



2014

**Psychiatric-Mental Health Nurse Practitioner
Role Delineation Study Summary Report**

April 2015

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Acknowledgements

The American Nurses Credentialing Center (ANCC) wishes to thank the content experts who served on the 2014 Psychiatric-Mental Health Nursing Role Delineation Study Content Expert Panel (CEP) 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 acknowledge the ANCC staff members, who contributed to the preparation and implementation of the Role Delineation Study and the writing of this report:

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Background

The American Nurses Credentialing Center (ANCC), which was incorporated in 1991 as a subsidiary of the American Nurses Association, is the largest nursing credentialing organization in the United States of America. ANCC's 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 22,000 candidates took an ANCC certification examination or submitted a portfolio for ANCC certification in 2014. 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's current goal is to conduct a study of each advanced practice specialty approximately every four years, in order to capture changes in work activities and the knowledge and skill areas required to perform those activities. The findings of a role delineation study are used to update the content of a certification examination.

The 2014 Psychiatric-Mental Health Nursing Role Delineation Study involved two sets of activities that ran concurrently: a national web-based survey and a linking activity. The national survey was designed to collect information on the work activities psychiatric-mental health nurse practitioners actually perform in practice, while the linking activity includes 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 outline and item distribution for the certification exam.

Updated Test Content Outline

The results of this role delineation study were used in developing and updating the test content outline for the Psychiatric-Mental Health Nursing Examination. Examination forms produced based on the Psychiatric-Mental Health Nursing Test Content Outline developed through this study are scheduled to go into effect on December 23, 2015.

Role of the Content Expert Panel

Throughout the study, ANCC invited professionals in practice and educators who teach courses relevant to psychiatric-mental health nursing to serve on content expert panel (CEP) for this study. The internal qualifications and assembly criteria for the

Psychiatric-Mental Health Nursing CEP were met. All of the content experts serving on the CEP were certified by ANCC in Psychiatric-Mental Health Nursing and were invited to serve on the panel based upon their expertise in the specialty. The CEP 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 outline.

Survey Methodology

The 2014 Psychiatric-Mental Health Nursing Role Delineation Study involved two sets of activities that ran concurrently: a national web-based survey and a linking activity. The purpose of the development and administration of the national survey was to collect information on the work activities psychiatric-mental health nurse practitioners actually perform in practice. The role delineation study panel met for three days from April 28-30, 2014 to draft a pilot version of the survey and construct the initial map of KSAs relevant to the work activities included in the survey. A linking activity was also conducted to identify the major KSA domains and subdomains required to successfully perform the work activities listed in the survey. The results of both the survey and linking activity were used as foundational documents for updating the test content outline and item distribution.

Survey Chronology

The survey development, administration, and review spanned seven months.

April – June 2014

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

July - August 2014

- The CEP completed an activity to link all of the work activity survey items to the domains and subdomains in the KSA map.
- The final survey was administered on the web.

September – October 2014

- The survey activity results were analyzed, and activity weights were determined.
- The panel met to review the survey results and activity weights; and to discuss revisions to the test content outline and item distribution for the certification examination.

Sample Selection

In April of 2014, there were a total of 1,139 actively certified ANCC psychiatric-mental health nurse practitioners with mailing addresses in the United States. One hundred of these nurse practitioners were selected via a stratified random sample, based on region, to participate in the pilot survey and all other ANCC certified psychiatric-mental health nurse practitioners were invited to participate in the national

survey. Table 1 presents the ANCC certified psychiatric-mental health nurse practitioners selected to participate in the national survey from each region.

Table 1. Number of ANCC-certified Psychiatric-Mental Health Nurse Practitioners selected per Geographic Region

Geographic Region	Number of Selected ANCC Certified	Percent of Total Population
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	185	16.24
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	255	22.39
Other – AE, AP, APO	1	0.09
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	425	37.31
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	273	23.97
Total	1,139	100.00

Survey Development and Measures

From April 28-30, 2014 the CEP met in Silver Spring, MD in order to draft the national *Psychiatric-Mental Health Nursing Role Delineation Study Survey* for the 2014 role delineation study. The CEP reviewed and discussed the American Psychiatric Nurses Association, International Society of Psychiatric-Mental Health Nurses, and American Nurses Associations’ *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* (2007), as well as the work activities which were used in ANCC’s 2011 *Role Delineation Survey of Psychiatric-Mental Health Nurse Practitioners*. Across multiple sessions in the three-day meeting, the CEP discussed and deliberated on additions, deletions, and revisions that should be made to update the 2014 work activity list to reflect current practice in psychiatric-mental health nursing. As a result of this meeting, the panel reached consensus on a list of 95 work activities to be used in the 2014 survey. These work activities were divided into five domains: Assessment and Diagnosis; Planning/Outcomes; Interventions; Evaluation; and Professional Role and Practice. The complete text of the work activities list is presented in Appendix A. The workgroup also identified and finalized a set of 10 demographic questions, which are presented in Appendix B.

During this meeting, the panel also reviewed and approved three scales that survey 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 an activity is expected), and Consequence (the consequence of performing an activity incorrectly). The three questions associated with each work activity, and the instructions for answering them, are presented in Table 2.

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, the importance of each scale to the performance of the work activity was considered. The Performance expectation scale was determined to be more critical than the other two scales for representing entry-level practice, and the performance expectation scale was specifically designed to distinguish entry-level skills from advanced skills. The consequence scale was regarded as less

Table 2. Survey Questions for Rating Work Activity Statements

Please respond to each activity with three separate responses, one response in each category. When considering a response for one category, do not consider the other categories. For example: when considering the consequences of incorrect performance of an activity, do not worry about how frequently the activity is performed or whether it is expected to be performed. The possibility exists that an activity has severe consequences, even if it is rarely performed.

Performance Expectation: When is the nurse newly certified in psychiatric-mental health nursing first expected to perform this activity?

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

Frequency: Considering your setting, how often does the nurse newly certified in psychiatric-mental health nursing perform this activity?

- Not performed (The nurse newly certified in psychiatric-mental health nursing never performs this activity)
- Seldom (The nurse newly certified in psychiatric-mental health nursing performs this activity a few times a year)
- Monthly (The nurse newly certified in psychiatric-mental health nursing performs this activity approximately once a month)
- Weekly (The nurse newly certified in psychiatric-mental health nursing performs this activity approximately once or twice a week)
- Daily (The nurse newly certified in psychiatric-mental health nursing performs this activity approximately every day or multiple times a day)

Consequences: Incorrect performance of this activity could cause the patient:

- Little or no physical or psychological harm.
- Moderate physical or psychological harm.
- Severe physical or psychological harm.

critical than the performance expectation scale, but 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 hierarchical scheme was used as the organizing mechanism for combining responses from the three survey scales into an overall measure of criticality.

Data Collection

Pilot Testing. Using the same procedures intended for administering the final survey, the survey was piloted in May and June of 2014. One-hundred ANCC certified psychiatric-mental health nurse practitioners were selected using a stratified random sample from the entire population of board certified nurse practitioners in the specialty area. Twenty-seven of the psychiatric-mental health nurse practitioners invited to take the pilot survey completed the survey. The results of the pilot test indicated that the work activities were appropriate and reflective of the job of the psychiatric-mental health nurse practitioners. However, a post-pilot survey conference call was conducted to present the results of the pilot survey and provide CEP members with an opportunity to make any needed revisions to the survey.

National Survey. In July and August of 2014, the 1,139 ANCC-certified psychiatric-mental health nurse practitioners invited to take the national web-based survey were sent at least two of 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 noted that respondents completing the survey would receive a five hour reduction of their continuing education requirement for ANCC recertification in the specialty area. The first follow-up reminder letter was sent about two weeks after the alert letter to all respondents. The reminder included language thanking individuals who had already submitted their completed survey, as well as language encouraging individuals to complete the survey, if they had not already done so. The final follow-up reminder letter was sent out only to individuals who had not yet responded to the survey and was sent out approximately two weeks prior to the end of the survey administration period.

Data Analysis

The three rating scales were combined into a single measure of overall criticality using a hierarchical method. As agreed by the CEP, 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 certification as a psychiatric-mental health nurse, 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 between 37.00 and 41.00 indicated that a work activity is generally expected to be performed within the first six months of certification as a psychiatric-mental health nurse and could cause severe negative consequences if incorrectly performed. A score between 32.00 and 36.99 suggests that a work activity is generally expected to be performed within the first six months of certification as a psychiatric-mental health nurse and could cause moderate negative consequences if incorrectly performed. 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 received an overall criticality score of 1 as the bottom row in Table 3 indicates.

Survey Results

The total sample of the national survey included 1,139 ANCC certified psychiatric-mental health nurse practitioners. A total of 265 surveys were returned, with 257 surveys completed yielding an overall response rate of 23.26% percent and a total usable response rate of 22.56%.

Table 3. Construction of the Overall Criticality Variable

Performance Expectations	Survey Response Options		Overall Criticality Ranking
	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
	No negative consequences	Always	6
		Frequently	5
		Occasionally	4
		Seldom	3
		Never	2
After the first 6 months of certification within the specialty (Continued)	No negative consequences	Never	1

Table 4 includes the percent of surveys per population returned in each geographic region compared to the number of ANCC certified psychiatric-mental health nurse practitioners selected within the region.

Table 4. Number of Surveys Returned per Geographic Region

Geographic Region	Number Selected (Percent of total pop.)	Number Return (percent of total pop.)
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	185 (16.24)	67 (26.07)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	255 (22.39)	59 (22.96)
Other – AE, AP, APO	1 (0.09)	0 (0.00)
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	425 (37.31)	119(46.30)
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	273 (23.97)	59 (22.96)
Total	1,139 (100.00)	257 (100.00)

Demographic Information

Appendix B includes the psychiatric-mental health nurse survey responses to the 10 demographic questions, which included inquiry about the respondents’ background and practice settings.

Demographic Background

Results from the demographic portion of the survey indicated that approximately 87% of the survey respondents were female, and 13% were male. Most respondents, 31%, were in the 55 to 64 age range; the 35 to 44 age range, in which 28% of respondents fell; or in the 45 to 54 age range, in which 22% of the respondents fell. In addition, 17% of respondents were in the 25 to 34 age range, and 3% of respondents were 65 or older. Ninety-eight percent of respondents had fewer than 20 years of experience in psychiatric-mental health nursing. Eighty-four percent of respondents had between one and nine years of experience in psychiatric-mental health nursing; thirteen percent had between 10 and 19 years of experience in psychiatric-mental health nursing; and 2% of respondents had less than one year of experience in psychiatric-mental health nursing.

Eleven percent of respondents had earned a doctorate, with 8% having earned a Doctor of Nursing Practice, and 2% having earned another professional doctorate. One percent of respondents had earned a Doctor of Philosophy degree in Nursing, and 2% had earned a Ph.D. in a program other than nursing. Eighty-one percent of respondents held a Master’s in Nursing, and 8% of respondents held a Master’s degree in a program other than nursing. In addition, 23% of participants had earned a Post-Masters Certificate in Nursing, and 6% of respondents had earned other educational credentials.

The average number of years of experience the psychiatric-mental health nurse practitioners had as an RN was 19 years. The respondents also held an average of 5 years of experience working within the psychiatric-mental health nursing specialty.

Practice Settings

Thirty-eight percent of respondents indicated that their primary clinical practice location is in a city. A town was the primary clinical practice location of 32% of respondents; a metropolitan area was the primary clinical practice location of 30% of respondents; and a rural area was the primary clinical practice location of 10% of respondents.

For practice setting, some respondents indicated that their practice setting is a combination of in-patient, out-patient, and/or residential settings. The highest percentage, 82.88%, of psychiatric-mental health nurse respondents indicated that they practice in an out-patient hospital setting; twenty-three percent practice in an outpatient setting, and 4% practice in a residential setting. Eighty-two percent of respondents did not have hospital admitting privileges, and 18% of respondents did have hospital admitting privileges.

Thirty-eight percent of respondents indicated that they provide direct patient care in 1% to 19% of their patient encounters; fifty-seven percent of respondents indicated that they provide direct patient care in zero percent of their patient encounters; and 3% of respondents indicated that they provide direct patient care in 20% to 39% of their patient encounters.

Forty-two percent of respondents indicated that they provide management, supervision, and administration in 80% to 100% of their patient encounters; thirteen percent of respondents indicated that they provide management, supervision, and administration in 1% to 19% of their patient encounters; thirteen percent of respondents indicated that they provide management, supervision, and administration in zero percent of their patient encounters; twelve percent of respondents indicated that they provide management, supervision, and administration in 40% to 59% of their patient encounters; and 12% of respondents indicated that they provide management, supervision, and administration in 40% to 59% of their patient encounters.

Twenty-two percent of respondents indicated that they teach in 80% to 100% of their patient encounters; twenty-two percent of respondents indicated that they teach in zero percent of their patient encounters; and twenty-one percent of respondents indicated that they teach in 1% to 19% percent of their patient encounters.

Ninety-one percent of respondents indicated that engage in research in zero percent of their patient encounters, and 5% of respondents indicated that they engage in research in 80% to 100% percent of their patient encounters.

Practice Descriptions

Descriptive statistics (total count, means, and standard deviations) for the three ratings of all 95 work activities, performance expectation, consequence, and frequency, as well as 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 data were 0.9200, 0.9809, and 0.9537, respectively. Cronbach's coefficient alpha, a measure of internal stability, ranges in value between zero and one.

In Appendix D, the overall criticality statistics are presented in rank order of criticality. As indicated in Table 5, 41 work activity statements were rated by the 257 respondents as highly critical (with a mean overall criticality rank of 32 or above). Eighty percent of these work activities fell into one of the following three domains: *Assessment and Diagnosis (39.02%)*; *Interventions (24.39%)*; and *Planning/Outcomes (17.07%)*.

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

	Between 37.0 and 41	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	6	35	28	12	3	11	0	0	41

Tables 6 and 7 display the 20 highest-ranked and the 20 lowest-ranked work activities by mean overall criticality respectively. The highest ranked task (#52 *Prescribe pharmacologic treatment for psychiatric symptoms*) received a criticality rank of 38.05. This work activity highlighted in Table 6 is listed under the domain *Interventions*.

The lowest ranked work activity (#89 *Provide psychiatric and mental health care expertise to decision makers to affect health care policy*) received a criticality ranking of 12.58 and is highlighted in Table 7. This work activity is found within domain *Professional Role and Practice*.

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

Work Activity Number and Name	Overall Criticality	
	Mean	Standard Deviation
52. Prescribe pharmacologic treatment for psychiatric symptoms	38.05	4.70
54. Monitor pharmacologic treatment for psychiatric symptoms	37.99	4.57
4. Performs an on-going risk assessment	37.89	5.31
15. Formulates a comprehensive current medication list, including complementary and alternative medications	37.65	5.72
67. Interpret laboratory test results.	37.05	4.42
29. Plans psychopharmacologic strategies based on individualized needs with consideration to potential barriers and/or facilitators to adherence and potential side effects and/or medication interactions	37.04	6.26
2. Performs an initial age-appropriate comprehensive psychiatric evaluation that includes evaluation of mental status, treatment history, risk assessment, substance related and addictive behaviors, level of functioning, health behaviors, trauma, sexual behaviors, and family, social and developmental history	36.74	4.66
43. Treat chronic psychiatric disorders and mental health problems	36.74	5.56
42. Treat acute psychiatric disorders and mental health problems	36.53	7.18
64. Process informed consent for treatment	36.43	6.61
72. Documents patient responses to treatment strategies	36.31	4.93
36. Conducts an interview	36.19	5.02
5. Performs an on-going mental status exam	36.16	4.07
11. Determines the appropriate level of care	36.05	6.04
66. Order laboratory tests.	35.85	5.13
19. Differentiates presenting symptoms between psychiatric and other disorders	35.79	7.09
3. Performs a problem-focused psychiatric assessment	35.63	5.51
74. Arrange for follow-up to evaluate patient response to treatment	35.58	6.75
16. Assesses patient's current level of capacity to make decisions	35.43	8.05
21. Formulates diagnoses	35.3	5.49

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

Work Activity Number and Name	Overall Criticality	
	Mean	Standard Deviation
35. Interprets research findings for patient/patient system	25.33	11.54
37. Conducts individual psychotherapies	24.76	13.03
6. Performs initial and an on-going physical assessment	24.66	14.48
55. Monitor pharmacologic treatment for general medical problems	23.5	15.96
76. Promote advanced practice psychiatric and mental health nursing through participation in professional organizations	23.25	11.03
51. Use physical or chemical restraints	23.01	16.06
82. Advocate for improved access, quality, and cost effective health care	19.99	13.37
90. Implement quality improvement initiatives	18.47	12.63
78. Provide peer review/reflection in the promotion of improved practice	18.37	11.76
50. Provide direct care through use of multi-media technology	16.70	13.16
81. Collaborate with health advocacy groups	16.53	12.71
77. Mentors and fosters professional growth in other nursing colleagues	16.41	11.12
84. Provides psychiatric/mental health services during community disasters or crises	15.64	12.89
39. Conducts family psychotherapies	15.62	13.23
40. Conducts group psychotherapies	15.37	13.4
85. Evaluate patient populations and available community resources for emerging trends in health care	14.11	12.05
38. Conducts couples psychotherapies	13.78	12.93
83. Respond or testify in legal proceedings regarding psychiatric/mental health issues	12.79	11.29
94. Disseminate practice findings through appropriate scholarly venues.	12.66	11.50
89. Provide psychiatric and mental health care expertise to decision makers to affect health care policy	12.58	11.19

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Appendix A
Work Activities Statements

2014 Psychiatric-Mental Health Nurse Practitioner Exam (35)
National Survey Tasks/Activities List
Role Delineation Study

Assessment and Diagnosis

1. Performs a comprehensive health history, including review of systems
2. Performs an initial age-appropriate comprehensive psychiatric evaluation that includes evaluation of mental status, treatment history, risk assessment, substance related and addictive behaviors, level of functioning, health behaviors, trauma, sexual behaviors, and family, social and developmental history
3. Performs a problem-focused psychiatric assessment
4. Performs an on-going risk assessment
5. Performs an on-going mental status exam
6. Performs initial and an on-going physical assessment
7. Collects assessment data from multiple sources
8. Assesses the impact of diagnosis on patient/patient system
9. Assesses knowledge and utilization of wellness activities
10. Assesses assets and needs
11. Determines the appropriate level of care
12. Assesses patient's motivations for treatment
13. Assesses patient's willingness and ability to adhere to prescribed regimens
14. Evaluates health impact of life stressors within the context of family life cycle
15. Formulates a comprehensive current medication list, including complementary and alternative medications
16. Assesses patient's current level of capacity to make decisions
17. Conducts on-going developmental assessments
18. Orders and interprets findings from relevant age-appropriate screening and diagnostic tests
19. Differentiates presenting symptoms between psychiatric and other disorders
20. Establishes and prioritizes differential diagnoses
21. Formulates diagnoses
22. Diagnoses complications associated with mental health problems and psychiatric disorders

Planning/Outcomes

23. Chooses appropriate standardized measurement tools to evaluate treatment outcomes
24. Develops a prioritized problem list to optimize outcomes
25. Identifies measurable goals, objectives, and desired outcomes for treatment
26. Plans with patient/patient system for least restrictive/intrusive care to optimize safety
27. Plans collaboratively with individuals, families, schools, and/or groups identifying available resources
28. Modifies plan based on current evidence and clinical knowledge congruent with patient presentation and preferences
29. Plans psychopharmacologic strategies based on individualized needs with consideration to potential barriers and/or facilitators to adherence and potential side effects and/or medication interactions
30. Plans non-pharmacologic strategies based on individualized needs with consideration to potential barriers and/or facilitators to adherence
31. Plans appropriate psychotherapy based on patient needs and capacity
32. Plans to minimize risk and adverse events relating to procedures/devices

33. Develops discharge plan
34. Negotiates a preferred course of treatment
35. Interprets research findings for patient/patient system

Interventions

36. Conducts an interview
37. Conducts individual psychotherapies
38. Conducts couples psychotherapies
39. Conducts family psychotherapies
40. Conducts group psychotherapies
41. Conducts psychoeducation interventions
42. Treat acute psychiatric disorders and mental health problems
43. Treat chronic psychiatric disorders and mental health problems
44. Treat psychiatric emergencies
45. Provide crisis intervention therapies
46. Manage patients that are actively withdrawing from substances
47. Provide substance use disorder therapies and treatments
48. Provide coordination of care and referrals
49. Provide anticipatory guidance to promote health and reduce risk
50. Provide direct care through use of multi-media technology
51. Use physical or chemical restraints
52. Prescribe pharmacologic treatment for psychiatric symptoms
53. Reconcile pharmacologic treatment for general medical problems
54. Monitor pharmacologic treatment for psychiatric symptoms
55. Monitor pharmacologic treatment for general medical problems
56. Recommend/order non-pharmacologic treatments
57. Activate protective services network
58. Establish an individualized therapeutic environment
59. Document in an electronic health record
60. Use an electronic prescribing system
61. Use external databases to track controlled substances
62. Provide trauma-informed care
63. Provide care using interpreters or assistive communication tools
64. Process informed consent for treatment
65. Promote neuro-protective behaviors
66. Order laboratory tests.
67. Interpret laboratory test results.

Evaluation

68. Evaluate effectiveness of treatment based on identified outcome measures and appropriate timelines
69. Collect data from the patient, family or significant others, and other health care clinicians in the outcome evaluation process
70. Revise treatment strategies using ongoing assessment data and evidenced-based practice
71. Evaluate significant trends and patterns regarding patient responses to treatment
72. Documents patient responses to treatment strategies
73. Assesses barriers and/or facilitators of adherence to plan of care
74. Arrange for follow-up to evaluate patient response to treatment

Professional Role & Practice

75. Serve as a patient advocate
76. Promote advanced practice psychiatric and mental health nursing through participation in professional organizations
77. Mentors and fosters professional growth in other nursing colleagues
78. Provide peer review/reflection in the promotion of improved practice
79. Use peer review to improve own practice
80. Translating research into practice
81. Collaborate with health advocacy groups
82. Advocate for improved access, quality, and cost effective health care
83. Respond or testify in legal proceedings regarding psychiatric/mental health issues
84. Provides psychiatric/mental health services during community disasters or crises
85. Evaluate patient populations and available community resources for emerging trends in health care
86. Evaluates clinical practice in relation to best available evidence
87. Evaluates clinical practice in relation to current professional scope and standards of practice
88. Evaluates clinical practice in relation to relevant statutes and regulations
89. Provide psychiatric and mental health care expertise to decision makers to affect health care policy
90. Implement quality improvement initiatives
91. Seeks consultation regarding practice issues outside of professional experience
92. Bill and code for services according to regulations and procedures
93. Verify billing and coding are consistent with regulations and procedures
94. Disseminate practice findings through appropriate scholarly venues.
95. Participate in interdisciplinary efforts.

Appendix B
Demographic Data Summary

2014 Psychiatric-Mental Health Nurse Practitioner
National Survey Demographic Data
 Role Delineation Study

Q1: Where is your primary clinical practice location?

	Recruitment		Respondents		
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>	
Northeast	255	22.39%	Northeast	59	22.96%
South	425	37.31%	South	119	46.30%
Midwest	185	16.24%	Midwest	67	26.07%
West	273	23.97%	West	59	22.96%
Other	1	0.09%	Other	0	0.00%
Total	1139	100.00%			

*In the survey, the question was "Mark all that apply."
 Consequently, N = 257 was used to compute the percentage

Q2: What is your gender?

	<u>Count</u>	<u>Percent</u>
Female	223	86.77%
Male	34	13.23%
Total	257	100.00%

Q3: What is your age?

	<u>Count</u>	<u>Percent</u>
25 - 34 years old	43	16.73%
35 - 44 years old	71	27.63%
45 - 54 years old	57	22.18%
55 - 64 years old	79	30.74%
65 and older	7	2.72%
Total	257	100.00%

4. What is your racial/ethnic background? (Mark all that apply)

	<u>Count</u>	<u>Percent</u>
White	224	87.16%
Black or African American	23	8.95%
American Indian and Alaska Native	2	0.78%
Asian	6	2.33%
Native Hawaiian and other Pacific Islander	0	0.00%
Hispanic or Latino	5	1.95%
Middle Eastern	0	0.00%
Other	4	1.56%

*N = 257 was used to compute the percentage

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

	RN		PMHNP	
	<u>Count</u>	<u>Percent</u>	<u>Count</u>	<u>Percent</u>
Less than 1	5	1.95%	5	1.95%
1 to 9	83	32.30%	216	84.05%
10 to 19	55	21.40%	33	12.84%
20 to 29	45	17.51%	1	0.39%
30 to 39	55	21.40%	2	0.78%
40 to 49	12	4.67%	0	0.00%
Over 50	2	0.78%	0	0.00%
Total	257	100.00%	257	100.00%
Mean	18.65		5.23	

Q6. Indicate the highest educational level you have completed
(Mark all that apply)

	<u>Count</u>	<u>Percent</u>
Master's in Nursing	209	81.32%
Post-Masters Certificate in Nursing	59	22.96%
Ph.D. in Nursing	2	0.78%
DNS/DSN/DNSc	2	0.78%
DNP	20	7.78%
M.A./M.S. in Program Other than Nursing	20	7.78%
MBA	0	0.00%
Ph.D. in Program Other than Nursing	5	1.95%
Ed.D.	2	0.78%
Other	14	5.45%

*N = 257 was used to compute the percentage

Other Responses (14 responses)

	<u>Count</u>
Other: also certified FNP	1
Other: attending dnp school	1
Other: candidate for DNP	1
Other: Ed.M.	1
Other: FNP-BC for 25 years	1
Other: Foreign Medical Doctor	1
Other: M.Ed	1
Other: M.Ed in Counseling	1
Other: Master of Social Work	1
Other: MPA	1
Other: Pediatric Nurse Practitioner	1
Other: Psy.d	1
Other: PsyD	1
Other: Working on DNP	1

Q7. Which one of the following best characterizes your primary clinical practice location?
(Mark all that apply)

	<u>Count</u>	<u>Percent</u>
Rural (population less than 2,500)	25	9.73%
Town (population between 2,500 - 49,999)	81	31.52%
City (population between 50,000 - 249,999)	96	37.35%
Metropolitan (population between 250,000 - 999,999)	76	29.57%
Other	7	2.72%
Total	285	

*N = 257 was used to compute the percentage

Other Responses (7 responses)

	<u>Count</u>
Other: Army	1
Other: jails and prisons and telemed to remote	1
Other: major metropolitan, 5th largest city in the country	1
Other: Telehealth services to rural and urban populations	1
Other: telepsych	1
Other: VA outpt	1
Other: Veteran population	1

Q8. Which best describes your current employment setting(s)? (Mark all that apply)

	<u>Count</u>	<u>Percent</u>
In-patient	59	22.96%
Out-patient	213	82.88%
Residential	11	4.28%
Other	34	13.23%

*N = 257 was used to compute the percentage

("Other" responses appear on next page)

Other Responses (34 responses)

	<u>Count</u>
Other	1
Other: Academia	1
Other: Academic	1
Other: autonomous practice w/ collaborative physician psychiatrists	1
Other: college health	1
Other: community	1
Other: Community	1
Other: Community Mental Health	1
Other: Community-based (in-home) care	1
Other: Correctional facility	1
Other: corrections facility	1
Other: corrections state of Alaska	1
Other: Day Treatment.	1
Other: Educational	1
Other: Emergency Psychiatry	1
Other: Forensic	1
Other: Forensic Psychiatric	1
Other: I teach and will also be starting work in a correctional facility	1
Other: Inpatient and outpatient WAMC and RBC	1
Other: Juvenile Correctional setting	1
Other: long term care	1
Other: long term care	1
Other: Mostly education and clinicals	1
Other: Nursing Home	1
Other: Occasional inpatient consults	1
Other: partial	1
Other: Primary Care	1
Other: primary care health home	1
Other: Private Practice	1
Other: private practice	1
Other: Private Psychiatric office and out patient clinic for developmentally disabled individuals	1
Other: skilled nursing facilities	1
Other: VA MHC	1
Other: Work FT out pt, about to start PT in pt	1

Q9. Do you have hospital admitting privileges? (Choose one)

	<u>Count</u>	<u>Percent</u>
Yes	45	17.51%
No	212	82.49%
Total	257	100.00%

Q10. Approximately what percentage of your patient encounters do you provide the following?
 (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%	146	56.81%	32	12.45%	56	21.79%	234	91.05%
1% to 19%	96	37.35%	33	12.84%	53	20.62%	7	2.72%
20% to 39%	8	3.11%	24	9.34%	38	14.79%	2	0.78%
40% to 59%	4	1.56%	31	12.06%	32	12.45%	1	0.39%
60% to 79%	0	0.00%	29	11.28%	22	8.56%	0	0.00%
80% to 100%	3	1.17%	108	42.02%	56	21.79%	13	5.06%
Total	257	100.00%	257	100.00%	269	100.00%	257	100.00%
Mean	5.02%		56.79%		36.72%		5.60%	

Appendix C
Work Activities Descriptive Statistics

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev
1. Performs a comprehensive health history, including review of systems	257	1.95	0.30	257	3.19	0.87	257	2.04	0.79	257	34.64	6.73
2. Performs an initial age-appropriate comprehensive psychiatric evaluation that includes evaluation of mental status, treatment history, risk assessment, substance related and addictive behaviors, level of functioning, health behaviors, trauma, sexual behaviors, and family, social and developmental history	257	1.98	0.14	257	3.55	0.54	257	2.32	0.71	257	36.74	4.66
3. Performs a problem-focused psychiatric assessment	257	1.96	0.18	257	3.57	0.54	257	2.15	0.74	257	35.63	5.51
4. Performs an on-going risk assessment	257	1.97	0.20	257	3.70	0.57	257	2.55	0.73	257	37.89	5.31
5. Performs an on-going mental status exam	257	1.99	0.09	257	3.71	0.55	257	2.12	0.74	257	36.16	4.07
6. Performs initial and an on-going physical assessment	257	1.48	0.85	257	2.01	1.41	257	1.40	0.96	257	24.66	14.48
7. Collects assessment data from multiple sources	257	1.94	0.28	257	3.06	0.78	257	1.63	0.74	257	32.28	6.43
8. Assesses the impact of diagnosis on patient/patient system	257	1.92	0.28	257	3.31	0.76	257	1.67	0.74	257	32.16	6.69
9. Assesses knowledge and utilization of wellness activities	257	1.90	0.33	257	3.05	0.77	257	1.29	0.67	257	29.75	7.18
10. Assesses assets and needs	257	1.92	0.33	257	3.19	0.82	257	1.54	0.80	257	31.57	7.39
11. Determines the appropriate level of care	257	1.95	0.23	257	3.60	0.61	257	2.31	0.75	257	36.05	6.04
12. Assesses patient's motivations for treatment	257	1.95	0.22	257	3.44	0.59	257	1.61	0.79	257	32.48	6.23
13. Assesses patient's willingness and ability to adhere to prescribed regimens	257	1.96	0.20	257	3.69	0.51	257	2.05	0.86	257	35.11	6.40
14. Evaluates health impact of life stressors within the context of family life cycle	257	1.88	0.35	257	3.16	0.79	257	1.56	0.78	257	30.77	8.19

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev
15. Formulates a comprehensive current medication list, including complementary and alternative medications	257	1.98	0.18	257	3.75	0.57	257	2.46	0.77	257	37.65	5.72
16. Assesses patient's current level of capacity to make decisions	257	1.91	0.33	257	3.45	0.87	257	2.30	0.81	257	35.43	8.05
17. Conducts on-going developmental assessments	257	1.78	0.50	257	2.62	0.99	257	1.45	0.74	257	28.16	9.97
18. Orders and interprets findings from relevant age-appropriate screening and diagnostic tests	257	1.88	0.35	257	3.07	0.75	257	2.12	0.78	257	33.41	8.03
19. Differentiates presenting symptoms between psychiatric and other disorders	257	1.92	0.27	257	3.60	0.60	257	2.37	0.76	257	35.79	7.09
20. Establishes and prioritizes differential diagnoses	257	1.93	0.26	257	3.60	0.52	257	2.01	0.71	257	34.24	6.28
21. Formulates diagnoses	257	1.96	0.20	257	3.75	0.49	257	2.08	0.75	257	35.30	5.49
22. Diagnoses complications associated with mental health problems and psychiatric disorders	257	1.88	0.35	257	3.35	0.72	257	2.18	0.75	257	34.00	8.18
23. Chooses appropriate standardized measurement tools to evaluate treatment outcomes	257	1.69	0.53	257	2.64	0.91	257	1.33	0.76	257	25.68	10.97
24. Develops a prioritized problem list to optimize outcomes	257	1.81	0.48	257	2.94	1.00	257	1.49	0.78	257	29.37	9.62
25. Identifies measurable goals, objectives, and desired outcomes for treatment	257	1.89	0.36	257	3.12	0.86	257	1.53	0.77	257	30.81	8.13
26. Plans with patient/patient system for least restrictive/intrusive care to optimize safety	257	1.83	0.41	257	3.33	0.89	257	2.20	0.84	257	34.83	8.09
27. Plans collaboratively with individuals, families, schools, and/or groups identifying available resources	257	1.88	0.33	257	2.86	0.84	257	1.54	0.74	257	29.36	8.87

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev
28. Modifies plan based on current evidence and clinical knowledge congruent with patient presentation and preferences	257	1.93	0.25	257	3.45	0.63	257	1.88	0.72	257	32.33	8.31
29. Plans psychopharmacologic strategies based on individualized needs with consideration to potential barriers and/or facilitators to adherence and potential side effects and/or medication interactions	257	1.91	0.29	257	3.79	0.41	257	2.51	0.73	257	37.04	6.26
30. Plans non-pharmacologic strategies based on individualized needs with consideration to potential barriers and/or facilitators to adherence	257	1.81	0.46	257	3.30	0.73	257	1.68	0.73	257	32.07	7.18
31. Plans appropriate psychotherapy based on patient needs and capacity	257	1.74	0.60	257	2.90	0.94	257	1.63	0.77	257	29.83	9.19
32. Plans to minimize risk and adverse events relating to procedures/devices	257	1.70	0.58	257	2.95	1.28	257	2.02	1.02	257	31.44	12.14
33. Develops discharge plan	257	1.89	0.31	257	2.64	1.20	257	1.73	0.90	257	28.49	11.52
34. Negotiates a preferred course of treatment	257	1.67	0.55	257	3.35	0.74	257	1.80	0.76	257	32.18	7.61
35. Interprets research findings for patient/patient system	257	1.99	0.14	257	2.56	1.03	257	1.30	0.79	257	25.33	11.54
36. Conducts an interview	257	1.56	0.72	257	3.72	0.55	257	2.12	0.82	257	36.19	5.02
37. Conducts individual psychotherapies	257	0.96	0.81	257	2.12	1.13	257	1.46	0.86	257	24.76	13.03
38. Conducts couples psychotherapies	257	1.06	0.81	257	1.21	1.06	257	1.06	0.89	257	13.78	12.93
39. Conducts family psychotherapies	257	1.05	0.83	257	1.39	1.12	257	1.20	0.92	257	15.62	13.23
40. Conducts group psychotherapies	257	1.88	0.39	257	1.29	1.13	257	1.08	0.88	257	15.37	13.40
41. Conducts psychoeducation interventions	257	1.91	0.30	257	3.03	0.97	257	1.69	0.78	257	31.56	8.54
42. Treat acute psychiatric disorders and mental health problems	257	1.96	0.19	257	3.37	0.73	257	2.58	0.70	257	36.53	7.18

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev
43. Treat chronic psychiatric disorders and mental health problems	257	1.74	0.48	257	3.47	0.58	257	2.41	0.70	257	36.74	5.56
44. Treat psychiatric emergencies	257	1.65	0.59	257	2.49	1.02	257	2.71	0.72	257	33.13	10.15
45. Provide crisis intervention therapies	257	1.39	0.74	257	2.23	1.04	257	2.42	0.90	257	30.21	12.33
46. Manage patients that are actively withdrawing from substances	257	1.47	0.74	257	1.85	1.10	257	2.37	1.01	257	25.73	14.24
47. Provide substance use disorder therapies and treatments	257	1.88	0.39	257	2.10	1.10	257	1.97	0.96	257	25.35	14.15
48. Provide coordination of care and referrals	257	1.88	0.38	257	2.95	0.90	257	1.72	0.75	257	31.61	8.39
49. Provide anticipatory guidance to promote health and reduce risk	257	1.17	0.81	257	3.11	0.89	257	1.51	0.73	257	30.44	8.39
50. Provide direct care through use of multi-media technology	257	1.25	0.85	257	1.47	1.22	257	1.04	0.96	257	16.70	13.16
51. Use physical or chemical restraints	257	1.97	0.16	257	1.31	1.16	257	2.17	1.21	257	23.01	16.06
52. Prescribe pharmacologic treatment for psychiatric symptoms	257	1.58	0.74	257	3.66	0.50	257	2.59	0.67	257	38.05	4.70
53. Reconcile pharmacologic treatment for general medical problems	257	1.98	0.14	257	2.61	1.38	257	2.16	1.03	257	29.44	14.16
54. Monitor pharmacologic treatment for psychiatric symptoms	257	1.32	0.87	257	3.81	0.40	257	2.51	0.67	257	37.99	4.57
55. Monitor pharmacologic treatment for general medical problems	257	1.87	0.39	257	1.90	1.44	257	1.86	1.13	257	23.50	15.96
56. Recommend/order non-pharmacologic treatments	257	1.78	0.55	257	2.69	0.87	257	1.53	0.76	257	30.04	8.42
57. Activate protective services network	257	1.83	0.49	257	1.88	1.05	257	2.29	0.95	257	32.02	10.89
58. Establish an individualized therapeutic environment	257	1.88	0.45	257	3.04	1.21	257	1.67	0.80	257	30.83	9.75
59. Document in an electronic health record	257	1.77	0.57	257	3.47	1.03	257	1.85	0.97	257	32.96	9.67

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev
60. Use an electronic prescribing system	257	1.61	0.71	257	3.16	1.17	257	1.73	1.05	257	30.49	11.52
61. Use external databases to track controlled substances	257	1.54	0.70	257	2.45	1.35	257	1.68	1.00	257	27.35	13.04
62. Provide trauma-informed care	257	1.77	0.56	257	2.30	1.23	257	1.75	0.94	257	26.14	13.17
63. Provide care using interpreters or assistive communication tools	257	1.96	0.27	257	1.79	1.06	257	1.85	0.90	257	29.58	10.72
64. Process informed consent for treatment	257	1.82	0.46	257	3.61	0.80	257	2.28	0.86	257	36.43	6.61
65. Promote neuro-protective behaviors	257	1.98	0.15	257	2.88	1.04	257	1.62	0.83	257	30.16	9.77
66. Order laboratory tests.	257	1.98	0.14	257	3.13	0.66	257	2.24	0.78	257	35.85	5.13
67. Interpret laboratory test results.	257	1.85	0.41	257	3.20	0.66	257	2.45	0.69	257	37.05	4.42
68. Evaluate effectiveness of treatment based on identified outcome measures and appropriate timelines	257	1.86	0.38	257	3.30	0.87	257	1.89	0.76	257	32.16	8.84
69. Collect data from the patient, family or significant others, and other health care clinicians in the outcome evaluation process	257	1.88	0.34	257	3.12	0.89	257	1.84	0.72	257	31.80	8.75
70. Revise treatment strategies using ongoing assessment data and evidenced-based practice	257	1.69	0.51	257	3.37	0.70	257	1.96	0.71	257	32.82	8.06
71. Evaluate significant trends and patterns regarding patient responses to treatment	257	1.98	0.15	257	3.14	0.91	257	1.76	0.76	257	28.25	11.17
72. Documents patient responses to treatment strategies	257	1.94	0.26	257	3.79	0.49	257	2.15	0.75	257	36.31	4.93
73. Assesses barriers and/or facilitators of adherence to plan of care	257	1.95	0.29	257	3.40	0.66	257	1.89	0.72	257	33.70	6.69
74. Arrange for follow-up to evaluate patient response to treatment	257	1.97	0.19	257	3.59	0.75	257	2.16	0.79	257	35.58	6.75

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev
75. Serve as a patient advocate	257	1.65	0.59	257	3.49	0.77	257	1.88	0.77	257	34.43	5.68
76. Promote advanced practice psychiatric and mental health nursing through participation in professional organizations	257	1.30	0.54	257	2.44	1.01	257	0.95	0.81	257	23.25	11.03
77. Mentors and fosters professional growth in other nursing colleagues	257	1.37	0.60	257	2.44	0.96	257	1.05	0.78	257	16.41	11.12
78. Provide peer review/reflection in the promotion of improved practice	257	1.76	0.51	257	2.24	1.02	257	1.10	0.78	257	18.37	11.76
79. Use peer review to improve own practice	257	1.66	0.51	257	2.59	1.03	257	1.35	0.82	257	27.33	10.62
80. Translating research into practice	257	1.28	0.73	257	2.68	0.90	257	1.49	0.77	257	25.66	11.54
81. Collaborate with health advocacy groups	257	1.41	0.67	257	1.70	1.02	257	0.85	0.71	257	16.53	12.71
82. Advocate for improved access, quality, and cost effective health care	257	0.93	0.68	257	2.22	1.18	257	1.14	0.90	257	19.99	13.37
83. Respond or testify in legal proceedings regarding psychiatric/mental health issues	257	1.07	0.74	257	0.96	0.85	257	1.37	1.11	257	12.79	11.29
84. Provides psychiatric/mental health services during community disasters or crises	257	1.10	0.70	257	1.05	0.95	257	1.41	1.10	257	15.64	12.89
85. Evaluate patient populations and available community resources for emerging trends in health care	257	1.72	0.49	257	1.51	1.08	257	1.00	0.83	257	14.11	12.05
86. Evaluates clinical practice in relation to best available evidence	257	1.82	0.42	257	2.90	0.93	257	1.72	0.84	257	28.11	11.33
87. Evaluates clinical practice in relation to current professional scope and standards of practice	257	1.83	0.44	257	3.21	0.92	257	2.08	0.88	257	32.38	10.39
88. Evaluates clinical practice in relation to relevant statutes and regulations	257	1.00	0.63	257	3.11	1.04	257	2.15	0.93	257	32.92	10.62

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev
89. Provide psychiatric and mental health care expertise to decision makers to affect health care policy	257	1.31	0.65	257	1.38	1.05	257	1.17	0.94	257	12.58	11.19
90. Implement quality improvement initiatives	257	1.78	0.55	257	1.99	1.09	257	1.29	0.80	257	18.47	12.63
91. Seeks consultation regarding practice issues outside of professional experience	257	1.76	0.59	257	2.76	1.15	257	1.96	1.01	257	31.37	11.83
92. Bill and code for services according to regulations and procedures	257	1.70	0.63	257	3.27	1.25	257	1.98	0.95	257	31.70	11.74
93. Verify billing and coding are consistent with regulations and procedures	257	1.07	0.66	257	2.98	1.33	257	1.96	0.96	257	30.31	12.57
94. Disseminate practice findings through appropriate scholarly venues.	257	1.73	0.52	257	1.50	1.08	257	0.90	0.83	257	12.66	11.50
95. Participate in interdisciplinary efforts.	257	1.95	0.30	257	2.68	1.06	257	1.42	0.84	257	26.96	11.60

Appendix D
Work Activities Mean Overall Criticality – Rank Order

Psychiatric-Mental Health Nursing		Overall Rank by Mean		
		N	Mean	Std Dev
52.	Prescribe pharmacologic treatment for psychiatric symptoms	257	38.05	4.70
54.	Monitor pharmacologic treatment for psychiatric symptoms	257	37.99	4.57
4.	Performs an on-going risk assessment	257	37.89	5.31
15.	Formulates a comprehensive current medication list, including complementary and alternative medications	257	37.65	5.72
67.	Interpret laboratory test results.	257	37.05	4.42
29.	Plans psychopharmacologic strategies based on individualized needs with consideration to potential barriers and/or facilitators to adherence and potential side effects and/or medication interactions	257	37.04	6.26
2.	Performs an initial age-appropriate comprehensive psychiatric evaluation that includes evaluation of mental status, treatment history, risk assessment, substance related and addictive behaviors, level of functioning, health behaviors, trauma, sexual behaviors, and family, social and developmental history	257	36.74	4.66
43.	Treat chronic psychiatric disorders and mental health problems	257	36.74	5.56
42.	Treat acute psychiatric disorders and mental health problems	257	36.53	7.18
64.	Process informed consent for treatment	257	36.43	6.61
72.	Documents patient responses to treatment strategies	257	36.31	4.93
36.	Conducts an interview	257	36.19	5.02
5.	Performs an on-going mental status exam	257	36.16	4.07
11.	Determines the appropriate level of care	257	36.05	6.04
66.	Order laboratory tests.	257	35.85	5.13
19.	Differentiates presenting symptoms between psychiatric and other disorders	257	35.79	7.09
3.	Performs a problem-focused psychiatric assessment	257	35.63	5.51
74.	Arrange for follow-up to evaluate patient response to treatment	257	35.58	6.75
16.	Assesses patient's current level of capacity to make decisions	257	35.43	8.05
21.	Formulates diagnoses	257	35.30	5.49
13.	Assesses patient's willingness and ability to adhere to prescribed regimens	257	35.11	6.40
26.	Plans with patient/patient system for least restrictive/intrusive care to optimize safety	257	34.83	8.09
1.	Performs a comprehensive health history, including review of systems	257	34.64	6.73
75.	Serve as a patient advocate	257	34.43	5.68
20.	Establishes and prioritizes differential diagnoses	257	34.24	6.28
22.	Diagnoses complications associated with mental health problems and psychiatric disorders	257	34.00	8.18
73.	Assesses barriers and/or facilitators of adherence to plan of care	257	33.70	6.69
18.	Orders and interprets findings from relevant age-appropriate screening and diagnostic tests	257	33.41	8.03
44.	Treat psychiatric emergencies	257	33.13	10.15
59.	Document in an electronic health record	257	32.96	9.67
88.	Evaluates clinical practice in relation to relevant statutes and regulations	257	32.92	10.62
70.	Revise treatment strategies using ongoing assessment data and evidenced-based practice	257	32.82	8.06
12.	Assesses patient's motivations for treatment	257	32.48	6.23

Psychiatric-Mental Health Nursing		Overall Rank by Mean		
		N	Mean	Std Dev
87.	Evaluates clinical practice in relation to current professional scope and standards of practice	257	32.38	10.39
28.	Modifies plan based on current evidence and clinical knowledge congruent with patient presentation and preferences	257	32.33	8.31
7.	Collects assessment data from multiple sources	257	32.28	6.43
34.	Negotiates a preferred course of treatment	257	32.18	7.61
8.	Assesses the impact of diagnosis on patient/patient system	257	32.16	6.69
68.	Evaluate effectiveness of treatment based on identified outcome measures and appropriate timelines	257	32.16	8.84
30.	Plans non-pharmacologic strategies based on individualized needs with consideration to potential barriers and/or facilitators to adherence	257	32.07	7.18
57.	Activate protective services network	257	32.02	10.89
69.	Collect data from the patient, family or significant others, and other health care clinicians in the outcome evaluation process	257	31.80	8.75
92.	Bill and code for services according to regulations and procedures	257	31.70	11.74
48.	Provide coordination of care and referrals	257	31.61	8.39
10.	Assesses assets and needs	257	31.57	7.39
41.	Conducts psychoeducation interventions	257	31.56	8.54
32.	Plans to minimize risk and adverse events relating to procedures/devices	257	31.44	12.14
91.	Seeks consultation regarding practice issues outside of professional experience	257	31.37	11.83
58.	Establish an individualized therapeutic environment	257	30.83	9.75
25.	Identifies measurable goals, objectives, and desired outcomes for treatment	257	30.81	8.13
14.	Evaluates health impact of life stressors within the context of family life cycle	257	30.77	8.19
60.	Use an electronic prescribing system	257	30.49	11.52
49.	Provide anticipatory guidance to promote health and reduce risk	257	30.44	8.39
93.	Verify billing and coding are consistent with regulations and procedures	257	30.31	12.57
45.	Provide crisis intervention therapies	257	30.21	12.33
65.	Promote neuro-protective behaviors	257	30.16	9.77
56.	Recommend/order non-pharmacologic treatments	257	30.04	8.42
31.	Plans appropriate psychotherapy based on patient needs and capacity	257	29.83	9.19
9.	Assesses knowledge and utilization of wellness activities	257	29.75	7.18
63.	Provide care using interpreters or assistive communication tools	257	29.58	10.72
53.	Reconcile pharmacologic treatment for general medical problems	257	29.44	14.16
24.	Develops a prioritized problem list to optimize outcomes	257	29.37	9.62
27.	Plans collaboratively with individuals, families, schools, and/or groups identifying available resources	257	29.36	8.87
33.	Develops discharge plan	257	28.49	11.52
71.	Evaluate significant trends and patterns regarding patient responses to treatment	257	28.25	11.17
17.	Conducts on-going developmental assessments	257	28.16	9.97
86.	Evaluates clinical practice in relation to best available evidence	257	28.11	11.33
61.	Use external databases to track controlled substances	257	27.35	13.04
79.	Use peer review to improve own practice	257	27.33	10.62

Psychiatric-Mental Health Nursing		Overall Rank by Mean		
		N	Mean	Std Dev
95.	Participate in interdisciplinary efforts.	257	26.96	11.60
62.	Provide trauma-informed care	257	26.14	13.17
46.	Manage patients that are actively withdrawing from substances	257	25.73	14.24
23.	Chooses appropriate standardized measurement tools to evaluate treatment outcomes	257	25.68	10.97
80.	Translating research into practice	257	25.66	11.54
47.	Provide substance use disorder therapies and treatments	257	25.35	14.15
35.	Interprets research findings for patient/patient system	257	25.33	11.54
37.	Conducts individual psychotherapies	257	24.76	13.03
6.	Performs initial and an on-going physical assessment	257	24.66	14.48
55.	Monitor pharmacologic treatment for general medical problems	257	23.50	15.96
76.	Promote advanced practice psychiatric and mental health nursing through participation in professional organizations	257	23.25	11.03
51.	Use physical or chemical restraints	257	23.01	16.06
82.	Advocate for improved access, quality, and cost effective health care	257	19.99	13.37
90.	Implement quality improvement initiatives	257	18.47	12.63
78.	Provide peer review/reflection in the promotion of improved practice	257	18.37	11.76
50.	Provide direct care through use of multi-media technology	257	16.70	13.16
81.	Collaborate with health advocacy groups	257	16.53	12.71
77.	Mentors and fosters professional growth in other nursing colleagues	257	16.41	11.12
84.	Provides psychiatric/mental health services during community disasters or crises	257	15.64	12.89
39.	Conducts family psychotherapies	257	15.62	13.23
40.	Conducts group psychotherapies	257	15.37	13.40
85.	Evaluate patient populations and available community resources for emerging trends in health care	257	14.11	12.05
38.	Conducts couples psychotherapies	257	13.78	12.93
83.	Respond or testify in legal proceedings regarding psychiatric/mental health issues	257	12.79	11.29
94.	Disseminate practice findings through appropriate scholarly venues.	257	12.66	11.50
89.	Provide psychiatric and mental health care expertise to decision makers to affect health care policy	257	12.58	11.19

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