



2013-14 Acute Care Pediatric Nurse Practitioner Job Practice Analysis Executive Summary



A job practice analysis, or role delineation study (RDS), of the acute care pediatric nurse practitioner was conducted by the Pediatric Nursing Certification Board (PNCB) between November 2013 and January 2014. Findings from this research will be used to update the exam’s detailed content outline and examination specifications that will be used to build future versions of the Acute Care Pediatric Nurse Practitioner (CPNP®) exam. All certification boards are required to conduct a periodic RDS for each accredited certification program to ensure that exam content reflects current nursing practice for the specialty represented by the exam.

An RDS is designed to obtain descriptive information about the tasks performed and the knowledge needed to adequately perform those tasks. The purpose of this RDS was to:

- validate the inventory of the tasks and knowledge statements related to work performed by acute care pediatric nurse practitioners;
- ensure that the tasks and knowledge statements identified were congruent with the objective of certifying acute care pediatric nurse practitioners; and,
- develop test specifications for the Acute Care CPNP examination.

Conduct of the Role Delineation Study

The RDS consisted of the following activities: collaboration with subject matter experts (SMEs) representing diversity in geographic location and acute care work settings to ensure representativeness of the task and knowledge statement inventory; survey development; survey dissemination; compilation of survey results; and exam specifications development. The successful outcome of the RDS depended on the thoroughness of information provided by nurse practitioners who are certified in pediatric acute care.

Survey Development

Survey research is an effective way to identify the tasks and knowledge that are important for pediatric nurse practitioner (PNP) practice. The tasks included on the survey covered four domains of practice: Assessment, Diagnosis, Management, and Professional Practice Role. The development of the survey was based on SME modifications to the previous survey conducted in 2009.

Survey Content

The survey, disseminated between November 20, 2013 and January 3, 2014, consisted of seven sections. A web link for the online survey was sent via email by the PNCB to those who held the CPNP-AC credential (n=1,478). CPNP-ACs were invited to share the link with colleagues who may not hold the PNCB credential but who also practice as acute care PNPs.

SURVEY SECTIONS
Section 1: Background & General Information
Section 2: Tasks
Section 3: Knowledge
Section 4: Technical Competencies
Section 5: Clinical Problems
Section 6: Recommendation for Exam Content
Section 7: Comments

Results

Survey Response

A total of 319 PNPs in the field of acute care completed the survey. Respondents indicating that they were neither certified as Acute Care PNPs nor practicing as Acute Care PNPs, were exited from the survey. Analysis of the survey results was conducted on the 319 responses from PNPs who indicated that they were certified and/or active Acute Care PNPs.

Survey Ratings

Participants were asked to rate how important each task and knowledge statement is to competent performance of an acute care PNP on a five-point scale (0 = Of no importance to 4 = Very Important). Respondents were also asked to state whether they perform or supervise each task on a three-point scale (0 = Neither perform nor supervise the task to 3 = Both perform and supervise the task). Technical competencies were also rated by each respondent based on the frequency of performance over the past year on a four-point frequency scale (0 times, 1-5, 6-10, 11 or more). Lastly, participants were asked to rank order the frequency of a total of 18 clinical problems / body systems as seen in practice using the ranking order of 1 = most common and 18 = least common.

Content Coverage

The survey provided evidence that content coverage within each domain was comprehensive. That is, if the tasks and knowledge within a domain are adequately defined, then it should be judged as being well covered. Respondents indicated that the content within each task and knowledge domain was covered well to very well.

Test Specifications Development

On January 31, 2014, PNCB's Acute Care Test Specifications Committee convened to review the results of the RDS and create an updated exam content outline that will guide future versions of the Acute Care CPNP examination until the next RDS is performed.

Summary

This study used a multi-method approach in identifying the tasks, knowledge, technical competencies, and clinical problems that are important to the competent performance of Acute Care PNPs. The role delineation process allowed for input from a representative group of Acute Care PNPs and was conducted within the guidelines of professionally sound practice.

The results of the RDS will be used by the PNCB to update the Acute Care CPNP examination. The updated content outline becomes effective for CPNP-AC exam test forms on October 24, 2014. For a detailed look at changes for the content outline, [see the PowerPoint](#).

RESULTS AT A GLANCE

WHO COMPLETED THE SURVEY

A total of 319 responses were used for analysis. The majority of respondents held the CPNP-AC credential, worked in a university medical center (which includes children's hospitals), and held a Master's degree.

TASK IMPORTANCE RATINGS

91 of 98 tasks achieved high importance ratings. Respondents indicated that the survey covered the important professional activities very well.

KNOWLEDGE IMPORTANCE RATINGS

50 of 53 knowledge statements achieved high importance ratings. Respondents indicated that the survey covered the important knowledge/skills very well.