

**SPECIALTY CERTIFICATION
EXAMINATION
IN
ADVANCED HIV/AIDS
NURSING PRACTICE**

Handbook for Candidates

Spring Testing Period

Application Deadline: February 10, 2006

Testing Begins: Saturday, March 25, 2006

Testing Ends: Saturday, April 8, 2006

Fall Testing Period

Application Deadline: September 8, 2006

Testing Begins: Saturday, October 21, 2006

Testing Ends: Saturday, November 4, 2006

AACRN

**HIV/AIDS NURSING
CERTIFICATION BOARD**



PROFESSIONAL TESTING CORPORATION

1350 BROADWAY • 17th FLOOR

NEW YORK, NY 10018

(212) 356-0660

WWW.PTCNY.COM

CERTIFICATION

The Association of Nurses in AIDS Care (ANAC) and the HIV/AIDS Nursing Certification Board (HANCNB) endorse the concept of voluntary, periodic certification by examination for all nurses in advanced HIV/AIDS nursing. Certification is one part of a process called credentialing. It focuses specifically on the individual and is an indication of current competence in a specialized area of practice. Board certification in advanced HIV/AIDS nursing is highly valued and provides formal recognition of advanced HIV/AIDS nursing knowledge.

PURPOSES OF CERTIFICATION

TO PROMOTE COMPREHENSIVE ADVANCED HIV/AIDS NURSING PRACTICE THROUGH THE CERTIFICATION OF QUALIFIED NURSES BY:

1. Encouraging continued personal and professional growth in the practice of advanced HIV/AIDS nursing.
2. Establishing and measuring the level of knowledge required for certification in advanced HIV/AIDS nursing.
3. Providing a national standard of requisite knowledge for certification; thereby assisting the employer, public, and members of the health professions in the assessment of advanced HIV/AIDS nursing practice.
4. Recognizing formally through certification those individuals who meet the eligibility requirements and standards set by the HIV/AIDS Nursing Certification Board.

ELIGIBILITY REQUIREMENTS

The following requirements must be met by the application deadline on the cover of this Handbook:

1. Current Registered Nurse licensure that is in good standing at the time of application and examination, or the international equivalent.
2. A master's degree or higher in nursing (**transcript must be submitted with application**), preferably with a focus in HIV/AIDS nursing.
3. A minimum of three years experience as a Registered Nurse within the five years prior to application.
4. A minimum of 2,000 hours of HIV/AIDS nursing within the five years prior to application validated by colleague or nursing supervisor. Nursing experience may be in the areas of nursing administration, clinical practice, education, or research. **Application must be signed by colleague or nursing supervisor attesting to this experience.**
5. Completion and filing of an Application for the Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice.
6. Payment of required fee.
7. All eligibility criteria must be met at the time of application.

DEFINITION OF ADVANCED HIV/AIDS NURSING PRACTICE

The advanced practice of HIV/AIDS is the provision of preventive, diagnostic, and therapeutic interventions to individuals, families, and communities that lead to reducing the burden of HIV and AIDS.

The advanced HIV/AIDS nurse utilizes expert clinical reasoning, which includes clinical-decision making, critical thinking, and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating formal and experiential knowledge.

Because of the epidemiologic impact of the disease and social construction of the epidemic, the advanced HIV/AIDS nurse must utilize systems thinking; demonstrate caring practices; and recognize, appreciate, and incorporate differences into the provision of care.

Since the needs of persons living with HIV/AIDS are diverse, it is essential for the advanced HIV/AIDS nurse to collaborate with others while serving as an advocate/moral agent. Advanced HIV/AIDS nursing practice is multi-faceted and occurs in an array of settings including the home, primary care, acute care institutions, communities, schools, long-term care facilities, hospices as well as correctional institutions.

Because the science related to preventing and treating HIV/AIDS is constantly expanding, it is critical for the advanced HIV/AIDS nurse to utilize clinical inquiry to continually question and evaluate practice through research utilization and experiential learning. As a recognized clinical expert, the advanced HIV/AIDS nurse facilitates the learning of others.

ADMINISTRATION

The Certification Program is sponsored by the HIV/AIDS Nursing Certification Board. The Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice is administered by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning the examination should be referred to PTC.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Eligible candidates who pass the Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice will receive certificates from the HIV/AIDS Nursing Certification Board. A registry of nurses certified in Advanced HIV/AIDS nursing will be maintained by the HIV/AIDS Nursing Certification Board and may be reported in its or ANAC's publications.

Certification in Advanced HIV/AIDS Nursing Practice is recognized for a period of four years at which time the candidate must either retake and pass the current Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice, or submit continuing education credits in the specialty practice of HIV/AIDS nursing.

For further information, contact the HIV/AIDS Nursing Certification Board, 3538 Ridgewood Road, Fairlawn, OH 44333, 1-800-260-6780.

REVOCATION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

1. Falsification of an Application.
2. Misrepresentation of certification status.

The HIV/AIDS Nursing Certification Board provides an appeal mechanism for challenging revocation of Board Certification. It is the responsibility of the individual to initiate this process.

APPLICATION PROCEDURE

Obtain an Application for Admission to the Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice from the **Professional Testing Corporation, 1350 Broadway – 17th Floor, New York, New York 10018, (212) 356-0660, or at www.ptcny.com.**

Read and follow the directions on the Application and in this Handbook for Candidates.

COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

CANDIDATE INFORMATION: Starting at the top of the Application, print your name, address, e-mail address, daytime phone number, evening phone number, RN License Number, state, and date of expiration in the appropriate row of empty boxes.

ELIGIBILITY AND BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated.

OPTIONAL INFORMATION: These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

EXPERIENCE VALIDATION: After you have completed all required information, have a nursing supervisor or colleague complete this section, verifying a minimum of 2,000 hours of HIV/AIDS nursing experience within 5 years prior to application.

CANDIDATE SIGNATURE: When you have completed all required information, sign and date the Application in the space provided.

TRANSCRIPT: A transcript of your graduate level education must be enclosed with your Application (A photocopy is sufficient).

Fold the completed Application and mail with the transcript and appropriate fee (see FEES on page 4) in time to be received by the deadline shown on the cover of this handbook to:

**ADVANCED HANCB EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway – 17th Floor
New York, New York 10018**

APPLICATION DEADLINES

Applications received after the deadline on the cover of this Handbook can NOT be guaranteed acceptance.

FEES

Application fee for the Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice:

Current ACRNs or ANAC members.....\$350.00

Non-ANAC members* or Non-ACRNs.....\$450.00

*information about joining ANAC can be found at:

www.anacnet.org

MAKE CHECK OR MONEY ORDER PAYABLE TO:

ADVANCED HANCB EXAMINATION

Visa, MasterCard, and American Express are also accepted. Please complete the credit card payment form on the application.

REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another.

EXAMINATION ADMINISTRATION

The Specialty Certification Examination in Advanced HIV/AIDS Nursing is administered during an established three-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by LaserGrade Computer Testing, Inc. LaserGrade has over 700 testing sites in the United States as well as other countries. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: www.lasergrade.com or call LaserGrade at (800) 211-2754. **Please note: Hours and days of availability vary at different centers.** You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed, and your eligibility verified, you will be mailed an Eligibility Notice. The Eligibility Notice plus photo identification must be presented in order to gain admission to the testing center. **A candidate not receiving an Eligibility Notice or other correspondence at least three weeks before the beginning of the three-week testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.**

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

SPECIAL NEEDS

Special testing arrangements may be made for special needs individuals submitting the Application, examination fee, and a letter describing the nature of the disability and the special accommodations needed for testing. Requests for special testing needs individuals must be received at least **EIGHT** weeks before the testing period begins.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the three-week testing period you must contact LaserGrade at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day **PRIOR** to your scheduled appointment.

If you fail to arrive for your appointment or cancel without giving the required notice, you will forfeit your testing fee.

RULES FOR THE EXAMINATION

1. No signaling devices, including cellular phones, pagers, and alarms, may be operative during the examination.
2. No books or other reference materials may be taken into the examination room.
3. No test materials, documents, or memoranda of any sort are to be taken from the examination room.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should read carefully the directions provided on screen at the beginning of the examination session.

REPORT OF RESULTS

Candidates will be notified in writing by PTC within six weeks whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported. Successful candidates will also receive certificates from the HIV/AIDS Nursing Certification Board. Failure of the examination is not a circumstance for appeal.

REEXAMINATION

The Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

CONFIDENTIALITY

1. Test scores will be released in writing **ONLY** to the individual candidate.
2. Any questions concerning test results should be referred to the Professional Testing Corporation.

CONTENT OF EXAMINATION

1. The Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.

2. The content for the examination is described in the Content Outline starting on page 6.
3. The questions for the examination are obtained from individuals with expertise in Advanced HIV/AIDS nursing and are reviewed for construction, accuracy, and appropriateness by the HIV/AIDS Nursing Certification Board.
4. The HIV/AIDS Nursing Certification Board, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice will be weighted in approximately the following manner:
 - I. **Clinical Judgment: Epidemiology and Prevention**.....18%
 - II. **Clinical Judgment: Immunopathology/Pathophysiology**...10%
 - III. **Clinical Judgment: Manifestations and Management**.....30%
 - IV. **Caring Practices**.....7%
 - V. **Response to Diversity**.....8%
 - VI. **Advocacy**.....7%
 - VII. **Collaboration/Systems Thinking**.....12%
 - VIII. **Clinical Inquiry/Facilitator of Learning**.....8%

CONTENT OUTLINE

I. Clinical Judgment: Epidemiology and Prevention

- A. Epidemiology
 1. Emergence/Recognition of Epidemic
 2. Basic Principles of Epidemiology
 - a. Incidence/Prevalence
 - b. Relative Risk/Odds Ratio
 - c. Epidemiologic Inquiry/Methods
 3. Global
 - a. Geographic Patterns of Disease Distribution
 - b. Current and Future Disease Projections
 - c. HIV-1, HIV-2, Clades
 - d. Comparison to the United States
 4. United States
 - a. Seroprevalence/Incidence
 - b. HIV/AIDS Case Rates
 - c. Major Routes of Transmission
 - d. Geographic Variations
 - e. Disease Projections
 - f. Other
- B. Screening
 1. Community Assessment and Health Education
 2. Individual Risk Factor Assessment
 - a. Sexual History
 - b. Substance Use History
 - c. Violence and Trauma
 - d. Occupational History
 1. Blood and Body Fluids/Standard Precautions
 2. Personal Protective Equipment
 3. Post-Exposure Management
 - e. Medical History
 1. Blood Transfusions
 2. Hemophilia/ Coagulation Disorders
 3. Other
 - f. History of Incarceration
 - g. Other
- C. Disease Prevention/Risk Reduction
 1. Behavior Modification
 - a. Behavioral Models/ Theories
 - b. Harm Reduction
 2. Risk Reduction Interventions

- a. Sex-Related Risk Reduction
 - 1. Safer Sex
 - 2. Treatment of Sexually Transmitted Diseases
 - 3. Partner Notification
 - 4. Post-Exposure Prophylaxis
 - b. Drug Use Related Risk Reduction
 - 1. Cleaning Drug Paraphernalia
 - 2. Drug Treatment
 - 3. Other
 - c. Vertical Risk Reduction
 - 1. Pregnancy Prevention
 - 2. HIV Counseling and Testing
 - 3. Perinatal Management
 - a. ART Therapy
 - b. Intrapartum Management
 - c. Breastfeeding
 - d. Other Strategies
 - d. Occupational Risk Reduction
 - 1. Blood and Body Fluids/Standard Precautions
 - 2. Personal Protective Equipment
 - 3. Post-Exposure Management
 - e. Prevention of Positives
- D. Counseling and Testing
- 1. Test Timing
 - 2. Pretest Counseling
 - 3. Anonymous versus Confidential Testing
 - 4. Reporting Requirements
 - 5. Test Results Interpretation
 - 6. Post-Test Counseling
 - a. Wellness Strategies
 - b. Behavior Change
 - c. Crisis Intervention
 - d. Partner Notification
 - e. Referrals
 - f. Other

II. Clinical Judgment: Immunopathology/ Pathophysiology

- A. Virology
 - 1. HIV Structure
 - 2. HIV Life Cycle
 - 3. Types/Subtypes
 - a. HIV-1/Clades
 - b. HIV-2/Clades
 - 4. Mutations/Resistance
- B. Immunology
 - 1. Normal Function
 - 2. HIV-Induced Immunosuppression
- C. Natural History
 - 1. Disease Progression
 - a. Usual Course
 - b. Cofactors
 - c. Biological Markers
 - 1. Viral Load
 - 2. CD4+ Lymphocytes
 - 3. Other
 - 2. Classification and Staging
 - a. Pediatric
 - b. Adult
 - 3. Direct Effect of HIV on Body Systems
 - 4. Clinical Studies
 - a. Multicenter AIDS Cohort Study
 - b. Women's Interagency HIV Study
- D. Diagnostic HIV Tests
 - 1. Antibody Testing
 - a. ELISA
 - b. Western Blot

- c. Immunofluorescence Assay
- d. Other
- 2. Viral Testing
 - a. Polymerase Chain Reaction (PCR)
 - b. HIV Quantification
 - c. Genotyping/Phenotyping
 - d. Other

III. Clinical Judgment: Manifestations and Management

- A. History and Physical
 - 1. Complete Health History
 - a. Activities of Daily Living
 - b. Nutritional
 - c. Major Illness
 - d. Medication
 - e. Psychosocial
 - f. Sexual
 - g. Substance Use
 - h. Occupational
 - i. Social
 - j. Travel
 - 2. Advanced Physical Examination
 - a. Anthropometric Measures
 - b. Mental Status
 - c. Body Systems
 - 3. Diagnostic Analysis
 - a. Laboratory
 - 1. Hematologic
 - 2. Immunologic
 - 3. Chemistry
 - 4. Virologic
 - 5. Resistance Testing
 - 6. Other
 - b. Radiologic
 - c. Other
- B. Treatment Goals
 - 1. Provider-Patient Goal Setting
 - 2. Suppression of Disease Process
 - 3. Wellness Strategies
 - 4. Symptom Management
 - 5. Opportunistic Disease Management
 - a. Prophylaxis
 - b. Treatment
 - 6. Co-Morbid Disease Management
 - a. Diabetes
 - b. Atherosclerosis/ Hyperlipidemia
 - c. Hepatitis B/C
 - d. Other
 - 7. Adherence
- C. Treatment of HIV Infection
 - 1. Treatment Options
 - a. Initiation of Treatment
 - b. Change of Regimen
 - c. Drug-Drug Interactions
 - 2. Pharmacological Management
 - a. Antiretroviral
 - 1. NRTIs
 - 2. NNRTIs
 - 3. PIs
 - 4. Fusion Inhibitors
 - 5. Nucleotide Inhibitors
 - b. Immune Modulators
 - c. Vaccines
 - 3. Complementary Therapies
 - a. Homeopathic/Herbal Therapies
 - b. Drug-drug Interactions

- D. Opportunistic Infections
 - 1. Bacterial
 - a. *Mycobacterium*
 - 1. *Mycobacterium tuberculosis*
 - 2. *Mycobacterium avium* Complex
 - b. Other
 - 2. Fungal
 - a. *Candida albicans*
 - b. *Cryptococcus*
 - c. Histoplasmosis
 - d. *Pneumocystis carinii*
 - e. Other
 - 3. Protozoal
 - a. Toxoplasmosis
 - b. Cryptosporidiosis
 - c. Other
 - 4. Viral
 - a. Herpes Family
 - 1. Herpes Simplex Virus
 - 2. Cytomegalovirus
 - 3. Varicella Zoster Virus
 - 4. Other
 - b. Human Papilloma Virus (HPV)
 - c. Hepatitis A, B, C
 - d. Other
- E. Neoplasms
 - 1. AIDS Related Lymphoma
 - a. Non-Hodgkin's Lymphoma
 - b. Primary CNS Lymphoma
 - 2. Kaposi's Sarcoma
 - 3. Cervical Dysplasia
 - 4. Other
- F. Neurological and Neuropsychiatric Disorders
 - 1. HIV Encephalopathy
 - 2. Peripheral Neuropathy
 - 3. Psychiatric Complications of HIV Disease
 - a. Mood Disorders
 - b. Anxiety Disorders
 - c. Adjustment Disorders
 - d. Organic Mental Disorders
 - 4. Dementia
 - 5. Other
- G. Other HIV-Related Conditions
 - 1. Wasting Syndrome
 - 2. Idiopathic Thrombocytopenic Purpura (ITP)
 - 3. Metabolic Conditions
 - a. Insulin Resistance
 - b. Hyperlipidemia
 - c. Osteomalacia/ Osteonecrosis
 - d. Mitochondrial Toxicity
 - e. Metabolic Acidosis
 - 4. Other
- H. Diagnosis and Management of Organ System Complications
 - 1. Cardiac
 - 2. Pulmonary
 - 3. Gastrointestinal
 - 4. Renal
 - 5. Endocrine
 - 6. Genitourinary
 - 7. Musculoskeletal
 - 8. Dermatologic
 - 9. Sensory
 - 10. Hematologic
 - a. Anemia
 - b. Neutropenia
 - c. Thrombocytopenia

- d. Other
- I. Pain Management
 - 1. Pharmacologic Therapy
 - 2. Behavioral Interventions
 - 3. Complementary Therapies
 - 4. Chemical Dependency Issues
- J. Nutrition Management
- K. Therapeutic Symptom Management and Self-Care
 - 1. Fever
 - 2. Cough
 - 3. Dyspnea
 - 4. Diarrhea
 - 5. Nausea and Vomiting
 - 6. Anorectal/Vaginal
 - 7. Impaired Skin Integrity
 - 8. Odynophagia
 - 9. Fatigue
 - 10. Immobility
- L. Infection Control
 - 1. Central Venous Access Devices
 - 2. Other
- M. Sexually Transmitted Diseases
- N. Management of Special Populations
 - 1. Perinatal
 - 2. Pediatric/Adolescents

IV. Caring Practices

- A. Psychological Stages
 - 1. Initial Crisis
 - a. Shock
 - b. Denial/Disbelief
 - c. Numbness
 - d. Anger
 - e. Guilt
 - f. Blaming
 - g. Helplessness/ Hopelessness
 - 2. Transitional
 - a. Relationships
 - 1. Sexual
 - 2. Family
 - 3. Work
 - b. Fears
 - 1. Disclosure
 - 2. Abandonment
 - 3. Intimacy
 - 4. Loss of Control
 - 5. Stigma
 - a. Sexual Orientation
 - b. HIV-Related
 - c. Losses
 - 1. Self-Esteem
 - 2. Body Image
 - 3. Sexuality
 - 4. Financial
 - 5. Sense of Future
 - 6. Isolation
 - 7. Other
 - 3. Acceptance
 - a. Focus on Living
 - b. Active Participation in Health Care
 - c. Living in Present
 - d. Reengagement in Relationships
 - e. Preparatory
 - 1. Making Decisions
 - 2. Dealing with Unresolved Issues
- B. Social Support Systems

1. Impact on Family
 2. Care for the Caregiver
 3. Community Resources
 4. Other
- C. Crisis Intervention
1. Prevention
 - a. Suicide
 - b. Violence
 - c. Other
 2. Enhancing Coping Skills
 3. Psychiatric Referral
 4. Mobilizing Support Systems
 5. Other
- D. Addiction
1. Etiologies
 2. Social and Environment Factors
 3. Impact on Behavior
 - a. Client
 - b. Care Providers
- E. Spiritual Issues
1. Belief Systems
 - a. Client
 - b. Care Providers
 2. Organized Religion
 3. Spiritual Counseling/ Spiritual Intervention
- F. Death and Dying
1. Stages
 2. Bereavement
 - a. Grief
 - b. Loss
- G. Stress
1. Effect on Immune Systems
 2. Stress Management Techniques

V. Response to Diversity

- A. Cultural Considerations
1. Belief Systems
 2. Social Systems
 3. Discrimination
- B. Gender
1. Men
 2. Women
 3. Transgender
- C. Age-Related
1. Pediatric
 2. Adolescents
 3. Adults
 4. Geriatrics
- D. Racial-Ethnic
1. African-Americans
 2. Latinos/Hispanics
 3. Native Americans/Alaskan Natives
 4. Asian/Pacific Islanders/ Native Hawaiians
 5. Other
- E. Undocumented Immigrants
- F. Environmental
1. Rural
 2. Urban
 3. Homeless
 4. Incarcerated
 5. Other
- G. Disabilities
1. Hearing Impaired
 2. Chronically Mentally Ill
 3. Developmentally Delayed
 4. Other

- H. Occupational
 - 1. HIV-Positive Health Care Workers
 - 2. Sex Industry Workers
 - 3. Other

VI. Advocacy

- A. Ethical Decision-Making
 - 1. Ethical Frameworks
 - 2. Ethics Related to HIV Testing
 - a. Discrimination
 - b. Partner Notification
 - c. Ethics Related to Prenatal Counseling and Testing
 - d. Mandatory Testing
- B. Deliberate Unsafe Behaviors
- C. End-of-Life Decision Making
 - 1. DNR Orders
 - 2. Living Wills/Advance Directives
 - 3. Durable Power of Attorney/ Surrogate Decision Making
 - 4. Viatical Settlements
 - 5. Spiritual Conflicts
 - 6. Guardianship
- D. Access to Care and Treatment
 - 1. Obligation to Care
 - 2. Confidentiality
 - 3. Documentation
 - 4. Duty to Warn/Due Process
- E. Americans with Disabilities Act
 - 1. Determining Disability
 - 2. Appealing Denials

VII. Collaboration/Systems Thinking

- A. Consultation
 - 1. Consultation Theory
 - 2. Change Theory
 - 3. Communication and Negotiation
 - a. Communication Techniques
 - b. Conflict Resolution
 - c. Negotiation
- B. Interdisciplinary Collaboration
 - 1. Establishing Partnerships
 - 2. Team Building
 - 3. Multidisciplinary Collaboration
- C. Organizational Theory
 - 1. Culture
 - 2. Structures
 - 3. Politics and Policy
 - 4. Principles of Leadership
 - 5. Management
 - a. Human Resource Management
 - b. Financial Management
- D. Public Policy Process
 - 1. Provider Reimbursement
 - 2. Local, State, Federal Regulations
 - a. Infection Control
 - b. OSHA
 - c. Ryan White/ADAP
- E. Case Management
 - 1. Insurance
 - 2. Entitlements
 - a. Medicare
 - b. Medicaid
 - c. TANF
 - d. ADAP
 - e. SSI/SSDI
 - 3. Community Resources
 - 4. Continuity of Care

5. Coordination of Care
- F. Program Management
 1. Grantsmanship
 2. Strategic Planning
 3. Marketing
 4. Program Development and Evaluation
 5. Financial Management
 6. HIPPA Regulations
- G. Quality Improvement
 1. Methods of Quality Improvement
 2. Outcome Evaluation
 3. Organizational Accreditation
 4. Credentialing and Privileging of Providers

VIII. Clinical Inquiry/Facilitator of Learning

- A. Evidenced-Based Practice
 1. Design and Conduct of Research
 - a. Research Designs and Methods
 1. Behavioral Research
 2. Clinical Trials
 3. Outcome Evaluation
 - b. Biostatistics
 - c. Ethical Conduct of Research
 1. Informed Consent
 2. Adverse Events
 3. Voluntary Participation
 2. Applying Research Findings to Clinical Practice
 3. Applying Clinical Guidelines to Practice
- B. National Health Initiatives
- C. Principles and Theories of Teaching-Learning
 1. Influence of Culture
 2. Developmental Status and Learning
- D. Teaching Methodologies
 1. Patient/Family
 - a. Symptom Management
 - b. Relapse Prevention
 - c. Self-Care Management
 - d. Adherence
 - e. Health Literacy
 2. Nurse/Provider Focused
 - a. Precepting/Mentoring
 - b. Staff Development Programs

SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

1. Which of the following patients is most likely to transmit HIV through sexual intercourse?
 1. An acutely infected person with a viral load above 100,000 copies/mL
 2. An acutely infected person with a CD4 count below 50 and a history of syphilis
 3. A chronically infected person with three viral mutations and a viral load of 10,000 copies/mL
 4. A chronically infected person who is antiretroviral experienced with a viral load of 10,000 copies/mL
2. According to ACTG 076, which of the following is the recommended dosing schedule for zidovudine (Retrovir) to reduce vertical transmission of HIV?
 1. Administer orally to infant for eighteen months
 2. Administer intravenously weekly during third trimester and during labor and delivery
 3. Administer orally during the first trimester only
 4. Administer orally during last two trimesters, intravenously during labor, and orally to infant for six weeks after birth
3. When drug resistance occurs, the advance practice nurse should
 1. assume client has not been adherent to present regimen.
 2. increase the dosage of client's protease inhibitor.
 3. stop all medications for three weeks and then restart the same regimen.
 4. switch the client to a new drug regimen.
4. As people with advanced HIV disease prepare to die, it may be important to assist them in
 1. maintaining denial.
 2. coping with unresolved issues.
 3. ignoring effects of dementia or delirium.
 4. avoiding decisions about quality of dying.
5. If a patient on zidovudine (Retrovir) has a Hct of 22% and Hgb of 9.8 g/dL, which of the following is indicated?
 1. Interferon
 2. Vitamin B₁₂
 3. Parenteral iron
 4. Recombinant erythropoietin

Answers to Sample Questions: 1. (1), 2. (4), 3. (4), 4. (2), 5. (4)

Reviewing the AACRN content outline in this Handbook and studying with other candidates taking the AACRN examination are recommended.

REFERENCES

Although the HIV/AIDS Nursing Certification does NOT endorse any study guide or reference materials for individuals interested in taking the Specialty Certification Examination in Advanced HIV/AIDS Nursing Practice, the following are suggested resources for preparing for the examination.

HIV/AIDS Related:

2004 Medical Management of HIV Infection by John Bartlett and Joel Gallant. Available through the Johns Hopkins AIDS Service.
(<http://www.hopkins-aids.edu/publications/publications.html>)

A Guide to the Clinical Care of Women with HIV - 2001 edited by Jean Anderson. Available through the HIV/AIDS Bureau, HRSA (Order your free copy from the HRSA information center by calling 1-888-ASK-HRSA (1-888-275-4772).

ANAC's Core Curriculum for HIV/AIDS Nursing. (2003) edited by Carl Kirton. Thousand Oaks, CA: Sage Publications.

Current Treatment Guidelines published by the US Department of Health and Human Services are available at <http://www.aidsinfo.nih.gov/guidelines/>

Handbook of HIV/AIDS Nursing (2000) by Carl Kirton, Dorothy Talotta & Kenneth Zwolski. St. Louis: Mosby. ISBN 0323-00336-2.

HIV Nursing and Symptom Management (1998) edited by Mary Ropka & Ann Williams. Sudbury, MA: Jones and Bartlett.

HIV/AIDS: A Guide to Primary Care Management (1999) edited by Peter J. Ungvarski & Jacquelyn Haak Flaskerud (4th ed). Philadelphia: W.B. Saunders. ISBN: 0721673228.

The following resources about the Synergy Model are available to candidates:

AACN Certification Corporation. (1995). Redefining nursing according to patients' and families' needs: An evolving concept. *AACN Clinical Issues*, 6 (1), 153-156.

Molter, N. The Synergy Model: Creating Safe Passage in Healthcare. Presented at the American Association of Colleges of Nursing Invitational Roundtable to Define Core Curricula of Baccalaureate Nursing Education, Feb 12, 1997.

Qurley, M. (1998). Patient-Nurse Synergy: Optimizing Patients' Outcomes. *American Journal of Critical Care*, 7 (1), 64-72.

Villaire, M. (1996). The Synergy Model of Certified Practice: Creating Safe Passages for Patients. *Critical Care Nurse*, 16 (4), 95-99.

Advanced Practice Related Resources:

Bickley, L.S. & Hoekelman, R.A. (1998). *Bates' guide to physical examination and history taking* (7th ed.). Philadelphia: Lippincott Williams and Wilkins.

Decker, G.M. (Ed.). (1999). *An introduction to complementary and alternative therapies*. Pittsburgh, PA: Oncology Nursing Press, Inc.

Hamric, A.B., Spross, J., & Hanson, C. (Eds.). (2000). *Advanced nursing practice: An integrative approach* (2nd ed.). Philadelphia: Saunders.

Hawkins, J.W., & Thibodeau, J.A. (2000). *The advanced practice nurse: Issues for the new millenium* (5th ed.). New York: Tiresias.

Kleinpell, R. M. (2001). *Outcome assessment in nursing*.

Mason, D., Leavitt, J., & Chaffee, M. (2002). *Policy & politics in nursing & health care* (4th ed.).

Norwood, S. L. (2000). *Research strategies for advanced practice nurses*.

Norwood, S. (1998). *Nurses as consultants – essential concepts and processes*.

The following professional journals are also valuable resources providing current, state-of-the science information relevant to HIV/AIDS nursing:

AIDS Education and Prevention

AIDS Patient Care

American Journal of Hospice and Palliative Care

American Journal of Public Health

Journal of Acquired Immune Deficiency Syndromes and Retrovirology

Journal of the Association of Nurses in AIDS Care (JANAC)

Journal of Pain and Symptom Management

The Association of Nurses in AIDS Care (ANAC) annual conferences and local chapters may provide additional, up-to-date information that is central to HIV/AIDS nursing care.

