

**APRN
Gerontological
Specialist
Certification
Preparation Guide
1st Edition**

GS-C



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About the Gerontology Nursing Certification Commission (GNCC)

Mission

The mission of GNCC is to improve the quality of care provided to older adults by promoting and acknowledging the highest standards of advanced practice nursing through the certification process.

Philosophy

The Gerontology Nursing Certification Commission (GNCC) supports individuals, families, and communities seeking gerontological health care who expect and deserve a standard of excellence. We believe that excellence may be enhanced by certification of those professionals entrusted to deliver that care. We also believe that certification should be awarded following successful completion of a comprehensive examination assessing a broad scope of knowledge applicable to the field of gerontological health care.

Commission

The Gerontology Nursing Certification Commission (GNCC) was established in 2018 to develop and implement certification examinations for gerontological nursing. GNCC is separately incorporated, and an independent organization that collaborates with the Center for Nursing Education and Testing (C-NET) in test development, test administration, and test evaluation. GNCC also works collaboratively with the Gerontological Advanced Practice Nurses Association (GAPNA) to promote, advertise and offer the certification examination and to recognize certified individuals. The APRN Gerontological Specialist-Certification (GS-C) certification examination is endorsed by GAPNA. It is the goal of GNCC to promote the highest standards of the Advanced Practice Registered Nurse (APRN) in Gerontology through the development, implementation, coordination and evaluation of all aspects of the certification and re-certification processes. GNCC recognizes the value of education, administration, research, and clinical practice in fostering personal and professional growth and currently provides the APRN GS-C examination to validate clinical knowledge at the proficient level of practice.

Center for Nursing Education and Testing (C-NET)

GNCC collaborates with The Center for Nursing Education and Testing (C-NET) whose expertise in the areas of test development, administration, and evaluation is unequalled. C-NET works with the GNCC to ensure that the examinations offered are reliable, valid, and meet industry standards. C-NET provides a full range of test development and test administration services, including:

- Certification testing for specialty nursing practice
- Clinical Judgement Series of tests for nursing practice settings
- Test construction workshops for nurse educators

Relationship to GAPNA

A professional association is an organization of members for whom educational and professional offerings and events are provided. They promote professional growth, provide approved continuing education, promote, recognize, and endorse certification, but they do not administer certification examinations. GAPNA is an example of such association. GNCC does not have members or provide educational programming. GNCC promotes professional growth by developing and implementing certification examinations for gerontological nursing.

Organizational Structure

The GNCC is composed of five commissioners, including one public member. The commission is comprised of board members representing as wide a geographical distribution, educational levels and clinical specialties as possible. Officers of the GNCC include the President, President-Elect, Secretary and Treasurer. The GNCC staff includes an Executive Director and Certification Services Manager. The management firm is Anthony J. Jannetti, Inc. in Pitman, NJ.

Nursing Test Committee

Members of the Nursing Test Committee have a variety of gerontology nursing expertise, meet licensure and education requirements, and must be GNCC certified. They are responsible for writing and reviewing questions relevant to the examination. Along with the testing agency representative, members review current item statistics and develop and revise items as needed.

Examination Development

Valid and reliable tests do not arise spontaneously from item writers. They are carefully planned to ensure that they are legally defensible and psychometrically sound. A test has a specific blueprint, or test plan, which identifies the content to be included on the test. In addition, there is a list of the key content areas or activities performed by gerontological specialist APRNs. Both the blueprint and the key content areas/activities serve as item-writing guides or “test specifications” for the item writers.

Where do these test specifications come from? The content of the GS-C examination is based on a practice analysis survey of gerontological specialist APRNs that identifies the key tasks/activities performed by gerontological specialist APRNs. A national task force was brought together to plan the survey content. This task force includes gerontological APRNs, as well as clinical educators of gerontological APRNs. Following data collection, the task force reviews the survey results and makes recommendations for the GS-C test specifications. The practice analysis delineates and differentiates the roles of the GS-C. Most importantly, a practice analysis is performed every five years to be sure the test reflects current practice and is kept up to date.

The group that oversees GS-C test development is the Test Development Committee, which is made up of APRNs with expertise in care older adults. There are also GS-C Item Writer Teams that develop the actual test questions. Item writers, who are GS-Certified from a variety of geographic and practice settings, write test questions to meet the GS-C blueprint requirements. Members of both the Test Development Committee and Item Writer Teams are considered “content experts” concerning the knowledge and skills needed by gerontological APRNs for proficient practice.

Each question on the test can be linked directly to the tasks/activities in the practice analysis survey. The test committee meets up to twice a year to review, evaluate, and write test questions. To be certain that the test content is accurate, all questions are supported, using current published literature and clinical practice guidelines.

The test consists of 175 questions that match the test blueprint. About 25 of the questions are new experimental or “pilot” questions that are not scored. Pilot testing of new questions allows for the evaluation of questions to determine if they are valid before they become scored questions.

The passing score of the test is determined by a panel of gerontological specialist APRNs who serve as subject matter experts (SMEs). Both experienced and newly certified APRNs serve on this panel. This group performs a standard setting procedure (Angoff) in which each test question is reviewed to determine its level of difficulty. Finally, the passing score is determined. It is based on the SME panel’s estimation of the level of difficulty required to identify individuals who have an acceptable level of knowledge. Therefore, each candidate’s test score is measured against a predetermined standard, not against the performance of other test takers.

Resources

GNCC

<https://www.geocert.org>

866-355-1392

GAPNA

<https://www.gapna.org>

866-355-1392

C-NET

<http://www.cnetnurse.com/>

(800) 463-0786

Frequently Asked Questions

What is certification?

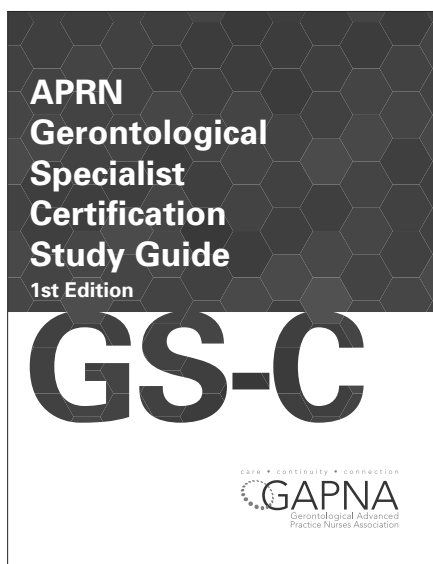
Certification is the formal recognition of specialized knowledge, skills, and experience. It is demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes. Certification validates advanced knowledge and proficiency in a clinical specialty. Licensure validates the entry level competence of basic nursing knowledge and skill and provides the legal authority to practice nursing. Certification indicates a higher degree of professional competence than the minimal requirement for licensure. The GS-C certification test at the proficiency level. It must be designed to protect the public from unsafe and incompetent caregivers, and it allows consumers of health care to easily identify competent, proficient providers.

Why should I get certified?

The number one reason to become certified is to help ensure patient safety. Additional reasons include professional recognition, validation of skills, self-confidence in decision-making, and enhanced credibility. Certified APRNs have an up-to-date knowledge-base, in part due to required ongoing professional education. Certification has been linked to patient safety, optimal patient outcomes, decreased errors, improved patient satisfaction, increased staff retention, and job satisfaction. In an ideal world, employers would recognize, support, and reward certification.

How will I know my application was received?

Within a four (4) week processing time, you will receive an examination permit containing instructions for scheduling your exam or an Incomplete Application Letter, requesting further information or documentation. (Note: incomplete applications are subject to an incomplete application fee.)



Am I ready to earn the GS-C?

To be eligible to participate, applicants must meet the following criteria:

- The applicant must hold a full and unrestricted RN license in the United States or its territories.
- The applicant must have current recognition or must meet the requirements by the state board of nursing to perform as an advanced practice registered nurse (APRN).
- The applicant must hold current national certification in an advanced practice registered nurse (APRN) role.
- The applicant must have a minimum of 2500 hours of experience in an advanced practice role, working with older adults, during the last 5 years.
- The applicant must have completed fifty (50) contact hours of approved continuing education specific to gerontology* within the 3 years prior to submitting the exam application. Continuing education hours must be accredited by a provider or approver of continuing nursing education, or medical education, such as the American Nurses Credentialing Center (ANCC), a state board of nursing, nursing association, Accreditation Council for Continuing Medical Education (ACCME) or American Academy of Nurse Practitioners (AANP).

* For initial GS-C certification by examination, continuing education contact hours include online or on-campus coursework, attending conferences, lectures, etc., where the applicant is the learner. Alternatively, precepting hours, writing entries or articles for publications, giving presentations or lectures, etc., are considered professional contact hours, which can be used for recertification only, not for initial certification by examination.

(Please refer to the Certification Application booklet for additional information.)

What study resources are available?

- The test blueprint and practice questions included in this booklet
- The most recent edition of the following references used by the GS-C item writers: *
 - Geriatrics at Your Fingertips
 - Geriatric Nursing Review Syllabus: A Core Curriculum in Advanced Practice Geriatric Nursing
 - Advanced Practice Nursing in the Care of Older Adults
 - The regulations in the CMS Conditions for Coverage related to older adults
 - APRN Gerontological Specialist Certification Study Guide, 1st. Edition available in the GAPNA Shop

*Please see <https://www.geocert.org> for the complete list.

How do I apply for the GS-C exam?

1. Download and complete all sections of the application from the GNCC website, www.geocert.org. Be sure to include the last four (4) digits of your social security number as well as all required signatures.
2. Make certain your immediate or past supervisor completes the section on employment verification.
3. Attach to your application a copy of diploma from your master's or post-master's APRN program. If the diploma does not state nursing as area of study, then a transcript showing nursing as a major must be included along with a copy of the diploma.
4. Attach the **Verification of 50 Hours of Continuing Education in Gerontological Nursing** form of contact hour to total fifty (50) within the past three (3) years in gerontology related contact hours.
5. Attach a photocopy of your current nursing license(s). (If you are unable to obtain a photocopy of your license, submit a letter or printout from your state board of nursing verifying your licensure with license number and date of expiration.)
6. Attach a photocopy of your current certification as an advanced practice registered nurse from a national certifying board with expiration date clearly visible.
7. Mail the application form, with the appropriate payment to

C-NET
35 Journal Square, Suite 901
Jersey City, NJ 07306
8. If you need special accommodations, please contact C-NET 800-463-0786.

Are there secrets or tricks to help me pass the exam?

Exam content is confidential and is not shared with any individual or groups involved in test preparation activities. "Tricks of testing" and "short cut methods for test preparation" are specifically avoided when creating this exam. We test candidates on content and not on their "test taking skills." If you have any questions about the best methods to prepare, please call us at GNCC toll free at 866-355-1392. Our goal is that exam candidates will best use their time and money to reach the end result of demonstrating their excellence in gerontological advanced practice care through certification.

What should I expect the day of the test?

You should arrive at the testing center 30 minutes before your test is scheduled to begin. Bring your valid government-issued photo ID and examination permit. The name on your ID must match the name on your exam permit. Directions to the testing center are contained in the email confirming you have successfully scheduled your test. Be sure to know the best route to the testing center and pay attention to traffic reports.

- Nothing is permitted in the testing room, so you are encouraged to leave personal items at home or secured outside the testing area. Lockers are available in some, but not all, testing centers to secure personal valuables, such as purses or wallets. Call the testing center for specific details on test accommodations.
- Cell phones and all other electronic devices are not permitted in the testing area.
- Upon arrival you will give the proctor your photo
- ID. You will then have your photo taken and sign a roster and other regulation sheets. The proctor will read the testing site rules upon registering you for the test.
- Once seated at your computer, you will take a short tutorial explaining the test setup and keyboard key functions just before your test begins.
- You will have four (4) hours to complete the exam.
- Your photo ID will be returned upon completion of the exam.

When will I get my results and how do I interpret them?

Your score report will be available to you at the end of your examination. If you pass the exam, the report will reflect your score as well as notify you of when to expect your certificate in the mail and when your name will appear in the online GNCC Certified Directory. If you were unsuccessful on the exam, the report will reflect your score and a breakdown of the test subareas – the Content Areas on the GNCC Test Blueprint – with the percent of questions you answered correct in each. This breakdown of sub-area scores will help you determine the blueprint areas that require further study.

What if I need to retest?

If you are unsuccessful on the exam, you have one opportunity within one year to retake the examination at a reduced rate. C-NET will mail a re-examination application to those applicants.

Preparing to take the Examination

Physical and Emotional Preparation

- Think positively.
- Study and prepare for the examination so that you feel confident.
- Moderate anxiety is normal and may be helpful - you may be more alert.
- Even though some test takers may finish the exam early, use as much of the allotted time as you need to think through and answer the questions.
- Get a good night's sleep.
- Eat a good meal with protein before the examination.
- Gather all the materials you need to take the test the night before the exam.
- Allow plenty of time and arrive early.
- If you are distracted by other candidates, ask for a seat where you will be less likely to notice the other candidates.
- Reference books, notes, or other study materials may not be brought into the examination room.

Tips on Answering Examination Questions

- Read the questions carefully and focus on key words in the question such as "first," "most likely," "most important," "best."
- As you read the question, anticipate the correct answer.
- Read each of the four choices carefully. Even if the first option sounds correct, read all options before choosing the answer.
- Do not "read into" the question. Answer the question based only on the information presented, even if you think the answer is too obvious or too easy.
- Do not spend too much time on any question.
- Make a note of the questions of which you are uncertain and return to them later if you have time.
- There is no penalty for guessing, so you should make an educated guess if you are not sure of an answer.

GNCC Policies

Statement of Nondiscrimination

It is the policy of GNCC that no individual shall be excluded from the opportunity to participate in the GNCC certification programs on the basis of race, ethnicity, national origin, religion, marital status, gender, sexual orientation, gender identity, age, or disability.

Denial, Suspension, or Revocation of Certification/Recertification

- The occurrence of any of the following actions will result in the denial, suspension, or revocation of the certification:
- Failure to meet certification or recertification criteria.
- Any restrictions to professional RN license, such as revocation, suspension, probation, or other sanctions by a nursing authority.
- Failure to pay any appropriate and required fees.
- Failure to supply requested material by deadline.
- Falsification of information on the GNCC examination/recertification applications, or supporting documentation.
- Cheating on the certification examination.
- Misrepresentation of certification status.

*The GNCC reserves the right to investigate all suspected/ reported violations and, if appropriate, notify the certificant's employer/State Board of Nursing or other regulatory authority. The certificant will be notified in writing of GNCC's decision(s)/action(s).

Appeal Process

An applicant who has been denied certification, failed an examination, or had certification revoked has the right of appeal. This appeal must be submitted in writing to the President of the GNCC within thirty (30) days of notification. The appeal shall state specific reasons why the applicant feels entitled to appeal. At the applicant's request, the President shall appoint a committee of three (3) GNCC Commissioners who will meet with the applicant and make recommendations to the GNCC. The committee will meet in conjunction with a regularly scheduled GNCC meeting. The applicant will be responsible for his/her own expenses.

The final decision of the GNCC will be communicated in writing to the applicant within thirty (30) days following the GNCC meeting. Failure of the applicant to request an appeal or appear before the committee shall constitute a waiver of the applicant's right of appeal.

Content of the APRN Gerontological Specialist – Certification (GS-C) Examination

The GS-C examination is designed to test the knowledge required to provide proficient practice to complex older adults across a variety of settings. There are seven (7) proficiency domains in the test blueprint: 1) Perform Comprehensive Assessment of Complex Older Adults; 2) Perform Appropriate Screening, Diagnostic Testing, Treatment and Planning of Care; 3) Prescribe Medications, Including Consideration of Risk and Benefit of Pharmacotherapy for Complex Older Adults; 4) Use a Systems-Based Approach to Design and Implement Educational Strategies to Optimize Health Outcomes; 5) Coordinate/Manage Palliative and End-of-Life Care Congruent with Goals and Values of Older Adult and Families/Carers; 6) Anticipate and Manage Transitions of Care Between Sites and Providers; and 7) Use Systems-Based Approach to Anticipate and Deploy Resources to Optimize Outcomes. The seven proficiency domains were derived from the *GAPNA Consensus Statement on Proficiencies for the APRN Gerontological Specialist*. The Subdomains are included in this booklet in the section, “Test Specifications (Blueprint) for the GS-C Examination.”

Each question on the test fits into one of the main Domains and a corresponding subdomain. This is shown on the blueprint grid (see page 9). The entire test is mapped out in this manner to guide the item writers when they are developing the test items.

Domains Areas:

I. Perform Comprehensive Assessment (20%)

Questions in this area address proficiencies in comprehensive physical, social, cognitive, and functional assessment of the complex older adult that includes consideration of normal changes with aging and atypical presentation of illness. The domain area makes up 20% of the test content. Examples of the kinds of GS-C activities tested in this domain area include:

1. Discriminate between normal aging changes with pathological changes of older adults while recognizing the impact of these changes on disease presentation.
2. Conduct a comprehensive approach to assessment of older adults appreciating the presence and impact of multimorbidities.
3. Apply theories of aging to advanced assessment and management of older adults.
4. Teach older adults and families/carers on risk reduction strategies in maintaining the highest level of function.

II. Perform Appropriate Screening, Diagnostic Testing, Treatment, and Planning of Care (20%)

Questions in this area address proficiencies in the accurate screening and testing for older adults with complex health needs. The APRN manages the planning of care and treatment within the context of the older adults living arrangement, values, and supports. The domain area makes up 20% of the test content. Example of the kinds of activities tested in this domain area include:

1. Interpret screening and diagnostic testing results in frail older adult with multimorbidities.
2. Evaluate risk benefit analysis to ensure the protection and safety of older adults.
3. Implement gender inclusive care of older adults within diverse communities and settings.
4. Teach older adults, families/carers, and staff on the potential iatrogenic causes leading to delirium in older adults.

III. Prescribe Medications, Including Consideration of Risks and Benefits of Pharmacotherapy (20%)

Questions in this area address proficiencies with the guidelines and principles for prescribing to older adults with complex needs. The APRN minimizes and judiciously selects pharmacological treatments that are guided by general prescribing principles for the elderly as well as evidence-based guidelines in managing comorbid conditions; use of both pharmacological and non-pharmacological care strategies are considered to balance the risk and benefits of treatment options. The domain area makes up 20% of the test content. Examples of the kinds of GS-C activities tested in this domain area include:

1. Balance contradiction with the general principles in prescribing for the older adult with the current evidence-based guidelines.
2. Manage pain with the use of non-pharmacologic and pharmacologic therapies.
3. Mitigate poly-pharmacy and risk of adverse drug event on geriatric syndromes.
4. Teach older adults and families/carers about the use of over-the-counter and herbal preparations with medications.

IV. Use a System-Based Approach to Design and Implement Education Strategies to Optimize Health Outcomes (13%)

Questions in this area address proficiencies in designing and implementing education strategies for older adults. The domain area makes up 13% of the test content. Examples of the kinds of GS-C activities tested in this domain area include:

1. Advocate as a change agent for providers by providing education and support.
2. Teach older adults and families/carers strategies for managing dysfunctions.
3. Create health literacy programs targeted to the older adult with complex health needs.

V. Coordinate/Manage Palliative and End-Of-Life Care Congruent with Goals and Values of Older Adults and Families/Carers (13%)

Questions in this area address proficiencies in palliative and end-of-life care throughout the illness trajectory with the shared goals of care to maintain optimal function, relieve symptoms, reduce burdensome interventions, and promote quality of life. The domain area makes up 13% of the test content. Examples of the kinds of GS-C activities tested in this domain area include:

1. Advocate for appropriate palliative and end-of-life care across care settings.
2. Facilitate crucial conversations on prognosis, treatment burden, living arrangements, and others at the end-of-life.
3. Determine the prognosis and hospice eligibility of a life ending illness.
4. Teach older adults and families/carers on the value of advance care planning.

VI. Anticipate and Manage Transitions of Care Between Sites and Providers (9%)

Questions in this area address proficiencies in the transitions of older adults between providers, levels of care, or health cares. Transitions may lead to medication errors, missed or delayed diagnosis, duplicative medical interventions, dissatisfaction with care and health care setting readmission. The domain area makes up 9% of the test content. Examples of the kinds of GS-C activities tested in this domain area include:

1. Use patient engagement strategies to involve older adults and families/carers in transitions from one setting to another setting.
2. Prevent negative consequences or outcomes with the accurate and timely transfer of information to the next set of providers.
3. Make level-of-care recommendations based on the older adult's functional and cognitive status.
4. Provide anticipatory guidance with older adults and families/cares.

VII. Use a system-based approach to anticipate and deploy resources to optimize outcomes (5%)

Questions in this area address proficiencies of impacting the areas of health promotion, older adult and families/carers education, and deployment of available resources to optimize health, minimize acute exacerbations of chronic illnesses, and meet the unique needs of older adults within the community. The domain area makes up 5% of the test content. Examples of the kinds of GS-C activities tested in this domain area include:

1. Analyze data from clinical information systems to inform policy changes for older adults.
2. Designs quality improvement activities to enhance the care and outcomes of older adults.
3. Develop policies and procedures for disaster management for older adults with complex health needs.
4. Teach staff on quality indicators to improve care for older adults in a skilled nursing setting.

**APRN Gerontological Specialist:
Proficiency/Activity Statements by Blueprint Area and Percent of Test Content**

#	I. Perform comprehensive assessment of the complex older adult. - 20%
1	Discriminates between normal changes of aging versus pathology in assessment, diagnosis, and management of older adults.
2	Identifies decreased capacity in an older adult to give accurate health history and participate in decision making.
3	<i>Recognizes and manages typical and atypical presentation of illness in older adults such as infection, acute coronary syndrome, pneumonia, depression, acute abdomen, thyroid disease, GI disorders, male/female disorders, dermatological disorders, wounds/pressure injuries. *</i>
4	Provides comprehensive assessment of an older adult including: function, nutrition, culture, physical, mental, spiritual, psychosocial and environmental.
5	<i>Evaluates and manages an older adult at risk of falling.</i>
6	<i>Recognizes and manages frailty in an older adult.</i>
7	Develops a preliminary management plan for an older adult with functional deficits to include members of an interdisciplinary team, as available.
8	<i>Provides advanced assessment and management of behavioral disturbances of dementia in an older adult.</i>
9	<i>Recognizes and manages unintentional weight loss and functional decline in an older adult.</i>
10	<i>Provides advanced assessment and management of an older adult with acute or chronic urinary and/or fecal incontinence/impaction.</i>
11	<i>Identifies and addresses changes in ability to manage IADLs, ability to drive, etc.</i>
12	<i>Provides advanced assessment and management of chronic serious mental illness, and neurodegenerative conditions associated with aging.</i>
13	<i>Identifies and manages potential iatrogenic hazards of hospital/institutional care for an older adult.</i>
14	<i>Provides advanced assessment and management of an older adult with delirium.</i>
15	<i>Recognizes and acts upon elder abuse and neglect, including financial exploitation.</i>
16	<i>Provides advanced assessment and manages sleep disorders in an older adult.</i>
17	<i>Applies theories of aging to advanced assessment and management of older adults.</i>
18	Recognizes and addresses potential for hazardous driving in older adults.
19	<i>Provides advanced assessment and management of gynecological issues in older women.</i>
20	<i>Provides advanced assessment and management of sexual dysfunction.</i>
#	II. Perform appropriate screening, diagnostic testing, treatment, and planning of care. - 20%
1	Orders/interprets diagnostic tests for older adults.
2	Prescribes non-pharmacologic therapies for older adults.
3	<i>Recognizes and manages typical and atypical presentation of illness in older adults such as infection, acute coronary syndrome, pneumonia, depression, acute abdomen, thyroid disease, GI disorders, male/female disorders, dermatological disorders, wounds/pressure injuries. *</i>
4	Identifies safety risks and ethical dilemmas when managing care for complex older adults.
5	Identifies clinical situations where standard recommendations for treatment should not be prescribed for an older adult.
6	Identifies clinical situations where standard recommendations for screening should not be ordered for an older adult.
7	Determines decision-making capacity in various stages of dementia and other illnesses.
8	<i>Evaluates and manages an older adult at risk of falling.</i>
9	<i>Recognizes and manages frailty in an older adult.</i>
10	<i>Provides advanced assessment and management of behavioral disturbances of dementia in an older adult.</i>

*Statements shaded blue appear in both Area I and Area II.

**APRN Gerontological Specialist:
Proficiency/Activity Statements by Blueprint Area and Percent of Test Content**

#	II. Perform appropriate screening, diagnostic testing, treatment, and planning of care, continued.
11	<i>Identifies and addresses changes in ability to manage IADLs, ability to drive, etc.</i>
12	<i>Recognizes and manages unintentional weight loss and functional decline in an older adult.</i>
13	<i>Provides advanced assessment and management of an older adult with acute or chronic urinary and/or fecal incontinence/impaction.</i>
14	<i>Provides advanced assessment and management of chronic serious mental illness and neurodegenerative conditions associated with aging.</i>
15	<i>Identifies and manages potential iatrogenic hazards of hospital/institutional care for an older adult.</i>
16	<i>Provides advanced assessment and management of an older adult with delirium.</i>
17	<i>Recognizes and manages elder abuse and neglect, including financial exploitation.</i>
18	<i>Provides advanced assessment and manages sleep disorders in an older adult.</i>
19	<i>Applies theories of aging to advanced assessment and management of older adults.</i>
20	<i>Provides advanced assessment and management of gynecological issues in older women.</i>
21	<i>Provides advanced assessment and management of sexual dysfunction.</i>
22	Considers gender inclusive care when managing health of older adults, including the LGBTQ community.
23	Applies regulatory requirements and guidelines while managing and documenting care of older adults.
24	Customizes strategies to anticipate and manage geriatric syndromes using ethical, evidence-based, best practices and a culturally-sensitive approach.
#	III. Prescribe medications, including consideration of risks and benefits of pharmacotherapy for complex older adults. - 20%
1	Identifies, avoids and/or discontinues medication that should be used with caution in older adults.
2	Prescribes medications/immunizations for older adults, applying principles of pharmacokinetics and pharmacodynamics .
3	Manages pain syndromes including use of adjuvant and non-pharmacologic therapies.
4	Determines appropriate rotation of opiates using equianalgesic dosing.
5	Conducts a medication review during transitions of care, including over-the-counter and herbal preparations.
6	Recognizes and mitigates risk of adverse drug events in older adults.
#	IV. Use a system-based approach to design and implement educational strategies to optimize health outcomes. - 13%
1	Educates patient, family, and other care providers regarding disease processes and treatments, as well as resources for older adults with functional impairments, such as durable medical equipment.
2	Contributes gerontologic knowledge as leader/member of an interdisciplinary team.
3	Educates caregivers and other health care providers about community based resources and institutional care options for older adults.
4	Applies geriatric expertise to develop and execute care management plan for older adults.
5	Assesses caregiver burden and educates patients, family, caregivers regarding resources.
6	Identifies appropriate resources and provides referral to older adults and/or their families and caregivers in a culturally-sensitive manner.
7	Advocates as a change agent for older adults, families, and health care providers by providing education and support.
8	Educates patients and caregivers regarding anticipated illness trajectory and outcomes.

*Statements shaded blue appear in both Area I and Area II.

**APRN Gerontological Specialist:
Proficiency/Activity Statements by Blueprint Area and Percent of Test Content**

#	V. Coordinate/manage palliative and end-of-life care congruent with goals and values of older adult and family/carers. - 13%
1	Facilitates advance care planning and discuss goals of care with an older adult, family, and/or caregivers, applying principles of cultural sensitivity.
2	Facilitates crucial conversations, including prognosis, treatment burden, living arrangements, etc.
3	Discusses pros and cons of treatment options with patients, family members and carers.
4	Applies palliative care principles to the care of older adults.
5	Manages distressing symptoms, such as dyspnea, severe nausea and vomiting, and delirium.
6	Determines prognosis and hospice eligibility and recommends/refers, as appropriate.
7	Identifies high-risk families, caregivers, and facility staff in need of support for decision-making/grief/bereavement and recommends/refers as appropriate
#	VI. Anticipate and manage transitions of care between sites and providers. - 9%
1	Assesses older adults' understanding of their health care issues and creates plans with patients/families to manage their health care.
2	Provides anticipatory guidance with an older adult, significant other, and family.
3	Uses patient-engagement strategies to involve older adults and their families and/or caregivers in the healthcare team's planning of care.
4	Manages and treats older adults for acute and chronic conditions in their place of residence, including the use of telemedicine.
5	Plans, coordinates, and manages patient-centered transitions across settings of care.
6	Makes level-of-care recommendations based on patient's functional and cognitive status.
7	Applies regulatory and payer requirements to maximize patient access to services.
8	Conducts a medication reconciliation during transitions of care, including over-the-counter and herbal preparations.
#	VII. Use a systems-based approach to anticipate and deploy resources to optimize outcomes. - 5%
1	Analyzes data from information systems to make clinical, policy and healthcare decisions for older adult populations.
2	Uses quality indicators to improve care for older adults populations.
3	Uses theory and data to develop, implement, and evaluate programs for older adult populations.
4	Conducts research to generate knowledge specific to the care of older adults.
5	Analyzes and uses individual and aggregate data to inform practice and policy development.
6	Designs, implements, and evaluates quality improvement and/or research activities to enhance care.
7	Develops policies and procedures, including disaster and crisis management, specific to geriatric populations.

APRN Gerontological Specialist Certification Preparation Test

This Preparation Test has been developed to give you experience with the type of questions that are on the GS-C examination. None of these questions will appear on the actual exam. On pages 14-15, the correct answers and rationales for each of the questions are given. Compare your answers with the correct answers.

1. A 65-year-old female is starting hemodialysis at the outpatient unit. During the admission process, the APRN asks the patient if she has a copy of her advance directives. The patient replies, "No, I'm not ready to die." Which of these responses by the APRN would be best?
 - a. "We will be obligated to do everything possible unless you tell us otherwise."
 - b. "Do you want your family to make these decisions for you?"
 - c. "This is an opportunity for us to discuss your wishes and goals."
 - d. "Are you aware the mortality rate for patients with kidney disease is 20% annually?"
2. A 67-year-old female patient who the APRN is seeing in the clinic. She was placed in a facility recently by Adult Protective services. Previously, she was living in a van on the street. She has not had any healthcare in years, but she believes that she is healthy. What are the recommended vaccines that she would need to be up to date?
 - a. Tdap and Measles only.
 - b. Tdap, measles, and flu vaccines only.
 - c. Tdap, pneumococcal, and flu vaccines only.
 - d. Tdap, pneumococcal, vaccines, shingles, and flu only.
3. A 79-year-old male patient is being seen at home for a house call. He is recovering from surgery, as he had a colectomy for colon cancer. He was just sent home from the SNF, where he had a lengthy stay due to post-op infection. He still has an abdominal wound that is healing slowly, and he is having a lot of pain with dressing changes, to the point where he is yelling out in pain during the entire treatment. The Home Health nurse asks the APRN for pre-medication order to ease his suffering. The APRN orders:
 - a. Acetaminophen.
 - b. Tramadol.
 - c. Ibuprofen.
 - d. Hydrocodone.
4. A 72-year-old woman, with a history of depression, has been stable with Citalopram 20 mg daily for several years. She had a recent stroke and is now recovering at home. She was initially participating with physical therapy, but now, the physical therapist is concerned about the patient's lack of progress. She tells the APRN that she is not interested in therapy, because it is "not going to help me anyway". The APRN notices that she is spending more time in bed and is eating much less than she used too. Which of the following should the APRN consider as a next step?
 - a. Increase Citalopram to 40 mg.
 - b. Add Paroxetine.
 - c. Add Mirtazapine.
 - d. Stop the citalopram for a 'wash out' period.
5. A 69-year-old female has multiple sclerosis and resides in a long-term care facility. She is only able to get up to her wheelchair with the use of a Hoyer lift, since she can no longer stand on her own. She has a catheter due to urine retention, which caused her many urinary tract infections despite proper catheter care by the nursing assistants. When she gets an infection, she has pain, which makes her very anxious. The next step the APRN would consider in reducing her UTI risk is to:
 - a. Use a larger gauge catheter to encourage better draining of urine.
 - b. Start an antibiotic for UTI prophylaxis.
 - c. Have the catheter changed weekly instead of monthly.
 - d. Use a silver tipped catheter.
6. The APRN is conducting a neurological examination for a 79-year-old male patient who experienced an unobserved fall and possibly hit his head against the wall. The APRN finds that the patient has a positive Romberg's sign. The APRN understands that a positive sign indicates:
 - a. Dizziness.
 - b. Vertigo.
 - c. Normal aging change.
 - d. Loss of equilibrium.
7. An 85-year-old patient, who experienced a CVA and has left-sided hemiparesis, is being discharged from the skill nursing facility to home. To evaluate risk for falls prior to discharge, the APRN would select which of the following assessment tools?

- a. Tinetti Balance and Gait Evaluation.
 - b. National Institutes of Health Stroke Scale.
 - c. Lawton & Brody Balance and Coordination Scale.
 - d. Katz Index of Independence of Activities of Daily Living.
8. During an annual wellness examination, the APRN observes that an 84-year-old patient has lost 15 pounds in the last year, seems not to know their medications, and has unexplained bruises on both wrists. The patient denies depression, and they are not exhibiting any signs of cognitive impairment. The APRN should screen for:
 - a. Lymphoma.
 - b. Alcohol misuse.
 - c. Elder abuse.
 - d. Swallowing disorder.
 9. The APRN assesses a 79-year-old bedbound resident at a long-term care facility who has a right trochanter pressure injury. The dimensions of the pressure injury are 2.5 cm x 2.0 cm x 0.3 cm. The wound bed is pink and is draining a large amount of serous exudate. What type of dressing should be ordered?
 - a. Transparent film.
 - b. Calcium alginate.
 - c. Hydrocolloid.
 - d. Hydrogel.
 10. The APRN is conducting a pre-op examination of a 65-year-old patient. Which of the following findings suggests the need for frailty assessment?
 - a. Slow walking speed and apathy.
 - b. Unintentional weight loss and night sweats.
 - c. Inability to walk up one flight of stairs without resting and unintentional weight loss.
 - d. Unintentional weight gain and generalized muscle weakness.
 11. The APRN is establishing a treatment plan for an 80-year-old patient with moderate frailty. Which of the following evidence-based interventions is most effective?
 - a. Daily Vitamin D supplements.
 - b. Structured physical exercise three times a week.
 - c. High protein nutritional supplements twice daily.
 - d. Caregiver support with Activities of Daily Living.
 12. A 75-year-old woman has the following DEXA T-scores: femoral neck (right) -2.5, femoral neck (left) -1.9, and lumbar spine -1.3. The following pharmacological agents are useful in treating her condition EXCEPT:
 - a. calcitonin (Miacalcin).
 - b. denosumab (Prolia).
 - c. alendronate (Fosamax).
 - d. risendronate (Actonel).
 13. A 90-year-old widow lives alone. She is brought to the APRN's office today by a neighbor, as she is concerned about her well-being. She was seen wearing the same stained and dirty dress for several weeks, had bad body odor, and appeared to be losing weight. The APRN notices that the patient missed the past three scheduled appointments. Which of the following best describes the current situation?
 - a. The patient is likely over medicated.
 - b. The patient has delirium.
 - c. The patient is exhibiting signs of self-neglect.
 - d. The patient is being abused by her neighbor.
 14. A 75-year-old transgender male to female patient lives in the nursing home. The patient prefers to be addressed with female pronouns. A CNA staff member at the facility refuses to use 'she' and 'her' with the patient. The APRN should:
 - a. Provide a team in-service on transgender residents.
 - b. Ask the patient to tolerate the staff's use of male pronouns.
 - c. Discuss with the RN supervisor the reassignment of the CNA.
 - d. Request that the Director of Nursing terminate the CNA.
 15. An 80-year-old male with multiple comorbid conditions presents with vague symptoms of fatigue. His RBC indices indicate that he is normocytic, normochromic, and reticulocytopenic. Treatment for this type of anemia should include:
 - a. Remedy the underlying condition.
 - b. Iron Sulfate (FeSO_4) supplement replacement.
 - c. Weekly epoetin alfa (Epogen) injections
 - d. Folic acid supplement replacement.

APRN GS-Certification Preparation Test Answers

Below, you will find the correct answer to each of the Preparation Test questions, as well as a rationale explaining the correct answer. Also indicated is the blueprint area that each question falls under, and a reference where the correct answer can be found.

1. Answer: c

Blueprint Area: 5.2. Facilitates crucial conversation regarding prognosis.

Rationale: Talking with patients about advanced directives is part of meaningful discussion, informed consent, and self-determination regarding treatment options and preferences.

2. Answer: d

Blueprint Area: 6.2. Provides anticipatory guidance with an older adult, significant other, and family.

Rationale: Tdap, pneumococcal, vaccines, shingles, and flu vaccines are what is recommended by the CDC for this age group.

3. Answer: d

Blueprint Area: 6.4. Manages and treats older adults for acute and chronic conditions in their place of residence.

Rationale: Acetaminophen is only recommended for the treatment of mild pain. Tramadol and ibuprofen are to be used with caution in elders. Hydrocodone is a good choice for moderate pain.

4. Answer: c

Blueprint Area: 3.2. Prescribes medications/immunizations for older adults, applying principles of pharmacokinetics and pharmacodynamics

Rationale: The max dose for Citalopram is 20 mg in the geriatric population. Paroxetine is on the Beer's list due to its anticholinergic properties. A wash out would not be a good option, as the patient was doing well on the medication before her stroke. Therefore, adding mirtazapine is the best choice.

5. Answer: b

Blueprint Area: 1.19. Provides advanced assessment and management of gynecological issues in older women.

Rationale: The larger catheter will not help reduce UTI. The more frequently you change a catheter, the more you risk UTI. Silver catheters do not reduce the risk of UTI.

6. Answer: d

Blueprint Area: 1.1. Discrimination between normal changes of aging versus pathology in assessment, diagnosis, and management.

Rationale: A positive Romberg's sign test three sensory systems that provide input to the cerebellum to maintain truncal stability. These are vision, proprioception, and vestibular sense.

7. Answer: a

Blueprint Area: 1.4. Provides comprehensive assessment of an older adult including: function, nutrition, culture, physical, mental, spiritual, psychosocial and environmental.

Rationale: The Tinetti Balance and Gait Evaluation test patient in a variety of activities including get up from a sitting position, turning, bending, and ambulation. The National Institutes of Health Stroke Scale is a systematic assessment tool designed to measure the neurologic deficits most often seen with acute stroke patients. The Lawton and Brody Balance and Coordination Scale is a self-report measure of completion of complex task and IADLs. The Katz Index of Independence of Activities of Daily Living assesses functional status as a measurement of the client's ability to perform activities of daily living independently.

8. Answer: c

Blueprint Area: 1.15. Recognizes and acts upon elder abuse and neglect, including financial exploitation.

Rationale: The patient is exhibiting signs of elder neglect (weight loss), financial exploitation (no money for meds) and physical abuse (unexplained bruising on wrists).

9. Answer: c

Blueprint Area: 2.9. Recognizes and manages frailty in an older adult.

Rationale: Calcium alginate is an absorptive product for moderate to large amount of exudate. The other products are indicated for low to moderate draining pressure injury.

10. Answer: c

Blueprint Area: 1.6. Recognizes and manages frailty in an older adult.

Rationale: Unintentional weight loss, weak hand grip, slow walking speed, fatigue or exhaustion, 5 or more illnesses suggest the need for frailty assessment in any patient age 60 or older.

11. Answer: b

Blueprint Area: 2.9. Recognizes and manages frailty in an older adult.

Rationale: Structured physical exercise 45-60 minutes three times a week has been shown to reduce physical impairment, functional decline and the progression of frailty.

12. Answer: a

Blueprint Area: 3.1. Identify medication that should be avoided or used with caution in older adults.

Rationale: Not a first-line drug for osteoporosis. Avoid in patient in whom hip fracture is the primary concern.

13. Answer: c

Blueprint Area: 1.15. Recognizes and acts upon elder abuse and neglect, including financial exploitation.

Rationale: Self-neglect is defined as self-care and/or living conditions that are potentially hazardous to the health, safety or well-being of adults.

14. Answer: a

Blueprint Area: 2.22. Considers gender inclusive care when managing health of older adults, including the LGBTQ community.

Rationale: You can't always know what someone's pronouns are by looking at them. Asking and correctly using someone's pronouns is one of the most basic ways to show your respect for their gender identity. When someone is referred to with the wrong pronoun, it can make them feel disrespected, invalidated, dismissed, alienated, or dysphoric.

15. Answer: a

Blueprint Area: 2.3. Recognizes and manages typical and atypical presentation of illness in older adults.

Rationale: Based on the presentation the APRN-GS should recognize this individual has anemia of chronic disease. Focusing treatment on the underlying conditions lead to resolution of anemia of chronic disease.

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