

Summary Chart

Gerontological Nursing Certification Exam Development Guidelines

Structural Variables													
Examination Length and Format	Approximately 165 objective questions (e.g., multiple-choice)												
Question Presentation	70-80% independent questions 20-30% case-based questions												
The Cognitive Domain	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Knowledge/Comprehension</td> <td style="width: 30%;">25-35% of questions</td> </tr> <tr> <td>Application</td> <td>35-45% of questions</td> </tr> <tr> <td>Critical Thinking</td> <td>25-35% of questions</td> </tr> </table>	Knowledge/Comprehension	25-35% of questions	Application	35-45% of questions	Critical Thinking	25-35% of questions						
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Contextual Variables													
Client Age and Gender	The age of the client will be 65 years and over. The questions will divide equally between gender.												
Client Health Situation	In the development of the Gerontological Nursing Certification Examination, the client is viewed holistically.												
Health-Care Environment	It is recognized that gerontological nursing is practiced in a variety of settings. The health-care environment is specified only where it is required for clarity or in order to provide guidance to the examinee.												

The Gerontological Nursing Exam List of Competencies

I. Functional Health Status

- 1-1 Assesses and interprets an older adult's wellness and functional health status in the following areas:
 - 1-1a Mobility (e.g., balance, muscle strength, endurance, dizziness, postural hypotension, bradykinesia, rigidity, gait, foot conditions, footwear, range of motion, use of assistive devices, exercise tolerance, bed mobility, stair climbing, joint function)
 - 1-1b Activities of Daily Living (ADL)
 - 1-1c Instrumental Activities of Daily Living (IADL)
 - 1-1d Nutrition (e.g., nutrient adequacy, hydration, feeding abilities, swallowing, risk for aspiration, weight change, social cultural factors, taste and smell)
 - 1-1e Sexuality and Intimacy (e.g., changes in physiological reproductive system, role relationships, practices, preferences)
 - 1-1f Sleep/Rest (e.g., sleep patterns, sleep hygiene, tiredness and fatigue, lifelong patterns)
 - 1-1g Vision (e.g., visual acuity, visual disturbances, visual aids)
 - 1-1h Hearing (e.g., hearing acuity, hearing disturbances, hearing aids, cerumen impaction)
 - 1-1i Oral health (e.g., dentition, oral hygiene, periodontal disease, dental caries)
 - 1-1j Foot health (e.g., skin condition, nails, circulation, sensation, pain)
- 1-2 Selects the appropriate interventions to promote health, prevent illness and manage conditions based on the results of the functional health assessment:
 - 1-2a Mobility (e.g., fitness programs, strength training and balance programs, assistive devices, environmental modifications, prevention of disuse syndrome, prevention of contractures, foot drop, education, exercise, increased calcium intake, environmental safety strategies, pain management)
 - 1-2b Activities of Daily Living (e.g., optimized use of physical energy, use of community resources, environmental modifications, interdisciplinary consultation, education)
 - 1-2c Instrumental Activities of Daily Living (e.g., physical energy, access and community resources, environmental modifications, interdisciplinary consultation and discharge planning, education)
 - 1-2d Nutrition (e.g., dietary sources and supplements, dysphagia management, enteral feeding, food choices, prevention of malnutrition, dehydration and obesity, education)

- 1-2e Sexuality and Intimacy (e.g., environmental milieu, privacy, counselling, education)
- 1-2f Sleep/Rest (e.g., sleep hygiene, environmental modifications, lifelong patterns, education)
- 1-2g Vision (e.g., visual aids, environmental modifications, communication techniques, referral, education)
- 1-2h Hearing (e.g., hearing devices, communication techniques, referral, education)
- 1-2i Oral Health (e.g., hygiene, education, referrals, assistive aids and adaptations)
- 1-2j Foot Health (e.g., hygiene, trauma, footwear, referrals, education, foot care)

II. Homeostatic Regulation

- 2-1 Assesses and interprets subjective and objective findings of an older adult's wellness and homeostatic regulation in the following areas:
 - 2-1a Urinary System (e.g., lower urinary tract symptoms, bladder dysfunction, personal beliefs, blood and urine chemistry)
 - 2-1b Endocrine System (e.g., adrenocorticotrophic hormone, glycemic monitoring, thyroid-stimulating hormone levels, parathyroid)
 - 2-1c Gastrointestinal System (e.g., reflux, anorexia, gas, abdominal pain not yet diagnosed, constipation, diarrhea, incontinence, weight loss, bleeding)
 - 2-1d Neurological System (e.g., cognition, mood, central and peripheral neurological symptoms, thermoregulation [hyper/hypothermia])
 - 2-1e Respiratory System (e.g., respiratory symptoms, endurance, environmental exposure)
 - 2-1f Integumentary System (e.g., skin lesions, pressure ulcer staging, chronic wounds, skin tears, dry skin)
 - 2-1g Cardiovascular System (e.g., cardiovascular symptoms, tissue perfusion, blood pressure monitoring, edema, shortness of breath, arrhythmias, fatigue)
- 2-2 Assesses pain (e.g., type of pain, severity of pain, personal beliefs, perception of pain, presentation)
- 2-3 Reviews the medication regimen (e.g., principles of pharmacodynamics and pharmacokinetics of medication; polypharmacy; drug-induced pathologies; drug toxicity; adverse drug reactions and interactions of medication such as nonsteroidal anti-inflammatory drugs, anticoagulants, benzodiazepine, antihistamines and anticholinergics; homeopathic remedies; safe administration practices)
- 2-4 Selects the appropriate interventions to promote health, prevent illness and manage conditions based on the homeostatic regulation assessment:
 - 2-4a Urinary System (e.g., bladder management, hydration, education)
 - 2-4b Endocrine System (e.g., education, lifestyle adjustments)
 - 2-4c Gastrointestinal System (e.g., bowel management, non-pharmacological interventions, education)

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- 2-4d Neurological System (e.g., environmental modifications, clothing and footwear modifications, multidisciplinary referral, compensatory actions, education, thermoregulation)
- 2-4e Respiratory System (e.g., rest, energy conservation, environment, airway patency, home oxygen therapy, self-management, education)
- 2-4f Integumentary System (e.g., skin care protocol, prevention, maintenance, wound care, education, pressure reduction and relief devices)
- 2-4g Cardiovascular System (e.g., nutrition, lifestyle, edema management, education, energy conservation)

- 2-5 Implements appropriate pain management strategies (e.g., pharmacological and non-pharmacological strategies, education, multidisciplinary referrals, accessing resources)
- 2-6 Administers appropriate pharmacological agents (e.g., multidisciplinary referrals, education, assistive devices, medication management, safe medication usage, individuals at risk, adverse side effects)
- 2-7 Recognizes the altered presentation of acute conditions in an older person (e.g., acute onset or change in cognitive status, incontinence, falls, mobility, urinary continence, absence of fever)
- 2-8 Manages common acute conditions in an older person, such as:
 - 2-8a Cancer
 - 2-8b Cardiac – myocardial infarction, congestive heart failure, atrial fibrillation, heart block
 - 2-8c Cellulitis
 - 2-8d Compression fracture
 - 2-8e Depression
 - 2-8f Gastro-intestinal bleeding
 - 2-8g Head injuries
 - 2-8h Hip fracture
 - 2-8i Hyperglycemia and hypoglycemia
 - 2-8j Influenza
 - 2-8k Intestinal obstruction
 - 2-8l Pneumonia
 - 2-8m Pulmonary edema
 - 2-8n Pulmonary embolism
 - 2-8o SARS
 - 2-8p Shingles
 - 2-8q Stroke, transient ischemic attack
 - 2-8r Thyroid disease

- 2-8s Tuberculosis
- 2-8t Urinary tract infection

- 2-9 Recognizes and manages the interaction of normal aging and one or more persistent health conditions in an older person:
 - 2-9a Anemia
 - 2-9b Arthritis
 - 2-9c Asthma
 - 2-9d Benign prostatic hyperplasia
 - 2-9e Cancer
 - 2-9f Chronic bronchitis
 - 2-9g Chronic obstructive pulmonary disease
 - 2-9h Diabetes
 - 2-9i Diverticulitis
 - 2-9j Failure to thrive syndrome
 - 2-9k Frailty syndrome
 - 2-9l Gall bladder disease
 - 2-9m Gastritis
 - 2-9n Gastroesophageal reflux disease
 - 2-9o Hemorrhoids
 - 2-9p Hypertension
 - 2-9q Liver disease
 - 2-9r Obstructive sleep apnea
 - 2-9s Osteoporosis
 - 2-9t Pancreatitis
 - 2-9u Parkinson's disease
 - 2-9v Peptic ulcer
 - 2-9w Peripheral vascular disease
 - 2-9x Psoriasis
 - 2-9y Valvular disease

III. Behavioural Care

- 3-1 Assesses and interprets psychological and social functioning of the older person in the following areas:
- 3-1a Cognition/Intellect (e.g., cognitive status [recall, orientation, judgment, sensory and perceptual abilities, abstract reasoning, executive functioning] perception and environmental modifications in use, education level, competency and capacity for decision-making [legal implications, etc.]
 - 3-1b Delirium (e.g., onset, level of consciousness, attention, fluctuations, thought process, underlying causes [medication, infection, hypoxia, physiological parameters, etc.] risk factors, previous history, psychotic symptoms)
 - 3-1c Dementia (e.g., onset, history, type of dementia, behavioural and psychotic manifestations [verbal and physical aggression, disruptive sleep patterns, hallucinations, delusions, etc.] level of alertness, judgment, insight, attention, orientation, memory, thinking and perception, agnosia, apraxia, aphasia)
 - 3-1d Depression (e.g., onset, confusion, progression, duration, attention, orientation, memory, thought processes, self-perception, presentation [vegetative, agitative, psychotic, etc.]
 - 3-1e Aggression/Verbal Agitation (e.g., physical aggression, resisting care, calling-out behaviours, foul language, triggering factors, premorbid personality)
 - 3-1f Speech and Communication Patterns (e.g., verbal, reading and writing skills and comprehension [including native language, disease process, level of literacy] non-verbal)
 - 3-1g Lifestyle Patterns (e.g., values and beliefs, health-promoting attitudes/activities, risk behaviours [smoking, sedentary lifestyle, etc.] willingness/ability to alter behaviours)
 - 3-1h Coping Behaviours (e.g., patterns of coping with normal transition [retirement, relocation, bereavement, etc.] persistent health condition, previous coping patterns, daily stress, and aging changes)
 - 3-1i Socio-Economic Factors (e.g., environment, marital status, income, education, living arrangements/housing, occupational history, financial capacity)
 - 3-1j Learning Ability, Style and Readiness to Learn (e.g., prior personal knowledge, myths and personal beliefs about aging, existing abilities, learning goals, readiness to learn)
- 3-2 Selects the appropriate interventions to promote health, prevent illness, and manage conditions to enable effective psychological and social functioning in the following areas:
- 3-2a Cognition/Intellectual Functioning (e.g., advocacy, supportive and compensating environment, decision-making process, legal implications, stimulation based on social and occupation history and past interests, physiological and psychological reversible causes, education of significant others and client, referrals)
 - 3-2b Delirium (e.g., medication management, education, environmental modifications, sensory support, hydration, orientation to the environment, family support, acknowledgement, sleep/rest hygiene, elimination, mobilization, pain control, safety, alternative to restraints)
 - 3-2c Dementia (e.g., medication management, education, environmental modifications, family support, sensory support, hydration, orientation to the environment, validation, sleep/rest hygiene, elimination, mobilization, referrals, safety, alternative to restraints)

- 3-2d Depression (e.g., medical management [medications, electroconvulsive therapy for depression, etc.], non-pharmacological interventions [reminiscence, validation, peer counselling, relaxation therapy, psychotherapy, etc.], comforting and non-threatening milieu, safety)
- 3-2e Aggression/Agitation (e.g., caregiver approaches, assessment of environment, behavioural care feedback, validation, articulation of goals of care, client-centred nursing care, use of music, taped voice of caregivers, alternative to restraints)
- 3-2f Speech and Communication (e.g., cues appropriate to language abilities such as verbal and non-verbal communication – for example, multimedia and storytelling)
- 3-2g Lifestyle Patterns (e.g., education, behaviour modification, support for lifestyle change [coaching, counselling, support groups, etc.] interdisciplinary referrals, community resources)
- 3-2h Coping Behaviours (e.g., education [problem solving, coping strategies, etc.], reflection on existing coping strategies, counselling, support groups, appropriate referral [i.e., respite], autonomy)
- 3-2i Socio-Economic Factors (e.g., referral to appropriate community resources, advocacy)
- 3-2j Learning Ability, Style and Readiness to Learn (e.g., strategies appropriate to the older person, pacing and timing of questions, repetition, size of font in written materials, use of prior learning strategies)

IV. Relationship Care

- 4-1 Assesses and interprets support systems and life course adjustments in the following areas:
 - 4-1a Social Relationship/Dynamics of Relationship (e.g., social network, meaning of loss of relationship, social isolation, use of assistive devices, transportation)
 - 4-1b Community Support Systems (e.g., caregiver resources, availability and access to community resources and supportive health care programs, informal and formal support system, use of assistive devices, transportation)
 - 4-1c Elder Abuse and Neglect (e.g., physical findings, financial status, power of attorney, corroborative history, degree of dependence and independence, vulnerability, psychosocial factors, caregiver factors, cultural factors, immediacy and severity of risk, cognition)
 - 4-1d Spirituality (e.g., role of spirituality, source of strength, peace and meaning)
 - 4-1e Caregiver (e.g., degree of burden, length of illness, responsibilities, support provided to caregiver, receptivity to help)
 - 4-1f End-of-Life Issues (e.g., health care and personal directives, expressed views, personal and cultural beliefs around death and life-sustaining interventions, resuscitation, hospitalization, tube feedings, risk, and symptom and comfort management, ethical dilemmas)
- 4-2 Selects the appropriate interventions to promote health, prevent illness and manage conditions that promote the older adult's connection with family, significant others and environment, to maintain autonomy, a sense of well-being and comfort during life course adjustments:

- 4-2a Social Relationship/Dynamics of Relationship (e.g., self-determination, conflict resolution, social interaction, psychosocial support [bereavement support, etc.], education, referrals, environmental supports [pets, tapes, talking books, etc.], consistency of care, education)
- 4-2b Community Support Systems (e.g., education, referral to appropriate agencies, advocate for program development, environmental supports [friendly visitor program, etc.], consistency of care, education)
- 4-2c Elder Abuse (e.g., safety, security and reporting to appropriate authority, caregiver relief, referral, education, community resources, ongoing support)
- 4-2d Spirituality (e.g., pastoral care, readings, religious customs and beliefs, relationships, discussion, counselling, meaning of life, life review)
- 4-2e Caregiver (e.g., burden relief [i.e., respite, financial aid, caregiver support group, equipment and use of community resources], education, counselling, referrals)
- 4-2f End-of-Life Care (e.g., advance health care directives, advocacy, respect of choice, referrals, symptom management and comfort measures, education and support)

V. Health System

- 5-1 Assesses and interprets information related to the older person's interactions with the health care system in the following areas:
 - 5-1a Knowledge and Perception of the Health Care System (e.g., available resources)
 - 5-1b Use of the Health Care System (e.g., past and current experience, willingness to accept help, use of available resources)
 - 5-1c Context of Care (e.g., level of care, transition between health care settings [admission, discharge and relocation] rural or remote area, availability of human and financial resources)
 - 5-1d Quality of Care (e.g., individual and systemic ageism)
- 5-2 Selects appropriate interventions based on the assessment of the older person's interactions with the health system:
 - 5-2a Knowledge and Perception of the Health Care System (e.g., education regarding options, support for decisions regarding use of the health care system [i.e., choice of living arrangements, choice of medical treatment, care, choice of end-of-life decision])
 - 5-2b Use of the Health Care System (e.g., referral, interrelationship between the older adult/family and the health care system, collaboration with multidisciplinary team for continuity of care, method of service delivery, advocacy on behalf of older adults for access to care and their choices)
 - 5-2c Context of Care (e.g., leadership [coordination of care, etc.] education for and supervision of health professionals and non-regulated health workers, education and advocacy)
 - 5-2d Quality of Care (e.g., advocacy [myths, awareness of ageism, etc.] education, ethical decision-making)

VI. Safety and Security

- 6-1 Assesses and interprets assessment findings related to the safety and security of the older adult in the following areas:
- 6-1a Injury (e.g., environmental hazards in the home [temperature in the hot water tank, carbon monoxide, smoking, fireplace, unattended stove, poison control, etc.], food contamination, automobile safety, lifestyle [hot tubs, saunas, gym, etc.]
 - 6-1b Falls (e.g., intrinsic factors [continence, medication, cognition, sensory changes, gait and mobility, cardiovascular symptoms, neurological symptoms, history of falls, fear of falling, etc.] and extrinsic factors [environment, etc.]
 - 6-1c Suicide (e.g., report of previous attempts, verbalization, existence of a plan, ability to carry out plan, multiple losses, hopelessness, meaning of life, development phase)
 - 6-1d Wandering (e.g., types of wandering [exit seekers, aimless wandering, etc.] patterns of wandering, history of wandering, potential underlying cause, environment, previous treatment strategies, lifestyle patterns)
 - 6-1e Exposure to the elements (e.g., clothing, thermoregulation, lifestyle, medication)
 - 6-1f Substance Misuse/Abuse (e.g., alcohol, prescription medication, non-prescription medication, illicit substances)
 - 6-1g Crime (e.g., prior experience with acts of crime, home and community safety, vulnerability, risk for victimization)
 - 6-1h Iatrogenesis (e.g., iatrogenic sources of infection [catheters, enteral tubes, etc.] deconditioning, excess disability, adverse reaction, polypharmacy)
 - 6-1i Outbreaks and Epidemics (e.g., influenza, scabies, tuberculosis, Norwalk virus)
- 6-2 Selects the appropriate interventions to promote health, prevent illness and manage conditions based on risk assessment in the following areas:
- 6-2a Injury (e.g., education, referral, home visit, community program development, home safety audit)
 - 6-2b Falls (e.g., alternatives to restraint utilization, safe footwear, positioning, seating, discussion of living at risk, technological and electronic equipment environmental modification [cueing, alert systems, etc.], exercise, medication counselling, referrals, education, safety equipment, restorative care/rehabilitation)
 - 6-2c Suicide (e.g., immediate referral, close monitoring [24-hour watch, etc.], secure environment, counselling, education)
 - 6-2d Wandering (e.g., environmental modifications [wandering tracks, labelling, travel patterning, etc.] underlying causes, education, wandering registry, community resources, specialized programs, behavioural modification, recreational activities)
 - 6-2e Exposure to the Elements (e.g., multidisciplinary referral, education, self-protective measures [insect repellent, sunscreen, long-sleeve shirts, hat, etc.]

- 6-2f Substance Misuse/Abuse (e.g., immediate intervention and referral, withdrawal, environment of low stimulation, seizure precautions, psychosocial support, education, community resources)
- 6-2g Crime (e.g., education, promotion of safe habits and safe environments, awareness of community resources, program development [neighbourhood watch, visiting program, safe neighbourhood, etc.]
- 6-2h Iatrogenesis (e.g., barriers to function, education, underlying causes, hydration, restorative care [mobilization, feeding, toileting, etc.] referral)
- 6-2i Outbreaks and Epidemics (e.g., infection control measures)

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Note: All references are important but bolded references were chosen by members of the Gerontology Nursing Examination Committee as “key references” for nurses preparing for the gerontology nursing certification examination.

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