. Leadership

Knowledge of:

1. Current trends in gerontology (e.g., culture change, person-centered care, telehealth, aging in place)
2. Roles of the leader (e.g., mentor, preceptor, clinical content expert, clinical nurse leader, change agent)
3. Professional organizations and activities
4. Quality improvement (e.g., federal standards, internal standards such as alignment with mission, cost containment, resource utilization)
5. How personal attitudes, values, and beliefs may impact delivery of care

Skills in:

6. Using verbal, written, and electronic professional communication (e.g., interdisciplinary communication, conflict resolution, peer review, e-mails)
7. Delegating elements of care to licensed and/or unlicensed personnel

8. Promoting a healthy work environment (e.g., employee relationships, workplace civility, team building, diversity, shared governance)
9. Using trend data and analysis to identify areas for quality improvement

V. Health Promotion (16.67%)

A. Education

Knowledge of:

1. Principles and concepts of teaching and learning (e.g., adult learning, Bandura, health belief model, self-efficacy, motivation, technology)
2. Methods and modes of education (e.g., teach-back, Webinar, measurable objectives, strategies, specialty specific content, age and developmentally appropriate techniques, group facilitation skills, technology)
3. Self-management of disease/conditions (e.g., remote telemetry, home dialysis, left ventricular assist device, medication pumps, g-tubes, tracheostomy, crisis safety plan, home monitoring)

Skills in:

4. Identifying and prioritizing of learning needs (e.g., health literacy, patient expectations, family-centered care)
5. Developing a collaborative education plan with the individual, family, significant other, caregiver, and interdisciplinary team
6. Adapting education based on factors that may influence learning (e.g., sensory impairment, cognitive deficits, environment, cultural differences, health literacy and education level)
7. Evaluating quality and appropriateness of health education materials (e.g., Internet resources, print materials)

B. Population Health

Knowledge of:

1. Population specific behaviors or needs (e.g., vulnerable populations, emerging populations, grand-families, alternative lifestyles)
2. Interagency collaboration
3. Health care delivery models (e.g., mobile clinics, home visits, telehealth, parish nurse)
4. Community resources (e.g., adult day services, homeless shelters, food banks, area agencies on aging)
5. Barriers to health care access

Skills in:

6. Obtaining and analyzing data related to population-specific needs and risk factors (e.g., The Centers for Disease Control and Prevention [CDC], epidemiology, genetic predisposition)
7. Implementing disease prevention and health promotion strategies in populations
8. Participating in the management of chronic disease in populations

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