



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

Clinical Nurse Specialist in Gerontology Board Certification Test Content Outline

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	Basic and Applied Science	8	5.33%
II	Theories of Aging and Theories Applicable to Age	3	2.00%
III	Advanced Clinical Practice	65	43.33%
IV	Organization/Network/Health System	22	14.67%
V	Research	9	6.00%
VI	Education	11	7.33%
VII	Professionalism	32	21.33%
	Total	150	100%



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

Clinical Nurse Specialist in Gerontology Board Certification Test Content Outline

- I. **Basic and Applied Science (5.33%)**
 - A. Anatomy, Physiology, and Pathophysiology (e.g., differentiate between normal and abnormal aging, interactions between systems, functional effects of pathophysiological changes)
 - B. Pharmacology (e.g., drug-drug interactions, drug-food interactions, drug-herbal/supplement interactions, drug-disease considerations)
 - C. Nutritional Concepts (e.g., vitamins and minerals, hydration, lab values, interactions of nutrition and disease states, nutritional support)

- II. **Theories of Aging and Theories Applicable to Age (2.00%)**

(i.e., Developmental [e.g., *Erikson, Duval, Maslow*], Biological and Physiological [e.g., *Free Radical, Cross-Linkage, Wear and Tear, Immunity*], Psychological [e.g., *Peck, Jung, Self-Efficacy Theory, Reminiscence Theory, Grief and Loss Theories, Health Belief Model*], Social [e.g., *Disengagement Theory, Activity Theory, Continuity Theory*])

- III. **Advanced Clinical Practice (43.33%)**
 - A. Nursing Science Theories (e.g., Orem, Rogers, Roy, Peplau, Leininger, Watson)
 - B. Nursing Process (using critical thinking skills, applies to clients in all care settings, including acute, long-term, and community)
 1. Assessment
 - a. Health (e.g., family medical, health-promoting behaviors)
 - b. Physical (e.g., head-to-toe, problem-focused/systems assessment, disease specific screening, sensory screening)
 - c. Functional (e.g., Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs))
 - d. Developmental (e.g., relocation, disengagement, loss)
 - e. Cognitive, mental health, and psychiatric (e.g., depression, dementia, delirium, anxiety, confusion, and mental status screening tools)
 - f. Nutrition (e.g., lab values, height/weight, hydration)
 - g. Cultural (e.g., beliefs, values, practices)
 - h. Spiritual (e.g., religious beliefs and values, meditation, spiritual well-being)
 - i. Psychosocial (e.g., social network, formal and informal support systems, financial resources, sexuality, work/volunteerism)
 - j. Medication (e.g., prescription and over-the-counter, alcohol, tobacco, recreational drugs)
 - k. Complementary therapy (e.g., herbal and nutritional supplements, acupuncture, massage)
 - l. Environmental (e.g., residence, home safety, community)
 - m. Risk (e.g., falls, abuse/neglect, skin)
 - n. Pain (e.g., acute, chronic)
 2. Diagnosis (e.g., nursing, medical, differential, community)
 3. Planning (goal setting, client/family, interdisciplinary, negotiation roles and responsibilities, discharge needs)
 4. Implementation (evidence-based practice, treatment modalities, patient consultation services, individual health and wellness promotion, advanced clinical procedures)

- 5. Evaluation (goal attainment, outcomes, plan revision, recommendations)
- C. Ethical Principles (e.g., client advocacy, patient autonomy, value clarification, end-of-life issues, advanced directives, client-related ethical dilemmas, euthanasia)
- D. Community/Public Health
 - 1. Community needs assessment
 - 2. Levels of prevention (including health and wellness promotion)

IV. **Organization/Network/Health System (14.67%)**

- A. Regulations and Standards (e.g., local, state, federal, accrediting agencies, documentation)
- B. Organization, Network, Health System Concepts (e.g., strategic planning, organizational change, organizational management theories)
- C. Ethical Decision-Making Concepts (large scale) (e.g., utilitarianism, beneficence, self-determination, non-maleficence, respect, fidelity, justice, veracity)
- D. Legal Issues (e.g., competency evaluation, guardianship, risk management)
- E. Outcome Measurement Management (e.g., program's effect on patient/caregivers, nursing staff, stakeholders' outcomes and satisfaction, cost-effectiveness, agency/network/community outcomes, disease management programs)
- F. Continuous Quality Improvement (CQI) (e.g., Plan, Do, Check, Act (PDCA), nurse-sensitive indicators)
- G. Health Care Reimbursement/Delivery Models (e.g., Medicaid, Medicare, managed care, telemedicine, case management, continuum of care)
- H. Resource/Supervisory Management (e.g., staffing models, supervision, delegation, evaluation)
- I. Conflict Resolution (types, strategies, resolutions)
- J. Informatics

V. **Research (6.00%)**

- A. Research Methodology (including basic statistical principles, grant application process, human subject protection, research critique)
- B. Research Utilization (including evidence-based nursing practice as used in the development of policies and procedures for nursing practice, program implementation, standards and guidelines, dissemination of research)

VI. **Education (7.33%)**

- A. Educational Theories (e.g., principles of adult education, teaching/learning theories)
- B. Learning Needs Assessment (e.g., developmental level, educational level, cultural background, cognitive ability, readiness to learn, learning style, strength for and barriers to learning, literacy)
- C. Program/Curriculum Development and Evaluation (e.g., patient/staff/community education; orientation; internship programs; summative and formative evaluation outcomes; consultation services in program development; cultural, linguistic, and literacy considerations)
- D. Professional Information Dissemination (e.g., communication technology [software, media], publications/presentations)
- E. Precepting and Mentoring (e.g., fostering critical thinking, guiding clinical practice)

VII. **Professionalism (21.33%)**

- A. Leadership (e.g., change theory, collaboration, team building, leadership styles, role models, role articulation)
- B. Consultation Theory/Principles
- C. Professional Responsibilities (Scope and Standards of Practice, political involvement, professional advocacy, peer support)
- D. Communication Principles (e.g., interpersonal relationship techniques/skills, considerations of sensory and cognitive deficits, environment, cultural and linguistic, empowerment, communicating in challenging situations, interviewing)

This page last revised 3/28/2007.