



2014

Family Nurse Practitioner Role Delineation Study Summary Report

May 2015

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Acknowledgements

The American Nurses Credentialing Center (ANCC) wishes to thank a number of content experts who served on the 2014 Family Nurse Practitioner Role Delineation Study panel for sustaining this effort and producing a role delineation study of such high caliber. Without their numerous hours of input and feedback, the study would not be possible.

We also would like to thank the ANCC staff who also spent numerous hours working to make this study possible:

- Lee Skinner, MA
- Luciano Viera, MA
- Timothy Sares, PhD

Finally, we would like to thank the ANCC-certified family nurse practitioners who supported this study by completing the survey questionnaire. The contributions that all of these people made to the study were essential to its success.

Background

The American Nurses Credentialing Center (ANCC), which was incorporated in 1991 as a subsidiary of the American Nurses Association (ANA), is the largest nursing credentialing organization in the United States. Its vision is to drive nursing excellence, quality care and improved outcomes. Currently, ANCC offers 25 examinations at various levels including diploma and associate degree, baccalaureate, and advanced practice for nurse practitioners, clinical nurse specialists, and other disciplines. More than 17,500 first-time candidates took an ANCC certification examination in 2013. In addition to certification, ANCC provides services such as the Magnet and Pathways to Excellence recognition programs for hospitals and other facilities that demonstrate excellence in nursing services, accreditation of continuing education programs, education and consultation services, and outreach to nursing organizations around the globe.

Role Delineation Study Overview

Role delineation or job analysis studies are typically carried out at the national level with the goal of describing current practice expectations, performance requirements, and environments. ANCC has a current goal of conducting a study of each specialty approximately every three to five years in order to capture changes in work activities and the knowledge and skill areas required to perform those activities. The findings are used to update the content of its respective certification examinations.

The 2014 Family Nurse Practitioner Role Delineation Study involved two sets of processes or activities that ran more or less concurrently: a national web-based survey and a linking activity. The national survey was designed to collect information on the work activities nurses actually perform in practice, while the linking activity identifies the major knowledge and skill areas required to perform the work activities listed in the survey. The results of both of these processes were used in the updating of the test content outlines for each examination contained within the study.

Updated Test Content Outlines

The results of this role delineation study were used for updating the test content outline for the ANCC Family Nurse Practitioner Board Certification Examination. Examination forms produced based on the Family Nurse Practitioner Test Content Outline developed through this study are scheduled to go into effect on February 9, 2016. A copy of the test content outline is available on the American Nurses Credentialing Center website.

Role of the Content Expert Panels

Throughout the study, ANCC invited professionals in practice and educators who teach courses relevant to the nursing specialties included in this study to serve on specialty specific content expert panel. They developed the work activities and demographic items for the survey, linked knowledge and skill areas to the work activities list, and finalized the test content outlines for the certification examinations. All of the content experts serving on the panels were certified by ANCC in the nursing specialty they represented and were invited to serve on the panel based upon their expertise in the specialty.

Survey Methodology

The purpose of the development and administration of the national survey was to collect information on the work activities nurses within the specified specialties perform in practice. The role delineation study panel met for three days from February 19-21, 2014, to draft a pilot version of the survey and to construct the initial map of knowledge and skill areas relevant to the work activities included in the survey.

Survey Chronology

The survey development and administration timeline was as follows:

February – April 2014

- The role delineation study panel along with staff from ANCC drafted the survey.
- The survey was pilot tested and revised.

May – June 2014

- The final survey was administered on the web.

August – September 2014

- The survey activity results were analyzed, and activity weights were determined.
- Each panel met to review the survey results and activity weights.

Sample Selection

In February, there were a total of 20,267 actively ANCC-certified Family Nurse Practitioners. A random sample of 1,500 nurses ANCC board-certified in Family Nurse Practice, stratified by region, was selected from the ANCC certification database to participate in the national survey. An additional 100 were randomly selected to participate in the pilot survey. Table 1 presents the ANCC-certified Family Nurse Practitioners selected to participate in the national survey from each region.

Table 1. Number of ANCC-certified Family Nurse Practitioners Selected per Geographic Region

Geographic Region	Number of Selected ANCC-certified	Percent
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	263	17.5
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	653	43.5
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	340	22.7
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	242	16.1
Other – AE, AP, APO	2	0.1
Total	1,500	100

Survey Development and Measures

Starting on February 19, 2014, the role delineation study panel met in Silver Spring, Md., to draft the national 2014 Role Delineation Study for Family Nurse Practitioner surveys. The panel members reviewed and discussed the work activities which had been used in the ANCC's 2011 Role Delineation Survey for Family Nurse Practitioners. They updated the work activity list to reflect current practice of nursing within the specialty. As a result of this meeting, the panel reached consensus on a list of 85 work activities to be used in the 2014 survey. These work activities were divided into four domains: Assessment, Diagnosis, Clinical Management, and Role. The complete text of the work activities list is presented in Appendix A. The workgroup also identified and finalized a set of 18 demographic questions (see Appendix B).

During the same meeting, the workgroup reviewed and approved three scales that respondents would use to rate the work activities listed in the survey: Frequency (the frequency with which a work activity is performed), Performance Expectation (how soon on the job the performance of a work activity is expected), and Consequence (the consequence of performing a work activity incorrectly). The performance expectation scale was specifically designed to distinguish entry-level skills. These three questions and the instructions for answering them are presented in Table 2.

Table 2. Survey Questions for Rating Work Activity Statements

Performance Expectation: When is a newly certified Family Nurse Practitioner first expected to perform this activity?

- Within the first 6 months of certification within the specialty.
- After the first 6 months of certification within the specialty.
- Never expected to perform this activity within the specialty.

Frequency: How often does a newly certified Family Nurse Practitioner perform this activity (consider within a one year period)?

- Always
- Frequently
- Occasionally
- Seldom
- Never

Consequences: Does incorrect performance of this activity cause:

- No negative consequences.
- Mild negative consequences.
- Moderate negative consequences.
- Severe negative consequences

The study design included combining each respondent's responses to each of the three rating scales in a hierarchical manner into one overall ranking of criticality. To select a procedure for combining the three scales, importance of each scale to the performance of the work activity was considered. Performance expectation scale was determined to be regarded as more critical than the other two scales for representing entry-level practice. The consequence scale was then regarded as more critical than the frequency scale. Therefore, the scales were combined so that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales. This hierarchical scheme emphasized the work activities that are required of newly certified specialists and have the greatest impact on public health or safety. Thus, this scheme was selected as the organizing mechanism for combining the responses from the three survey scales into an overall measure of criticality.

Data Collection

Pilot Testing. Using the same procedures intended for administering the national data collection, the survey was piloted in March and April 2014. One hundred ANCC-certified Family Nurse Practitioners were randomly selected from across the nation to take the pilot survey. Overall, 33 Family Nurse Practitioners invited to take the pilot survey responded.

National Survey. In May and June 2014, the 1,500 ANCC-certified Family Nurse Practitioners selected to take the national web-based survey were sent three notifications via the United States Postal Service: an alert letter, and two follow-up reminders. The alert letter explained the purpose and importance of the study, the eligibility criteria of the study, and stated how to access the survey via the internet. The letter indicated that the participant's responses would be kept confidential.

The letter also notified that respondents completing the survey receive a five-hour reduction of their continuing education requirement for their ANCC recertification. The first follow-up reminder letter was sent approximately two-weeks after the alert letter. It thanked recipients if they had already submitted their completed survey and encouraged them to do so if they had not already.

The final follow-up reminder letter was sent out only to those who had not yet responded to the survey and was sent out approximately two-weeks prior to the end of the survey.

Data Analysis

The three rating scales were combined into a single measure of overall criticality using a hierarchical method. As agreed by the initial study workgroup, the three rating scales were

combined into a single measure in such a manner that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales, and that a particular value on the consequence scale would outweigh or outrank all values on the frequency scale.

Table 3 displays how the values of the overall criticality rating were constructed according to all the possible survey response patterns that might be given to rate an individual work activity by its frequency, performance expectation, and consequence. For example, if a respondent indicated that a particular work activity was expected to be performed within the first six months of within the specialty, could cause severe negative consequences if it was performed incorrectly, and is performed occasionally, the overall criticality rating for that response pattern would be 39. A score of 32 suggests that a work activity is generally expected to be performed within the first six months of certification within the specialty and have moderate negative consequences if incorrectly performed. Therefore, work activities with scores of 32 or higher on the overall criticality variable may be considered as highly critical. When a work activity was rated as never expected on the performance expectation scale, it would receive an overall criticality score of 1 as the bottom row in Table 3 indicates.

Table 3. Construction of the Overall Criticality Variable

Survey Response Options			Overall Criticality Rating
Performance Expectations	Consequences	Frequency	
Within the first 6 months of certification within the specialty	Severe negative consequences	Always	41
		Frequently	40
		Occasionally	39
		Seldom	38
		Never	37
	Moderate negative consequences	Always	36
		Frequently	35
		Occasionally	34
		Seldom	33
		Never	32
	Mild negative consequences	Always	31
		Frequently	30
		Occasionally	29
		Seldom	28
		Never	27
	No negative consequences	Always	26
		Frequently	25
		Occasionally	24
		Seldom	23
		Never	22
After the first 6 months of certification within the specialty	Severe negative consequences	Always	21
		Frequently	20
		Occasionally	19
		Seldom	18
		Never	17
	Moderate negative consequences	Always	16
		Frequently	15
		Occasionally	14
		Seldom	13
		Never	12
	Mild negative consequences	Always	11
		Frequently	10
		Occasionally	9
		Seldom	8
		Never	7
After the first 6 months of certification within the specialty (Continued)	No negative consequences	Always	6
		Frequently	5
		Occasionally	4
		Seldom	3
Never expected to perform this activity within the specialty		Never	2
			1

Survey Results

The total sample size of the national survey included 1,500 ANCC-certified nurse practitioners. A total of 388 completed surveys were returned. The response rate is 26%. Table 4 shows the percent of surveys per population returned in each geographic region compared to the number of ANCC-certified Family Nurse Practitioners selected within the region.

Table 4. Number of Surveys Returned per Geographic Region

Geographic Region	Number Selected (Percent of total pop.)	Number Returned (percent of total pop.)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	263	65
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	653	165
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	340	102
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	242	56
Other – AE, AP, APO	2	0
Total	1500	388

Demographic Information

Appendix B details the family nurse practitioners' responses to 18 demographic questions which included inquiry on the respondent's background and practice setting. Approximately 92% of the respondents were female and 85% reported to be white. Approximately 60% of the overall sample fell into the age group of 45 to 64 years of age.

Approximately 89% of the family nurse practitioners indicated that they held a Master in Nursing as their highest degree in nursing. Approximately 7% indicated that they held a Master's Degree in a field other than nursing, and 7% of the respondents indicated that they held a Doctorate in Nursing Research or Nursing Practice.

The average number of years of experience the family nurse practitioners had as an RN was 19 years. The respondents also reported on average 10 years of experience working as a NP. Approximately 88% of the respondents indicated practicing as family nurse practitioners.

Practice Settings

Approximately 39% of the Family Nurse Practitioners indicated that they practiced in cities with populations between 50,000 and 249,999. Towns with a population between 2,500 and 49,999 had the second highest percent of respondents (25%) and metropolitan areas with a population between 250,000 and 999,999 had the third highest percent of respondents (18%). In terms of practice setting, approximately 35% of the Family Nurse Practitioners indicated that they are in private practice, 16% indicated that they practice in an outpatient setting, and

another 16% indicated that they practice in an inpatient setting. The Family Nurse Practitioners reported spending a vast majority of their time treating adult and older adult patients ages 18 years and older.

Practice Descriptions

Descriptive statistics (means, standard deviations, and medians) for the three ratings of all 65 work activities—performance expectation, consequence, and frequency—and mean overall criticality are listed in Appendix C. The scales were highly reliable. Cronbach's coefficient alpha estimates for the performance expectation, consequence, and frequency scales when applied to all the data were 0.9390, 0.9856, and 0.9460, respectively. (Cronbach's coefficient alpha, a measure of internal stability, ranges in value between 0 and 1.) In Appendix D, the overall criticality statistics are presented in rank order of criticality. As indicated in Table 5, 35 work activities were rated by the 388 respondents as highly critical (with a mean overall criticality rank of 32 or above).

Table 5. Number of Work Activities by Mean Overall Criticality Range and Population for Psychiatric-Mental Health Nursing
Mean Overall Criticality Score

	37.0 and above	Between 32.0 and 36.9	Between 27.0 and 31.9	Between 22.0 and 26.9	Between 17.0 and 21.9	Between 12.0 and 16.9	Between 7.0 and 11.9	6.9 and under	Total number above 32.0
Number of Work Activities	2	33	23	13	7	3	4	0	35

Tables 6 and 7 display the 20 highest-ranking and the 20 lowest-ranking work activities by mean overall criticality respectively. The grey shading in Table 6 highlights the only work activities that received a criticality rating of 37 and above. Activity 81 (Maintains confidentiality and privacy according to regulatory standards [e.g., HIPAA]) received the highest ranking of 38.90. Activity 72 (Engage in policy making) received the lowest ranking of 10.09.

Table 6. Top 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name		Overall Criticality	
		Mean	Standard Deviation
81	Maintains confidentiality and privacy according to regulatory standards (e.g., HIPAA)	38.90	4.27
38	Prescribes medications	37.85	5.16
71	Refers patient with conditions beyond scope of practice	36.60	6.53
52	Evaluates effectiveness and safety of pharmacologic regimen	36.42	6.47
20	Performs a focused physical exam	35.80	5.88
28	Formulates diagnoses	35.66	6.56
41	Reports suspected abuse, exploitation and/or neglect	35.65	8.40
21	Differentiates between normal and abnormal physiologic changes	35.56	7.47
2	Obtains a focused health history	35.21	4.91
22	Orders diagnostic tests	35.08	5.73
19	Performs a comprehensive physical exam	35.07	5.60
26	Develops differential diagnoses	35.00	6.84

Work Activity Number and Name		Overall Criticality	
		Mean	Standard Deviation
24	Interprets results from diagnostic tests	34.82	8.33
78	Documents in accordance with regulatory process and payor source	34.77	8.76
77	Documents patient related activities (e.g. telephone triage)	34.63	7.55
17	Assesses patient for pain (e.g. acute, chronic)	34.50	5.54
1	Obtains a comprehensive health history	34.41	4.77
44	Manages episodic disease	34.32	6.84
43	Plans follow-up care	34.25	6.40
51	Evaluates patient responses to interventions	33.83	6.45

Table 7. Bottom 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name		Overall Criticality	
		Mean	Standard Deviation
18	Assesses for advance care planning/advanced directives	25.15	11.22
64	Advocates for improved access, quality, and cost-effective health care	24.07	12.87
84	Prepares for emergency and/or disaster situations	24.04	13.59
69	Engages in professional development activities	23.78	12.59
65	Serves as an interprofessional resource for patient care	23.56	12.12
8	Performs a spiritual assessment	22.78	10.68
82	Evaluates the impact of health care delivery on patients, providers, and stakeholders	21.42	13.28
34	Facilitates the development of advance care planning/advance directives	21.36	12.55
67	Identifies opportunities for quality improvement	21.31	12.50
46	Provides palliative care	19.10	13.24
68	Implements quality improvement initiatives	18.04	12.44
83	Analyzes the impact of globalization on health (e.g. disease transmission)	17.79	13.21
47	Provides end of life care	17.37	13.38
13	Performs a community assessment	14.77	12.40
36	Develops population-focused plan of care based on epidemiologic data	14.32	12.76
10	Performs a genetic assessment	14.28	12.90
70	Engages in scholarly activities (e.g., presentations, professional articles, research activities)	11.64	11.00
80	Precepts students, novice nurse practitioners, and/or other health professionals	10.37	8.33
14	Performs a population assessment	10.33	11.56
72	Engages in policy-making	10.09	9.79

Appendix A: Work Activities Statements

Domain 1: Assessment and Diagnosis

1. Obtains a comprehensive health history
2. Obtains a focused health history
3. Performs appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics)
4. Performs a psychosocial evaluation
5. Performs a lifestyle assessment (e.g., sleep, exercise, sexual behaviors, drug and alcohol use, safety, environmental)
6. Performs a nutritional assessment
7. Performs a cultural assessment
8. Performs a spiritual assessment
9. Performs an individual risk assessment (e.g., cardiac, cancer, diabetes)
10. Performs a genetic assessment
11. Performs a mental health assessment
12. Performs a family/caregiver assessment (e.g. family dynamics, communication patterns, support systems, caregiver burden)
13. Performs a community assessment
14. Performs a population assessment
15. Performs a functional assessment (e.g. mobility, cognition)
16. Assesses patient's capacity for decision-making
17. Assesses patient for pain (e.g. acute, chronic)
18. Assesses for advance care planning/advanced directives
19. Performs a comprehensive physical exam
20. Performs a focused physical exam

Domain 2: Diagnosis

21. Differentiates between normal and abnormal physiologic changes
22. Orders diagnostic tests
23. Performs diagnostic tests
24. Interprets results from diagnostic tests
25. Synthesizes data to inform clinical reasoning
26. Develops differential diagnoses
27. Prioritizes differential diagnoses
28. Formulates diagnoses
29. Prioritizes diagnoses
30. Develops a comprehensive problem list

Domain 3: Clinical Management

31. Develops a patient-centered plan of care
32. Evaluates patient, family and/or caregiver's knowledge of plan of care
33. Educates patient, family and/or caregiver regarding plan of care include testing, diagnosis, treatments and/or implications.
34. Facilitates the development of advance care planning/advance directives
35. Prioritizes plan of care considering safety, risk reduction, and comorbidities
36. Develops population-focused plan of care based on epidemiologic data
37. Implements plan of care that incorporates cultural, spiritual, psychosocial considerations
38. Prescribes medications
39. Prescribes non-pharmacologic interventions
40. Manages health maintenance and health promotion interventions (e.g. nutrition, immunizations)
41. Reports suspected abuse, exploitation and/or neglect
42. Facilitates transitions in levels of care
43. Plans follow-up care
44. Manages episodic disease
45. Manages chronic disease
46. Provides palliative care
47. Provides end of life care
48. Performs primary care procedures (e.g., wart removal, suturing, cerumen removal)
49. Coaches patient, family, and/or caregiver regarding lifestyle and behavioral changes
50. Counsels on family planning, sexuality, and/or reproductive health
51. Evaluates patient responses to interventions
52. Evaluates effectiveness and safety of pharmacologic regimen
53. Evaluates effectiveness and safety of nonpharmacologic interventions
54. Evaluates adherence to treatment plan
55. Evaluates the impact of diagnosis and treatment on patient, family, and caregiver

56. Evaluates treatment and educational outcomes related to pain
57. Evaluates treatment and educational outcomes related to nutrition
58. Evaluates plan of care considering safety, risk reduction and comorbidities
59. Modifies plan of care to meet the needs of patient, families, and/or caregivers
60. Maintains a comprehensive problem list

Domain 4: Role

61. Fosters interprofessional collaboration
62. Collaborates with other professionals
63. Advocates for individual patient needs
64. Advocates for improved access, quality, and cost-effective health care
65. Serves as an interprofessional resource for patient care
66. Provides a climate of patient- and family-centered care
67. Identifies opportunities for quality improvement
68. Implements quality improvement initiatives
69. Engages in professional development activities
70. Engages in scholarly activities (e.g., presentations, professional articles, research activities)
71. Refers patient with conditions beyond scope of practice
72. Engages in policy-making
73. Identifies ethical dilemmas and seeks resources for resolution
74. Identifies legal dilemmas and seeks resources for resolution
75. Promotes the role of the nurse practitioner
76. Integrates theory, current evidence, professional standards, and clinical guidelines
77. Documents patient related activities (e.g. telephone triage)
78. Documents in accordance with regulatory process and payor source
79. Bills for services according to level of care
80. Precepts students, novice nurse practitioners, and/or other health professionals
81. Maintains confidentiality and privacy according to regulatory standards (e.g., HIPAA)
82. Evaluates the impact of health care delivery on patients, providers, and stakeholders
83. Analyzes the impact of globalization on health (e.g. disease transmission)
84. Prepares for emergency and/or disaster situations
85. Integrates informatics and/or health care technology into practice

Appendix B: Demographic Data Summary

Q1: Where is your primary clinical practice location?

	Recruitment		Respondents	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
Northeast	263	17.53%	65	16.75%
South	653	43.53%	165	42.53%
Midwest	340	22.67%	102	26.29%
West	242	16.13%	56	14.43%
Other	2	0.13%	0	0.00%
Total	1500	100.00%	388	100.00%

Q2: What is your gender?

	<u>Count</u>	<u>Percent</u>
Female	357	92.01%
Male	31	7.99%
Total	388	100.00%

Q3: What is your age?

	<u>Count</u>	<u>Percent</u>
25 - 34 years old	63	16.24%
35 - 44 years old	80	20.62%
45 - 54 years old	108	27.84%
55 - 64 years old	124	31.96%
65 and older	13	3.35%
Total	388	100.00%

Q4. What is your racial/ethnic background? (Choose all that apply)

	<u>Count</u>	<u>Percent</u>
White	329	84.79%
Black or African American	26	6.70%
American Indian and Alaska Native	4	1.03%
Asian	13	3.35%
Native Hawaiian and other Pacific Islander	1	0.26%
Hispanic or Latino	15	3.87%
Middle Eastern	2	0.52%
Other	1	0.26%

*N = 388 was used to compute the percentage

Q5: How many years of experience do you have as:

	a registered nurse		a nurse practitioner	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
Less than 1	3	0.77%	9	2.07%
1 to 9	88	22.68%	192	49.61%
10 to 19	107	27.58%	139	35.92%
20 to 29	104	26.80%	32	8.27%
30 to 39	68	17.53%	15	3.88%
40 to 49	17	4.38%	1	0.26%
Over 50	1	0.26%	0	0.00%
Total	388	100.00%	388	100.00%
Mean	19.48		10.40	

Q6. Do you currently practice in a primary care nurse practitioner role?

	<u>Count</u>	<u>Percent</u>
Yes	307	79.12%
No	81	20.88%
Total	388	100.00%

Q7a: Which nurse practitioner certification best describes your current practice? (Choose one)

	<u>Count</u>	<u>Percent</u>
Pediatric Primary Care Nurse Practitioner	7	1.80%
Adult Nurse Practitioner	28	7.22%
Family Nurse Practitioner	342	88.14%
Gerontological Nurse Practitioner	3	0.77%
Adult-Gerontology Primary Care Nurse Practitioner	8	2.06%
Total	388	100.00%

Q7b. By which organization are you certified as a nurse practitioner in the above area by?
(Choose all that apply)

	<u>Count</u>	<u>Percent</u>
ANCC	388	100.00%
NCC	2	0.52%
PNCB	0	0.00%
AANP	16	4.12%
Other	4	1.03%

*N = 388 was used to compute the percentage

Other Responses (4 responses)

	<u>Count</u>
Other: AADE w/ Advanced Diabetes Management certification	1
Other: am certified in family but practice in adult	1
Other: National Consortium of breast Centers. breast cancer navigator	1
Other: NBCHPN	1

Q7c. Do you hold other nurse practitioner certification(s)? (Choose one)

	<u>Count</u>	<u>Percent</u>
Yes	37	9.54%
No	351	90.46%
Total	388	100.00%

Q7d. Which additional nurse practitioner certifications do you hold?
(Choose all that apply)

	<u>Count</u>	<u>Percent</u>
Adult Nurse Practitioner	4	1.03%
Adult-Gerontology Primary Care Nurse Practitioner	1	0.26%
Family Nurse Practitioner	72	18.56%
Gerontological Nurse Practitioner	3	0.77%
Pediatric Primary Care Nurse Practitioner	4	1.03%
Acute Care Nurse Practitioner	4	1.03%
Acute Care Pediatric Nurse Practitioner	2	0.52%
Psychiatric and Mental Health Nurse Practitioner	0	0.00%
Women's Health Nurse Practitioner	2	0.52%
Neonatal Nurse Practitioner	0	0.00%
Other	14	3.61%

*N = 388 was used to compute the percentage

Other Responses (14 responses)

	<u>Count</u>
Other: Advanced Oncology Certified Nurse Practitioner	1
Other: Aocn	1
Other: BC-ADM	1
Other: Board Certified Advanced Diabetes Management	1
Other: CARN-AP	1
Other: certified breast patient navigator in breast imaging and cancer care	1
Other: Certified D.O.T. Medical Examiner	1
Other: Certified in pain management and palliative care	1
Other: Clinical Nurse Specialist in Gerontology	1
Other: CNS Psychiatric Adolescent Child	1
Other: CNS-PsychNP	1
Other: nurse midwife	1
Other: palliative care minor studies	1
Other: Psychiatric/Mental Health Clinical Nurse Specialist	1

Q7e. By which organization(s)? (Choose all that apply)

	<u>Count</u>	<u>Percent</u>
ANCC	94	24.23%
NCC	2	0.52%
PNCB	3	0.77%
AANP	7	1.80%
Other	10	2.58%
<hr/>		
Not Answered	273	

*N = 388 was used to compute the percentage

Other Responses (10 responses)

	<u>Count</u>
Other	1
Other: AADE	1
Other: acnm	1
Other: AHPN, AAPM	1
Other: Dept. of Transportation	1
Other: I have NRCME	1
Other: INTNSA	1
Other: national consortium of breast centers	1
Other: Oncology Nursing Society	2
<hr/>	

Q8. Indicate the highest educational level you have completed
(Choose all that apply)

	<u>Count</u>	<u>Percent</u>
Masters in Nursing	347	89.43%
Masters in field other than Nursing	26	6.70%
Doctorate in Nursing Research (e.g., Ph.D., DNS, DSN)	6	1.55%
Doctorate in Nursing Practice (DNP)	23	5.93%
Doctorate in field other than Nursing	3	0.77%
Other	23	5.93%

*N = 388 was used to compute the percentage

Other Responses (23 responses)

	<u>Count</u>
Other	1
Other: Certification	1
Other: BA Psychology	2
Other: Bachelors plus Certificate in NP	1
Other: BS in Nursing, Certifications as FNP and CNM	1
Other: BSN nursing and cerificate- FNP	1
Other: CAGS in education; school was post MSN	1
Other: sp graduate	1
Other: M.Ed	1
Other: Partial MBA	1
Other: 12 credits shy of DNP	1
Other: currently in school toward Doctoral degree in nursing	1
Other: I am currently a DNP student	1
Other: Pursuing DNP	1
Other: EdD Education Administration and Technology	1
Other: post grad certification as FNP	1
Other: and postmasters FNP certification	1
Other: Post Masters Certificate as Family Nurse Practitioner	1
Other: Post-Masters certificate in Advance Practice Nursing	1
Other: post masters in nursing	1
Other: 2 post masters	1
Other: post master's certificate	1

Q9. Which one of the following best characterizes your primary clinical practice location?
(Choose one)

	<u>Count</u>	<u>Percent</u>
Rural (population less than 2,500)	33	8.51%
Town (population 2,500 - 49,999)	96	24.74%
City (population 50,000 - 249,999)	153	39.43%
Metropolitan (population 250,000 - 999,999)	69	17.78%
Greater Metropolitan (population greater than 999,999)	37	9.54%
Total	388	100.00%

Q10. Which of the following describes your primary clinical practice setting?
(Choose all that apply)

	<u>Count</u>	<u>Percent</u>
Community/Public Health (city/county/state/federal agency)	58	14.95%
Home Health Care	9	2.32%
Hospice Facility	7	1.80%
Hospital, Inpatient	61	15.72%
Hospital, Outpatient	64	16.49%
Managed Care (HMO, Blue Cross/Blue Shield)	15	3.87%
Medical School	2	0.52%
Nursing Home/Long-term Care	14	3.61%
Independent Nurse Practitioner Practice	18	4.64%
Occupational Health	11	2.84%
Private Practice	134	34.54%
Retail Based Clinic	29	7.47%
School or College Health	13	3.35%
School/College of Nursing	10	2.58%
VA/Armed Forces	16	4.12%
Other	64	16.49%

(turn the page for "Other")

Other Responses (64 responses)

	<u>Count</u>
Other	1
Other: Addictions/Alcohol Rehabilitation Facility	1
Other: Cardiology practice	1
Other: Clinic	1
Other: clinical nursing tutor training high school students to become nurses	1
Other: Clinical research	1
Other: Community Adult Outpatient Clinic	1
Other: convenient care clinic	1
Other: Correctional Care	1
Other: Correctional facility	1
Other: Correctional Facility	1
Other: Emergency Department	1
Other: Emergency Medicine	1
Other: Emergency room	1
Other: Employee Health	1
Other: employee health Wellness	1
Other: Family Practice Residency Site	1
Other: FQHC - Federally Qualified Health Clinic	1
Other: Free Clinic (privately funded)	1
Other: Group medical practice	1
Other: Hemophilia Treatment Center	1
Other: Hospital out pt surgical services per diem	1
Other: in home assessments of dual eligible medicaid/medicare patients	1
Other: independent safety net clinic	1
Other: Indian Health Service, Community Health Clinic	1
Other: Jail	1
Other: large healthcare system clinic	1
Other: Medical Center	1
Other: medical weight loss and pain management	1
Other: mental health	1
Other: Mixed Primary and Minor Acute Care	1
Other: Not for profit faith-based health system clinic	1
Other: Nursing Education and Preceptoring	1
Other: On-site health and wellness clinic	1
Other: Outpatient Clinic	1
Other: outpt radiology	1
Other: palliative care	1
Other: Palliative Care and Advanced Disease Management	1
Other: Pediatric Endocrine Clinic	1
<hr/>	
	(continue)
	<u>Count</u>
Other: Primary Care Clinic for Indigent patients	1
Other: prompt care clinic	1
Other: Residency clinic	1

Other: Rural Health And Private Pediatric Practice	1
Other: Rural Health Clinic	2
Other: Rural hospital satellite clinic with self standing ER	1
Other: School Nurse Practitioner	1
Other: School-based Health Center	1
Other: State correctional facility health care	1
Other: under insured free clinics	1
Other: Urban clinic hospital	1
Other: Urgent Care	7
Other: Urgent Care Clinic	1
Other: Volunteer at Clinic for the Homeless	1
Other: Volunteer Service with a Non-governmental Organization	1
Other: Walk-in/Urgent Care	1
Other: Women's Health clinic, indigent population	1
Other: worked in a primary care for 6 months	1

Q11. Estimate the percentage of time (during an average week) that you provide direct patient care in each of the age groups listed below. (Note that you should only enter whole numbers without the percent sign (e.g., 32; 15) and that your total percentage should equal 100.)

	Infant (birth to 1 year)		Child (2 to 12 years)		Adolescent (13 to 17 years)	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
0%	217	55.93%	148	38.14%	100	25.77%
1% to 19%	143	36.86%	152	39.18%	191	49.23%
20% to 39%	22	5.67%	70	18.04%	89	22.94%
40% to 59%	5	1.29%	15	3.87%	6	1.55%
60% to 79%	0	0.00%	2	0.52%	2	0.52%
80% to 100%	1	0.26%	1	0.26%	0	0.00%
Total	388	100.00%	388	100.00%	388	100.00%
Mean	4.33%		9.91%		10.67%	

(continue)

	Adult (18 to 65 years)		Aging Adult (over 65 years)	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
0%	8	2.06%	47	12.11%
1% to 19%	32	8.25%	123	31.70%
20% to 39%	77	19.85%	110	28.35%
40% to 59%	142	36.60%	72	18.56%
60% to 79%	74	19.07%	26	6.70%
80% to 100%	55	14.18%	10	2.58%
Total	388	100.00%	388	100.00%
Mean	48.99%		25.85%	

Q12. Estimate the percentage of time (during an average week) that you provide patients with: (Note that you should only enter whole numbers without the percent sign (e.g., 32; 15) and that your total percentage should equal 100.)

	Health maintenance		Maternity care		Acute illness care		Chronic illness care	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
0%	37	9.54%	327	84.28%	23	5.93%	24	6.19%
1% to 19%	147	37.89%	53	13.66%	67	17.27%	106	27.32%
20% to 39%	153	39.43%	4	1.03%	129	33.25%	143	36.86%
40% to 59%	32	8.25%	2	0.52%	96	24.74%	80	20.62%
60% to 79%	13	3.35%	1	0.26%	45	11.60%	25	6.44%
80% to 100%	6	1.55%	1	0.26%	28	7.22%	10	2.58%
Total	388	100.00%	388	100.00%	388	100.00%	388	100.00%
Mean	20.76%		1.50%		35.54%		28.29%	

(continue)

	End-of-life care		Mental health care		Other	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
0%	258	66.49%	96	24.74%	340	87.63%
1% to 19%	119	30.67%	235	60.57%	37	9.54%
20% to 39%	4	1.03%	52	13.40%	7	1.80%
40% to 59%	3	0.77%	0	0.00%	2	0.52%
60% to 79%	2	0.52%	0	0.00%	1	0.26%
80% to 100%	2	0.52%	5	1.29%	1	0.26%
Total	551	100.00%	388	100.00%	388	100.00%
Mean	2.88%		9.05%		1.71%	

Q13. Approximately what percentage of your average week is spent in each of the following activities? (Note that you should only enter whole numbers without the percent sign (e.g., 32; 15) and that your total percentage should equal 100.)

	Direct patient care		Management, supervision, and administration		Teaching		Research	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
0%	7	1.80%	201	51.80%	171	44.07%	310	79.90%
1% to 19%	10	2.58%	149	38.40%	165	42.53%	76	19.59%
20% to 39%	40	10.31%	29	7.47%	41	10.57%	2	0.52%
40% to 59%	95	24.48%	4	1.03%	4	1.03%	0	0.00%
60% to 79%	137	35.31%	2	0.52%	6	1.55%	0	0.00%
80% to 100%	99	25.52%	3	0.77%	1	0.26%	0	0.00%
Total	388	100.00%	388	100.00%	388	100.00%	388	100.00%
Mean	60.04%		6.00%		7.54%		1.32%	

(continue)

	Consultation		Documentation		Other	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
0%	180	46.39%	33	8.51%	363	93.56%
1% to 19%	187	48.20%	143	36.86%	22	5.67%
20% to 39%	17	4.38%	178	45.88%	2	0.52%
40% to 59%	3	0.77%	32	8.25%	0	0.00%
60% to 79%	1	0.26%	2	0.52%	0	0.00%
80% to 100%	0	0.00%	0	0.00%	1	0.26%
Total	388	100.00%	388	100.00%	388	100.00%
Mean	4.64%		19.44%		0.77%	

Q14. Do you have privileges to prescribe medications in your primary clinical practice setting? (Choose one)

	<u>Count</u>	<u>Percent</u>
Yes	379	97.93%
No	8	2.07%
Total	387	100.00%
Not Answered	1	

Q15. Do you have hospital privileges in your primary clinical practice setting? (Choose one)

	<u>Count</u>	<u>Percent</u>
Yes	138	35.66%
No	249	64.34%
Total	387	100.00%
Not Answered	1	

Q16. On average, how many hours per week do you spend in direct care?

	<u>Count</u>	<u>Percent</u>
0	4	1.03%
1-9 hours	9	2.32%
10-19 hours	20	5.15%
20-29 hours	41	10.57%
30-39 hours	80	20.62%
40-49 hours	162	41.75%
50-59 hours	49	12.63%
60-69 hours	17	4.38%
70-79 hours	4	1.03%
80-89 hours	2	0.52%
Total	388	100.00%
Mean	37.48	

17. Do you: (Choose all that apply)

	<u>Count</u>	<u>Percent</u>
Admit patients to the hospital	102	26.29%
Manage patients during hospitalization	86	22.16%
Discharge patients from the hospital	69	17.78%
Not Answered	253	

*N = 388 was used to compute the percentage

Q18. Are you required to have a physician collaborator/supervisor? (Choose one)

	<u>Count</u>	<u>Percent</u>
Yes	331	85.53%
No	56	14.47%
Total	387	100.00%
Not Answered	1	

Appendix C: Work Activities Descriptive Statistics

Family Nurse Practitioner

Survey Order

Work Activity Number and Statement		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD
1	Obtains a comprehensive health history	388	1.99	0.1	2	1.86	0.9	2	3.31	0.9	3	34.41	4.8
2	Obtains a focused health history	388	1.98	0.1	2	1.97	0.8	2	3.64	0.7	4	35.21	4.9
3	Performs appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics)	388	1.90	0.3	2	1.60	0.8	2	2.58	1.5	3	30.79	8.1
4	Performs a psychosocial evaluation	388	1.88	0.3	2	1.53	0.8	2	2.56	1.5	3	29.93	8.9
5	Performs a lifestyle assessment (e.g., sleep, exercise, sexual behaviors, drug and alcohol use, safety, environmental)	388	1.94	0.2	2	1.52	0.8	2	2.98	1.2	3	31.48	6.8
6	Performs a nutritional assessment	388	1.85	0.4	2	1.25	0.8	1	2.02	1.6	3	27.51	9.2
7	Performs a cultural assessment	388	1.81	0.5	2	1.11	0.8	1	1.76	1.7	1	26.24	9.5
8	Performs a spiritual assessment	388	1.69	0.6	2	0.90	0.7	1	1.25	1.5	1	22.78	10.7
9	Performs an individual risk assessment (e.g., cardiac, cancer, diabetes)	388	1.91	0.3	2	1.91	0.8	2	2.96	1.2	3	32.84	8.1
10	Performs a genetic assessment	388	1.03	0.8	1	1.05	0.9	1	0.91	1.2	1	14.28	12.9
11	Performs a mental health assessment	388	1.86	0.4	2	1.80	0.9	2	2.30	1.5	3	30.87	9.6
12	Performs a family/caregiver assessment (e.g. family dynamics, communication patterns, support systems, caregiver burden)	388	1.76	0.5	2	1.41	0.8	1	1.82	1.6	3	26.24	10.2
13	Performs a community assessment	388	1.20	0.8	1	0.79	0.7	1	0.90	1.2	0	14.77	12.4
14	Performs a population assessment	388	0.86	0.8	1	0.62	0.7	0.5	0.70	1.0	0	10.33	11.6
15	Performs a functional assessment (e.g. mobility, cognition)	388	1.85	0.4	2	1.68	0.8	2	2.38	1.6	3	29.90	9.2
16	Assesses patient's capacity for decision-making	388	1.86	0.4	2	1.96	0.9	2	2.68	1.6	3	31.74	9.5
17	Assesses patient for pain (e.g. acute, chronic)	388	1.98	0.1	2	1.87	0.8	2	3.55	0.8	4	34.50	5.5

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = mild negative consequences, 2 = moderate negative consequences, 3=severe negative consequences; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

Family Nurse Practitioner

Survey Order

Work Activity Number and Statement		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD
18	Assesses for advance care planning/advanced directives	388	1.70	0.5	2	1.39	0.9	1	1.72	1.6	1	25.15	11.2
19	Performs a comprehensive physical exam	388	1.98	0.1	2	2.09	0.9	2	3.04	1.2	3	35.07	5.6
20	Performs a focused physical exam	388	1.97	0.2	2	2.17	0.8	2	3.54	0.7	4	35.80	5.9
21	Differentiates between normal and abnormal physiologic changes	388	1.91	0.3	2	2.33	0.8	2	3.62	0.8	4	35.56	7.5
22	Orders diagnostic tests	388	1.97	0.2	2	2.11	0.8	2	3.22	0.9	3	35.08	5.7
23	Performs diagnostic tests	388	1.67	0.6	2	1.93	0.9	2	2.22	1.6	3	28.22	12.0
24	Interprets results from diagnostic tests	388	1.88	0.4	2	2.37	0.8	3	3.34	0.9	3	34.82	8.3
25	Synthesizes data to inform clinical reasoning	388	1.86	0.4	2	2.21	0.8	2	3.54	0.8	4	33.69	8.6
26	Develops differential diagnoses	388	1.94	0.3	2	2.10	0.8	2	3.72	0.5	4	35.00	6.8
27	Prioritizes differential diagnoses	388	1.88	0.3	2	2.00	0.8	2	3.61	0.8	4	33.17	8.4
28	Formulates diagnoses	388	1.94	0.2	2	2.23	0.8	2	3.75	0.5	4	35.66	6.6
29	Prioritizes diagnoses	388	1.87	0.3	2	2.03	0.8	2	3.66	0.6	4	33.22	8.4
30	Develops a comprehensive problem list	388	1.81	0.4	2	1.78	0.8	2	3.30	1.1	4	30.45	9.4
31	Develops a patient-centered plan of care	388	1.89	0.3	2	1.80	0.8	2	3.44	0.9	4	32.27	8.3
32	Evaluates patient, family and/or caregiver's knowledge of plan of care	388	1.87	0.4	2	1.78	0.9	2	3.17	1.2	4	31.56	9.1
33	Educates patient, family and/or caregiver regarding plan of care include testing, diagnosis, treatments and/or implications.	388	1.93	0.3	2	1.87	0.9	2	3.47	1.0	4	33.59	7.4
34	Facilitates the development of advance care planning/advance directives	388	1.50	0.6	2	1.39	0.9	1	1.41	1.6	1	21.36	12.6
35	Prioritizes plan of care considering safety, risk reduction, and comorbidities	388	1.80	0.4	2	1.81	0.9	2	2.92	1.4	3	30.09	10.2

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = mild negative consequences, 2 = moderate negative consequences, 3=severe negative consequences; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

Family Nurse Practitioner

Survey Order

Work Activity Number and Statement		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD
36	Develops population-focused plan of care based on epidemiologic data	388	1.09	0.7	1	1.06	0.9	1	1.20	1.4	1	14.32	12.8
37	Implements plan of care that incorporates cultural, spiritual, psychosocial considerations	388	1.73	0.5	2	1.43	0.8	1	2.29	1.6	3	26.36	11.3
38	Prescribes medications	388	1.97	0.2	2	2.57	0.7	3	3.47	0.6	4	37.85	5.2
39	Prescribes non-pharmacologic interventions	388	1.97	0.2	2	1.80	0.8	2	3.34	0.8	3	33.73	6.0
40	Manages health maintenance and health promotion interventions (e.g. nutrition, immunizations)	388	1.94	0.3	2	1.74	0.8	2	3.24	1.0	3	32.75	7.1
41	Reports suspected abuse, exploitation and/or neglect	388	1.90	0.3	2	2.63	0.7	3	2.41	1.7	4	35.65	8.4
42	Facilitates transitions in levels of care	388	1.63	0.5	2	1.64	0.8	2	1.83	1.7	3	25.16	12.1
43	Plans follow-up care	388	1.96	0.2	2	1.94	0.8	2	3.35	1.0	4	34.25	6.4
44	Manages episodic disease	388	1.95	0.2	2	2.01	0.8	2	3.28	0.9	3	34.32	6.8
45	Manages chronic disease	388	1.82	0.4	2	2.18	0.8	2	3.26	0.9	3	32.59	9.4
46	Provides palliative care	388	1.30	0.7	1	1.53	1.0	2	1.09	1.4	1	19.10	13.2
47	Provides end of life care	388	1.18	0.7	1	1.49	1.0	2	0.91	1.2	1	17.37	13.4
48	Performs primary care procedures (e.g., wart removal, suturing, cerumen removal)	388	1.67	0.5	2	1.65	0.8	2	1.57	1.6	1	25.93	11.5
49	Coaches patient, family, and/or caregiver regarding lifestyle and behavioral changes	388	1.91	0.3	2	1.52	0.8	2	2.99	1.2	3	30.93	7.6
50	Counsels on family planning, sexuality, and/or reproductive health	388	1.79	0.5	2	1.59	0.9	2	1.97	1.6	3	28.18	10.6
51	Evaluates patient responses to interventions	388	1.95	0.2	2	1.86	0.8	2	3.44	0.9	4	33.83	6.5
52	Evaluates effectiveness and safety of pharmacologic regimen	388	1.95	0.2	2	2.36	0.8	3	3.57	0.8	4	36.42	6.5
53	Evaluates effectiveness and safety of nonpharmacologic interventions	388	1.95	0.2	2	1.78	0.8	2	3.36	1.1	4	33.31	6.5

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = mild negative consequences, 2 = moderate negative consequences, 3=severe negative consequences; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

Family Nurse Practitioner

Survey Order

Work Activity Number and Statement		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD
54	Evaluates adherence to treatment plan	388	1.94	0.2	2	1.90	0.8	2	3.49	0.8	4	33.79	6.8
55	Evaluates the impact of diagnosis and treatment on patient, family, and caregiver	388	1.86	0.4	2	1.61	0.8	2	2.93	1.3	3	30.22	8.8
56	Evaluates treatment and educational outcomes related to pain	388	1.87	0.4	2	1.78	0.8	2	2.84	1.4	3	31.25	8.5
57	Evaluates treatment and educational outcomes related to nutrition	388	1.82	0.4	2	1.47	0.8	1	2.27	1.5	3	28.12	9.8
58	Evaluates plan of care considering safety, risk reduction and comorbidities	388	1.86	0.4	2	1.83	0.8	2	2.84	1.3	3	31.36	8.9
59	Modifies plan of care to meet the needs of patient, families, and/or caregivers	388	1.83	0.4	2	1.67	0.8	2	2.73	1.4	3	29.72	9.3
60	Maintains a comprehensive problem list	388	1.81	0.4	2	1.71	0.8	2	3.27	1.1	4	30.17	9.7
61	Fosters interprofessional collaboration	388	1.77	0.4	2	1.62	0.9	2	2.92	1.4	3	28.57	11.0
62	Collaborates with other professionals	388	1.93	0.3	2	1.77	0.9	2	3.00	1.2	3	32.52	7.6
63	Advocates for individual patient needs	388	1.92	0.3	2	1.82	0.9	2	3.15	1.3	4	32.69	7.8
64	Advocates for improved access, quality, and cost-effective health care	388	1.59	0.5	2	1.50	0.9	2	2.33	1.7	3	24.07	12.9
65	Serves as an interprofessional resource for patient care	388	1.61	0.5	2	1.38	0.8	1	2.32	1.6	3	23.56	12.1
66	Provides a climate of patient- and family-centered care	388	1.88	0.3	2	1.56	0.9	2	3.43	1.0	4	30.90	8.9
67	Identifies opportunities for quality improvement	388	1.52	0.5	2	1.32	0.8	1	2.18	1.7	3	21.31	12.5
68	Implements quality improvement initiatives	388	1.38	0.5	1	1.29	0.8	1	1.64	1.6	1	18.04	12.4
69	Engages in professional development activities	388	1.64	0.5	2	1.35	0.9	1	2.09	1.6	3	23.78	12.6
70	Engages in scholarly activities (e.g., presentations, professional articles, research activities)	388	1.17	0.5	1	0.86	0.8	1	0.90	1.3	0	11.64	11.0
71	Refers patient with conditions beyond scope of practice	388	1.97	0.2	2	2.45	0.8	3	3.01	1.4	4	36.60	6.5

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = mild negative consequences, 2 = moderate negative consequences, 3=severe negative consequences; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

Family Nurse Practitioner

Survey Order

Work Activity Number and Statement		N	Performance Expectation			Consequence			Frequency			Overall Rank	
			Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD
72	Engages in policy-making	388	0.98	0.6	1	0.95	0.9	1	0.77	1.1	0	10.09	9.8
73	Identifies ethical dilemmas and seeks resources for resolution	388	1.68	0.5	2	1.68	0.9	2	1.45	1.6	1	25.69	12.1
74	Identifies legal dilemmas and seeks resources for resolution	388	1.64	0.6	2	1.83	1.0	2	1.45	1.5	1	26.19	12.7
75	Promotes the role of the nurse practitioner	388	1.84	0.4	2	1.44	1.0	1	3.23	1.3	4	29.16	10.4
76	Integrates theory, current evidence, professional standards, and clinical guidelines	388	1.89	0.3	2	1.93	0.9	2	3.48	1.1	4	32.95	9.3
77	Documents patient related activities (e.g., telephone triage)	388	1.94	0.3	2	2.10	0.9	2	3.32	1.2	4	34.63	7.6
78	Documents in accordance with regulatory process and payor source	388	1.90	0.4	2	2.15	0.9	2	3.68	0.8	4	34.77	8.8
79	Bills for services according to level of care	388	1.86	0.4	2	2.05	0.9	2	3.64	0.9	4	33.55	9.8
80	Precepts students, novice nurse practitioners, and/or other health professionals	388	1.03	0.4	1	1.18	1.0	1	0.87	1.3	0	10.37	8.3
81	Maintains confidentiality and privacy according to regulatory standards (e.g., HIPAA)	388	1.99	0.1	2	2.63	0.7	3	3.93	0.4	4	38.90	4.3
82	Evaluates the impact of health care delivery on patients, providers, and stakeholders	388	1.46	0.6	2	1.45	0.9	2	2.05	1.7	3	21.42	13.3
83	Analyzes the impact of globalization on health (e.g. disease transmission)	388	1.30	0.6	1	1.33	0.9	1	1.32	1.5	1	17.79	13.2
84	Prepares for emergency and/or disaster situations	388	1.52	0.6	2	1.83	1.1	2	1.35	1.5	1	24.04	13.6
85	Integrates informatics and/or health care technology into practice	388	1.77	0.5	2	1.51	0.9	2	2.80	1.5	3	28.18	11.3

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = no negative consequences, 1 = mild negative consequences, 2 = moderate negative consequences, 3=severe negative consequences; Frequency response options: 0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

Appendix D: Work Activities Mean Overall Criticality – Rank Order

Psychiatric-Mental Health Nursing

Rank Order

Work Activity Number and Statement		Overall Rank		
		N	Mean	SD
81	Maintains confidentiality and privacy according to regulatory standards (e.g., HIPAA)	388	38.90	4.3
38	Prescribes medications	388	37.85	5.2
71	Refers patient with conditions beyond scope of practice	388	36.60	6.5
52	Evaluates effectiveness and safety of pharmacologic regimen	388	36.42	6.5
20	Performs a focused physical exam	388	35.80	5.9
28	Formulates diagnoses	388	35.66	6.6
41	Reports suspected abuse, exploitation and/or neglect	388	35.65	8.4
21	Differentiates between normal and abnormal physiologic changes	388	35.56	7.5
2	Obtains a focused health history	388	35.21	4.9
22	Orders diagnostic tests	388	35.08	5.7
19	Performs a comprehensive physical exam	388	35.07	5.6
26	Develops differential diagnoses	388	35.00	6.8
24	Interprets results from diagnostic tests	388	34.82	8.3
78	Documents in accordance with regulatory process and payor source	388	34.77	8.8
77	Documents patient related activities (e.g. telephone triage)	388	34.63	7.6
17	Assesses patient for pain (e.g. acute, chronic)	388	34.50	5.5
1	Obtains a comprehensive health history	388	34.41	4.8
44	Manages episodic disease	388	34.32	6.8
43	Plans follow-up care	388	34.25	6.4
51	Evaluates patient responses to interventions	388	33.83	6.5
54	Evaluates adherence to treatment plan	388	33.79	6.8
39	Prescribes non-pharmacologic interventions	388	33.73	6.0
25	Synthesizes data to inform clinical reasoning	388	33.69	8.6
33	Educates patient, family and/or caregiver regarding plan of care include testing, diagnosis, treatments and/or implications.	388	33.59	7.4
79	Bills for services according to level of care	388	33.55	9.8
53	Evaluates effectiveness and safety of nonpharmacologic interventions	388	33.31	6.5
29	Prioritizes diagnoses	388	33.22	8.4
27	Prioritizes differential diagnoses	388	33.17	8.4
76	Integrates theory, current evidence, professional standards, and clinical guidelines	388	32.95	9.3
9	Performs an individual risk assessment (e.g., cardiac, cancer, diabetes)	388	32.84	8.1
40	Manages health maintenance and health promotion interventions (e.g. nutrition, immunizations)	388	32.75	7.1
63	Advocates for individual patient needs	388	32.69	7.8

Psychiatric-Mental Health Nursing

Rank Order

Work Activity Number and Statement		Overall Rank		
		N	Mean	SD
45	Manages chronic disease	388	32.59	9.4
62	Collaborates with other professionals	388	32.52	7.6
31	Develops a patient-centered plan of care	388	32.27	8.3
16	Assesses patient's capacity for decision-making	388	31.74	9.5
32	Evaluates patient, family and/or caregiver's knowledge of plan of care	388	31.56	9.1
5	Performs a lifestyle assessment (e.g., sleep, exercise, sexual behaviors, drug and alcohol use, safety, environmental)	388	31.48	6.8
58	Evaluates plan of care considering safety, risk reduction and comorbidities	388	31.36	8.9
56	Evaluates treatment and educational outcomes related to pain	388	31.25	8.5
49	Coaches patient, family, and/or caregiver regarding lifestyle and behavioral changes	388	30.93	7.6
66	Provides a climate of patient- and family-centered care	388	30.90	8.9
11	Performs a mental health assessment	388	30.87	9.6
3	Performs appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics)	388	30.79	8.1
30	Develops a comprehensive problem list	388	30.45	9.4
55	Evaluates the impact of diagnosis and treatment on patient, family, and caregiver	388	30.22	8.8
60	Maintains a comprehensive problem list	388	30.17	9.7
35	Prioritizes plan of care considering safety, risk reduction, and comorbidities	388	30.09	10.2
4	Performs a psychosocial evaluation	388	29.93	8.9
15	Performs a functional assessment (e.g. mobility, cognition)	388	29.90	9.2
59	Modifies plan of care to meet the needs of patient, families, and/or caregivers	388	29.72	9.3
75	Promotes the role of the nurse practitioner	388	29.16	10.4
61	Fosters interprofessional collaboration	388	28.57	11.0
23	Performs diagnostic tests	388	28.22	12.0
50	Counsels on family planning, sexuality, and/or reproductive health	388	28.18	10.6
85	Integrates informatics and/or health care technology into practice	388	28.18	11.3
57	Evaluates treatment and educational outcomes related to nutrition	388	28.12	9.8

Psychiatric-Mental Health Nursing

Rank Order

Work Activity Number and Statement		Overall Rank		
		N	Mean	SD
6	Performs a nutritional assessment	388	27.51	9.2
37	Implements plan of care that incorporates cultural, spiritual, psychosocial considerations	388	26.36	11.3
12	Performs a family/caregiver assessment (e.g. family dynamics, communication patterns, support systems, caregiver burden)	388	26.24	10.2
7	Performs a cultural assessment	388	26.24	9.5
74	Identifies legal dilemmas and seeks resources for resolution	388	26.19	12.7
48	Performs primary care procedures (e.g., wart removal, suturing, cerumen removal)	388	25.93	11.5
73	Identifies ethical dilemmas and seeks resources for resolution	388	25.69	12.1
42	Facilitates transitions in levels of care	388	25.16	12.1
18	Assesses for advance care planning/advanced directives	388	25.15	11.2
64	Advocates for improved access, quality, and cost-effective health care	388	24.07	12.9
84	Prepares for emergency and/or disaster situations	388	24.04	13.6
69	Engages in professional development activities	388	23.78	12.6
65	Serves as an interprofessional resource for patient care	388	23.56	12.1
8	Performs a spiritual assessment	388	22.78	10.7
82	Evaluates the impact of health care delivery on patients, providers, and stakeholders	388	21.42	13.3
34	Facilitates the development of advance care planning/advance directives	388	21.36	12.6
67	Identifies opportunities for quality improvement	388	21.31	12.5
46	Provides palliative care	388	19.10	13.2
68	Implements quality improvement initiatives	388	18.04	12.4
83	Analyzes the impact of globalization on health (e.g. disease transmission)	388	17.79	13.2
47	Provides end of life care	388	17.37	13.4
13	Performs a community assessment	388	14.77	12.4
36	Develops population-focused plan of care based on epidemiologic data	388	14.32	12.8
10	Performs a genetic assessment	388	14.28	12.9
70	Engages in scholarly activities (e.g., presentations, professional articles, research activities)	388	11.64	11.0

Psychiatric-Mental Health Nursing

Rank Order

Work Activity Number and Statement		Overall Rank		
		N	Mean	SD
80	Precepts students, novice nurse practitioners, and/or other health professionals	388	10.37	8.3
14	Performs a population assessment	388	10.33	11.6
72	Engages in policy-making	388	10.09	9.8

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2014 Family Nurse Practitioner Role Delineation Study Summary Report

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