



2023-2024 Job Task Analysis of the Certified Pediatric Nurse Practitioner – Acute Care EXECUTIVE SUMMARY

The Pediatric Nursing Certification Board (PNCB) Certified Pediatric Nurse Practitioner – Acute Care (CPNP-AC) examination validates the knowledge and expertise of pediatric nurse practitioners who work in the [acute care role](#) in a variety of practice settings.

PNCB conducted a job task analysis (JTA) of pediatric nurse practitioners from May 2023 through December 2023 to ensure that examination content accurately represents practice in the specialty area. The JTA was designed to obtain descriptive information about practice to support the currency of the CPNP-AC credential.

The goals of the JTA were to develop updated test specifications and a detailed content outline for the CPNP-AC examination, and update the inventory of:

- > tasks performed by acute care pediatric nurse practitioners,
- > knowledge used in the performance of the tasks (a new feature of the current JTA),
- > procedures performed, and
- > clinical categories encountered.

Conduct of the JTA

The JTA process included both qualitative and quantitative data collection activities. The existing detailed content outline for the CPNP-AC examination, which describes the domains of practice and tasks performed by CPNP-ACs, as well as the clinical categories treated and procedures performed, served as the starting point for the JTA. Updating the current content outline was primarily accomplished through the work of a JTA Task Force comprised of subject-matter experts (SMEs) in the specialty. The Task Force was selected to represent diversity in practice settings and geographic locations, as well as other key variables to ensure representativeness in the description of practice.

Survey Development and Delivery

After the Task Force performed its work in updating the existing examination content outline and delineating knowledge areas, ACT gathered validation evidence by creating a web-based survey, developing appropriate rating scales, and administering the survey to the entire population of actively certified CPNP-ACs (N=4,851). The survey, administered in October - November 2023, consisted of seven sections.

Survey Sections
1: Tasks
2: Domains
3: Knowledge
4: Procedures
5: Clinical Categories
6: Completeness of Delineation
7: Demographic Questions

Results

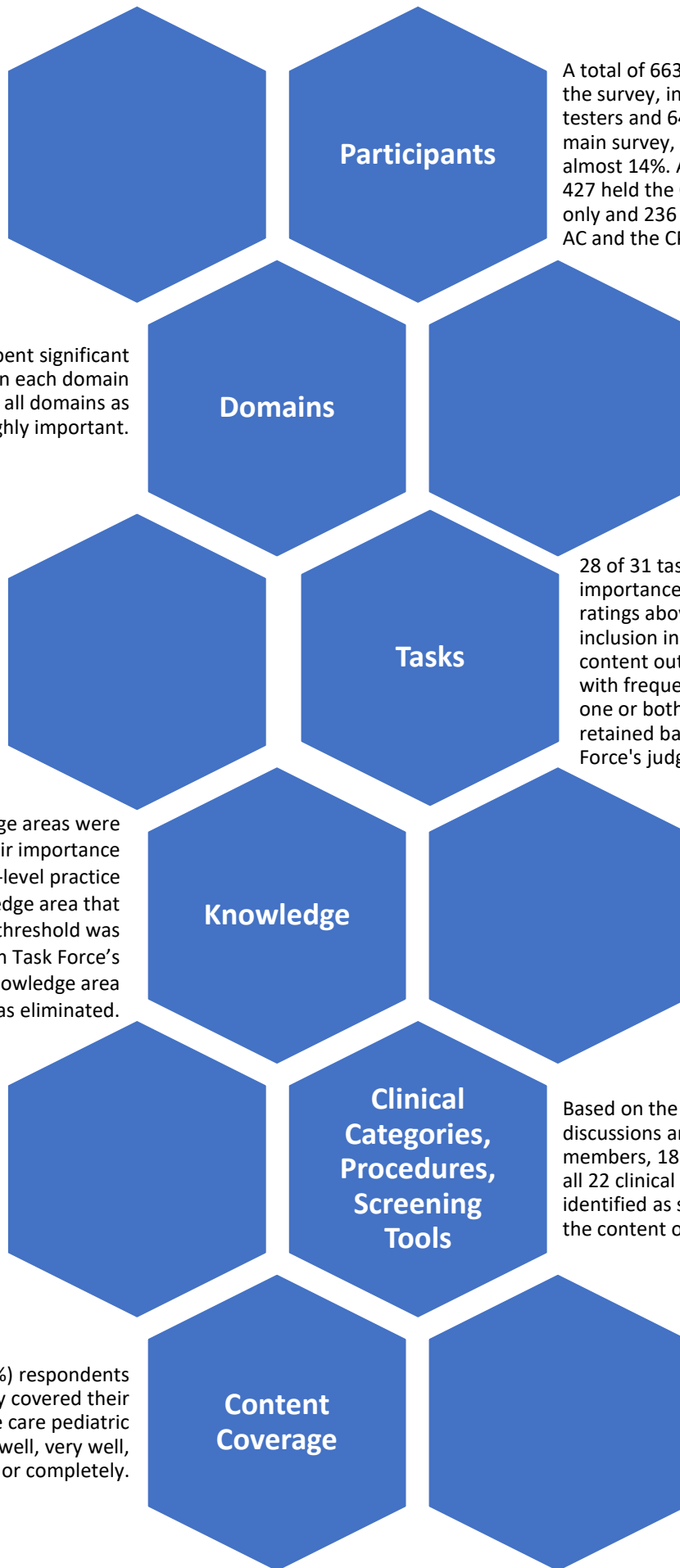
For each task, participants were asked to rate how frequently they performed the task on a 5-point scale (1=Never to 5=Daily/Many times a day) and how important it is on a 4-point scale (1=Not at all important to 4=Highly important). Participants also rated the importance of each domain of practice and the percentage of time spent in it. Respondents rated each knowledge area and procedure on its importance for an entry-level acute care PNP to possess the knowledge or to be able to perform the procedure (1=Not at all important to 4=Highly important). Respondents also indicated their most and least frequently encountered clinical categories.

See page 3 for result highlights.

The JTA Task Force convened to review the results of the JTA survey and create an updated content outline that will guide future versions of the CPNP-AC examination until the next JTA is performed.

Summary

This study used a mixed-methods approach to identify tasks performed, procedures performed, and clinical categories encountered by CPNP-ACs, as well as the knowledge areas required for this role. The study was conducted in conformance with best practice accreditation guidelines for certification programs and led to the creation of an updated content outline for the CPNP-AC examination.



A total of 663 CPNP-ACs completed the survey, including 22 pilot testers and 641 respondents to the main survey, for a response rate of almost 14%. Among respondents, 427 held the CPNP-AC certification only and 236 held both the CPNP-AC and the CPNP-PC certifications.

Respondents spent significant amounts of time in each domain and rated all domains as Moderately to Highly important.

28 of 31 tasks achieved importance and frequency ratings above the thresholds for inclusion in the CPNP-AC content outline. The 3 tasks with frequency ratings below one or both thresholds were retained based on the Task Force's judgment.

37 of 39 knowledge areas were validated based on their importance ratings to entry-level practice respondents. One knowledge area that was slightly below the threshold was retained based on Task Force's judgment, and one knowledge area was eliminated.

Based on the survey ratings and discussions among Task Force members, 18 of 33 procedures and all 22 clinical categories were identified as suitable for inclusion in the content outline.

Almost all (93%) respondents indicated the survey covered their role as an acute care pediatric nurse practitioner well, very well, or completely.