Canadian
CNPEFA
Canadian Family Nurse Practitioner Examination

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Question: 1

Which of the following would be the least significant risk factor for ectopic pregnancy?

A. history of salpingitis
B. tubal or pelvic surgery
C. progestin use
D. cigarette smoking

Answer: C

Explanation:
To determine the least significant risk factor for ectopic pregnancy among the options provided, it's essential to understand what each factor entails and its relative risk contribution. Ectopic pregnancy occurs when a fertilized egg implants and grows outside the main cavity of the uterus, typically in a fallopian tube. Several risk factors increase the likelihood of this occurrence, but their impact varies in significance.
Starting with **history of salpingitis**, we know this is a significant risk factor. Salpingitis is the inflammation of the fallopian tubes, usually due to an infection, which can cause scarring or blockages in the tubes. This damage can prevent the normal passage of the fertilized egg into the uterus, leading to an ectopic pregnancy.
*Tubal or pelvic surgery** is another considerable risk factor. Any surgery that involves the fallopian tubes or nearby structures can lead to scarring or anatomical changes that similarly impede the egg's movement. This includes surgeries for removing previous ectopic pregnancies, correcting congenital anomalies, or even certain sterilization procedures like tubal ligation.
*Cigarette smoking** has also been linked to an increased risk of ectopic pregnancy. Smoking may affect the motility of the fallopian tubes, impairing the ability of the tubes to transport the egg properly.
*Progestin use**, as described in the question, is recognized as a risk factor but is considered less potent compared to the others mentioned. Progestins, used in some hormonal contraceptives, can alter the tubal motility and the endometrial environment, which might contribute to the likelihood of an ectopic implantation. However, the risk associated with progestin use does not match the severity of risk posed by structural alterations from previous infections or surgeries.
Given this information, **progestin use** emerges as the least significant risk factor for ectopic pregnancy among the options provided. While still a relevant concern, its impact is comparatively lower than the direct physical alterations to the fallopian tubes caused by conditions like salpingitis, surgeries, or even the physiological effects of smoking. Thus, when assessing risk factors for ectopic pregnancy, progestin use, although important to consider, has less influence on the likelihood of an ectopic pregnancy than the other factors listed.

Question: 2

The verification of the more abstract nursing theories (such as Martha Rogers) is often hampered by:

A. prior studies that did not support the theory
B. lack of adequate laboratory settings for conducting experiments
C. adapting the medical model to nursing care
D. lack of adequate measures for the theoretic concepts

Answer: D

Explanation:
The verification of more abstract nursing theories, such as those proposed by Martha Rogers, often encounters specific challenges that can hinder their empirical validation. One of the primary difficulties lies in the lack of adequate measures for the theoretical concepts these theories present. This issue arises from several underlying factors inherent to the nature of abstract nursing theories.
Abstract theories, by their nature, tend to deal with concepts that are broad, comprehensive, and sometimes intangible. Martha Rogers' Science of Unitary Human Beings, for example, introduces ideas such as the human energy field and the notion of humans as irreducible, four-dimensional energy fields. These concepts, while philosophically rich, do not easily lend themselves to straightforward measurement or quantification. This is in contrast to more concrete theories, where variables can be more easily defined and observed.
The development of measures for such abstract concepts is a complex process that requires not only a deep understanding of the theory but also innovative methodological approaches. Traditional measurement tools are often inadequate because they are designed to assess more concrete and observable phenomena. For abstract concepts, researchers might need to develop new instruments or adapt existing ones in ways that can meaningfully capture the nuances of the theoretical constructs.
Prior studies, even if they do not directly support a theory, tend to provide valuable information that can guide further research. They help in understanding the aspects of the theory that are more amenable to study, and those that are problematic. For instance, earlier research might highlight which aspects of a theory are too vague or abstract for practical measurement, prompting a refinement of both theory and measurement tools.
Another challenge specific to more abstract theories is that they often do not fit well within traditional laboratory settings or experimental designs. The dynamic and holistic nature of such theories—emphasizing complex interactions within a system or between a system and its environment—requires more sophisticated and often non-traditional approaches to research design. This can include longitudinal studies, qualitative methods, or innovative use of technology to capture dynamic processes.
Finally, adapting measurement tools and research designs from other disciplines, such as the medical model in nursing care, can sometimes be inappropriate for testing nursing-specific theories. This mismatch can lead to further difficulties in adequately capturing the theoretical constructs of interest. In conclusion, the lack of adequate measures for the theoretical concepts is a significant barrier to the verification of abstract nursing theories like those of Martha Rogers. Addressing this challenge requires a multidisciplinary approach that combines theoretical depth, methodological innovation, and possibly new technologies to better align measurement tools with the abstract nature of these theories.

Question: 3

A young mother is asking what to do if her child gets a temperature. The nurse practitioner needs to advise the parent on issues that would warrant a call to the clinician's office. The following is a correct response:

A. You should call the office when he has a slightly elevated temperature.
B. You should call the office if he has inconsolable crying.
C. You should call the office if he is cyanotic and not breathing.
D. You should call the office if he has a seizure.

Answer: B

Explanation:
Reasons to call the primary care office are inconsolable crying, a temperature of 104°F rectal, skin rash, red eye, vomiting and diarrhea, poor feeding, irritability, lethargy, and jaundice. Cyanosis, respiratory distress, and seizure are medical emergencies and 911 should be called.

Question: 4

As a nurse practitioner, you will have to counsel on dietary intake. The following are accurate statements regarding dietary intake EXCEPT:

A. The EAR is the Estimated Average Requirement.
B. Adequate Intake (AI) is the recommended average daily intake level based on observed or experimentally determined estimates of nutrient intakes by a group of healthy people.
C. The Recommended Dietary Allowance (RDA) is the average daily dietary nutrient intake level sufficient to meet the nutrient requirement of nearly all healthy individuals.
D. The Tolerable Upper Intake Level (TUIL) is the highest number of calories allowed for a certain weight.

Answer: D

Explanation:
The Tolerable Upper Intake Level is the highest average daily nutrient intake level that is likely to pose no risk of adverse effects to almost all individuals. The remaining answer choices are all accurate statements regarding dietary reference intakes.

Question: 5

When determining whether to incorporate a new procedure into a clinical practice based on the findings of a recent study, the nurse practitioner knows to consider the following:

A. statistical relevance of the findings
B. statistical software program used
C. statistical background of the researcher
D. statistical significance of the findings

Answer: D

Explanation:

When incorporating a new procedure into clinical practice based on recent study findings, a nurse practitioner must critically evaluate the research to determine its applicability and reliability. One of the primary aspects to consider is the *statistical significance of the findings*. This concept is crucial as it helps determine whether the observed effects in the study are likely due to the intervention or merely due to chance.
Statistical significance is typically reported in research studies through p-values or confidence intervals. A p-value less than a predetermined threshold (commonly 0.05) suggests that the observed results are statistically unlikely to have occurred by chance alone, assuming the null hypothesis is true. Consequently, such findings can be considered statistically significant. This does not imply that the results are automatically clinically significant, but it is a first step in assessing the validity of the results.
The importance of focusing on statistical significance rather than statistical relevance is that the latter isn't a widely used term in scientific research and might be confusing or misleading. Statistical significance is a standard metric for reporting in published research, providing a clear, quantifiable measure of whether the results stand out from random chance variations.
Other factors, like the statistical software program used or the statistical background of the researcher, while relevant to the quality and execution of the analysis, do not inherently impact the reported statistical significance of the results. All standard statistical software programs are designed to perform calculations based on established statistical formulas, and thus, the choice of software should not influence the statistical significance of the findings. Similarly, the researcher's statistical expertise is crucial for conducting correct analysis but does not change the interpretation of statistical significance as reported.
In summary, when evaluating new procedures for clinical practice based on research findings, the nurse practitioner should primarily consider the statistical significance of the results as reported in the study. This assessment helps ensure that decisions are based on findings that are not the result of random variation, thereby supporting safer and more effective clinical practice enhancements.

Question: 6

The nurse practitioner has the duty to explain relevant information to the patient so the patient can make an appropriate decision. The form the nurse practitioner should use to document that he or she has explained relevant information to the patient is called the:

A. living will form
B. durable power of attorney form
C. breach of duty form
D. informed consent form

Answer: D

Explanation:
The correct form that a nurse practitioner should use to document that relevant information has been explained to the patient is the "informed consent form."
Informed consent is a fundamental principle in healthcare that ensures patients are fully informed about the risks, benefits, and alternatives of a proposed treatment or procedure. This process empowers patients, allowing them to make well-informed decisions regarding their health care based on their understanding of their medical condition and the available treatment options.

The informed consent form is a crucial document in the medical field. It serves as a written confirmation that the patient has been informed about the details of the treatment, including its potential risks and benefits, and any significant alternatives. The form is signed by the patient to acknowledge that they have received this information and agree to the proposed course of action. This document is not merely a formality but a legal record that confirms the patient's consent after they have been adequately informed.
This form is distinct from other types of medical legal documents such as the living will or the durable power of attorney. A living will typically outlines a patient's wishes regarding medical treatment if they become unable to communicate those decisions due to illness or incapacity. A durable power of attorney for healthcare, on the other hand, designates another person to make healthcare decisions on behalf of the patient if they are unable.
The informed consent form is essential not only for protecting patient autonomy but also for safeguarding healthcare providers and institutions legally. It demonstrates that the patient has participated in the decision-making process and has consented to the treatment plan fully aware of its implications.
Therefore, it is the responsibility of the nurse practitioner and other healthcare providers to ensure that patients are given all necessary information in a comprehensible manner and to confirm that this information is understood before obtaining their signature on the informed consent form. This practice upholds the ethical standards of medical care and reinforces the trust between patients and healthcare providers.

Question: 7

A disease characterized by high fever, truncal and perineal area rash, and dry cracked lips with a strawberry tongue is known as:

A. Scarlet Fever
B. Varicella
C. Kawasaki disease
D. Fifth disease

Answer: C

Explanation:
Kawasaki disease, correctly identified in the question, is a multisystem inflammatory condition that predominantly affects children under the age of five. The hallmark features of this disease include a persistent high fever lasting more than five days, a rash in the truncal and perineal areas, and mucosal inflammation, which manifests as dry, cracked lips and a strawberry-colored tongue. These symptoms are critical for the diagnosis of Kawasaki disease, particularly in the absence of other more common childhood illnesses that present with similar symptoms.
Additional clinical signs of Kawasaki disease include erythema of the palms and soles followed by peeling, swollen lymph nodes, typically a single, large, cervical node, and non-purulent conjunctivitis. These symptoms help differentiate Kawasaki disease from other diseases with somewhat similar presentations. The etiology of Kawasaki disease remains unknown, but it is considered an autoimmune disorder triggered by an infectious agent in genetically predisposed individuals.
Scarlet Fever, another disease option mentioned, is caused by Streptococcus pyogenes. While it also features fever and a rash, the rash of Scarlet Fever typically starts as small red bumps on the neck and

groin before spreading to the body, and is often accompanied by a sore throat and a characteristic "sandpaper" texture of the skin. Strawberry tongue can also occur in Scarlet Fever, but the presence of a sore throat, the nature of the rash, and the absence of conjunctivitis are distinguishing features from Kawasaki disease.
Varicella, commonly known as chickenpox, presents with a vesicular rash that progresses through stages (papule, vesicle, crust) and is generally more widespread and itchy, which is not characteristic of Kawasaki disease. Finally, Fifth disease, caused by Parvovirus B19, is notable for causing a "slapped cheek" appearance on the face and a lacy rash on the body, which are not features of Kawasaki disease.
Understanding these distinguishing features is crucial in clinical practice to ensure accurate diagnosis and management. Kawasaki disease, in particular, requires prompt treatment with intravenous immunoglobulin and aspirin to reduce the risk of coronary artery aneurysms, a serious complication of the disease. Thus, differentiating it from other childhood rashes and infections using the specific clinical criteria is imperative for effective treatment and prevention of complications.

Question: 8

What percentage of the usual and customary fee paid to physicians is reimbursed to the FNP by Medicare?

A. 100%
B. 95%
C. 90%
D. 85%

Answer: D

Explanation:
The correct answer to the question of what percentage of the usual and customary fee paid to physicians is reimbursed to the Family Nurse Practitioner (FNP) by Medicare is 85%. This means that when a nurse practitioner provides a service that is also provided by physicians, Medicare will reimburse the nurse practitioner at a rate of 85% of what it would pay a physician for the identical service.
This percentage is a standard policy by Medicare to address the payment rates for services rendered by different healthcare providers. Nurse practitioners (NPs) are highly qualified healthcare professionals who can perform many of the same services as physicians, including diagnosing and treating patients, prescribing medications, and managing overall patient care. Despite their qualifications and the similarity in the services they provide, the reimbursement rate set by Medicare reflects a differential in payment when compared to physicians.
This reimbursement policy is significant for nurse practitioners as it affects their revenue and potentially the availability of nurse practitioner services to Medicare beneficiaries. Although reimbursed at 85%, nurse practitioners still play a crucial role in the healthcare system, often providing accessible and efficient care, especially in underserved areas where physicians might be scarce.
Overall, understanding these reimbursement dynamics is important for healthcare economics and for nurse practitioners planning their practice operations and financial management within the context of serving Medicare beneficiaries.

Question: 9

Which of the following would NOT be a treatment option for a person who has lymphogranuloma venereum?

A. tetracycline
B. azithromycin
C. cefixime
D. erythromycin

Answer: C

Explanation:
Lymphogranuloma venereum (LGV) is a sexually transmitted infection (STI) caused by specific strains of the bacterium Chlamydia trachomatis. This condition primarily affects the lymphatic system and typically presents with symptoms such as genital ulcers, followed by swelling and inflammation of lymph nodes in the groin. Effective treatment of LGV is crucial to prevent complications such as chronic pain, swelling, and scarring.
The recommended treatment options for LGV include antibiotics that are effective against Chlamydia trachomatis. These commonly include: 1. **Tetracycline** - This is a broad-spectrum antibiotic that is effective against a wide range of bacteria, including Chlamydia. It inhibits protein synthesis in bacterial cells, leading to their inability to grow and multiply. 2. **Azithromycin** - This is another antibiotic that is effective against various bacterial infections, including those caused by Chlamydia trachomatis. Azithromycin works by preventing bacteria from making proteins they need to survive. 3. **Erythromycin** - Similar to azithromycin, erythromycin is effective against a variety of bacterial infections. It also works by inhibiting protein synthesis in bacteria.
On the other hand, **cefixime** is an antibiotic primarily used to treat infections like gonococcal urethritis, which is caused by Neisseria gonorrhoeae, not Chlamydia trachomatis. Cefixime belongs to a class of antibiotics known as cephalosporins, which act by disrupting the synthesis of the bacterial cell wall, leading to bacterial cell death. However, it is not the first line of treatment for infections caused by Chlamydia trachomatis and hence is not suitable for treating lymphogranuloma venereum.
In conclusion, while tetracycline, azithromycin, and erythromycin are effective treatments for lymphogranuloma venereum due to their activity against Chlamydia trachomatis, cefixime is not recommended as it targets a different group of bacteria. It is essential to use the correct antibiotics to effectively treat specific infections and prevent potential complications associated with incorrect treatment.

Question: 10

When discussing atypical pneumonia or "walking pneumonia" with a patient, the nurse practitioner knows all of the following organisms are atypical bacteria EXCEPT:

A. Mycoplasma pneumoniae
B. Chlamydia pneumoniae
C. Legionella pneumoniae
D. Streptococcal pneumoniae

Answer: D

Explanation:
When discussing atypical pneumonia, also known as "walking pneumonia," it is crucial to understand the causative agents involved. Atypical pneumonia differs from typical pneumonia in its clinical presentation, the organisms that cause it, and its diagnostic and management approaches. Atypical pneumonia usually manifests with milder symptoms compared to typical pneumonia, and patients are often not bedridden, hence the term "walking pneumonia."
Atypical pneumonia is primarily caused by certain specific bacteria which are termed as "atypical" because they do not respond to traditional pneumonia treatments such as beta-lactam antibiotics, and they require a different approach for detection since they are not detectable on a standard sputum Gram stain. The primary organisms responsible for atypical pneumonia include Mycoplasma pneumoniae, Chlamydia pneumoniae, and Legionella pneumophila.
Mycoplasma pneumoniae is a common cause of respiratory infections, particularly in younger populations such as school-aged children and young adults. This pathogen lacks a cell wall, which is why it does not respond to antibiotics that target cell wall synthesis. Chlamydia pneumoniae, another atypical bacterium, frequently infects preschool-aged children and adults and often results in a persistent, low-grade respiratory infection. Legionella pneumophila, associated with outbreaks in buildings with complex water systems, like hotels or hospitals, can lead to severe infections and requires specific environmental conditions for growth.
On the other hand, Streptococcus pneumoniae, which is not an atypical bacterium, is the most common cause of typical bacterial pneumonia. It presents with more acute symptoms and is detectable by Gram stain of respiratory secretions, and it generally responds well to standard antibiotic therapies such as penicillins or other beta-lactam antibiotics. This differentiation is crucial in clinical practice for guiding the choice of antibiotic therapy.
In summary, when considering the causative agents of atypical pneumonia—Mycoplasma pneumoniae, Chlamydia pneumoniae, and Legionella pneumophila are involved, while Streptococcus pneumoniae is associated with typical pneumonia. Understanding this distinction helps healthcare providers to diagnose accurately and manage the treatment effectively, ensuring the right antibiotics are used to combat the infection based on the specific causative agent.

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