

Public Health Nurse, Advanced Board Certification (formerly Clinical Nurse Specialist in Public/Community Health Nursing) Test Content Outline

There are 175 questions on this examination. Of these, 150 are scored questions and 25 are pretest questions that are not scored. Pretest questions are used to determine how well these questions will perform before they are used on the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important for a candidate to answer all questions. A candidate's score, however, is based solely on the 150 scored questions. Performance on pretest questions does not affect a candidate's score.

This Test Content Outline identifies the areas that are included on the examination. The percentage and number of questions in each of the major categories of the scored portion of the examination are also shown.

Category	Domains of Practice	No. of Questions	Percentage
I	Foundations of Advanced Public/Community Health Nursing	26	17.33%
II	Theories and Concepts of Human Development	6	4.00%
III	Theories and Concepts of Epidemiology and Biostatistics	15	10.00%
IV	Evaluation and Research	8	5.33%
V	Assessment of Public and Community Health	16	10.67%
VI	Strategies to Improve Public and Community Health	26	17.33%
VII	Health Promotion, Disease Prevention, and Risk Reduction	15	10.00%
VIII	Education for Populations and Communities	12	8.00%
IX	Health Systems, Organizations, and Networks	19	12.67%
X	Leadership	7	4.67%
	Total	150	100%

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- I. Foundations of Advanced Public/Community Health Nursing (17.33%)**
 - A. Nursing Theories (e.g., metaparadigm, conceptual models, constructs/concepts)
 - B. Public/Community Health Models (e.g., nursing models, public health nursing models such as Minnesota model, Community as Partner model)
 - C. Public Health Core Functions (defined by Institute of Medicine [IOM] report, assessment, assurance, policy development)
 - D. Social Justice (e.g., health disparities, allocation of resources, principles, contrast with market justice, individual vs. population, access to care, vulnerable populations, environmental justice)
 - E. Cultural Competence Skills (e.g., dimensions of diversity such as race, ethnicity, spiritual beliefs, gender, sexual orientation, etc.; differences and similarities; customization of programs to community needs)
 - F. Scope and Standards of Professional Practice (e.g., legal implications, position statements, professional organizations, public health nursing scope and standards, boundaries of practice, education, practice level, competencies)
 - G. Ethical Principles and Processes (e.g., autonomy, beneficence, truth-telling, informed consent, advance directives, confidentiality, anonymity, utilitarian perspective, other ethical perspectives)
 - H. Communication Principles (e.g., media interaction, partnership building, social marketing, risk communication such as Centers for Disease Control and Prevention [CDC] guidelines, health literacy, community outreach, cross-cultural/interpersonal communication, information dissemination)
 - I. Use of Information Systems and Technology (e.g., health informatics, accessing and interpreting information, electronic health records, telehealth, standardized nursing languages, nursing minimum dataset)
- II. Theories and Concepts of Human Development (4.00%)**
 - A. Developmental Theories and Concepts (e.g., life span of populations, individual developmental theory, group developmental theory, family developmental theory, community developmental theory)
 - B. Application of Developmental Theories and Concepts to Advanced Public/Community Health Nursing Practice (e.g., vignettes, case examples, scenarios, synthesis [e.g., levels of prevention based on age, anticipatory guidance, health promotion/disease prevention across the life span])

- III. **Theories and Concepts of Epidemiology and Biostatistics (10.00%)**
 - A. Theories and Concepts of Epidemiology and Biostatistics (e.g., incidence and prevalence rates; levels of prevention; vital statistics; modes of transmission; models of causation, such as triangle; web of causation)
 - B. Application of Epidemiology and Biostatistics to Advanced Public/Community Health Nursing Practice (e.g., vignettes, case examples, scenarios, synthesis [e.g., genomics, immunity, infectious disease, case finding, sentinel events])
- IV. **Evaluation and Research (5.33%)**
 - A. Evaluation and Research Methods (e.g., levels of data, variables, surveys, participatory action research, human subject protection, qualitative and quantitative research, descriptive statistics, participant recruitment, focus groups)
 - B. Research Utilization (e.g., locating the literature, analyzing and interpreting research findings, evaluating research quality, translating research into practice, disseminating professional information)
- V. **Assessment of Public and Community Health (10.67%)**
 - A. Community Health Assessment (e.g., health status indicators such as infant mortality, Healthy People 2010, etc.; methods and data sources such as census data, key informant, and windshield survey; criteria-based assessment; population needs, concerns, values, and beliefs; resources; community capacity; community diagnoses)
 - B. Environmental Health Assessment (e.g., air quality, sanitation, lead, exposure history, food, water)
- VI. **Strategies to Improve Public and Community Health (17.33%)**
 - A. Consultation, Collaboration, and Coalition Building
 - B. Social and Political Activism (e.g., campaigning and confrontation, activism, expert testimony, lobbying)
 - C. Advocacy
 - D. Care Coordination (including case management with vulnerable, chronically ill, and high-risk populations, and working with interdisciplinary teams, community resources, and referrals)
 - E. Implementing Change (e.g., principles and processes, social action, mandated and voluntary change, social marketing)
 - F. Emergency Response and Disaster Preparedness Planning (e.g., natural and man-made, role of first responders, bioterrorism, shelter management, local and national organizations and agencies)
 - G. Grant Management (e.g., defending the need for a program, targeting the grant to the intended audience, budgetary considerations, grant writing, monitoring)
 - H. Community or Population Outcome Measurement (e.g., health outcomes, health status and quality-of-life indicators, disparities, measurement and evaluation methods, satisfaction, cost)

- I. Program Evaluation (e.g., collecting and interpreting program performance data, summative and formative, planned change or improvement, service quality indicators, analysis of cost-effectiveness and benefits, application of models)

- VII. **Health Promotion, Disease Prevention, and Risk Reduction (10.00%)**
 - A. Theories and Concepts of Health Behaviors (e.g., social-ecological models; health behavior models such as transtheoretical model, health belief model, and health promotion model; motivation; self-efficacy, self-management; compliance; adherence; understanding group dynamics; Precede-Proceed model)
 - B. Health Screening and Counseling (including lifestyle, behavior modification, annual health screening, health fairs [e.g., theories, principles, strategies, processes, parenting])

- VIII. **Education for Populations and Communities (8.00%)**
 - A. Learning Needs Assessment (e.g., identifying knowledge deficits, social-/political-/economic-/age-related issues, development assessment, demographic, sensory deficits, literacy level, education level, special needs populations, vulnerable populations, language barriers, attitudes and beliefs)
 - B. Health Program Design and Implementation (e.g., community education programs, curricula, teaching/learning strategies, professional and interdisciplinary in-service, developing critical thinking in others, educational methods)
Application of Teaching and Learning Principles (e.g., adult learners, motivation, learning styles)

- IX. **Health Systems, Organizations, and Networks (12.67%)**
 - A. Organizations, Networks, Systems Theories, and Concepts (e.g., diffusion of innovations, organizational culture and dynamics, group processes, community development, promoting community empowerment)
 - B. Application of Organizations, Networks, Systems Theories, and Concepts (e.g., vignettes, case examples, scenarios, synthesis)
 - C. Healthcare Delivery and Financing, Including Public/Community Health Nursing (e.g., public and private systems, healthcare financing, managed care, profit and nonprofit, rural and urban, nurse-managed centers, subspecialties such as parish nursing, correctional, occupational, community outreach and case finding, external fund-raising/development, access-to-care issues)
 - D. Regulations and Standards (e.g., Occupational Safety and Health Administration [OSHA], Health Insurance Portability and Accountability Act [HIPAA], Environmental Protection Agency [EPA], Food and Drug Administration [FDA], Centers for Medicare & Medicaid Services [CMS], Department of Health and Human Services [HHS], Centers for Disease Control and Prevention [CDC])
 - E. Policy Planning and Development (e.g., needs assessment, community partnering, political awareness, best practices, key stakeholders, research utilization, evidence-based practice)

- F. Resource Management (including application of basic management concepts, contractual obligation, policy implementation, public health workforce [e.g., human and monetary/budgetary considerations such as operating and capital budget, time, materials, equipment, space use and allocation, information/communication interface, services and marketing, staffing, performance evaluation])
 - G. Quality Improvement and Risk Management (e.g., documentation standards; credentialing; accreditation, including by external agencies; CQI/TQM models; risk management protocols; practice improvement; best practices; evidence-based practice; customer satisfaction; performance standards)
 - H. Conflict Management (e.g., negotiation, coalitions/partnerships/staff, legal issues, values, ethics, culture, policy, practice, intra- and interdisciplinary)
 - I. Global Health (World Health Organization [WHO], Pan American Health Organization [PAHO], and other global organizations; historical evolution of public health; emerging infectious diseases; global distribution of resources; developing and developed countries; immigrants, refugees, and migrant workers)
- X. **Leadership (4.67%)**
- A. Leadership Concepts (vision and mission, formal and informal, promotion of public health and public/community health nursing, managing diversity, ethical leadership, delegation)
 - B. Professionalism (mentoring, nurturing, professional development, precepting, role-modeling, professional credibility, expertise, licensing, certification)

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